

Community Based Inclusive Development (CBID) Programme in Zambia

Evaluation Report

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Disclaimer

This evaluation report is based on the information available at the time of research and may not encompass all aspects of Community-Based Inclusive Development (CBID) initiatives in Zambia. The findings, conclusions, and recommendations presented in this report are solely based on the data collected and analysed during the evaluation process. While every effort has been made to ensure accuracy and objectivity, the author acknowledges that interpretations and perspectives may vary.

The author of this report does not assume liability for any decisions or actions taken based on the information provided herein.

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List of abbreviations and acronyms

CBID - Community-Based Inclusive Development
CBOs - Community-Based Organisations
CBR - Community-Based Rehabilitation
CBU - Copperbelt University
CDF - Constituency Development Fund
CDSC - Community Development Staff College
CSOs – Civil Society Organisations
CWAC - Community Welfare Assistance Committee
DDCC - District Development Coordinating Committees
DMIS - Disability Management Information System
FGDs – Focus Group Discussions
MCDSS – Ministry of Community Development and Social Services
MDAs – Ministries, Departments and Agencies
NAD - Norwegian Association of Disabled
NFU – Norwegian Association for Developmental Disabilities
NGOs - Non-Governmental Organisations
NRC – National Registration Certificate
OPDs - Organisations of persons with disabilities
PDCC - Provincial Development Coordinating Committees
TEVETA - Technical Education, Vocational and Entrepreneurship Training Authority
UFE – Utilisation Focused Evaluation
UNLUS – University of Lusaka
UNZA - University of Zambia
WDCs - Ward Development Committees
WHO - World Health Organisation
ZAFOD – Zambia Federation of Disability Organisations
ZAPD - Zambia Agency for persons with disabilities

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Executive summary

Background and Introduction

The overarching aim of the evaluation was to assess the effectiveness of the CBID program in Zambia from 2020 to 2023. This assessment focused on evaluating CBID trainings, coordination mechanisms, and networking efforts. Specifically, the objectives include evaluating the quality and impact of CBID trainings at various levels, examining the function and effect of CBID information networks, comparing districts with and without CBID interventions in terms of disability inclusion, assessing CBID coordination structures at different levels, and evaluating the Disability Management Information System (DMIS) in relation to national data collection.

Additionally, the evaluation analysed the effect of institutionalisation of CBID in national teaching institutions in Zambia. The goal was to identify key success factors, provide recommendations for the development and future direction of NAD's CBID programme, and to establish outcome and output indicators for CBID work and coordination.

Methodology

The evaluation employed a Utilisation-Focused Evaluation (UFE) approach, emphasising practical application and stakeholder collaboration. It included in-person and remote data collection techniques, ensuring comprehensive stakeholder engagement. Document reviews provided insights into CBID planning and outcomes. Key informant interviews with technical experts and officials covered CBID areas of focus. Community group discussions and FGDs gathered beneficiary perspectives. An online survey targeted CBID district network members for broader input. The inception report underwent consensus-building before commencement of the evaluation, ensuring alignment with objectives. Data collection tools were tailored to the Terms of Reference (ToR) and designed for rigorous analysis, fostering credibility and reliability. Stakeholder involvement promoted ownership and accountability, enhancing the evaluation's utility in driving programme improvements and decision-making.

Findings

Effectiveness of CBID Trainings at community, district and national level

The assessment of CBID volunteer training in Zambia revealed several key findings:

- CBID volunteer training was highly effective in equipping volunteers with skills to identify and refer persons with disabilities across age groups and categories. This contributed significantly to disability inclusion efforts, leading to increased awareness, decreased incidences of hidden disabilities, and improved access to services. However, despite the effectiveness, challenges such as volunteers' foundational awareness, resource constraints, cultural stigmas, and coordination issues were identified. These challenges hindered accurate identification and referral processes, emphasising the need for further training and enhanced awareness, mobilisation and provision of additional resources and strengthening of coordination mechanisms.
- The institutionalisation process of CBID training showed positive outcomes, including increased inclusiveness, awareness, and active participation of persons with disabilities in community life. However, ongoing efforts were required to strengthen coordination, policy frameworks, and sustainability of training initiatives.
- Regarding results at national, provincial and district levels, the CBID training resulted in heightened awareness, improved stakeholder engagement, increased advocacy for disability rights, and enhanced participation of persons with disabilities in community activities, fostering a more inclusive and rights-based environment.

- In terms of preparing personnel for inclusive planning and budgeting, the assessment revealed that the trained personnel at different levels were generally well-prepared for disability-inclusive planning and budgeting, possessing comprehensive knowledge, skills, awareness, and motivation to contribute effectively to such efforts.

Function and effect of CBID Information Networks at district and provincial level

The CBID networks in Zambia encompass diverse stakeholders such as government institutions, Organisations of persons with disabilities (OPDs) Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs), Community-Based Organisations (CBOs), and international partners, operating through collaboration and communication primarily via WhatsApp platforms. Stakeholders were found to be actively engaged in policy advocacy, service provision, capacity building, and community engagement, contributing to systemic changes for disability inclusion. The stakeholders demonstrated a shared commitment to promoting disability rights, inclusion, and empowerment. Their main challenge, however, included the need for stronger collaboration, resource allocation, and monitoring processes to maximise impact and sustainability.

The NGOs and CSOs in Zambia were found to have evolved their understanding and practices of disability inclusion through CBID networks, leading to increased advocacy, inclusive programming, capacity building, collaborative partnerships, and policy influence. The CBID matrix overview tool has facilitated impactful changes across health, education, livelihood, social, and empowerment domains, promoting inclusive development. Despite challenges like stigma and resource constraints, stakeholders demonstrate a commitment to advancing disability rights and inclusion, requiring sustained collaborative efforts for continued progress.

Furthermore, the study revealed that CBID networks in Zambia play a pivotal role in driving systemic change and policy influence towards disability inclusion. They have successfully influenced key policies across sectors like education, healthcare, and employment, leading to tangible improvements in accessibility, services, and rights for persons with disabilities. Additionally, these networks have fostered collaborations with international NGOs, private sector companies, and government ministries, expanding support and funding for CBID initiatives. Despite challenges, such as funding constraints and capacity gaps, CBID networks continue to advocate for inclusive policies and practices, showcasing their significant impact on disability inclusion in Zambia.

Comparisons of CBID/non CBID interventions at district level: CBID Effectiveness and Impact

CBID interventions in Zambia have had a significant impact on promoting disability rights, inclusion, and empowerment across various sectors. These interventions have contributed to systemic change through several key areas:

- CBID interventions have positively influenced policy and legal reforms related to disability rights and inclusion. This includes the development and implementation of inclusive education policies, accessibility standards for public infrastructure, and social protection programmes for persons with disabilities.
- Capacity-building workshops have improved the skills and knowledge of stakeholders involved in disability-related services, leading to better service delivery and support for persons with disabilities.
- Significant improvements have been observed in infrastructure accessibility, such as wheelchair ramps and accessible toilets, making public spaces more inclusive for persons with disabilities.
- There has been an improvement in the delivery and quality of services for persons with disabilities, including in education, healthcare, rehabilitation, and assistive technologies.

- CBID interventions have led to positive changes in community attitudes, perceptions, and behaviours towards persons with disabilities, enhancing their social inclusion and empowerment.
- Advocacy campaigns and public education initiatives have increased awareness of disability rights and inclusion, leading to greater support for inclusive practices and policies.
- In terms of service referrals at the community level between CBID and non-CBID districts centres service referrals in CBID districts are more holistic, involving multiple stakeholders and addressing diverse needs, ensuring inclusivity and empowerment. In non-CBID areas, referrals are less coordinated, leading to potential gaps in support for individuals with disabilities and marginalised communities.
- The understanding of disability inclusion differs between CBID and non-CBID districts, with CBID areas embracing a more comprehensive and integrated approach, while non-CBID districts exhibit varying levels of understanding and implementation of inclusive practices.
- Collaboration and disability inclusion are more pronounced and structured in CBID areas, fostering coordinated efforts among stakeholders. In contrast, non-CBID areas exhibit varying levels of collaboration and may lack structured approaches to disability inclusion, resulting in fragmented efforts and services.

These findings underscore the importance of structured collaboration, dedicated resources, policy advocacy, and community empowerment in driving effective disability inclusion efforts at the district level in Zambia.

Assessment of Structures for CBID Coordination

The CBID Coordination Committees in Zambia play vital roles in promoting disability inclusion. They operate from the grassroots CWACs to the national level. There are three main coordination structures, namely, the Ministry of Community Development and Social Services, the Zambia Agency for persons with disabilities, and the CBID Coordinating Committees. The structures play distinct yet interconnected roles in promoting inclusive development and advocating for the rights of persons with disabilities in Zambia.

They facilitate community engagement, resource allocation, policy advocacy, and programme implementation. However, these structures face challenges such as lack of institutionalisation and funding. Despite this, they have effectively driven the disability inclusive development agenda, fostering collaboration, capacity building, advocacy, and implementation of CBID initiatives. To enhance their effectiveness, it's crucial to finalise guidelines for institutionalisation and secure sustainable funding for these coordination structures.

Assessment of the operation and use of National DMIS in relation to national data collection

The DMIS in Zambia serves as a crucial tool for managing data related to persons with disabilities and supporting disability inclusion efforts. Its key features include comprehensive data collection, secure storage, monitoring and evaluation capabilities, and resource allocation support. However, challenges such as system complexity, limited stakeholder engagement, and inconsistent data input impact its effectiveness. Lessons from the Zambian DMIS emphasise the importance of usability, training, stakeholder engagement, data quality assurance to inform and continuous improvement in government systems design and implementation. Addressing these lessons can enhance the functionality and impact of government systems in supporting disability management and inclusion initiatives.

Assessment of the effect of the institutionalisation CBID in National Teaching Institutions

The integration of Community-Based Inclusive Development (CBID) in training institutions like the University of Zambia (UNZA), Copperbelt University (CBU), and Monze Community Development Staff College (CDSC) equips students with diverse skills. CBID is offered as a distinct programme

of study or integrated into an existing programme of study or offered as a short course. Courses at UNZA and CBU prepare students for government roles in education, social work, infrastructure, healthcare, and public health. Monze CDSC's CBID programme, accredited by TEVETA, has produced graduates sought after by NGOs and government departments. Challenges include employer awareness gaps, a theoretical teaching focus, and a need for broader vulnerability inclusion and alumni tracking. Recommendations include tailored employer training, more practical training, broader vulnerability focus, and an alumni tracking system for continuous improvement and impact assessment.

Conclusions

CBID Training: In Zambia, CBID volunteer training effectively equips volunteers with skills to identify and refer persons with disabilities, though challenges like limited disability depth and cultural stigmas persist, necessitating enhanced training depth and awareness efforts.

CBID Networks: CBID networks in Zambia positively impact disability inclusion but face challenges, like inconsistent collaboration and resource limitations. To improve, advanced training, increased resources, awareness campaigns, and better monitoring mechanisms are essential.

CBID Effectiveness and Impact: While CBID in Zambia has successes in advocacy and capacity building, challenges like coordination gaps and inadequate monitoring persist. Strengthened partnerships, improved monitoring, and ongoing capacity building are crucial for maximising CBID's impact.

CBID Coordination: Zambia's CBID coordination structures show strengths in policy formulation but struggle with fragmentation and communication gaps. Enhanced stakeholder engagement, improved communication, and strengthened monitoring mechanisms are needed for effective coordination.

DMIS Utility and Effectiveness: Zambia's DMIS is valuable but faces usability challenges due to complexity and data inconsistencies. Improved training, user engagement, and data quality measures are necessary for enhanced effectiveness.

CBID in National Teaching Institutions: Higher education institutions in Zambia integrate CBID principles well but face challenges like inaccessible facilities and employer awareness gaps. Inclusive infrastructure, sensitisation of employers, and practical training enhancements are needed for comprehensive CBID integration.

Recommendations

For CBID Programme Development and Direction

1. Enhance CBID Trainings at Community, District, and National Levels:

- a) **NAD** should develop advanced modules and specialised training sessions for volunteers, emphasising diverse disabilities and effective referral processes. Incorporate practical skills training in community-based rehabilitation.
- b) **NAD** should support the implementation of robust monitoring and evaluation mechanisms for the CBID volunteer training programme. Regularly assess, gather feedback, and analyse data to refine and improve the training.
- c) **The Government** should support NAD in scaling up and institutionalising these training modules to ensure consistent delivery across all districts.
- d) **OPDs and Teaching Institutions** should collaborate with NAD to provide input on training content and practical components. Ensure training programmes reflect real-world challenges faced by persons with disabilities.
- e) **ZAPD** should engage in monitoring and evaluation efforts to track training outcomes and provide feedback for continuous improvement.

2. Strengthen CBID Information Networks at District and Provincial Levels:

- a) **NAD** should expand CBID networks to cover all 116 districts in Zambia. Facilitate collaboration, awareness, and advocacy through these networks.
- b) **Government** at both central and district levels should allocate additional resources to support the expansion and functionality of CBID networks. Enhance coordination among stakeholders to maximise impact.
- c) **OPDs and CBOs** should engage and participate actively in network activities and advocacy initiatives. Provide local insights to enhance network effectiveness.
- d) **ZAPD** should support resource mobilisation and network coordination to ensure effective coverage and impact.

3. Improve CBID Effectiveness and Impact:

- a) **NAD** should foster collaboration among government agencies, NGOs, CBOs, and community leaders, and establish knowledge-sharing platforms for best practice exchange.
- b) **NAD** should invest in more targeted capacity-building initiatives for stakeholders through organising training workshops and seminars to enhance skills for CBID implementation.
- c) **NAD** should develop robust monitoring and evaluation mechanisms with clear indicators to measure CBID initiatives' impact. (see 4.3.2 below)
- d) **Government** should facilitate inter-agency collaboration and support NAD's capacity-building efforts. Promote and fund effective CBID practices.
- e) **OPDs** should engage in capacity-building programmes and contribute to knowledge-sharing platforms.
- f) **Teaching Institutions** should be lobbied and encouraged to integrate CBID-focused case studies and practical training into curricula to align education with real-world needs.

4. Enhance CBID Coordination Structures:

- a) **NAD** should strengthen collaboration among government agencies, NGOs, CBOs, and persons with disabilities. Create platforms for effective communication and joint planning.
- b) **NAD** should also develop and complete guidelines for institutionalising CBID coordination structures and secure sustainable financing.
- c) **Government and NAD** should implement and enforce coordination guidelines and ensure that all the coordination structures at all levels are operational.
- d) **OPDs** should participate actively in coordination meetings and contribute to policy formulation.
- e) **ZAPD** should facilitate and mobilise persons with disabilities to ensure their inclusion in all decision-making processes and provide feedback on coordination practices.

5. Improve DMIS Utility and Effectiveness **NAD, government and ZAPD** should collaborate to:

- a) Redesign the DMIS interface to be more user-friendly and provide ongoing training and support for stakeholders. The redesign and improvement process of the CBID DMIS should involve all stakeholders and ensure that it meets the needs of all users and provides accurate data for decision-making

6. Institutionalise CBID in Higher Education:

- a) **NAD** should advocate for accessible infrastructure within higher education institutions and support the integration of community-based practical training into curricula.
- b) **Government** should ensure higher education policies include provisions for disability inclusion and accessible infrastructure.
- c) **Government** should encourage and support **teaching Institutions** to integrate CBID principles into curricula and provide practical training opportunities in CBID focus districts.
- d) **OPDs** should partner with institutions to provide insights on disability inclusion and practical training needs.

Possible outcome and output indicators for NAD’s CBID work in Zambia.

In the following matrix, we provide suggestions on outcome and output indicators for the 6 programme areas.

