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Evaluation Report of CBID Programme in Zambia and Zanzibar: Key Insights and Recommendations

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Introduction

The evaluation aimed to assess the effectiveness of the Norwegian Association of Disabled (NAD) supported Community-Based Inclusive Development (CBID) Programme in Zambia and Zanzibar from 2020 to 2023 as implemented by NAD country office in Zambia and Madrasa Early Childhood Programme in Zanzibar. It involved evaluating CBID trainings, coordination mechanisms, and networking efforts. The evaluation's specific objectives were to : assess the quality and impact of trainings, the function and impact of information networks, compare delivery of interventions in CBID and non- CBID districts and to explore the institutionalisation of CBID in national teaching institutions. Ultimately the evaluation served to inform, identification of key success factors and to provide recommendations for the future development of the CBID supported by NAD.

Methodology

The evaluation used a Utilisation-Focused Evaluation (UFE) approach, prioritizing practical application and stakeholder involvement. Data were collected through document reviews, key informant interviews, community discussions, and online surveys. Data collection tools were meticulously crafted to meet the Terms of Reference (ToR) and support rigorous analysis. Stakeholder engagement was integral to the process, enhancing the evaluation's credibility and ensuring that findings would effectively inform programme improvements.

Findings

Effectiveness of CBID training

How effective is volunteer training in identifying and referring Persons with Disabilities of all ages?

Volunteer training in Zambia and Zanzibar has proven effective in identifying and referring persons with disabilities of all ages, though the approaches and outcomes vary. In Zambia, the training has equipped volunteers with essential knowledge and skills to identify and refer individuals with diverse disabilities, including mental disabilities. Notwithstanding these achievements, inadequate foundational awareness among some volunteers, limited resources, cultural stigmas, and coordination issues persists. In Zanzibar, the training has significantly improved identification and referral processes through enhanced community awareness, better-trained volunteers, and the establishment of local disability committees thereby leading to greater inclusion and support for persons with disabilities.

However, its impact has been somewhat constrained by limited coverage across districts. Overall, both contexts highlight the effectiveness of targeted training while underscoring the need for continued improvements in resources, awareness, and coordination.

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

The CBID training in Zanzibar effectively prepared trainees by offering comprehensive coverage of disability rights, inclusive education, and practical skills through interactive methods and culturally relevant content. Its strong emphasis on theoretical knowledge, practical application, and active engagement equipped participants to address the needs of people with disabilities in their communities effectively. In contrast, while trainees in Zambia gained general awareness about disability, they lacked sufficient hands-on skills, received inadequate support and resources. These hindered their ability to provide effective community-level support.

How institutionalised is CBID volunteer training?

The institutionalisation of CBID volunteer training in both Zambia and Zanzibar has made significant strides in embedding inclusive practices within community and governance frameworks. In Zambia, efforts to integrate CBID training into relevant institutional frameworks, provide consistent funding, align with disability policies, and build trainer capacity have fostered sustainability and effectiveness. This process has raised awareness, improved inclusiveness, and underscored the need for structured programmes. Conversely, Zanzibar's approach has involved aligning training with national policies, coordinating across ministries, and enhancing community-level support, albeit has faced challenges such as insufficient funding and resource limitations.

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

The CBID training at national and district levels in both Zambia and Zanzibar has yielded substantial positive results. In Zambia, the training has significantly increased awareness about disability rights, enhanced stakeholder engagement, and improved coordination among actors, leading to greater advocacy and participation by Persons with Disabilities. Similarly, in Zanzibar, the training strengthened the capacity of national and district stakeholders, improved policy advocacy, and enhanced community-level support, resulting in better access to services and more inclusive community participation. Challenges such as inconsistent application and limited resources persist.

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

In Zanzibar, trainees at all levels demonstrate increased competence in advocating for and implementing inclusive policies. Similarly, in Zambia, trainees show strong knowledge and skills in disability management and stakeholder engagement, with a positive attitude toward inclusive planning. Despite these advancements, both regions face challenges in applying training consistently and securing necessary resources.