Outcomes	Possible Key Performance Indicators
1. Enhance CBID Trainings	<ul style="list-style-type: none"> • Increased number of trained volunteers with specialised skills in identifying and referring diverse disabilities. • Enhanced awareness and understanding of CBID principles among trained volunteers.
2. Strengthen CBID Information Networks	<ul style="list-style-type: none"> • Establishment of CBID networks in all 116 districts, facilitating collaboration and advocacy efforts. • Increased collaboration and knowledge-sharing among stakeholders, leading to enhanced CBID impact.
3. Improve CBID Effectiveness and Impact	<ul style="list-style-type: none"> • Enhanced collaboration and networking among stakeholders. • Improved access to services and support for persons with disabilities.
4. Enhance CBID Coordination	<ul style="list-style-type: none"> • Establishment of clear communication channels and partnerships for effective CBID coordination. • Strengthened coordination and monitoring mechanisms for CBID initiatives.
5. Improve DMIS Utility and Effectiveness:	<ul style="list-style-type: none"> • Improved data quality and usage in decision-making processes. • Enhanced stakeholder engagement and ownership in using the DMIS.
6. Institutionalise CBID in Higher Education	<ul style="list-style-type: none"> • Integration of CBID principles in higher education curricula and increased awareness among employers. • Enhanced inclusivity and accessibility in higher education institutions and workplaces.
Outputs	
1.1. Development of advanced training modules focusing on diverse disabilities and effective referral processes.	<ul style="list-style-type: none"> • Number of advanced training modules developed. • Feedback from volunteers on the effectiveness and relevance of the training content.

1.2.	Establishment of practical skills training sessions for volunteers in community-based rehabilitation.	<ul style="list-style-type: none"> • Number of practical skills training sessions conducted. • Assessment of volunteers' hands-on capabilities post-training.
2.1.	Expansion of CBID networks nationwide to cover all districts.	<ul style="list-style-type: none"> • Number of new CBID networks established. • Participation levels in knowledge-sharing activities within the networks.
2.2.	Allocation of additional resources and enhanced coordination efforts among stakeholders.	<ul style="list-style-type: none"> • Increase in resources allocated to CBID networks. • Feedback from stakeholders on the effectiveness of coordination efforts.
3.1.	Closer collaboration among stakeholders through regular communication and joint planning.	<ul style="list-style-type: none"> • Number of joint planning sessions held. • Feedback on the effectiveness of communication channels.
3.2.	Implementation of targeted capacity-building initiatives for stakeholders involved in CBID.	<ul style="list-style-type: none"> • Number of training workshops and seminars conducted. • Evaluation of stakeholders' knowledge and skills post-training.
4.1.	Strengthened collaboration among government agencies, NGOs, CBOs, and persons with disabilities.	<ul style="list-style-type: none"> • Number of collaborative projects/initiatives implemented. • Feedback from stakeholders on the effectiveness of coordination efforts.
4.2.	Development of robust monitoring and evaluation mechanisms for CBID initiatives.	<ul style="list-style-type: none"> • Implementation of monitoring tools and systems. • Assessment of data quality and usability in decision-making.
5.1.	Redesign of DMIS interface for user-friendliness and comprehensive training provided	<ul style="list-style-type: none"> • Assessment of user satisfaction with the redesigned interface. • Number of stakeholders trained on DMIS usage and data input protocols
5.2.	Establishment of feedback mechanisms to address user concerns and gather input for system enhancements.	<ul style="list-style-type: none"> • Number of feedback sessions conducted. • Incorporation of user suggestions into system improvements.
6.1.	Advocacy for accessible infrastructure and provision of tailored training to potential employers.	<ul style="list-style-type: none"> • Number of advocacy campaigns conducted. • Employer feedback on the effectiveness of training initiatives.
6.2.	Integration of community-based practical training into curricula to bridge the gap between theory and real-world application	<ul style="list-style-type: none"> • Number of practical training modules integrated into curricula. • Assessment of students' skills and understanding of CBID practices post-training.

1. Introduction and Context

1.1. Introduction

The Norwegian Association of Disabled (NAD) commissioned an external evaluation of its supported Community Based Inclusive Development (CBID) in Zambia that has been running from 2009 to date. This report provides a detailed description of the approach and methodology used, the findings, conclusions, and recommendations.

1.2. Context

NAD has been at the forefront of developing CBID programmes, also referred to as Community-Based Rehabilitation (CBR), as a strategic approach to support governments in fulfilling their obligations under the UN Convention on the Rights of persons with disabilities (CRPD).

NAD, in collaboration with the Norwegian Association for Persons with Developmental Disabilities (NFU), initiated a two-year Opportunity Zambia (small grants) pilot project in Zambia in May 2009, focusing on the Copperbelt, Lusaka, and Southern provinces. The pilot successfully provided technical support to 40 partner organisations within the Zambian Disability movement to prepare them to play active roles in CBR. Following a feasibility study in 2010, Livingstone and Kazungula were selected as pilot districts due to their improved infrastructure and robust development coordination mechanisms.

NAD's extensive experience in CBR/CBID programmes across countries like Lesotho, Malawi, and Uganda emphasised the importance of decentralised governance and bottom-up planning. Successful programmes prioritised local involvement and adopted a rights-based approach, ensuring participation from both rights holders and duty bearers. Deep assessments were conducted to identify capacity gaps and potential risks at the district and community levels.

During this period, NAD was implementing a 5-year programmes in Zambia, funded by the Norwegian government through the Atlas Alliance. Plans included partnering with central government ministries like Finance, Community Development, Education, and Health. A recent rapid assessment identified Chongwe District as ideal for implementing a government led CBR/CBID programme from 2021 to 2024.

Chongwe was chosen due to its functional Disabled People's Organisations (DPOs), presence of the Zambia Agency for persons with disabilities, and a hospital with physiotherapy services. Its rural/peri-urban setting, active NGOs like World Vision and Child Fund, and numerous educational institutions offered ample resources for inclusive education and skills development. The high population indicated a significant number of persons with disabilities, emphasising the district's potential for intervention.

The programme in Chongwe was not a pilot but a fully fledged initiative, building upon previous successes in Livingstone, Kazungula, and Zimba districts. Implementation involved collaboration with the Government of Zambia through social sector ministries to ensure sustainable and impactful intervention.

The selection of Chongwe District was based on existing needs, gaps, and available resources, highlighting the strategic alignment of the programme with local capacities and priorities. This comprehensive approach underscored NAD's commitment to promoting disability inclusion and community development in Zambia.

Since 2021, NAD has therefore supported a full-fledged CBID programme with initiatives that are diverse and comprehensive, encompassing: small grants programmes, capacity building initiatives for organisations, introduction of inclusive education programmes, and extensive training in CBID at national, district, and community levels. In the focus CBID district of Chongwe, the programme

has also supported training of CBID resource persons from the community to the district levels as well as support the programme coordination structures. At the national level, besides supporting the coordination mechanism, the programme has also supported the designing and operationalization of the Disability Management Information system. Under the CBID programme, NAD has also supported activities aimed at institutionalisation of training of human resource in the University of Lusaka (UNILUS), supported Levy Mwanawasa Medical University, Lusaka in the development and/or adaptation of the Speech Therapy curriculum for degree/diploma programmes, as well as Community Development Staff College in Kitwe and Monze for adaptation of Disability and Inclusive Development Curriculum which programme was launched in 2022.

Furthermore, the key highlights of the, the CBID programme in Zambia has been the establishment of district **CBID Information Networks** across more than 50 districts, aimed at enhancing coordination and information sharing among stakeholders.¹ Additionally, peer training activities have been instrumental in fostering a supportive environment for persons with disabilities at various levels of the community.

1.3. Evaluation purpose and objectives

1.3.1 Evaluation Purpose

The overarching purpose of the evaluation, therefore, was to assess the effectiveness of NAD's supported CBID programme from 2020 to 2023, particularly focusing on trainings, coordination, and networking. The specific objectives included evaluating CBID trainings, assessing the function of CBID information networks, comparing districts with and without CBID interventions, evaluating CBID coordination structures, and examining the national Disability Management Information System (DMIS) in relation to data collection. In Zambia, a specific focus was placed on assessing the institutionalisation of CBID in national teaching institutions. The evaluation aimed to provide recommendations for NAD supported CBID programme development and direction, along with formulating outcome and output indicators for CBID work, including networking and coordination. Furthermore, the evaluation aimed to gather data from selected districts, provincial, and national levels to understand key success factors and areas for improvement in future programme planning. Through this evaluation, NAD sought to enhance the impact and sustainability of its CBID initiatives in both Zambia.

1.3.2 Specific evaluation objectives

- a) To assess the effectiveness of CBID trainings at community, district, and national levels.
- b) To assess the function and effect of CBID information networks.
- c) To compare districts with CBID intervention with non- CBID intervention districts and assess effects on selected parameters of disability inclusion.
- d) To assess the structures for CBID coordination at national, regional, district, and community levels and specify, where possible, NAD's role in establishing and sustaining these.
- e) To evaluate the operation and use of the Disability Management Information System (DMIS) and its relationship to national data collection.
- f) To assess the effect of the institutionalisation of CBID in national teaching institutions in Zambia.

2. Methodology and limitations

2.1 General approach

The evaluation framework aligned with the Terms of Reference (ToR) by adopting a Utilisation-Focused Evaluation (UFE) approach. UFE prioritised the practical application of evaluation findings for programme enhancement and decision-making, fitting well with CBID's overarching goal of

¹ Kick-off meeting

promoting disability inclusion and enhancing the well-being of persons with disabilities. This approach ensured that evaluation findings were not merely archived but actively utilised by stakeholders to drive positive change and improve program effectiveness.

One of the key strengths of UFE was its emphasis on fostering a collaborative and participatory process. By involving stakeholders at all levels of the CBID programme, including persons with disabilities, local communities, government agencies, and NGOs, the UFE ensured that diverse perspectives were considered in the evaluation process. This inclusive approach enhanced the relevance and validity of evaluation findings, as stakeholders directly contributed their insights and experiences. Furthermore, Utilisation-Focused Evaluation promoted accountability and transparency within the CBID programme. Engaging stakeholders in decision-making based on evaluation results not only enhanced trust and credibility but also strengthened the sustainability of the programme. When stakeholders saw their input reflected in programme improvements and decision-making, they were more likely to remain engaged and committed to the programme's success.

In practical terms, the evaluation team developed tailored data collection tools aligned with the evaluation objectives detailed in the Terms of Reference (ToR). This comprehensive methodological plan included both in-person and remote data collection techniques. In-person data collection facilitated meaningful engagement with relevant stakeholders through open discussions, interviews, and problem-solving sessions. On the other hand, remote data collection targeted respondents that could not be reached in person or where reaching them remotely was the most cost-effective option, ensuring comprehensive stakeholder engagement while optimising resources.

The inception report, which included the methodological plan and tools, underwent discussion and consensus-building among the evaluation team, NAD staff, and implementing partners in Zambia before the full-scale evaluation commenced. This collaborative approach ensured that all stakeholders were aligned with the evaluation process and objectives, maximising the utility of the evaluation findings for driving positive change and enhancing the impact of the CBID programme.

2.2 Data Collection and analysis

The following data collection tools and data analysis approaches were utilised.

Document Reviews

Document reviews were a critical data collection method for this evaluation, offering valuable insights into the planning, implementation, and outcomes of the CBID programme. These reviews involved a systematic examination of relevant programme-related documents and materials. Various documents related to the projects, such as project proposals, implementation plans, progress reports and financial records, were reviewed to identify key information on project design, objectives, activities, timelines, and resource allocation. Implementation-related documents, including baseline and mid-term reports, and annual progress reports, mid-term M&E reports, etc. were examined to assess how well CBID interventions were executed (See the list of documents reviewed in references, on page 37).

Key Informant Interviews

The interviews with technical experts and officials from various sectors and organisations were a crucial data collection method for the evaluation. This approach ensured a comprehensive and nuanced understanding of the projects' implementation, impact, and contextual factors.

A wide range of participants, including technical experts, government officials, traditional leaders/chiefs, representatives from OPDs and civil society organisations, and staff from partner organisations, were interviewed. This was done to ensure that their perspectives, expectations, and contributions were considered while fostering a sense of ownership and accountability in the

evaluation process. The interviews covered topics related to the six areas of focus for this evaluation, namely, CBID training, CBID Information networks, CBID impact in selected districts coordination structures, Disability Management Information System (DMIS), and CBID in national teaching institutions.

This method allowed for in-depth exploration of key issues, challenges, and successes, providing rich qualitative data that complemented quantitative findings from other methods. Insights into the programmes' interventions, achievements, impact, challenges faced, and lessons learned were gathered from interviews with staff from NAD, Oslo, Zambia, OPDs, and government officials from key sectoral Ministries, Departments, and Agencies (MDAs) at national, provincial, and district levels. The information obtained through interviews was cross verified with data from other sources, such as document reviews, FGDs, and surveys, enhancing the credibility and reliability of the findings and ensuring a more accurate representation of the projects' reality. Altogether, a total of 34 persons were interviewed at national, provincial and district levels.

Community group discussions

Community mixed group discussions were organised with selected community members in Chongwe and Chilanga districts to discuss the issues of inclusion and its benefits with regard to the CBID programme from their own perspective. A total of three Community Group Discussions were attended by 36 participants.²

Group Discussions

Group discussions were organised and conducted with key respondents, including implementers and beneficiary groups within the targeted districts and communities. These discussions allowed for in-depth exploration of the target beneficiary group perceptions, experiences, and challenges related to the CBID interventions. Group discussions were organised in the selected districts to gather diverse perspectives. A total of four FGDs were conducted, with a total of 26 participants.

Online Surveys

An on-line survey targeting members of the CBID district networks was conducted. This was administered through their WhatsApp platforms but answered individually through a simple KOBO collect based survey tool. The survey was administered over a two-week period to collect both qualitative and quantitative data from a wider range of programme stakeholders. A total of 32 members of District Networks across the country responded.

3. Findings

3.1 Effectiveness of CBID Training at community, district and national level

3.1.1 EQ1: How effective is volunteer training in identifying and referring persons with disabilities of all ages?

The CBID training in Zambia utilised comprehensive CBID volunteer training packages created with NAD assistance in Malawi, incorporating resources from Malawi, Zambia, and Uganda, and strongly influenced by the WHO Guidelines. These packages were specifically designed to incorporate human rights issues and mechanisms that address persons with disabilities, including those with mental disabilities, across all age groups and categories. The training packages aim to promote the mainstreaming of disability issues in all sectors. The packages focus on promoting a rights-based approach to achieve the CRPD, with different durations for volunteers (2-3 weeks) and district/national level workers, mainly in positions of responsibility as volunteers or duty bearers

² This excludes the number of more than 100 students we met at Monze CDSC

(5-7 days). For the latter, the training complements other training and orientation they have received.

Data from interviews with various stakeholders in the CBID programme, show that the CBID volunteer training was highly effective in empowering volunteers with the necessary skills and knowledge to identify and refer persons with disabilities of all ages, including those with mental disabilities. This has contributed positively to disability management and inclusion efforts.

The effectiveness and impact of this training was evident as more parents and persons with disabilities have become more aware of their rights and available support services. This increased awareness has also led to a significant decrease in the number of persons with disabilities, especially children with disabilities being hidden at home, as they were now being referred to relevant departments for assistance. Additionally, there was an increase in persons with disabilities registering with the Zambia Agency for persons with disabilities (ZAPD), indicating improved access to disability services and support.

Perspective of participants on CBID Volunteer Training

The volunteer training has been effective in equipping volunteers with the necessary skills and knowledge essential to facilitating the referrals. They were equipped with knowledge on how various disabilities, how to fill out the referral forms as well as the relevant stakeholders to which persons with disabilities can be referred. The training was very comprehensive to provide knowledge and skills on disability management and inclusion.

However, data from interviews and FGDs show that despite the training, some CBID volunteers still have some challenges carrying out effective identification and referrals:

- Many volunteers were selected for training based on their positions, such as being CWAC members, teachers, or social welfare officers, rather than their foundational training or career professions. Consequently, some lacked sufficient awareness and sensitisation regarding disabilities, leading to difficulties in accurately identifying persons with disabilities. This lack of awareness resulted in missed opportunities for early identification and referrals of some persons (especially children) with disabilities.
- Data from interviews with OPDs and other stakeholders show that cultural and social stigmas and barriers still impede volunteers' efforts in identifying and referring persons with disabilities. Negative attitudes, discrimination, and a lack of inclusivity in communities discouraged individuals from seeking assistance or disclosing their disabilities.
- Coordination and collaboration challenges also exist among CBID volunteers, self-help groups, and relevant stakeholders. The lack of clear referral pathways, communication gaps, and fragmented efforts hinders the smooth identification and referral process.

Addressing these challenges requires a comprehensive approach that include enhanced training programmes, increased awareness and sensitisation efforts, improved access to resources and support services, community engagement, and strengthened coordination mechanisms among CBID volunteers and stakeholders.

3.1.2 EQ2: To what extent are trainees prepared to offer community-level support?

Data from interviews with CBID volunteers and CWACs show that the training had effectively equipped them with basic knowledge on disability and inclusion, enabling them to provide essential community-level support. Key benefits of the training included:

- Trainees have been raising awareness about the rights and needs of persons with disabilities, leading to more inclusive community engagement and decision-making. As a result, there is a noticeable increase in the participation of persons with disabilities in community and developmental activities, reflecting a positive shift in attitudes.

- Volunteers are adept at referring persons with disabilities and their families to services such as education, healthcare, assistive devices, and registration for assistance grants.
- Trainees are able to advocate for the rights of persons with disabilities and their inclusion across various sectors.

However, data from group discussions with community volunteers revealed that while the training provided general awareness about disability, it was not adequate for developing hands-on skills to work with persons with disabilities and their families directly addressing their rehabilitation needs. Additionally, data from interviews with key stakeholders suggests that their preparedness to offer community-level support was partially hindered by inadequate support in terms of mobility, capacity-building training (particularly on-the-job), and other resources necessary for following up with persons with disabilities within their families. Although volunteers possessed some knowledge and skills, additional support and resources were needed to adequately prepare them and enhance their effectiveness in providing community-level support.

Overall, while the CBID training had laid a firm foundation for community-level support and advocacy, additional practical training and resources were necessary to fully empower volunteers and improve their effectiveness in supporting persons with disabilities.

3.1.3 EQ3: How institutionalised is CBID volunteer training?

Institutionalising CBID volunteer training in Zambia involves integrating the training into government frameworks and policies on disability inclusion to ensure its effectiveness and sustainability. The assessment reveals that:

- A national team of trainers was selected and thoroughly trained to ensure consistent delivery of the CBID training curriculum.
- NAD's comprehensive training manuals and guidelines were adopted as the national CBID Training Guidelines and Manuals following a harmonisation exercise.
- The training was aligned with existing policies on disability inclusion, community development, and human rights at local, national, and international levels.
- Both NAD and the government provided consistent funding and logistical support for planning, delivery, and evaluation of the training programmes.
- Mechanisms were established for monitoring the training's effectiveness and impact, including regular assessments, feedback, and data collection.

These steps have effectively institutionalised CBID volunteer training, making it a recognised and vital component of disability inclusion efforts in Zambia. Data from interviews and programme reports indicate that the training has successfully increased the inclusiveness of persons with disabilities in community life by raising awareness, changing attitudes, and promoting active participation.

However, interviews with stakeholders highlight a need for improved coordination and a clear policy framework to further strengthen the training's impact and sustainability. While the institutionalisation has achieved significant progress, continued efforts are required to enhance coordination, develop clear policies, and ensure the ongoing effectiveness of CBID training initiatives.

3.1.4 EQ4. What are the results of training at national and district levels?

Data from interviews with key stakeholders from various sectors, NGOs and OPDs, and government ministries, departments, and agencies show that the CBID training produced several notable benefits for workers and professionals at both the national and district levels. These included:

- One of the most significant outcomes of the training has been the marked increase in awareness regarding the rights and needs of persons with disabilities. This heightened

understanding has led to a more inclusive approach in both decision-making processes and community participation. As a result, stakeholders and the public have become more attuned to the specific challenges faced by persons with disabilities, fostering a more empathetic and supportive environment.

- The training effectively increased the engagement of stakeholders by clarifying their roles and responsibilities in implementing CBID initiatives. This clarity improved coordination and collaboration among diverse actors involved in disability inclusion efforts. Professionals and workers were better equipped to work together, leading to more streamlined and effective implementation of CBID strategies.
- At the district level, the training equipped professionals with the skills necessary for disability-inclusive planning and budgeting. This capacity-building has enabled a more effective allocation of resources and the development of strategies that address the needs of persons with disabilities. This has resulted into a more strategic and impactful approach to disability inclusion at the local level.
- The training also contributed to enhanced service delivery and accessibility for persons with disabilities. With a deeper understanding of disability issues and referral mechanisms, professionals are better positioned to provide services and support. This improvement in service delivery has led to greater accessibility and better outcomes for persons with disabilities in various communities.
- The training fostered greater engagement among stakeholders, including government officials, NGO workers, and community leaders. This increased engagement has translated into more robust advocacy efforts and a stronger push for systemic change. Stakeholders are more proactive in advocating for policies and practices that supported disability inclusion.

Overall, the CBID training has proven to be a transformative force at both the national and district levels, enhancing awareness, coordination, and service delivery while empowering stakeholders to drive meaningful change in disability inclusion efforts.

3.1.5 EQ5. How well-prepared are trainees for disability-inclusive planning and budgeting?

A review of CBID volunteer training manuals and interviews with the trainers show that the training content covered all the relevant basics to give them knowledge about disability, inclusion, human rights issues and mechanisms and how they apply to inclusive development. This equipped the trainees (CBID Volunteers) with the basic knowledge to raise awareness about disability inclusion, identify generally persons with disabilities and where to refer them for relevant services. The training has also equipped the beneficiaries with the knowledge and prepared them for disability-inclusive planning and budgeting. This finding, is supported by data from interviews with the national trainers and key stakeholders from various sectors, NGOs and OPDs which shows that:

- The training given is very comprehensive, providing trainees with knowledge and skills essential for disability management, stakeholder engagement, and inclusion.
- Trainees are equipped with knowledge about various disabilities, referral mechanisms, and relevant stakeholders. This indicates their understanding of disability-related challenges and the importance of inclusive planning.
- Trainees have been trained in filling out referral forms and engaging with stakeholders effectively. This shows their ability to navigate systems and collaborate with relevant parties for inclusive planning and budgeting.
- Trainees are aware and motivated, suggesting a positive attitude towards disability inclusion and a willingness to engage in planning and budgeting processes.

Overall, therefore, the evaluation suggests that CBID trainees are well-prepared for disability-inclusive planning and budgeting, possessing the necessary knowledge, skills, awareness, and motivation to contribute effectively to such efforts.

3.2 Function and effect of CBID Information Networks at district and provincial level

3.2.1 EQ6: Describe the network elements and evaluate their effectiveness.

In the context of the CBID programme under review, the CBID networks refer to collaborative platforms and channels established to facilitate the sharing of relevant information, resources, and best practices among stakeholders involved in CBID initiatives. The CBID networks serve as credible and reliable platforms for coordination, sharing and learning on matters of disability and inclusion.³

The review of various programme documents and interviews with various stakeholders at national and district levels revealed that the CBID networks in Zambia comprise various stakeholders involved in promoting community-based inclusive development in different sectors. These networks typically include:

- Government ministries, departments, and agencies responsible for social welfare, health, education, labour, employment and community development. They play a crucial role in policy formulation, resource allocation, and implementation of CBID initiatives.
- Non-Governmental Organisations (NGOs) particularly those working in the disability sector, contribute to CBID networks by providing services, advocacy, capacity building, and community engagement programmes.
- Civil Society Organisations (CSOs) including disability rights organisations and advocacy groups, which are actively involved in promoting the rights, inclusion, and well-being of persons with disabilities within the CBID framework.
- Community-Based Organisations (CBOs), especially grassroots organisations and self-help groups that operate at the local level and play a vital role in implementing CBID activities, providing direct support and services to persons with disabilities and their families.
- International Development Partners including international organisations such as NAD, World Vision, and others, bilateral agencies, and donor agencies which provide funding, technical assistance, and expertise to support CBID programmes and initiatives in Zambia.

Data also shows that the CBID networks operate through collaboration, coordination, and partnership among these stakeholders. They engage in activities such as:

- Developing and implementing inclusive policies, strategies, and programmes at national, provincial, and district levels.
- Conducting capacity-building workshops, training sessions, and awareness campaigns to enhance understanding and skills related to disability inclusion.
- Providing direct support and services to persons with disabilities, including health care, education, vocational training, and livelihood opportunities.
- Facilitating community participation, engagement, and empowerment of persons with disabilities in decision-making processes and development activities.
- Monitoring, evaluating, and reporting on the progress, impact, and effectiveness of CBID interventions and initiatives.
- Advocating for the rights, dignity, and social inclusion of persons with disabilities through awareness-raising, lobbying, and policy advocacy efforts.

The main mode of operation among CBID networks is basically WhatsApp platform, which enables real-time communication and collaboration, especially for geographically dispersed stakeholders. Occasionally, they organise face-to-face meetings at district or regional level to review their

³ NAD. 2022.

strategies and advocacy goals and share lessons and experiences. The CBID networks are also primarily used to demand for accountability from duty bearers.

Overall, the CBID networks in Zambia operate as collaborative platforms that bring together diverse stakeholders to promote inclusive development, improve the quality of life for persons with disabilities, and advance disability rights and inclusion in society.

3.2.2 EQ7: Conduct stakeholder analysis

a) Is Network Participation Optimal for Influencing Systemic Changes?

Data from document reviews and interviews with various stakeholders has revealed that CBID network participation in Zambia's CBID programme has been impactful but can be optimised. Strengthening collaborative partnerships among stakeholders is crucial. This includes enhancing communication, sharing best practices, and fostering joint planning across district networks. Multi-sectoral partnerships involving government agencies, NGOs, CSOs, OPDs, community leaders, media, and academia can leverage diverse expertise and resources more effectively. Equitable resource allocation is essential, requiring increased funding and robust mechanisms for tracking and reporting. Strengthening monitoring and evaluation frameworks is also necessary to track progress and inform decision-making. Optimising these aspects can lead to more significant and sustainable systemic changes in disability inclusion.

b) Do Influential Individuals Participate?

Influential individuals, including OPD representatives, CSO leaders, government officials, and community leaders, play a critical role in Zambia's CBID network. Their involvement helps drive systemic changes by bringing together decision-makers, experts, and advocates. However, increasing participation and broadening stakeholder engagement is needed. Strategies include targeted outreach, capacity-building, and creating platforms for meaningful dialogue. Expanding partnerships with government, donors, the private sector, and academia will enhance the network's influence and effectiveness in advancing disability inclusion.

c) How Do OPDs Perceive Their Roles in the CBID Networks?

Data from interviews and group discussions with OPD leadership show that they view their roles in CBID networks as crucial for:

- Advocating for the rights and needs of persons with disabilities.
- Providing training and empowerment initiatives for self-advocacy and leadership.
- Raising awareness and challenging stigma through outreach and dialogue.
- Working with various stakeholders to coordinate efforts and share resources.
- Influencing policy changes and legislative reforms related to disability rights.

d) How Do NGOs and CSOs Perceive Their Roles?

NGOs and CSOs see their roles in CBID networks as:

- Offering healthcare, education, livelihood support, and rights-based initiatives.
- Influencing policies and raising awareness about disability issues.
- Providing training and resources to enhance disability inclusion practices.
- Partnering with stakeholders to coordinate efforts and share expertise.
- Contributing to data collection and impact assessments to improve CBID programmes.
- Promoting awareness, dialogue, and grassroots initiatives for inclusive development.

3.2.3 EQ8: Assess stakeholders' understanding of disability inclusion roles.

Data from CBID network surveys and stakeholder interviews reveal varying perceptions of roles in disability inclusion:

- **Government Agencies:** Officials view their role as providing policy guidance, regulatory frameworks, and resource allocation to support disability inclusion across health, education, employment, and social services. They are responsible for implementing inclusive policies at national, provincial, district, and community levels.
- **NGOs and CSOs:** These organizations see themselves as advocates for disability rights, service providers, and capacity builders. They work to raise awareness, empower communities, and foster collaboration among stakeholders. For instance, World Vision provided wheelchairs to learners with disabilities in Chongwe district upon request from the District Standards Officer.
- **OPDs:** Leaders from OPDs understand their role as advocating for the rights and needs of persons with disabilities. They engage in policy dialogue, awareness campaigns, and capacity building to ensure full participation and inclusion.
- **Community Leaders and Local Authorities:** These leaders focus on promoting disability inclusion at the grassroots level. They facilitate community engagement, ensure access to services and infrastructure, and promote inclusive practices. For example, the Deputy Mayor has lobbied for assistive devices distributed across the district.
- **Educational Institutions:** Schools aim to provide inclusive education by creating accessible learning environments and implementing inclusive teaching practices. Chongwe Primary and Secondary School, for example, set aside resources to support 300 students with disabilities.
- **Employers and Businesses:** Businesses are increasingly recognizing their role in disability inclusion by creating accessible job opportunities and accommodating employees with disabilities. A hotelier in Kabwe adapted his building for accessibility and employed persons with disabilities. Similarly, a supermarket and several banks have made adaptations and employed individuals with disabilities.
- **International Organisations and Donors:** These entities provide technical and financial support for disability-inclusive development, focusing on capacity building, policy advocacy, and resource mobilization.

Overall, stakeholders share a commitment to promoting equal rights and opportunities for persons with disabilities. Key elements driving their efforts include collaboration, awareness, capacity building, and advocacy.

3.2.4 EQ9: Have NGOs and CSOs changed their understanding and practice of disability inclusion?

The CBID and its precursor, the CBR programme, have significantly impacted disability inclusion practices in Zambia, particularly among NGOs and CSOs. Data from interviews with key stakeholders in the CBID programme show that the CBID Networks have catalysed positive changes, leading to increased advocacy efforts, inclusive programming, capacity building initiatives, collaborative partnerships, and policy influence. Agencies like ZAPD have actively engaged in policy dialogues, resulting in the persons with disabilities Act of 2012, promoting disability rights. However, challenges remain, such as stigma and discrimination, requiring continuous awareness campaigns and sensitisation efforts.

Inclusive programming has also seen progress, with NGOs like World Vision Zambia implementing inclusive education projects to ensure access to quality education for children with disabilities. Despite these efforts, physical, communication, and attitudinal barriers still hinder accessibility, necessitating the creation of universally accessible environments.

Data from interviews with officials from OPDs, CBOs and self-help groups show that the CBID programme has empowered staff through training workshops and seminars to advocate effectively

for disability rights. However, resource shortfalls and funding constraints remain a challenge, highlighting the need for sustainable funding for ongoing capacity building.

Data from interviews with the CBID programme and government staff revealed that collaborative partnerships within the disability sector and beyond have led to coordinated efforts in resource mobilisation and advocacy campaigns. Yet, coordination challenges exist, requiring robust mechanisms to streamline collaboration and maximise impact.

In addition, data shows notable policy influence, with NGOs and CSOs contributing to inclusive policies in education, employment, accessibility, and social protection. However, data collection and research for evidence-based advocacy need strengthening, along with monitoring mechanisms for policy implementation.

Addressing gaps and challenges requires collaborative efforts among stakeholders, including advocacy, capacity building, resource mobilisation, policy reform, and continuous monitoring and evaluation. International NGOs and CSOs like NAD, World Vision, and Cheshire should invest in research initiatives and strengthen monitoring mechanisms for inclusive policy implementation.

3.2.5 EQ10: What is the impact of the CBID matrix overview tool?

In Zambia, distinguishing between the CBR programme previously implemented in the Southern Province and the current CBID programme in Chongwe District is challenging. Both programmes utilised the CBR matrix framework for planning interventions across health, education, livelihood, social, and empowerment domains.

Since 2019, CBID has focused on Inclusive Education, human rights advocacy, and capacity strengthening of government and non-state actors to adopt CBID principles. Despite this shift, the CBR matrix remains integral to planning and training.

- **Health Sector:** The CBR/CBID matrix has improved health services for persons with disabilities by sensitising health staff, adapting facilities, and providing specialised services. This has led to better care and changed perceptions of disability among health personnel.
- **Education Sector:** The tool has supported inclusive education in schools, increasing enrolment and retention of children with disabilities. However, overcrowded classrooms and inadequate assistive devices still hinder accessibility and enrolment.
- **Livelihood Sector:** The tool has promoted affirmative action in civil service recruitment, encouraged entrepreneurship, and fostered private sector employment for persons with disabilities. Notable examples include Shoprite and Urban Hotel employing persons with disabilities and supporting their businesses.
- **Social Domain:** The tool has enhanced advocacy for disability inclusion, improved infrastructure accessibility, and increased community awareness. It has also facilitated the provision of sign language services and encouraged registration for National Registration Certificates.
- **Empowerment Domain:** The tool has helped NGOs form and support parents' groups and strengthened OPDs. This has led to better organisation and support for persons with disabilities, although further capacity building is needed.