CBID Information Networks

CBID network elements and their effectiveness

The CBID networks in Zanzibar and Zambia are multifaceted collaborative frameworks aimed at advancing disability inclusion. In Zanzibar, the network includes government entities, local authorities, NGOs, Organisations of People with Disabilities (OPDs), community organisations, and training institutions, all working together to implement and advocate for inclusive policies and practices. **The CBID WhatsApp groups play a critical role in facilitating real-time communication and coordination. They have proven effective, with 78% in Zanzibar and 96% in Zambia of survey respondents rating them as effective, reflecting improved community awareness, better access to services, and significant policy and infrastructure advancements.** In Zambia, the networks involve government bodies, Non-governmental Organisations (NGOs), Civil Society Organisations (CSOs), Community Based Organisations (CBOs), and international partners, focusing on policy development, capacity building, and direct support. WhatsApp platforms and occasional face-to-face meetings enhance collaboration and accountability. Both networks demonstrate strong effectiveness in promoting disability inclusion through enhanced coordination, policy influence, and community engagement.

CBID stakeholder analysis

Notable progress has been made by both countries to utilise network participation to promote disability inclusion. However, despite **supporting systemic change, the networks lack oversight, funding, and inconsistent policy enforcement. There is need for additional capacity building to enhance stakeholder collaboration, ensure equitable resource distribution, and strengthen monitoring.**

Assess stakeholders' understanding of disability inclusion roles.

In both countries stakeholders' understanding of disability inclusion roles reflect a shared commitment to promoting equal rights and opportunities for persons with disabilities, albeit with varying focuses and approaches. In Zambia, government agencies are seen as policy and resource facilitators, NGOs and CSOs act as advocates and service providers, OPDs focus on representation and rights advocacy, community leaders drive grassroots engagement, educational institutions work on inclusive education, and employers strive for accessible workplaces. In Zanzibar, the National Council for People with Disabilities (NCPD) leads in policy coordination and advocacy, municipal councils and district authorities handle implementation and planning, CBID volunteers and local leaders facilitate community-level support, educational institutions adapt curricula for inclusivity, and NGOs and CSOs engage in advocacy and support. Overall, stakeholders across both countries **demonstrate collaborative effort in enhancing disability inclusion**

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

NGOs and CSOs have shifted from a charity-based approach to a rights-based framework, focusing on empowering and actively involving persons with disabilities in all aspects of community life. The transition has led to improved accessibility and inclusivity in their projects, such as ensuring accessible training venues and providing necessary accommodations. Additionally, CBID has strengthened collaboration among various stakeholders, resulting in more coordinated advocacy efforts and enhanced public space accessibility. Overall, the CBID Programme has driven a more inclusive and rights-oriented approach within NGOs and CSOs, effectively addressing the needs of persons with disabilities.

What is the impact of the CBID matrix overview tool?

The tool has had a profound impact on disability inclusion in both Zambia and Zanzibar by providing a structured framework that integrates various stakeholders and sectors. It has facilitated enhanced disability-inclusive practices across health, education, livelihood, social, and empowerment domains by improving accessibility, promoting inclusive education, advancing affirmative employment actions, and advocating for better infrastructure and community attitudes. **The matrix has also clarified roles for stakeholders, improved coordination, and fostered community involvement in planning, leading to more tailored and effective interventions.** Further, it has supported the creation of digital networks for better

communication and facilitated participatory monitoring and evaluation, ensuring that disability issues are addressed comprehensively and sustainably.

What impacts do CBID networks have on the community level?

Overall, CBID networks have contributed to more inclusive and equitable communities by addressing disability-related challenges and improving systemic support.