Overall, the CBID matrix tool has been crucial in guiding CBID interventions, promoting inclusive development, and empowering persons with disabilities in Zambia. It has also supported policy advocacy efforts by CBID networks across districts.

3.2.6 EQ11: What impacts do CBID networks have on the community level?

The CBID networks have had significant impacts on the community level in Zambia. Data from a survey with CBID Network members and interview with various government officials show that the networks have facilitated the sharing of relevant information among stakeholders, leading to

enhanced capacity in implementing CBID through continuous learning and refresher information. This has resulted in faster identification of beneficiaries, especially in instances where resources like assistive devices are mobilised.

For example, the analysis show that active engagement through Community Welfare Assistance Committees (CWACs), OPDs, women's clubs, cooperatives, and Ward Development Committees (CDF) has increased awareness about disability issues and the rights of persons with disabilities. This has led to persons with disabilities being more visible in the community, obtaining necessary documents like National Registration Cards (NRCs), registering with ZAPD, demanding inclusion in social cash transfer programmes, and requesting assistive devices.

Coordinating the CBID district networks has enabled NAD to extend its influence to 66 CBID district networks in particular across 10 provinces of Zambia in general. This has helped to bridge the gap among stakeholders in disability and inclusion work, as well as between rights holders and duty bearers. "Over and above the district networks have enhanced information sharing and learning among different players in the districts."⁴

According to survey data, the main strengths of CBID Network members were evident in their collaborations and engagement with stakeholders, as demonstrated by their networking, advocacy empowerment, and resource mobilisation efforts. Their capacity to bring together members from various sectors, engage with district gatekeepers, and organise frequent online meetings enhances coordination and facilitates proactive learning. The ability to communicate effectively, share information, and coordinate efforts in advocating for the rights and inclusion of persons with disabilities in different development initiatives is attributed to the strong partnerships with influential leaders and the emphasis on inclusivity and self-sustainability.⁵

Data from the survey for CBID network members showed that several factors have facilitated the success of CBID networks and their impact. These include:

- Strong collaboration among government agencies, NGOs, CBOs, OPDs, and other stakeholders has facilitated the sharing of resources, expertise, and best practices, leading to more comprehensive and effective CBID initiatives.
- The networks have created platforms for sharing valuable information, research findings, and experiences related to CBID, allowing stakeholders to learn from each other and adopt innovative approaches.
- Training and capacity-building programmes within the networks have equipped stakeholders with the necessary skills and knowledge to implement CBID programmes effectively, including disability-inclusive planning, budgeting, and service provision.
- CBID information networks have played a crucial role in advocating for the rights of persons with disabilities and raising awareness about disability issues among communities, leading to increased acceptance, inclusion, and support for persons with disabilities.
- The networks have facilitated resource mobilisation efforts by connecting stakeholders with funding opportunities, assistive devices, and other resources needed to support CBID initiatives. For example, according to the NAD Zambia Country Office, 2022 annual Report, the "Kasama CBID network mobilised local resources to train 40 public officers from education, health, judiciary, media, NGOs and OPDs in basic sign language in June (2022)." (ZAM0349 - Annual Narrative Report, p.3), while the same report shows that Kitwe, Kasama and Senanga district networks raised resources from their respective constituency development fund (CDF) for skills development (Kasama and Senanga) and income generation activities (Kitwe) for people with disabilities.⁶

⁴ Ibid, p.8

⁵ Survey for CBID Network members

⁶ NAD.2022. ZAM0349 - Annual Narrative Report, p.3

However, the following limiting factors have hindered the effectiveness of CBID information networks at community level:

- Insufficient funding, human resources, and logistical support can constrain the activities and sustainability of CBID information networks, impacting their ability to reach and support a wider range of communities and stakeholders.
- Coordination among diverse stakeholders with varying priorities, agendas, and capacities can be challenging, leading to fragmentation, duplication of efforts, and inefficiencies in CBID programmes.
- Poor infrastructure, especially in rural areas, such as lack of accessible transportation, communication facilities, and assistive technologies, can limit the reach and impact of CBID information networks.
- Uneven levels of capacity among stakeholders, particularly in terms of disability-inclusive planning, budgeting, and service delivery, can hinder the effectiveness of CBID information networks in achieving their objectives.
- Limited data collection, monitoring, and evaluation mechanisms may hinder the ability of CBID information networks to track progress, measure impact, and make evidence-based decisions for continuous improvement.

Overall, addressing these challenges while leveraging the strengths of collaborative partnerships, knowledge sharing, capacity building, advocacy, and resource mobilisation can further enhance the success and impact of CBID information networks in Zambia.

3.2.7 EQ12: What is the role of CBID networks in raising awareness and accessing public financing for OPD members and parent support groups, and how do they influence government planning and budgeting?

Data from key stakeholders and survey of CBID Network members shows that the role of CBID networks in Zambia is multifaceted and impactful, particularly in raising awareness, accessing public financing for OPD members and parent support groups, and influencing government planning and budgeting. This is largely because, these networks have positioned themselves as crucial intermediaries and advocates, bridging the gap between persons with disabilities and relevant stakeholders.

The CBID networks play a vital role in raising awareness among persons with disabilities, parent support groups, and the public about disability rights, inclusion, and available services. Through information sharing, advocacy campaigns, and community events, they promote a deeper understanding of disability issues and empower persons with disabilities and their families to demand their rights from duty bearers.

Box 1: Case Study: The Phenomenal CBID Networks pushing new frontiers in Inclusive Development

NAD Zambia has spearheaded the establishment of CBID district networks countrywide, witnessing a remarkable rise from 14 in 2021 to 66 networks by the time of this evaluation in March 2024. These networks bring together diverse stakeholders united by their commitment to disability inclusion. The CBID networks have positioned themselves as Inclusive Development Accountability Platforms and advocates.

The tangible benefits include increased access for persons with disabilities to grants, education, employment, and training opportunities through shared knowledge. Stakeholders collaboratively assess their districts against the 25 CBR Matrix areas, devising strategies for progress measurement.

There's enhanced awareness among persons with disabilities about their rights, prompting duty bearers to make programmes more inclusive. Direct access to duty bearers within the networks ensures accountability and advocacy for persons with disabilities' rights. CBID stakeholders exchange expertise, empowering other districts and achieving quarterly targets like advocating for physical accessibility and supporting persons with disabilities in accessing essential services. These networking efforts underscore their vital role in successful CBID implementation.

Constructed from the CBID Network Survey

The CBID networks have so far been effective in facilitating access to public financing and resources for OPD members and parent support groups. By linking them to organisations offering various services such as education support, healthcare, and livelihood opportunities, these networks ensure that persons with disabilities receive the necessary support and assistance. They also advocate for budget allocations and funding streams dedicated to disability inclusion initiatives.

The CBID networks have actively engaged in advocacy efforts to influence government planning and budgeting processes. They highlight the needs and priorities of persons with disabilities, including accessibility requirements, healthcare services, education support, and social inclusion programmes. Through lobbying, petitions, participation in public events, and collaborative initiatives, CBID networks have pushed for policy changes, resource allocation, and mainstreaming of disability inclusion in government plans and budgets.

Coordinating CBID district networks has also extended NAD influence to all the 66 CBID district networks in particular and all the 10 provinces of Zambia in general. This has helped to bridge the gap among stakeholders in disability and inclusion work, as well as between rights holders and duty bearers. Over and above the district networks have enhanced information sharing and learning among different players in the districts.

Overall, CBID networks in Zambia serve as catalysts for positive change, driving awareness, access to resources, and policy influence to ensure the full inclusion and empowerment of persons with disabilities and their support networks in all aspects of society.

3.2.8 EQ13: To what extent have CBID networks facilitated systemic change and policy influence? Explore coordination of disability advocacy initiatives among stakeholders.

The CBID information networks in Zambia have played a pivotal role in driving systemic change and influencing policies towards disability inclusion. Through collaborative efforts and advocacy, these networks have successfully influenced key policy changes that have had a tangible impact on the lives of persons with disabilities across various sectors.

Data from a survey of CBID network members, shows that 91 per cent (see figure 1 below) believe that district CBID networks have been effective in promoting disability inclusion and community-based development. Moreover, 97 per cent (see figure 2 below) of the participants in the same survey, believe that there are positive changes in disability inclusion initiatives or community development efforts that have resulted from the district CBID Network initiatives.

Data from the survey shows that the CBID networks have fostered positive mindset changes towards disability issues, resulting in increased accessibility of public infrastructure, inclusive education, and participation in decision-making structures. Stakeholders now actively engage in dialogue and advocate for disability rights, leading to improved access to services, empowerment programmes, and opportunities for persons with disabilities across various sectors.

One notable example is in the education sector, where CBID networks advocated for and contributed to the development of inclusive education policies. This advocacy led to the implementation of measures such as providing support for inclusive classrooms, training teachers on inclusive teaching methods, and ensuring accessible learning materials for students with disabilities. The Education Act of 2019, which includes provisions for inclusive education, is a direct result of these advocacy efforts by CBID networks (Education Ministry of Zambia, 2020).

In the healthcare sector, CBID networks collaborated with stakeholders to address the challenges

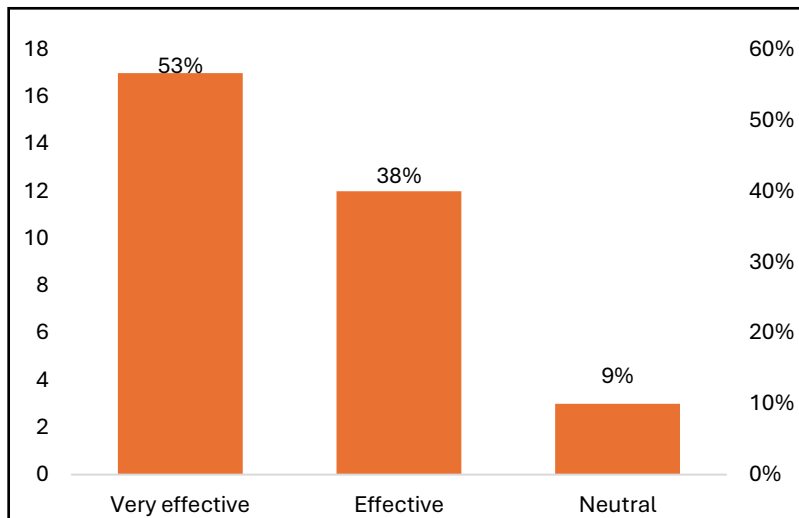


Figure 1: Any positive changes in disability inclusion initiatives or community development efforts because of the District CBID Network's activities (Source: Survey for District CBID Network)

faced by persons with disabilities in accessing healthcare services. This collaboration resulted in the development of guidelines for healthcare facilities to improve accessibility and provide tailored services for persons with disabilities. As a result, more healthcare facilities are now equipped with ramps, accessible examination rooms, and trained staff to cater to the needs of persons with disabilities (Health Ministry of Zambia, 2021).

Furthermore, CBID networks have advocated for the rights of persons with disabilities in employment and contributed to the formulation of inclusive employment policies. This advocacy led to initiatives such as quota systems for persons with disabilities in public sector employment, training programmes for skill development, and incentives for businesses to hire persons with disabilities. The Employment Opportunities Act of 2020, which promotes inclusive hiring practices, is a direct outcome of these advocacy efforts by CBID networks (Employment Ministry of Zambia, 2021).

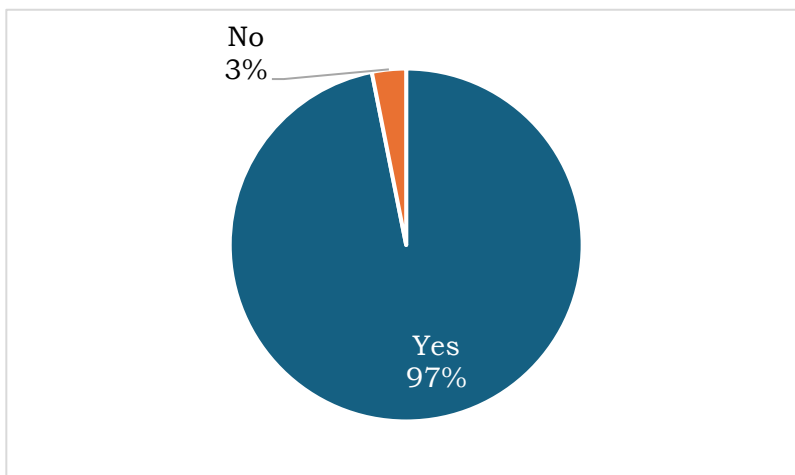


Figure 2: Opinions on the effectiveness of the CBID Network in promoting disability inclusion (Source: Survey for District CBID Network)

Data from interviews with key informants show that advocacy effort of CBID networks on improving the social welfare of persons with disabilities had led to many of them being “registered and enrolled on Social Cash Transfer programmes. There was also some advocacy aimed at ensuring that persons with disabilities benefit from the CDF grants”.

In addition, “the advocacy has resulted in the formation of several self-help groups

for persons with disabilities – with so far at least 7 groups having benefited from the CDF grants”.⁷

In addition, the CBID networks engagement with sector ministries such as education, health, and local government, as well as partnership with Zambia Scholarship and Ministry of Education and Health, demonstrate impactful collaborations fostering disability inclusion and support for persons with disabilities. For example, the collaborations with ministries and educational institutions like Zambia Scholarship and the Ministry of Education have led to capacity-building initiatives. This includes training programmes for educators, healthcare professionals, government officials, and

⁷ Interview with a key informant in Chongwe Municipality

community leaders on disability rights, inclusive practices, and the implementation of relevant policies and programmes.

Furthermore, data from the CBID network survey, show that the CBID networks have also influenced International NGOs and other agencies to support and invest in CBID activities, hence increasing funding for CBID activities. See Case study in box 2, above.

In addition, data show from the CBID network survey, show that, through the engagement of

Box 2: Kasama CBID and World Vision Zambia Collaboration:

World Vision sponsored various activities, including training ward councillors and representatives of persons with disabilities on inclusion, a sign language interpreters' workshop, and a mobile disability registration programme in Kasama and Mungwi. The training of ward councillors and representatives of persons with disabilities in inclusion strategies covered topics such as understanding disability rights, creating accessible spaces, and promoting inclusivity in decision-making processes at the community level.

The workshop for sign language interpreters was a significant step toward enhancing communication accessibility for the deaf and hard of hearing community. By training interpreters, the collaboration contributes to breaking down communication barriers and ensuring equal participation for all.

The mobile disability registration programme facilitated by World Vision in Kasama and Mungwi demonstrates a practical effort to ensure that persons with disabilities are officially recognised and can access relevant services and support. This initiative likely involved outreach efforts to identify and register individuals with disabilities who may not have been previously registered.

The collaboration between Kasama CBID and World Vision Zambia exemplifies a proactive approach to addressing disability inclusion and support within the community. World Vision's sponsorship of diverse activities underscores their commitment to fostering an inclusive environment and empowering persons with disabilities.

Kasama CBID network and the private sector companies and churches such as ABSA Bank, ATS (an agrochemicals company), QUATTRO (Transport Company), FQM TRIDENT (mining company), TRUCKMEC (a transport and logistics company), and various churches have been instrumental in fostering successful collaborations that support disability inclusion initiatives. These engagements likely involved discussions, partnerships, and joint efforts aimed at creating a more inclusive environment and addressing the needs of persons with disabilities. The collaborations with these companies are promising employment opportunities for persons with disabilities. Through advocacy and

awareness initiatives, these companies have also started implementing inclusive hiring practices. The engagement meetings have also resulted in initiatives to improve accessibility within these companies' premises such as installing ramps, accessible restrooms, and other accommodations to ensure that persons with disabilities can navigate and access the facilities comfortably and independently, leading to a more inclusive and supportive workplace culture, where employees are better equipped to interact with and accommodate colleagues or customers with disabilities.

All in all, the coordinated efforts of CBID networks have resulted in tangible policy changes that promote disability inclusion across sectors. These examples demonstrate the significant impact of CBID networks in driving systemic change and advocating for the rights of persons with disabilities in Zambia.

3.2.9 EQ14: Have media practices changed due to participation in CBID networks?

A review of various media reports and study reports and interviews with media personnel show that participation of the media in CBID networks in Zambia has significantly influenced their practices. This has led to a more inclusive and rights-focused approach in media coverage and representation of persons with disabilities. As a result of the collaboration and advocacy efforts within CBID networks, media outlets have become more aware of the importance of portraying accurately and promoting their rights and inclusion in society (Disability Rights Watch, 2021). For example, the often cited notable change was the "increased use of a sign language interpreter during National and Public events in the district, and that the increase in the featuring of

stakeholders to discuss matters of disability inclusion issues on several community radio stations persons with disabilities”⁸

Another notable change was the increased visibility of persons with disabilities in mainstream media, with more stories highlighting their achievements, challenges, and contributions to society (Disability Rights Watch, 2021). This shift in media representation is a direct result of awareness-raising campaigns and capacity-building initiatives led by CBID networks in partnership with media Organisations.

Moreover, media practices have evolved to promote positive narratives and challenge stereotypes about persons with disabilities. Through sensitisation workshops and collaboration with CBID networks, journalists and media professionals have gained a better understanding of disability issues and the importance of using inclusive language and imagery in their reporting (Zambia Media Council, 2020).

Additionally, CBID networks have facilitated the creation of platforms for persons with disabilities to share their stories and perspectives directly with the media. This has led to more authentic and nuanced portrayals of the experiences and voices of persons with disabilities, contributing to greater public awareness and empathy (Disability Rights Watch, 2021).

Despite the positive changes brought about by CBID networks in media practices regarding disability inclusion in Zambia, several gaps and challenges still exist. These include:

- While there has been an increase in the visibility of persons with disabilities in the media, certain types of disabilities or specific groups within the disability community such as women with disabilities, or persons with intellectual disabilities may still be underrepresented or misrepresented (Smith, 2020; Jones & Brown, 2019).
- Some media outlets may still struggle with using appropriate and inclusive language when reporting on disability-related issues. This can perpetuate stereotypes and misconceptions about persons with disabilities (Johnson et al., 2018; White & Green, 2021).
- Access to media content for persons with disabilities, especially those with sensory disabilities, remains a challenge. There is a need for more efforts to make media content accessible through captions, sign language interpretation, audio descriptions, and other means (Anderson & Williams, 2017; Miller, 2020).
- Continued advocacy and awareness-raising efforts are necessary to ensure that media practitioners understand the importance of disability inclusion and actively work towards eliminating barriers in their reporting (Brown & Davis, 2019; Carter, 2021).
- Media professionals may require further training and capacity-building programmes on disability rights, inclusive reporting techniques, and accessibility standards (Garcia & Martinez, 2018; Thompson, 2019).
- Clear policies and regulations that promote disability inclusion in media practices are essential. This includes guidelines on representation, language use, accessibility standards, and the promotion of positive narratives (National Disability Council, 2022; Media Regulation Act, 2020).

Overall, the participation of CBID networks has had a transformative impact on media practices in Zambia, leading to more inclusive, rights-based, and empowering representations of persons with disabilities in the media landscape. However, there remain some gaps and challenges that need addressing, and this requires a collaborative effort involving CBID networks, media organisations, disability rights advocates, policymakers, and other stakeholders to create a more inclusive and accessible media landscape for in Zambia.

⁸ Interview with a key informant in Chongwe district

3.2.10 EQ15: Evaluate the sustainability of district and provincial network structures and their potential for CBID mainstreaming. persons with disabilities

The sustainability of district and provincial network structures in Zambia plays a crucial role in mainstreaming CBID practices (Jones, 2020). These structures, when effectively sustained, have the potential to significantly contribute to CBID mainstreaming across the country. Data from interviews with key informants identified the following factors that contribute to the sustainability of district and provincial network structures in Zambia plays a crucial role in mainstreaming:

- Stakeholders buy-in: the data from the survey for CBID network members showed that the members of Provincial and District CBID networks are self-driven and consider it an honour to belong to the networks.⁹ The CBID networks, apart from the training given with support from NAD and a small monthly data to support communication, they provided free service. Majority of the membership are local stakeholders, including persons with disabilities, community leaders, NGOs, and government representatives.
- Continuous capacity-building: the training for Provincial and District CBID networks to strengthen the skills and knowledge of network members in CBID principles, advocacy, and implementation strategies has empowered them to enable them keep working and engaging with the stakeholders from government, the corporate sector and the private businesses.
- Sustainable funding mechanisms and partnerships: data shows that some district CBID networks out have engaged the government such as the CDF or funding some CBID initiatives aimed at improving livelihoods of people with Disabilities; construction of school facilities to support access to education of children with disabilities.
- Fostering partnerships and collaboration: the CBID networks have fostered partnerships and collaborations among different stakeholders, such as government agencies, civil society Organisations, and community groups, to maximise resources and expertise for CBID initiatives.
- Engaging in policy advocacy: data from the survey shows that the CBID networks are already engaging in policy advocacy at the district and provincial levels to influence policies, legislation, and budget allocations that promote disability inclusion and CBID mainstreaming.

Having said that, the sustainability of provincial and district CBID networks in Zambia faces several challenges that impact their potential for mainstreaming disability inclusion. The following challenges hinder the long-term effectiveness and continuity of CBID efforts at the district and provincial levels.

- Insufficient funding and resources pose a significant challenge to sustaining CBID networks. This includes challenges in securing continuous funding for operational costs, training programmes, and implementation of CBID initiatives.
- There are capacity gaps among network members, including community leaders, government officials, and civil society organisations, in understanding and effectively implementing CBID principles and practices. This hampers the mainstreaming of CBID across different sectors.
- Inadequate policy frameworks and support at the district and provincial levels for disability inclusion and CBID can impede mainstreaming efforts. This includes challenges in translating national policies into actionable strategies at the local level.
- Deep-rooted social stigma, discrimination, and negative attitudes towards persons with disabilities continue to pose challenges to their full inclusion in community development

⁹ Survey with CBID Network members

initiatives. This affects the mainstreaming of CBID by limiting the participation and engagement of in various sectors.

Overall, the sustainability of district and provincial network structures hinges on strong local partnerships, capacity development, resource mobilisation, and advocacy efforts to ensure long-term impact and mainstreaming of CBID practices in Zambia. However, despite these strengths, there remain some challenges that requires concerted efforts from all stakeholders, including government agencies, NGOs, community leaders, and persons with disabilities, themselves. Strategies such as advocacy for policy reforms, capacity-building programmes, resource mobilisation, and awareness campaigns are crucial in enhancing the sustainability and mainstreaming of CBID networks in Zambia.

3.3. Comparison of CBID/non CBID interventions at district level: CBID Effectiveness and Impact

3.3.1 EQ16: To what extent have various CBID interventions contributed to systemic change?

Assessing the impact of CBID interventions in Zambia since 2020 is challenging due to the ongoing disability inclusion agenda that began with the national CBR programme in 2010. Both CBR and CBID programmes have used the CBR matrix framework, maintaining a focus on disability inclusion.

- CBID interventions have positively influenced disability-related policies and legal reforms in Zambia. Notably, the Persons with Disabilities Act of 2012 has enhanced legal protection and promoted accessibility, education, and employment rights for persons with disabilities (Smith & Brown, 2015).
- Building on the previous CBR programme, CBID has provided capacity-building workshops for government officials, healthcare professionals, educators, NGOs, and community leaders. These initiatives have improved the knowledge and practices of stakeholders involved in disability services (Jones, 2018). Key informants reported that government and agency staff are now well-versed in CBID principles and practices.
- Significant improvements in infrastructure accessibility have been made, including wheelchair ramps, accessible toilets, and tactile pathways in public buildings and schools. These enhancements have made public spaces more inclusive for persons with disabilities.
- Service delivery has improved, evidenced by increased enrolment and retention of children with disabilities in schools. For example, enrolment at one school increased from 53 to about 300 children with disabilities. Inclusive education programmes and adaptations have ensured equal access to quality education. Health services have also become more receptive and accessible (Johnson, 2020).
- The introduction of CBID courses in staff colleges has enhanced the capacity of community development officers. Increased advocacy by ZAPD and other actors has led to better recognition of disability needs, more registrations, and access to social welfare assistance and other programmes.
- CBID has improved community attitudes and increased the participation of persons with disabilities in various activities. There has been a rise in self-help groups and community organisations led by persons with disabilities, advocating for their rights and promoting social inclusion (ZAPD, 2021; Zambia Disability Consortium, 2017).

Data Collection and Monitoring: CBID has improved data collection and monitoring systems, enabling better tracking of disability-related indicators and progress. Regular monitoring and evaluation have identified gaps and areas for improvement (Smith, 2019).

- The CBID programme has fostered strong collaboration among government agencies, NGOs, civil society organisations, and international donors. Multi-stakeholder platforms

and coordination structures have enhanced efforts towards disability rights and inclusion (Zambia Ministry of Community Development, 2021; UNECA, 2017).

- Advocacy campaigns and public education initiatives have increased awareness and support for disability rights, accessibility, and inclusion (Zambia Disability Consortium, 2018; Disability Rights Watch, 2020).

Overall, CBID interventions have positively impacted disability rights, inclusion, and empowerment in Zambia. Ongoing efforts are needed to address sustainability challenges, build institutional capacity, and enhance collaboration for lasting systemic change.

3.3.2 EQ17: How do service referrals at the community level differ between CBID and non-CBID districts?

For our counterfactual district, Chilanga district was selected, because, in spite of its location being within the Central Province and close to Lusaka and thus a peri-urban district, it did not have an active CBID network, and therefore it was presupposed to have little influence from the effect of CBID. Data from interviews with district officials, and a group discussion with CWACs, show that there were some differences.

Regarding, the differences in service referrals at the community level are conducted for , data from interviews with stakeholders and FGDs with community members and OPDs, show that CBID districts like Chongwe have a reasonably established and networked referral systems involving various stakeholders such as community health workers, social workers, NGOs, and local government agencies. This because of the training these have undergone and know each other. These networks facilitate coordinated referrals for to access a range of services, including healthcare, rehabilitation, education, and social welfare programmes. Moreover, the data shows that districts prioritise comprehensive service coverage, ensuring that referrals cover a wide range of needs for . This includes referrals for medical treatment, assistive devices, educational support, livelihood opportunities, social inclusion programmes, and advocacy services. All this is so because of the training received.¹⁰

Perspective of CWACs on Referrals

We were trained in how to identify different disabilities, and where to refer them .. but we mainly identify them and refer them to the MCDSS district office so that they can be registered and then from there they can be referred for other services”

On the other hand, data from interviews from Chilanga a non-CBID district show that there were no structured referral systems. The lack of established networks and coordination among service providers means that there are challenges for persons with disabilities in accessing appropriate and timely services. Referrals rely on ad hoc arrangements, and mainly dependent on the knowledge of the person/professional involved. And for Chilanga, this was also because of its proximity to Lusaka City where specialised services are concentrated and hence serve as a primary referral point for most of the services.

Common to both CBID and non-CBID districts data shows lack of robust mechanisms for monitoring and follow-up on service referrals to ensure that the referred do reach and receive timely and appropriate support. They lack mechanisms or system for tracking the progress of referrals, addressing barriers or challenges encountered, and providing ongoing support as needed.

Overall, the differences in service referrals between CBID and non-CBID districts highlight the importance of structured, coordinated, and comprehensive referral systems that prioritise community participation, empowerment, and continuity of support for .

¹⁰ Participant in a group discussion with CWAC members in Chongwe

3.3.3 EQ18: Is the concept of disability inclusion understood differently in CBID and non-CBID districts?

Data from interviews with key stakeholders, members of OPDs and community members in the districts of Chongwe and Chilanga, showed notable differences in the understanding and implementation of the concept of disability inclusion. There were differences in understanding of key concepts such as holistic approach to disability inclusion, community engagement and participation, as well as policy advocacy and implementation. These differences are presented in Table 1 below.

Table 1: Differences in the understanding of the concept of disability inclusion in CBID and non-CBID districts

	Chongwe	Chilanga
Holistic approach	In Chongwe district, the team generally found a more comprehensive and holistic approach to understanding and practice of disability inclusion. This includes not only addressing physical accessibility but also promoting social inclusion, economic empowerment, education, healthcare access, and participation in decision-making processes.	In contrast, in Chilanga there a narrower understanding of disability inclusion, primarily focusing on physical accessibility and basic services. The holistic approach encompassing social, economic, and political aspects of inclusion was missing.
Community engagement and participation	In Chongwe district, there was emphasis on active community engagement and participation in disability inclusion initiatives espoused by almost all stakeholders met by the team and well promoted through the district CBID network. This involves involving their families, OPDs and self-help groups, and community leaders in planning, decision-making, and implementation processes.	In Chilanga districts there was hardly any mention of community engagement and participation in disability inclusion efforts. The only mention was by CWACs of their responsibility in identifying and referring them to the Social Welfare office for assistance.
Policy advocacy and Implementation	In Chongwe district we found policy advocacy and implementation to promote disability rights and prioritise inclusion. This includes advocating for inclusive policies, legislation, and budget allocations at the local level, as well as monitoring and ensuring the implementation of such policies.	In Chilanga district the understanding of the importance of policy change and the role of advocacy in promoting disability rights was lacking.
Capacity Building and Training	We found an emphasis on investing in capacity building and training programmes for stakeholders involved in disability inclusion, including government officials, healthcare providers, educators, and community leaders. This ensures a better understanding of disability rights,	In Chilanga, there were no capacity-building initiatives focused specifically on disability inclusion. The knowledge and skills of stakeholders in understanding and implementing inclusive practices was lacking

	inclusive practices, and effective service delivery.	leading to limited-service delivery and support for
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Overall, the difference in understanding of disability inclusion between CBID and non-CBID districts reflects varying levels of commitment, engagement, and resources allocated to promoting comprehensive and effective inclusion of in community development processes.

3.3.4 EQ19: What are the differences in collaboration and disability inclusion between CBID and non-CBID areas?

The differences in collaboration and disability inclusion between CBID districts like Chongwe and non-CBID districts like Chilanga in Zambia are significant and reflect contrasting approaches to promoting disability rights and inclusion. In the following table we document the differences in the key elements including, collaboration structures, resource allocation and support, policy implementation and advocacy, and community participation and empowerment.

Table 2: Differences in collaboration and disability inclusion between CBID and non-CBID areas

	Chongwe	Chilanga
Collaboration Structures	In Chongwe, there is an established collaboration structure involving government agencies, NGOs, civil society Organisations, and community groups. This structure includes multi-stakeholder platform, coordination mechanism, and joint initiatives aimed at promoting disability inclusion and implementing CBID practices.	In contrast, in Chilanga district – a non-CBID district, the assessment found no formalised collaboration structures specifically focused on disability inclusion. There is no collaboration among stakeholders in the district not even ad hoc for implementing comprehensive disability inclusion strategies.
Resource Allocation and Support	The assessment found that Chongwe district was receiving dedicated resources and support from government, international donors, and NGOs specifically targeted at promoting disability rights and implementing CBID interventions. These resources may include funding for training programmes, and capacity-building initiatives	In Chilanga districts there was no documented support allocated specifically for disability inclusion efforts. As a result, we could not trace any initiatives related to disability rights and inclusion in the district
Policy Implementation and Advocacy	Chongwe district demonstrated stronger policy implementation and advocacy efforts related to disability rights and inclusion. This includes active engagement with policymakers, advocacy for policy reforms, and monitoring of policy implementation to ensure alignment with CBID principles.	In Chilanga district there are hardly any effort in policy implementation and advocacy for disability inclusion due to limited collaboration structures and resources.
Community Participation	In Chongwe district the team noted higher levels of community participation and empowerment among. These efforts were facilitated through ZAPD and	In Chilanga district community participation and empowerment of was found non-existent due to limited formalised structures and

<p>and Empowerment:</p>	<p>international agencies like NAD, and World Vision and inclusive development initiatives mainly promoted through an active CBID network that promote active involvement and leadership of in decision-making processes.</p>	<p>initiatives focused on promoting their inclusion. This can result in reduced opportunities for participation, advocacy, and leadership within the community</p>
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Overall, the differences in collaboration and disability inclusion between CBID districts like Chongwe and non-CBID districts like Chilanga highlight the importance of structured collaboration, dedicated resources, policy advocacy, and community empowerment in driving effective disability inclusion efforts at the district level. This therefore calls for more funding to escalate the CBID programme to cover more districts in the country.

3.4. Assessment of Structures for CBID Coordination

3.4.1 EQ20: What are the coordination structures at the national, provincial/region, and district levels in areas where NAD operates?