In Zambia and Zanzibar, these networks have enhanced capacity for implementing inclusive initiatives, facilitated the mobilisation of resources, and strengthened collaboration among stakeholders, leading **to improved visibility and support for Persons with Disabilities. They have enabled better coordination, information sharing, and resource mobilisation, led to heightened government awareness, inclusive policies, and improved infrastructure.** Digital platforms have streamlined communication, and training programmes and equipped educators with skills to support students with disabilities. However, challenges such as limited funding and infrastructure persist.

Role of CBID Networks in Raising Awareness, Accessing Public Financing, and Influencing Government Planning

CBID networks have played a pivotal role in raising awareness, accessing public financing, and influencing government planning and budgeting to promote disability inclusion and ensure that Persons with Disabilities receive necessary resources and support. In both countries, the networks enhance understanding of disability issues through advocacy campaigns, community events, and information sharing, empowering Persons with Disabilities to assert their rights. They facilitate access to public financing by connecting OPD members and parent support groups with educational, healthcare, and livelihood resources, and advocate for dedicated budget allocations for disability inclusion. Additionally, CBID networks influence government planning by engaging with policymakers, participating in planning sessions, and pushing for legislative changes, such as the inclusion of disability considerations in national budgets and development plans.

To what extent have CBID networks facilitated systemic change and policy influence?

The advocacy role of CBID networks has led to concrete policy changes, such as the development of inclusive education laws and improved healthcare guidelines, directly benefiting Persons with Disabilities. The collaborative approach has fostered a more inclusive environment, increased community participation, and reduced

stigma, demonstrating the networks' pivotal role in driving comprehensive and systemic improvements in disability inclusion.

Have media practices changed due to participation in CBID networks?

Participation in CBID networks has significantly transformed media practices in both countries. In Zambia, the networks have driven a shift towards more inclusive and rights-focused media coverage, increasing visibility and promoting accurate portrayals of Persons with Disabilities. In Zanzibar, there was a specific training organised for the media personnel, which significantly influenced the frequency of media coverage of the disability issues. Currently, **media outlets, feature diverse perspectives more frequently, and employ inclusive language, and human-centred reporting focusing on personal stories of individuals with disabilities.** These changes have fostered more authentic representations, improved public awareness, and influenced policy advocacy. Overall, CBID networks have made significant strides in creating a more inclusive media landscape.

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

The sustainability of district and provincial network structures for CBID in Zambia and Zanzibar demonstrates promising potential. In Zambia, these networks benefit from strong stakeholder buy-in, continuous capacity-building, sustainable funding mechanisms, and policy advocacy. Likewise in Zanzibar, the integration of local stakeholders, government support, and community engagement **underpins a robust foundation for sustainability, though challenges such as financial scarcity, capacity constraints, and the gap between policy and practice need addressing.**

CBID Effectiveness and Impact

CBID initiatives in Zambia and Zanzibar have significantly advanced disability inclusion, albeit with varying results. In Zambia, active CBID programmes, like in Chongwe, have led to policy advancements, improved infrastructure, and better service delivery compared to non-CBID districts like Chilanga, which face fragmented services and weaker advocacy. Similarly, in Zanzibar, CBID efforts have integrated disability inclusion into broader development frameworks, enhancing access to education and healthcare. Non-CBID regions still struggle with less formalised support and limited access to inclusive services. These experiences underscore the importance of structured CBID approaches for effective and inclusive outcomes.

CBID Coordination structures

CBID coordination structures are essential for advancing disability inclusion. In both countries, the structures **have significantly advanced disability inclusion**. Zambia's framework includes the Ministry of Community Development and Social Services (MCDSS), Zambia Agency for Persons with Disabilities (ZAPD), and local CBID Coordinating Committees. These bodies focus on policy, registration, and programme implementation but struggle with incomplete institutionalization and funding issues. In Zanzibar, through the National Council for Persons with Disabilities (NCPD) a multi-tiered system involving national ministries, local committees, and grassroots organisations manages CBID efforts. Despite significant progress, Zanzibar faces challenges with consistent policy enforcement and data collection.

Disability Management Information System

The Disability Management Information System (DMIS) in Zambia serves as a crucial tool for managing and utilising data related to Persons with Disabilities in support of CBID initiatives. It is designed to facilitate comprehensive data collection, secure storage, and integration with other social protection systems like the Zambia Integrated Social Protection Information System (ZISPIS). Key features include detailed data collection on demographics, disabilities, socio-economic status, and access to essential services. This diverse data aids effective resource allocation and evidence-based policy development. However, challenges such as system complexity, inconsistent data input, and technical issues, particularly in rural areas, have impacted its effectiveness. Lessons learned from the Zambian DMIS can inform the development of similar systems in Zanzibar and other countries in the following ways.

- **Prioritising usability and accessibility is essential:** Systems should be designed with user-friendly interfaces and clear language to ensure ease of use for all stakeholders.
- **Investing in training and capacity building** is crucial for effective system utilisation, improving data accuracy, and system functionality.
- Engaging stakeholders throughout the system's development and implementation can address usability issues and foster ownership.
- Maintaining high data quality and consistency through established protocols and monitoring is vital for informed decision-making.
- Implementing continuous improvement practices through regular assessments and feedback can enhance the system's effectiveness and adaptability.

By incorporating these lessons, Zanzibar or any other country interested in establishing a CBID DMIS can develop a more effective and user-centric DMIS, thereby promoting better inclusion and service delivery.

Institutionalisation of CBID in National Teaching Institutions

In Zambia, the integration of CBID into university curricula—such as at the University of Zambia, Copperbelt University, and Monze Community Development Staff College—demonstrates effective practices and offers valuable lessons for promoting more effective and inclusive development initiatives. Key lessons include: the importance of a) designing user-friendly and accessible curricula and investing in comprehensive training and capacity-building, b) engaging stakeholders during curriculum development, c) emphasising and broadening community-based practical training, to include various vulnerabilities, and d) developing robust systems for tracking graduates and gathering feedback.

Lessons learnt

The evaluation of CBID in Zambia and Zanzibar highlights several key lessons for enhancing disability inclusion programmes.

1. **Training Depth and Resource Allocation:** Enhancing CBID training programmes in both Zambia and Zanzibar significantly builds stakeholder capacities and improves volunteer skills in identifying and advocating for disabilities. Increased training depth, resource allocation, and addressing cultural barriers are crucial to strengthening the programmes' effectiveness in these countries.
2. **Network Effectiveness:** CBID networks play crucial roles in promoting disability inclusion. The sustainability of disability inclusion in Zambia relies on stakeholder collaboration and comprehensive capacity-building initiatives. Disability inclusion in Zanzibar could be further enhanced with sufficient resources and well-defined structures.
3. **Impact and Effectiveness:** CBID as a strategy promotes advocacy, capacity building, and policy influence (Zambia) in addition to raising awareness on disability issues and making infrastructure more accessible to people with disabilities (Zanzibar). Improved collaboration and monitoring in Zambia, coupled with strategic high-level support in Zanzibar, could enhance national engagement and further the rights of persons with disabilities. Strengthened partnerships, better monitoring, and expanded CBID coverage are crucial across both countries to realise these goals..

4. **Coordination Mechanisms:** Effective CBID coordination mechanisms contribute to policy implementation and resource mobilization. Enhancing resource allocation, monitoring systems, and enforcement can improve policy implementation and resource mobilisation.
5. **Curriculum Integration:** Integrating CBID into curricula of higher education institutions in Zambia has demonstrated the value of incorporating inclusive education and practical training. Zanzibar can benefit from similar approaches by ensuring that educational institutions provide hands-on experience and address diverse vulnerabilities beyond disability.
6. **Human Rights and Planning:** Zanzibar's experience reflects a disconnect between project-focused approaches and broader CBID frameworks. Improved integration of human rights advocacy and inclusive education into CBID initiatives could improve on the status quo. Additionally, strategic government planning and alignment with national priorities are crucial for effective implementation.