To fully understand the coordination mechanism of CBID in Zambia, it is important to first discern the different structures and their roles. There are three main structures, namely, the Ministry of Community Development and Social Services, Zambia Agency for , and the CBID Coordinating Committees. The three structures are organised from the national to the village level but play distinct yet interconnected roles in promoting inclusive development and advocating for the rights of in Zambia.

The Ministry of Community Development and Social Services (MCDSS): the Ministry of Community Development and Social Services is a key government institution responsible for formulating and implementing policies, programmes, and services aimed at promoting social welfare, community development, and inclusivity. Its roles include:

- **Policy Formulation:** The Ministry develops policies and strategies that promote social inclusion, protect the rights of vulnerable groups, including , and ensure their access to essential services and opportunities.
- **Programme Implementation:** It implements various programmes and initiatives aimed at improving the well-being and livelihoods of , including social protection programmes, skills development initiatives, and community-based projects.
- **Capacity Building:** The Ministry engages in capacity building efforts to empower communities, local organisations, and stakeholders to better address the needs of and promote inclusive practices.
- **Advocacy and Awareness:** It engages in advocacy campaigns and awareness-raising activities to promote disability rights, challenge stigma and discrimination, and foster a more inclusive society.

ZAPD has a specific mandate related to disability issues. Its roles include:

- **Registration and Certification:** ZAPD is responsible for registering and issuing disability certificates, which are essential for accessing various rights, benefits, and services.
- **Coordination and Collaboration:** The agency works to coordinate efforts among government agencies, NGOs, and stakeholders involved in disability-related activities to ensure a coherent and effective approach to disability inclusion.
- **Capacity Development:** ZAPD focuses on capacity development initiatives for , including skills training, education, and employment opportunities, to enhance their independence and inclusion in society.

- **Policy Advice:** It provides technical advice and inputs to the government on disability-related policies, legislation, and programmes to ensure they are inclusive and responsive to the needs of .

CBID Coordinating Committees: The CBID Coordinating Committees operate at various levels, and they include Community Welfare Assistance Committees (CWACs), Ward Development Committees (WDCs), District Development Coordinating Committees (DDCC), Provincial Development Coordinating Committees (PDCC), and the National CBID Coordinating Committee. Their roles include:

- **Coordination and Networking:** These committees facilitate coordination and networking among stakeholders involved in CBID initiatives, including government agencies, NGOs, community-based Organisations, and themselves.
- **Programme Planning and Implementation:** They play a role in planning and implementing CBID programmes and projects at the local level, ensuring they are aligned with national policies and priorities.
- **Monitoring and Evaluation:** The committees monitor and evaluate the progress and impact of CBID interventions, identify challenges, and recommend strategies for improvement and sustainability.
- **Advocacy and Community Engagement:** They engage in advocacy efforts to promote disability rights, raise awareness, and mobilise community support for CBID initiatives, fostering a culture of inclusion and participation.

In a nutshell, while the Ministry of Community Development and Social Services focuses on broader social welfare and development issues, ZAPD has a specific focus on disability-related matters, and CBID Coordinating Committees operate at the grassroots level to ensure effective coordination, implementation, and monitoring of inclusive development initiatives for . Collaboration and synergy among these entities are essential for achieving meaningful and sustainable disability inclusion in Zambia.

3.4.2 EQ21 What are the primary functions of the existing CBID coordination structures? Do they effectively fulfil their intended purposes?

In this sub-section, we focus the analysis on the functions of the CBID Coordination Committees. The CBID Coordination Committees in Zambia play pivotal roles in facilitating, coordinating, and overseeing CBID initiatives at various levels. The primary functions of the CBID Coordinating Committees at different levels are:

Community Welfare Assistance Committees (CWACs): CWACs play a crucial role in Zambia's CBID coordination structures at the grassroots level. These committees are typically composed of community members, including , and are responsible for identifying, assessing, and addressing the needs of vulnerable individuals within their communities. CWACs facilitate access to social services, advocate for the rights of , promote inclusion, and provide support for community-based development initiatives.

Ward Development Committees (WDCs): WDCs operate at the ward level and serve as platforms for community participation in local development processes. These committees play a vital role in CBID by ensuring that the voices and concerns of are integrated into ward-level planning, decision-making, and resource allocation. WDCs collaborate with CWACs to identify priority areas for development, implement inclusive projects, and monitor progress towards achieving community development goals.

District Development Coordinating Committees (DDCC): DDCCs are key coordination structures at the district level, bringing together various stakeholders, including government officials, civil society Organisations, and community representatives. In the context of CBID, DDCCs provide a

forum for discussing and addressing disability-related issues at the district level. They coordinate the implementation of inclusive policies and programmes, allocate resources, conduct assessments of community needs, and promote collaboration among different sectors to ensure holistic development and inclusion.

Provincial Development Coordinating Committees (PDCC): PDCCs operate at the provincial level and serve as higher-level coordination bodies that oversee development activities across multiple districts within a province. These committees play a strategic role in aligning provincial development plans with national priorities, including those related to disability inclusion. PDCCs facilitate coordination, resource mobilisation, policy alignment, and information sharing among districts and provincial stakeholders to support inclusive development efforts.

National CBID Coordinating Committee: The National CBID Coordinating Committee is configured to play a crucial role in overseeing and coordinating CBID initiatives across the country. Consisting of representatives from government ministries, non-governmental Organisations (NGOs), civil society groups, disability rights Organisations, and other relevant stakeholders, this committee serves as a strategic platform for policy development, planning, and implementation of inclusive development programmes.

One of the primary functions of the National CBID Coordinating Committee is to facilitate collaboration and partnerships among stakeholders involved in CBID activities. This includes promoting dialogue, sharing best practices, and leveraging resources to support the inclusion of in various sectors such as education, healthcare, employment, and social services. The committee also is also supposed to play a crucial role in advocacy and awareness-raising efforts to promote disability rights and inclusion at the national level. This involves engaging with policymakers, advocating for inclusive policies and legislation, and raising public awareness about the rights and needs of .

However, data from interviews and focus group discussions, however, show several gaps in the CBID coordination mechanisms and structures.

- **Lack of Institutionalisation:** Despite having well-defined roles, the CBID Coordination Committees, particularly at the national level, have not yet been fully institutionalised by the government. This absence of formalisation undermines the consistency and accountability of the committees' operations. To address this issue, NAD and other international partners should prioritise supporting the government in finalising and implementing the National CBID Coordination guidelines. Institutionalising these structures will provide a solid framework for consistent and effective operation, ensuring that each committee has a clearly defined role and accountability measures in place.
- **Inadequate Funding:** One of the major challenges is the insufficient funding for coordination mechanisms. This financial shortfall affects the ability of the committees to operate effectively, leading to gaps in their activities and outreach. Increasing financial support from both government and international donors is crucial. This funding should not only cover operational costs but also support capacity-building and resource mobilisation efforts. By ensuring that the CBID Coordination Committees are adequately funded, they will be better equipped to fulfil their roles and achieve their objectives.
- **Fragmented Coordination:** Coordination efforts are sometimes hindered by overlapping responsibilities and insufficient communication between different levels of committees and agencies. This can lead to inefficiencies and a lack of coherence in implementing CBID initiatives. To improve coordination, it is essential to develop clear protocols and strengthen communication channels among all levels of committees and stakeholders. Regular coordination meetings and joint planning sessions can enhance synergy and effectiveness, ensuring that efforts are aligned and resources are utilised efficiently.

- **Limited Capacity:** Some committees, particularly at lower levels, face challenges related to inadequate training and support. This limits their ability to execute their roles effectively and address the needs of comprehensively. Investing in capacity-building initiatives for all levels of committees is therefore vital. Training programmes should focus on strategic planning, project management, and monitoring and evaluation. By enhancing the skills and knowledge of committee members, the effectiveness of the CBID coordination efforts can be significantly improved.

Therefore, despite the CBID Coordination Committees not yet institutionalised, they have played a crucial role in driving the disability inclusive development agenda, promoting collaboration, building capacity, advocating for rights, and ensuring the effective implementation and sustainability of CBID initiatives in Zambia. Their coordinated efforts, mainly leveraged by NAD and a few other actors, have contributed to creating an enabling environment for the empowerment and inclusion of in different aspects of society. However, there remain some gaps, particularly in completing the institutionalisation process, and funding for these structures, which need attention and action.

3.5. Assessment of the operation and use of National DMIS in relation to national data collection

3.5.1 EQ22: How effective is the NAD-supported Disability Management Information System (DMIS)?

The Disability Management Information System (DMIS) in Zambia is a comprehensive platform designed to facilitate the collection, processing, storage, and accessibility of data related to . Its primary objective is to ensure that information about is organised and readily available for decision-making and service planning purposes. This system is closely aligned with the goals of Community-Based Inclusive Development (CBID), which aims to integrate into all aspects of society and development initiatives.

The DMIS operates as an online platform accessible from various devices with internet connectivity. However, access is restricted to authorised personnel only, ensuring data security and privacy. The system is also designed to be compatible with other social protection systems like the Zambia Integrated Social Protection Information System (ZISPIS), enabling seamless integration and data sharing across relevant sectors.

Key features of the CBID disability information management system include:

- The system collects comprehensive data on , including their demographics, types of disabilities, socio-economic status, access to healthcare, education, employment, and social services.
- The system stores and manages data securely, ensuring confidentiality and privacy of sensitive information. It employs modern database technologies to organise and retrieve data efficiently.
- The system facilitates monitoring and evaluation of disability-related programmes and interventions. It tracks progress, measures outcomes, identifies challenges, and generates reports for decision-making and improvement.
- By providing accurate data on the needs and priorities of , the system supports effective resource allocation. It helps allocate resources based on identified gaps and priorities, ensuring optimal utilisation of resources.
- The system should be contributing to evidence-based policy development by providing data-driven insights into disability issues. It informs policy formulation, implementation, and evaluation processes at national, regional, and local levels.

The CBID disability information management system in Zambia is a vital tool for promoting disability inclusion, enhancing service delivery, and fostering data-driven decision-making in disability-related programmes and policies. Like one stakeholder in Chongwe district observed “DMIS has made work easier especially when making disability cards.”¹¹

However, one major challenge is the complexity of the system, with technical terms that are difficult for ordinary users to understand. As a result, only “few stakeholders input data thereby making it difficult.”¹² This complexity hampers the usability of the DMIS, leading to difficulties in data input and retrieval. In addition, the DMIS “technology is quite a challenge in rural areas”.¹³

Additionally, the effectiveness of the DMIS is compromised by the inconsistent input of data by key stakeholders. Some stakeholders may be overwhelmed with their workload or lack the necessary knowledge and skills to use the system effectively. Others may simply have a negative attitude towards using the DMIS, further limiting its effectiveness in capturing comprehensive and accurate data on .

To sum it up, while the DMIS holds great potential as a tool for managing disability information, its effectiveness is currently impacted by usability challenges and inconsistent data input from stakeholders. Addressing these challenges is crucial to enhancing the functionality and impact of the Zambia DMIS in supporting disability management and inclusion efforts.

3.5.2 EQ23: What lessons can be learned from the Zambian DMIS when assessing the government system?

The Zambian DMIS offers five key lessons that can be applied when assessing government systems:

1. **Usability and Accessibility:** The DMIS highlights the importance of designing systems with user-friendly interfaces and accessible language. Government systems should prioritise simplicity and clarity in their design to ensure ease of use for all stakeholders including individual persons with disability and or their representative organisations.
2. **Training and Capacity Building:** Adequate training and capacity-building programmes are essential for ensuring that stakeholders have the knowledge and skills to effectively utilise government systems. Investing in training initiatives can improve data input accuracy and system functionality.
3. **Stakeholder Engagement:** Engaging stakeholders throughout the development and implementation of government systems is crucial. Their input and feedback can help address usability issues, tailor the system to meet diverse needs, and foster ownership and commitment to using the system.
4. **Data Quality and Consistency:** Government systems must prioritise data quality and consistency. Establishing protocols, standards, and monitoring mechanisms can help maintain accurate and reliable data, enabling informed decision-making and policy formulation.
5. **Continuous Improvement:** Continuous evaluation and feedback mechanisms are necessary for identifying areas of improvement and addressing challenges promptly. Regular assessments, updates, and refinements to the system can enhance its effectiveness and relevance over time.

These lessons from the Zambian DMIS underscore the importance of user-centric design, capacity building, stakeholder engagement, data quality assurance, and ongoing improvement efforts in government systems' development and implementation.

¹¹ Interview with a key stakeholder in Chongwe District

¹² *ibid*

¹³ *ibid*

3.6. Assessment of the effect of the institutionalisation of CBID in National Teaching Institutions

3.6.1 EQ24: Can you provide an overview of studies where CBID is integrated into curricula, either partially or as stand-alone courses?

CBID has gained prominence in Zambia, notably in institutions like the University of Zambia (UNZA), Copperbelt University (CBU), and Community Development Staff College in Kitwe and Monze. These institutions have integrated CBID into their academic programmes, offering courses on inclusive development, participatory approaches, and rights-based programming. They also engage in research, capacity-building, and partnerships focused on CBID, contributing to policy and practice in inclusive development. Colleges like Kitwe and Monze Community Development Staff College provide practical training in areas relevant to CBID, collaborate with stakeholders for community-driven initiatives, and advocate for CBID principles and human rights. Collaboration with international agencies further strengthens CBID efforts, promoting knowledge sharing and resource mobilisation for inclusive development. The following three case studies provide an overview of the studies where the concept of CBID has been into the curricula either partially or as stand-alone courses in three institutions of higher learning in Zambia.

1. University of Zambia (UNZA)

- **Faculty of Education:** UNZA's Faculty of Education offers courses such as "Inclusive Education" and "Special Needs Education," which cover topics related to CBID. These courses emphasise inclusive teaching practices, understanding diverse learning needs, and promoting inclusive school environments.
- **The School of Social Work:** The School of Social Work at UNZA includes modules on "Community Development Approaches" and "Community-Based Rehabilitation," which incorporate CBID principles. Students learn about community participation, disability rights, and strategies for inclusive community development.
- **Research Initiatives:** UNZA's research initiatives often focus on inclusive development issues. For example, research projects on disability rights, gender equality, and inclusive policies contribute to evidence-based practices and inform CBID curriculum development.
- **Collaborative Partnerships:** UNZA collaborates with Organisations such as the ZAPD, NGOs, and international agencies to enhance CBID training, research, and advocacy efforts.

2. Copperbelt University (CBU)

- **The School of Built Environment and Civil Engineering:** CBU's School of Built Environment and Civil Engineering integrates CBID principles into courses such as "Community Development Planning" and "Sustainable Development." Students learn about inclusive infrastructure design, accessibility standards, and community-driven development approaches.
- **Faculty of Medicine:** CBU's Faculty of Medicine includes CBID components in programmes such as "Community Health" and "Public Health." Students gain insights into inclusive healthcare delivery, health promotion for marginalised groups, and community-based interventions.
- **Practical Training:** CBU emphasises practical training and fieldwork opportunities for students to apply CBID concepts in real-world settings. This hands-on experience enhances their skills in community engagement, needs assessment, and project implementation.
- **Partnerships with Local Communities:** CBU establishes partnerships with local communities, NGOs, and government agencies to facilitate CBID projects, outreach programmes, and capacity-building initiatives. These collaborations promote inclusive practices and local empowerment.

3. Monze Community Development Staff College

The CDSC in Monze offer a diverse range of courses and programs tailored to the needs of development practitioners, government officials, NGOs, and community leaders. Some offerings at CDSC Monze include:

- **Community-Based Inclusive Development:** A specialised course focusing on inclusive development principles, disability rights, participatory methodologies, and empowerment of marginalised groups.
- **Rural Development Strategies:** Training in rural development approaches, agricultural extension services, rural livelihoods enhancement, and community-based natural resource management.
- **Health and Nutrition Programmes:** Modules covering community health promotion, nutrition education, disease prevention, and maternal-child health initiatives.
- **Environmental Sustainability:** Courses on environmental conservation, climate change adaptation, renewable energy technologies, and sustainable agriculture practices.
- **Entrepreneurship and Small Business Development:** Training programmes aimed at fostering entrepreneurship, microenterprise development, financial literacy, and market linkages for local businesses.
- **Cross-Cultural Communication:** Workshops on intercultural communication, conflict resolution, and cultural sensitivity in community development work.