- Strengthen collaboration and communication among government, NGOs, CBOs, and Persons with Disabilities, and create platforms for their engagement in decision-making.
 - Finalise guidelines for institutionalising coordination structures and secure sustainable financing.
5. Improve DMIS Utility:
 - Redesign the DMIS interface to be more user-friendly and provide comprehensive training and ongoing support for stakeholders.
 - Engage stakeholders in DMIS design and development and establish feedback mechanisms to enhance system accuracy and ownership.
 6. Institutionalise CBID in Higher Education:
 - Advocate for accessible infrastructure in higher education institutions and conduct tailored awareness campaigns for employers on disability inclusion.
 - Integrate community-based practical training into curricula to bridge theory and practice, using CBID focus districts for hands-on experience.

Recommendations

For Zambia:

1. Enhance CBID Trainings:
 - Develop advanced modules and specialised sessions for volunteers on diverse disabilities and referral processes, incorporating practical community-based rehabilitation training.
 - Implement robust monitoring and evaluation for volunteer training, using regular assessments and feedback to refine and improve the programme.
2. Strengthen CBID Information Networks:
 - Expand CBID networks to cover all 116 districts in Zambia for broader impact and leverage them for collaboration and advocacy.
 - Increase resources and improve coordination among stakeholders to support grassroots CBID activities.
3. Improve CBID Effectiveness and Impact:
 - Enhance collaboration among government agencies, NGOs, CBOs, and community leaders, and create platforms for knowledge sharing and best practices.
 - Invest in targeted capacity-building initiatives and develop robust monitoring and evaluation mechanisms with clear indicators.
 - Establish at least one CBID focus district per province for learning and replication.
4. Enhance CBID Coordination Structures:

For Zanzibar:

1. **Expand Training Reach:** Increase the geographical scope of CBID training to cover more districts and shehias. Invest in ongoing mentorship and support.
2. **Strengthen Networks:** Clearly define and communicate CBID network structures, overcome resource constraints through partnerships, and enhance resource mobilisation. Establish regular forums for network members.
3. **Enhance Programme Effectiveness:** Secure consistent high-level support, increase national-level engagement, and develop a comprehensive monitoring and evaluation framework.
4. **Clarify Theory of Change:** Ensure all projects align with the CBID Theory of Change and facilitate regular stakeholder meetings for better alignment and collaboration.
5. **Improve Strategic Planning:** Involve the national Steering Committee in annual planning and priority-setting and strengthen communication for better coordination with government initiatives.

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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Lastly, let me thank all of you that played a role in making this evaluation possible.

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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

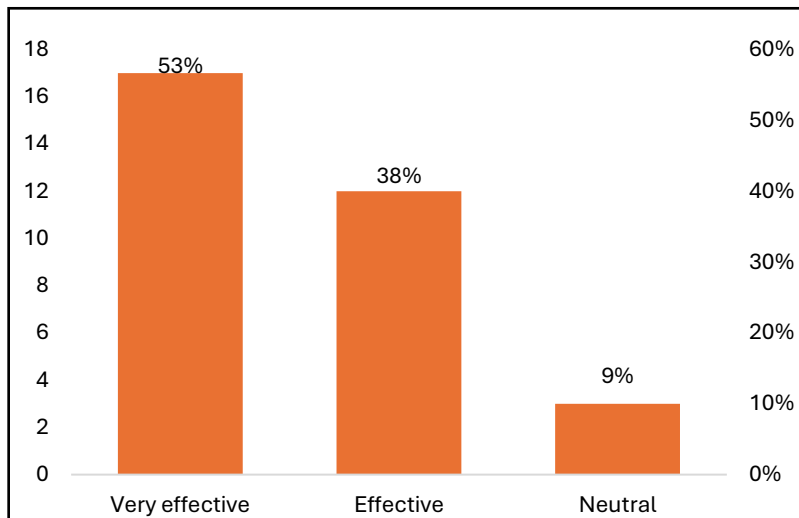


Figure 1: Any positive changes in disability inclusion initiatives or community development efforts because of the District CBID Network's activities (Source: Survey for District CBID Network)

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).

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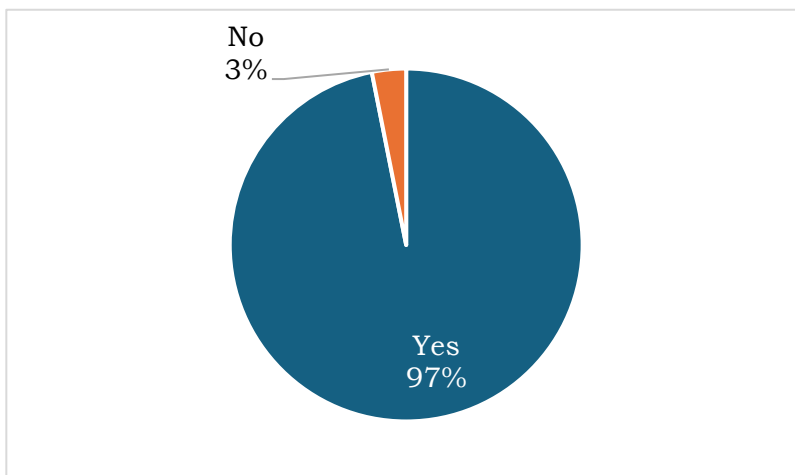


Figure 2: Opinions on the effectiveness of the CBID Network in promoting disability inclusion (Source: Survey for District CBID Network)

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
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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
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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

Community Based Inclusive Development (CBID) Programme in Zanzibar

Final Evaluation Report

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Independent Consultant

September 2024

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 Zanzibar. 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 authors acknowledge 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.

Acknowledgement

We extend our gratitude to the NAD team in Oslo and Zanzibar for their guidance and support throughout this evaluation. Thanks also to the Madrasa Early Childhood Programme team in Zanzibar that coordinated the evaluation mission on the ground. We appreciate the government ministries, local authorities, and district officials and all individuals that provided their valuable insights. We thank all of you who played a role in making this evaluation possible.

July 2024, Kampala

List of acronyms

CBID	Community-Based Inclusive Development
CBOs	Community-Based Organisations
CDC	Community Development Committees
CSOs	Civil Society Organisations
DMIS	Disability Management Information System
FGDs	Facilitated Group Discussions
IE	Inclusive education
ISNE	Inclusive Special Needs Education
LGAs	Local Government Authorities
MDAs	Ministries, Departments and Agencies
MECP-Z	Madrrasa Early Childhood Programme – Zanzibar
MoEVT	Ministry of Education and Vocational Training
NAD	Norwegian Association of Disabled
NCPD	National Council for Persons with Disabilities
NGOs	Non-Governmental Organisations
OPDs	Organisations of Persons with Disabilities
SUZA	State University of Zanzibar
ToR	Terms of Reference
UFE	Utilisation Focused Evaluation
UWZ	Union of the Physically Disabled of Zanzibar

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Executive summary

Background and Introduction

The Community-Based Inclusive Development (CBID) Programme in Zanzibar, started in 2019 with support from the Norwegian Association of Disabled (NAD), aims to enhance disability inclusion across various sectors. This comprehensive initiative integrates disability inclusion into policy, community practices, and service delivery, targeting improved accessibility and support for persons with disabilities. The Programme focuses on training stakeholders, establishing effective networks, and leveraging data management systems to drive systemic change. It operates within a framework of national development plans and international standards, with the goal of creating an inclusive environment that empowers persons with disabilities and addresses their needs effectively.