3.6.2 EQ25: Are the courses offered at a level that qualifies students for government positions later on?

The courses offered at the University of Zambia (UNZA), Copperbelt University (CBU), and Monze Community Development Staff College (CDSC) provide a comprehensive foundation in CBID principles and related fields. However, the qualification for government positions after completion of these courses depends on several factors beyond the curriculum, including specific job requirements, professional experience, and certification/licensure.

UNZA's Faculty of Education and School of Social Work offer courses relevant to CBID, such as "Inclusive Education" and "Community Development Approaches".¹⁴ These courses equip students with knowledge and skills in inclusive teaching, community participation, and disability rights advocacy, which are valuable for roles in education, social work, and community development sectors within the government.

Similarly, CBU's programmes in Built Environment, Civil Engineering, Medicine, and Public Health integrate CBID components, preparing students for positions in infrastructure development, healthcare services, and public health programmes within government agencies.¹⁵

At CDSC Monze, courses in CBID, Rural Development Strategies, Health and Nutrition, Environmental Sustainability, Entrepreneurship, and Cross-Cultural Communication provide a broad skill set applicable to various government roles related to community development, rural development, public health, environmental management, and small business development.¹⁶

While completing these courses may enhance students' qualifications for government positions, additional factors such as practical experience, internships, professional certifications, and networking opportunities play crucial roles in securing government roles.¹⁷ Therefore, while these courses lay a strong foundation, students may need to supplement their education with practical experiences and relevant certifications to meet specific government job requirements.

¹⁴ UNZA Faculty of Education. (n.d.). Retrieved from UNZA website: <https://www.unza.zm/education/>

¹⁵ Copperbelt University. (n.d.). Retrieved from CBU website: <https://www.cbu.edu.zm/>

¹⁶ Monze Community Development Staff College. (n.d.). Retrieved from CDSC Monze website: <https://www.cdscmonze.ac.zm/>

¹⁷ Government of Zambia. (n.d.). Civil Service Commission. Retrieved from Civil Service Commission website: <https://www.csc.gov.zm/>

Overall, the integration of CBID training into course contents at universities like UNZA and CBU and staff colleges like Monze demonstrates a holistic approach to inclusive education and development. By incorporating CBID principles across various disciplines, these universities prepare students to address diverse social challenges, promote inclusive practices, and contribute to sustainable development in Zambia. Ongoing collaborations, research endeavours, and community engagement efforts further strengthen the impact of CBID institutionalisation within higher education institutions in the country.

3.6.3 EQ26: Do students pursue employment in relevant fields after completing the courses?

To answer this question, the analysis uses the case study of Monze Community Development Staff College, which has received NAD CBID programme support in form of training the CBID faculty staff, preparation of the syllabus and development of training materials (manuals). The CBID course at Monze Community Development Staff College (CDSC), supported by the NAD CBID programme, aims to equip participants with knowledge and skills for inclusive and sustainable development. The course has been accredited by TEVETA and focuses on principles of inclusivity, human rights, and participatory methodologies. The CBID course curriculum covers inclusive development principles, capacity building, policy frameworks, project design, and networking, contributing to a holistic understanding of CBID. The TEVETA's validation of the course also means that it ensures its quality and adherence to national standards, enhancing its credibility and recognition. The course is led and taught by qualified instructors, including a PhD holder with expertise in special needs education, ensuring quality teaching and learning experiences.

Data from interviews with staff and students at Monze CDSC, shows that their graduates are already appreciated at their different job placements in different NGOs and government departments to be knowledgeable on disability inclusion issues, signifying the course's relevance and recognition in the job market.¹⁸

This success, notwithstanding, there are some challenges that were noted that need attention. Data from interviews with students at the college shows that many potential employers lack knowledge about disability inclusion, emphasising the importance of sensitisation and tailored training for employers. Therefore, some of the supervisors feel challenged by the students that are on internship placements or new job placements, and therefore in some instances turn hostile, thus intimidating the newly employed graduates from exploring all initiatives to promote the inclusion agenda.¹⁹

The other challenges for the staff college, were observed in the way the course is taught. The course relies heavily on theoretical and classroom-based teaching, indicating a need for more practical, community-based training to enhance experiential learning, and particularly aimed at gaining the experience and skills in identification, assessment, and basic management of disabilities, especially aspects that can be handled at home (simple home-based rehabilitation skills).

In addition, a perusal through the CBID syllabus guideline and the interview with staff, shows that there is predominant focus on disability rather than broader vulnerability issues, suggesting the need for a more inclusive approach that addresses various vulnerable groups.²⁰

Finally, data from interviews with the staff shows that the college lacks an effective system for tracking graduates' employment status and feedback, hindering continuous improvement and impact assessment.²¹

There is therefore need for supporting the college to:

¹⁸ Interviews with staff at Monze CDSC.

¹⁹ Group discussion with CBID students at Monze CDSC

²⁰ Interview with staff at Monze CDSC

²¹ *ibid*

- Conduct awareness campaigns and provide tailored training to potential employers on disability inclusion and CBID principles.
- Incorporate more community-based practical training into the curriculum to bridge the gap between theory and real-world application but also broadening the course focus to address vulnerabilities beyond disability, empowering students to tackle a range of exclusion challenges in communities.
- Develop a robust alumnus tracking system to gather feedback, assess graduates' impact, and inform curriculum enhancements.

4. Lessons learnt, conclusions and recommendations

4.1 Lessons Learnt

1. **Enhancing Practical Skills and Support in CBID Volunteer Training:** A crucial lesson from the evaluation is the need to enhance practical training and support systems for CBID volunteers. While the training has effectively increased volunteers' skills in identifying and referring , challenges such as limited foundational training, inadequate resources, and social stigma remain. To improve community-level support, there must be a focus on practical skills and robust follow-up resources to better equip volunteers for real-world applications.
2. **Sustainability and Impact of CBID Networks:** A key lesson is the importance of leveraging local stakeholder commitment and low-cost communication tools for the sustainability of CBID networks. Despite financial constraints, the dedication of stakeholders and strategic use of resources have enabled significant achievements in community-based inclusive development. To further enhance sustainability, there is a need to strengthen resource mobilisation, address capacity gaps through targeted training, and advocate for more robust policy support.
3. **The Transformative Impact of CBID in Zambia:** A key lesson from the evaluation is the notable effectiveness of CBID in advancing disability inclusion through structured interventions and systemic changes. CBID programs have led to significant achievements, including inclusive education policies, accessible infrastructure, and enhanced community participation. The impact varies between districts, with some showing more comprehensive implementation than others. To sustain and expand these efforts, it is crucial to maintain dedicated resources, foster robust collaboration, and continue advocacy for systemic change.
4. **Unlocking Effective CBID Coordination:** A crucial lesson is the need for clear roles and institutionalised structures to advance CBID effectively. While progress has been made through existing committees, finalising national guidelines and securing sustained government funding are essential for full operationalization. Institutionalising these structures will ensure consistent implementation, oversight, and accountability, providing a solid framework for advancing CBID initiatives.
5. **Optimising Usability for Effective Disability Data Management:** A crucial lesson from the evaluation of Zambia's CBID DMIS is the importance of optimising system usability. The DMIS's current complexity hinders effective use, particularly in rural areas. Simplifying the interface and providing clear, accessible language can significantly improve data input accuracy and system effectiveness, ensuring that stakeholders at all levels can contribute to and benefit from the disability management system.
6. **Enhancing Practical Training and Broader Focus in CBID Education:** A key lesson from the evaluation of CBID training in teaching institutions is the need to enhance practical training and broaden the course focus. While theoretical knowledge is essential, integrating more community-based, hands-on experiences is crucial for equipping students with real-world skills in disability management. Expanding the curriculum to address various vulnerabilities beyond

disability can better prepare students to tackle a wider range of inclusion challenges, improving their effectiveness in promoting inclusive development.

4.2 Conclusions: Key success factors

1. **CBID Training:** CBID volunteer training in Zambia has successfully equipped volunteers with skills to identify, refer, and advocate for individuals with disabilities. This training has enhanced stakeholder awareness and service access through comprehensive content on disability management and inclusive planning. Volunteers now effectively identify and refer individuals with disabilities, strengthening community advocacy. Challenges include limited recognition of diverse disabilities, insufficient resources, and cultural stigmas. Expanding training content, increasing resources, and addressing cultural barriers are needed for further improvement. For district and national-level personnel, CBID training has improved capacity in strategic planning, policy development, and inclusive practices. However, deeper engagement with disability issues, stronger support systems, and comprehensive strategies are required to tackle cultural and systemic barriers.
2. **CBID Networks:** CBID networks have significantly promoted disability inclusion but face challenges such as inconsistent collaboration, limited capacity-building, and insufficient resources. These gaps hinder scalability and sustainability. Improved training, resource allocation, targeted awareness campaigns, and enhanced monitoring and evaluation mechanisms are crucial for maximizing the effectiveness of CBID networks and fostering a more inclusive society.
3. **CBID Effectiveness and Impact:** CBID has made notable contributions to disability inclusion, particularly in Chongwe district, through advocacy, capacity building, and policy influence. However, challenges remain, such as strengthening collaborative partnerships, enhancing monitoring and evaluation, and expanding capacity building. Expanding the programme to cover more districts is recommended to increase national impact.
4. **CBID Coordination:** CBID coordination structures have strengths in policy formulation, stakeholder coordination, and resource mobilization. However, challenges include fragmented efforts, limited stakeholder engagement, weak communication, and inadequate monitoring. Addressing these issues is essential for effective coordination and implementation of CBID initiatives.
5. **DMIS Utility and Effectiveness:** The Disability Management Information System (DMIS) in Zambia is effective in data collection and management, supporting monitoring and evaluation, and aiding resource allocation. However, challenges include system complexity, technical issues, and inconsistent data input. Improved training, user engagement, and data quality measures are needed to enhance the system's effectiveness.
6. **CBID in National Teaching Institutions:** The integration of CBID principles into higher education curricula in Zambia, including at UNZA, CBU, and Monze CDSC, reflects a commitment to inclusive education. These institutions offer comprehensive courses and practical training in CBID. However, issues such as the lack of accessible facilities and limited employer awareness about disability inclusion need addressing. Enhancing practical, community-based training and improving infrastructure and awareness are necessary for advancing inclusive practices.

4.3. Recommendations

4.3.1 Recommendations for the CBID Programme Development and Direction

1. **Enhance CBID Trainings at Community, District, and National Levels:**
 - a) **NAD** should develop advanced modules and specialised training sessions for volunteers, emphasising diverse disabilities and effective referral processes. Incorporate practical skills training in community-based rehabilitation.

- b) **NAD** should support the implementation of robust monitoring and evaluation mechanisms for the CBID volunteer training programme. Regularly assess, gather feedback, and analyse data to refine and improve the training.
- c) **The Government** should support NAD in scaling up and institutionalising these training modules to ensure consistent delivery across all districts.
- d) **OPDs and Teaching Institutions** should collaborate with NAD to provide input on training content and practical components. Ensure training programs reflect real-world challenges faced by persons with disabilities.
- e) **ZAPD** should engage in monitoring and evaluation efforts to track training outcomes and provide feedback for continuous improvement.

2. Strengthen CBID Information Networks at District and Provincial Levels:

- a) **NAD** should expand CBID networks to cover all 116 districts in Zambia. Facilitate collaboration, awareness, and advocacy through these networks.
- b) **Government** at both central and district levels should allocate additional resources to support the expansion and functionality of CBID networks. Enhance coordination among stakeholders to maximise impact.
- c) **OPDs and CBOs** should engage and participate actively in network activities and advocacy initiatives. Provide local insights to enhance network effectiveness.
- d) **ZAPD** should support resource mobilisation and network coordination to ensure effective coverage and impact.

3. Improve CBID Effectiveness and Impact:

- a) **NAD** should foster collaboration among government agencies, NGOs, CBOs, and community leaders, and establish knowledge-sharing platforms for best practice exchange.
- b) **NAD** should invest in more targeted capacity-building initiatives for stakeholders through organising training workshops and seminars to enhance skills for CBID implementation.
- c) **NAD** should develop robust monitoring and evaluation mechanisms with clear indicators to measure CBID initiatives' impact. (see 4.3.2 below)
- d) **Government** should facilitate inter-agency collaboration and support NAD's capacity-building efforts. Promote and fund effective CBID practices.
- e) **OPDs** should engage in capacity-building programs and contribute to knowledge-sharing platforms.
- f) **Teaching Institutions** should be lobbied and encouraged to integrate CBID-focused case studies and practical training into curricula to align education with real-world needs.

4. Enhance CBID Coordination Structures:

- a) **NAD** should strengthen collaboration among government agencies, NGOs, CBOs, and OPDs. Create platforms for effective communication and joint planning.
- b) **NAD** should also develop and complete guidelines for institutionalising CBID coordination structures and secure sustainable financing.
- c) **Government and NAD** should implement and enforce coordination guidelines and ensure that all the coordination structures at all levels are operational.

- d) **OPDs** should participate actively in coordination meetings and contribute to policy formulation.
- e) **ZAPD** should facilitate and mobilise persons with disabilities to ensure their inclusion in all decision-making processes and provide feedback on coordination practices.

5. Improve DMIS Utility and Effectiveness **NAD, government and ZAPD** should collaborate to:

- a) Redesign the DMIS interface to be more user-friendly and provide ongoing training and support for stakeholders. The redesign and improvement process of the CBID DMIS should involve all stakeholders and ensure that it meets the needs of all users and provides accurate data for decision-making

6. Institutionalise CBID in Higher Education:

- a) **NAD** should advocate for accessible infrastructure within higher education institutions and support the integration of community-based practical training into curricula.
- b) **Government** should ensure higher education policies include provisions for disability inclusion and accessible infrastructure.
- c) **Government** should encourage and support **teaching Institutions** to integrate CBID principles into curricula and provide practical training opportunities in CBID focus districts.
- d) **OPDs** should partner with institutions to provide insights on disability inclusion and practical training needs.

4.3.2. Possible outcome and output indicators for NAD’s CBID work in Zambia.

In the following matrix, we provide suggestions on Outcome and output indicators for the 6 programme areas.

Outcomes	Possible Key Performance Indicators
1. Enhance CBID Trainings	<ul style="list-style-type: none"> • Increased number of trained volunteers with specialised skills in identifying and referring diverse disabilities. • Enhanced awareness and understanding of CBID principles among trained volunteers.
2. Strengthen CBID Information Networks	<ul style="list-style-type: none"> • Establishment of CBID networks in all 116 districts, facilitating collaboration and advocacy efforts. • Increased collaboration and knowledge-sharing among stakeholders, leading to enhanced CBID impact.
3. Improve CBID Effectiveness and Impact	<ul style="list-style-type: none"> • Enhanced collaboration and networking among stakeholders. • Improved access to services and support for .
4. Enhance CBID Coordination	<ul style="list-style-type: none"> • Establishment of clear communication channels and partnerships for effective CBID coordination. • Strengthened coordination and monitoring mechanisms for CBID initiatives.
5. Improve DMIS Utility and Effectiveness:	<ul style="list-style-type: none"> • Improved data quality and usage in decision-making processes.

	<ul style="list-style-type: none"> Enhanced stakeholder engagement and ownership in using the DMIS.
6. Institutionalise CBID in Higher Education	<ul style="list-style-type: none"> Integration of CBID principles in higher education curricula and increased awareness among employers. Enhanced inclusivity and accessibility in higher education institutions and workplaces.
Outputs	
1.1. Development of advanced training modules focusing on diverse disabilities and effective referral processes.	<ul style="list-style-type: none"> Number of advanced training modules developed. Feedback from volunteers on the effectiveness and relevance of the training content.
1.2. Establishment of practical skills training sessions for volunteers in community-based rehabilitation.	<ul style="list-style-type: none"> Number of practical skills training sessions conducted. Assessment of volunteers' hands-on capabilities post-training.
2.1. Expansion of CBID networks nationwide to cover all districts.	<ul style="list-style-type: none"> Number of new CBID networks established. Participation levels in knowledge-sharing activities within the networks.
2.2. Allocation of additional resources and enhanced coordination efforts among stakeholders.	<ul style="list-style-type: none"> Increase in resources allocated to CBID networks. Feedback from stakeholders on the effectiveness of coordination efforts.
3.1. Closer collaboration among stakeholders through regular communication and joint planning.	<ul style="list-style-type: none"> Number of joint planning sessions held. Feedback on the effectiveness of communication channels.
3.2. Implementation of targeted capacity-building initiatives for stakeholders involved in CBID.	<ul style="list-style-type: none"> Number of training workshops and seminars conducted. Evaluation of stakeholders' knowledge and skills post-training.
4.1. Strengthened collaboration among government agencies, NGOs, CBOs, and OPDs.	<ul style="list-style-type: none"> Number of collaborative projects/initiatives implemented. Feedback from stakeholders on the effectiveness of coordination efforts.
4.2. Development of robust monitoring and evaluation mechanisms for CBID initiatives.	<ul style="list-style-type: none"> Implementation of monitoring tools and systems. Assessment of data quality and usability in decision-making.
5.1. Redesign of DMIS interface for user-friendliness and comprehensive training provided	<ul style="list-style-type: none"> Assessment of user satisfaction with the redesigned interface. Number of stakeholders trained on DMIS usage and data input protocols
5.2. Establishment of feedback mechanisms to address user	<ul style="list-style-type: none"> Number of feedback sessions conducted.