This report is a result of an evaluation mission of the programme, whose primary aim was to assess the effectiveness of the CBID Programme from 2021 to 2023, with a focus on training, coordination, and networking efforts. The specific objectives were to:

- Evaluate the effectiveness of CBID trainings at various levels.
- Assess the function and impact of CBID information networks.
- Compare districts with CBID interventions to those without regarding disability inclusion.
- Examine the structures for CBID coordination across national, regional, district, and community levels.

Methodology

The evaluation employed a Utilisation-Focused Evaluation (UFE) approach, emphasizing 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 evaluation commencement, 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

CBID Volunteer Training

The CBID training in Zanzibar has significantly improved the capacity of volunteers and stakeholders to support disability inclusion across national and district levels. The training effectively enhances skills in identifying and referring individuals with disabilities, leading to better referral processes and increased community mobilisation. Trainees are well-prepared for community-level support, with a comprehensive understanding of disability rights, inclusive education, and practical skills for implementing inclusive practices. The training is institutionalised through alignment with national policies such as the Zanzibar Development Plan (ZADEP) 2021–2026, Persons with Disabilities Act 2022, Zanzibar Inclusive Education Policy (ZIEP), decentralisation efforts, and collaborative governance structures, such as NCPD, although challenges such as inconsistent policy implementation and limited resources remain. At both national and district levels, the training has fostered improved advocacy, policy development, and community-driven solutions, contributing to a more inclusive environment for people with disabilities in Zanzibar.

CBID Networks

The CBID networks in Zanzibar have showed considerable success in advancing disability inclusion and improving the quality of life for persons with disabilities. Through collaborative efforts among government bodies, non-governmental organisations, and local communities, these networks have effectively facilitated access to essential services such as healthcare, education, and livelihood opportunities. They have played a pivotal role in advocating for policy changes, raising awareness about disability rights, and empowering persons with disabilities to participate actively in societal development. Despite these achievements, challenges persist, including limited resources, cultural barriers, and the need for more robust data collection and monitoring systems. Addressing these challenges is crucial for sustaining and expanding the impact of CBID initiatives and ensuring continued progress in disability inclusion across Zanzibar.

CBID Effectiveness and Impact

The CBID Programme in Zanzibar has significantly advanced disability inclusion since its inception in 2019, showcasing notable effectiveness and impact. By broadening its focus from human rights advocacy to inclusive education and infrastructure improvements, the programme has heightened government awareness and secured tangible support, including facility adaptations and representation of persons with disabilities in national committees. The programme has also excelled in training stakeholders, creating a network of informed advocates, and promoting inclusive education through curriculum development and legislative advocacy. In contrast, non-CBID districts like Unguja B display a more fragmented and reactive approach, with informal support systems, limited resources, and ad hoc assistance. Differences in understanding and implementation of disability inclusion are evident, with CBID districts employing structured, proactive strategies and formal collaborations, while non-CBID areas rely on sporadic efforts and community mobilisation. Overall, the CBID Programme shows a comprehensive and sustainable model for disability inclusion, though challenges remain in achieving consistent national-level engagement.

CBID Coordination

In Zanzibar, the CBID coordination structures are integral to promoting disability inclusion and improving the quality of life for persons with disabilities. At the national level, key ministries and the Department of Disability Affairs work together to implement inclusive policies aligned with national and international frameworks. District and community-level coordination involves Disability Committees, local councils, and civil society organisations, which mobilise resources, promote community engagement, and ensure that local needs are addressed. These structures perform several crucial functions: implementing disability-inclusive policies, coordinating capacity-building initiatives, mobilising resources, and engaging local communities in advocacy and decision-making. They have been effective in integrating policies, enhancing stakeholder capacities, and facilitating resource allocation. However, challenges remain in consistent policy enforcement, systematic monitoring and evaluation, and adapting initiatives to local contexts. Overall, while the CBID coordination mechanisms have made significant strides, ongoing improvements are needed to optimise their effectiveness and sustain their impact.

Conclusions

The programme in Zanzibar has achieved notable progress since its inception, demonstrating significant effects in various areas:

CBID Training: The CBID training in