<p>concerns and gather input for system enhancements.</p>	<ul style="list-style-type: none"> • Incorporation of user suggestions into system improvements.
<p>6.1. Advocacy for accessible infrastructure and provision of tailored training to potential employers.</p>	<ul style="list-style-type: none"> • Number of advocacy campaigns conducted. • Employer feedback on the effectiveness of training initiatives.
<p>6.2. Integration of community-based practical training into curricula to bridge the gap between theory and real-world application</p>	<ul style="list-style-type: none"> • Number of practical training modules integrated into curricula. • Assessment of students' skills and understanding of CBID practices post-training.

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Annexes:

A.1 Terms of Reference

Evaluation of the Community Based Inclusive Development (CBID) Programme

Norwegian Association of Disabled (NAD)

Countries: Zambia and Zanzibar Period covered: 2020-2023

1. Background

Norwegian Association of Disabled (NAD) has long experience of developing Community Based Inclusive Development (CBID) programmes, also known as Community Based Rehabilitation (CBR), as a strategy for supporting governments to meet their obligations in the UN Convention on the rights of (CRPD).

As part of this strategy, NAD has in Zambia worked in collaboration with a range of stakeholders since 2009 to achieve the inclusion of and initiated the CBID programme in 2012. The Zambia programme has included small grants programmes, capacity building of organisations, programmes to introduce inclusive education, training in CBID at national, district and community level, development of district CBID Information Networks in more than 40 districts, peer training, and a variety of other initiatives.

In Zanzibar, NAD initiated a process in 2019 to introduce CBID. Activities have included the development and piloting of CBID trainings for community, district and national level stakeholders, the establishment of CBID Stakeholder Networks at district (3 districts) and national levels, capacity building of the umbrella OPD (Shijuwaza), and an inclusive education programme. Adding to this, in 2023 NAD worked in partnership with key stakeholders to introduce a new Economic Empowerment Programme, iSAVE, with a focus on saving and loans groups.

2. Purpose of the Evaluation

The evaluation should assess the effectiveness of NAD's CBID programme on a systemic level, with a particular focus on trainings, coordination and networking, based on the interventions done during the years 2020-2023. Based on information from selected districts, as well as data collected from provincial and national levels in Zanzibar and Zambia, NAD seeks to understand key success factors and learning points for future program planning.

a. General objectives for both countries:

Assess the effectiveness of the **CBID trainings** delivered at community, district and national levels during the period.

1. Assess the function and effect of the **CBID information networks**.
2. **Compare districts with CBID interventions with non-CBID intervention districts** and assess effects on selected parameters of disability inclusion, to be defined in collaboration with the consultant.
3. Assess the **structures for CBID coordination** on national, regional/provincial, district and community levels and specify, where possible, NAD's role in establishing and sustaining these.
4. Assess the operation and use of national Disability Management Information System (DMIS) and its relationship to national data collection.

b. Specific objective for Zambia:

6. Assess the effect of the institutionalisation of CBID in national teaching institutions.

Based on the findings from all objectives, the evaluation should provide **recommendations for NAD's programme development and direction** and formulate possible outcome and output **indicators** for NAD's CBID work, such as networking and coordination.

For proposed evaluation questions, see [Annex 1](#) below.

3. Expected deliverables

- Draft an Inception report outlining the approach and methodology for the review, including qualitative and quantitative data collection tools, as well as a timeline.
- Design an action plan for the field work in collaboration with country teams.
- Document and deliver all data collected in the field in the draft review report for sharing, presentation and feedback with relevant stakeholders.
- Commit to quality assurance of deliverables, time management and travel arrangements.
- Finalise the review report by country based on input and feedback received.
- Facilitation of learning workshops for NAD staff and relevant stakeholders.

4. Proposed timeframe, all dates 2024

26 January: TOR announced and/or circulated to potential consultants

12 February: Deadline for consultant applications

Mid-February: Consultant selected

6 March: Inception report produced

March-April: Conduct evaluation (fieldwork and desk work)

8 April: Draft report shared with NAD

12 April: Webinar/online sharing of findings

19 April: Final report available

5. Geographical scope

The evaluation will cover Zambia and Zanzibar. Specific districts / regions to be advised by NAD Country Directors in both countries.

6. Methodology

Carry out discussions with NAD Oslo and NAD country offices to gain more information on the country programmes. The evaluation will require the use of both qualitative and quantitative tools and methods for data gathering.

It is expected that the evaluation includes field work in Zambia and Zanzibar to meet with stakeholders as well as remote desk work.

7. Budget available

The total budget ceiling available is maximum NOK 400,000 (approx. \$36,000).

8. Competencies required of the lead consultant

- At least 5 years of demonstrated experience with similar programme evaluation assignments, including design, implementation and review of community based development interventions.
- Understanding of rights-based programming and disability inclusion is a requirement.
- Demonstrated experience in effectiveness assessment, research and evaluation methodologies, both qualitative and quantitative.
- Good command of multi-sectoral project evaluation skills.

- Master’s degree in relevant disciplines; social and/or community development, monitoring and evaluation, project management or other related field.
- Commitment to deliver quality work on time.
- Strong communication, reporting and presentation skills and fluency in English language, both written and spoken.

9. Application process and deadline

Please respond to the request for proposal with the following details:

- i. Description of proposed consultant(s) including a summary CV and a cover letter plus 3 references for similar/related assignments undertaken with contact persons (references) – (max 3 pages).
- ii. Financial proposal (detailed) that indicates the overall contract price and all estimated breakdown of costs, including days of consultancy - (1 page).
- iii. Overview of qualifications/experience and a profile of your organisation (if Institution).
- iv. Technical proposal detailing out the methodology, data analysis and work plan - (Max 5 pages).

Kindly submit your application to: Ingunn.gihle@nhf.no marked with “CBID Evaluation 2024” in the subject field.

Submission deadline is Monday 12 February 2024 at 09:00 Hrs Oslo time (GMT+1).

Applications without all relevant documents will not be considered.

Only shortlisted consultants will be contacted.

The consultant will be chosen based on merit, according to NAD guidelines.

Annex 1:

Proposed evaluation questions.

Objective:	Question:
1 CBID trainings	<p>Community level:</p> <p>What is the effect of the training for volunteers regarding identification of and use of relevant referral systems? Are all age groups of reached?</p> <p>To what extent are the trainees equipped with the tools necessary to provide support at community level?</p> <p>To what extent is the training of CBID volunteers institutionalised?</p>
	<p>National and district levels:</p> <p>What are the outcomes of training provided at national and district levels?</p> <p>To what extent are the trainees equipped with the necessary tools and knowledge for disability inclusive planning and budgeting?</p>

<p>2 CBID information networks</p>	<p>District and province level:</p> <p>Describe the different elements of the networks (like modes of communication) and assess their effectiveness.</p> <p>Perform stakeholder analysis of the participants in the networks.</p> <ul style="list-style-type: none"> • Do the networks have the optimal participation to influence systemic changes? • Does influential and people in position of power take part in the networks? • How do OPDs understand the CBID networks and their respective roles? • How do NGOs and CSO understand the CBID networks and their respective roles? <p>Assess how CBID stakeholders (also outside the CBID networks) at all levels understand their roles in relation to disability inclusion.</p> <p>Have NGOs and CSOs' understanding and practice of 'disability inclusion' changed based on their participation and learning from the networks?</p> <p>What is the effect of the use of the CBID matrix overview tool?</p> <p>What are the effects of the CBID information networks on the community level?</p> <p>Evaluate the extent to which the CBID networks have raised awareness of and increased access to public financing for OPD members and parent support groups (e.g. CDF grants), and the</p>
	<p>impact of this. Have the networks had an impact on government planning and budgeting?</p> <p>To what extent can systems change through the CBID information networks be seen? Have network members used learning from the networks in policy change? Explore how disability advocacy initiatives can best be coordinated between the various stakeholders.</p> <p>Have media changed their practices based on their participation and learning from the networks?</p> <p>Evaluate the sustainability of the current network structures at district and province level, and the potential effect towards CBID mainstreaming in the years to come.</p>
<p>3 Comparison CBID/ non-CBID intervention districts</p>	<p>Examples of parameters:</p> <p>To what extent can systems change through the various CBID interventions be seen?</p> <p>Establish how referrals to services at community level differ between CBID and non-CBID districts.</p> <p>To what extent is the concept of disability inclusion understood amongst target groups in CBID and non-CBID districts respectively?</p> <p>Describe the differences in CBID versus non-CBID areas for aspects of collaboration, and inclusion of .</p>
<p>4 CBID coordination</p>	<p>Describe the coordination structures present at national and province/region and district level in areas where NAD have worked.</p> <p>What are the main functions of the CBID coordination structures in place? Do they work and deliver as planned?</p>

5 DMIS	<p>Zambia: evaluate the NAD-supported DMIS</p> <p>Zanzibar: collect information on the government system and assess whether there are lessons to be learnt from the Zambian DMIS</p>
<p>6 CBID in national teaching institutions</p> <p>Zambia</p>	<p>Provide overview over studies where CBID is integrated in the curricula either partly or as stand-alone courses.</p> <p>Are the courses provided at a level which qualifies for government positions later?</p> <p>Do the students go on to be employed within relevant fields?</p>

A.2 List of participants

S/n	Name	Sex	District	Role
1.	Eddie Mupotola	M		NAD CBID Programme Officer
2.	Caroline	F		NAD Country Director
3.	Emmanuel Samu	M	Solwezi	Provincial coordinator
4.	Moses Ng'andwe Musonda	M	Kasama, Northern	Prov. Asst. Coordinator
5.	Grace	F	Solwezi	Provincial vice coordinator
6.	Carol Kapungwe	F	Lusaka	Provincial coordinator
7.	Emmanuel Juju	M	Kalumbila	Coordinator
8.	Mumba Michael	M	Kabwe	Assistant coordinator
9.	Kapapula		Choma	CBID coordinator
10.	Anastasia N. Fundulu	F	Kabwe	District coordinator
11.	Martin Mwansa	M	Kitwe	Coordinator
12.	Muwemba Mugala		Nakonde	Civic leader
13.	Dyness Wwape		Milenge District	Work as a team
14.	Beatrice Mutale	F	Kasama	Provincial Coordinator
15.	Mulima Chilamuna		Kalumbila	Member
16.	Matchisa Zimba		Chipata	Coordinator
17.	Christian Kasonde		Kasama	Member
18.	Chambula Stanley	M	Mpulungu	Assistant Coordinator
19.	Simona Mubiana		Mongu	Coordinating
20.	Gondwe Martin	M	Nakonde	Coordinator
21.	Passwell Nyambe		Zimba	Coordinator
22.	Kapalu Martin	M	Mwinilunga	vice chairperson
23.	Juliette Chisala	F	Kabompo	Coordinator
24.	Nachalwe Catherine	F	Mpika	Member
25.	Nelson Kunda	M	Nsama	Coordinator
26.	Kachusha Nkosh		Lusaka	
27.	Esther Kasaila Malwa	F	Kalumbila	Vice coordinate
28.	Sydney Mwamulima	M	Mpika	District coordinator
29.	Evaristo Muma Sampa	M	Mungwi	Coordinator
30.			Ikelenge	Ikelenge volunteer
31.	Pastor Lungu Nicholas	M	Nakonde, Muchinga	District Coordinator
32.	Lusoke Evaristo Chomba	M	Kaputa	Asst. District Coordinator
33.	Frankson Musukwa	M	Director General	ZAPD
34.	Stars Chabe	F	Dept. Traditional Affairs	Chongwe District
35.	Hellen Wachata	F	MCDSS	Chongwe District
36.	Emeldah Tembo	F	ZAPD	Chongwe District
37.	Suwilanji Nsimusokwe	F	Chongwe Municipal Council	Chongwe District
38.	Francis Mwanyasi	M	CDHO	Chongwe District
39.	Chanda	M	DEBS	Chongwe District
40.	Christopher Mweemba	M	Educ Standards Officer	Chongwe District
41.	Derick Nonde	M	Secretary, District OPD	Chongwe District
42.	Grace Phiri	F	Chairperson CWAC	Chongwe District
43.	Maiden Musopolo	F	Vice ChairCWAC	Chongwe District

44.	Clementina Mwale	F	Vice ChairCWAC	Chongwe District
45.	Veronica Mumba	F	Chairperson CWAC	Chongwe District
46.	Esnar Phiri	F	Chairperson CWAC	Chongwe District
47.	Miniver Chibutu	F	Secretary CWAC	Chongwe District
48.	Sipriano Chabwalika	M	Community member	Chongwe District
49.	Nkomeshi Sam	M	Community member	Chongwe District
50.	Silvester Mvula	M	Community member	Chongwe District
51.	Joseph Mwanza		Community member	Chongwe District
52.	Solomon Zulu		Community member	Chongwe District
53.	Matron	F	Community member	Chongwe District
54.	Kangwa Emeldah	F	Community member	Chongwe District
55.	Ester	F	Community member	Chongwe District
56.	Saeli Muyunda	F	Community member	Chongwe District
57.	Mwape Kawanga	F	Community member	Chongwe District
58.	Mr Ngambela Willie	M	Acting Principal	Monze CDSC
59.	Dr. Edgar.H. Mainza	M	Lecturer	Monze CDSC
60.	Ms Nalishebo Nyambe	F	Lecturer	Monze CDSC
61.	Otis Yasakwa	M	Lecturer	Monze CDSC
62.	Bowa Kuchetekela	F	Pupil	Chongwe Primary School
63.	Olispah Kasempa	F	Pupil	Chongwe Primary School
64.	Purity Phiri	F	Pupil	Chongwe Primary School
65.	Cathrine Zulu	F	Pupil	Chongwe Primary School
66.	Matilda Nalumino	F	Pupil	Chongwe Primary School
67.	Reign Chilubula	F	Pupil	Chongwe Primary School
68.	Lydia Kawana	F	Pupil	Chongwe Primary School
69.	Dickson Chimba	M	Pupil	Chongwe Primary School
70.	Happy Nyangu	M	Pupil	Chongwe Primary School
71.	Sarah Musonda	F	Pupil	Chongwe Primary School
72.	Kelly Phiri	M	Pupil	Chongwe Primary School
73.	Chrispine Sinyangwe	M	Out of School youth	Chongwe District
74.	Loyd Kabuswe	M	Out of School youth	Chongwe District
75.	Justine Mulenga	M	Out of School youth	Chongwe District
76.	Blessings Chibale	F	Out of School youth	Chongwe District
77.	Mary Mweemba	F	Out of School youth	Chongwe District
78.	Mrs. Maureen Tembo.	F	Head teacher,	Chongwe Pr/Sec School
79.	Agness Machila	F	CWAC member	Chilanga District
80.	Paster Mmbindu	M	CWAC member	Chilanga District
81.	Malole Chabataba	M	CWAC member	Chilanga District
82.	Mary Banda	F	CWAC member	Chilanga District
83.	Mary Simachembele	F	CWAC member	Chilanga District
84.	Ruth Lungu	F	CWAC member	Chilanga District
85.	Shedrack	M	Person with Disability	Chilanga District
86.	Clement Chanda	M	Vice Chairperson, OPD	Central Province /Kabwe
87.	Catherine Mwape	F	Member, OPD	Kabwe
88.	James Mbwe	M	Member OPD	Kabwe
89.	Dorcas Mweemba Lengwe	F	HR Devt. Officer	Min. Of Tourism, Chilanga

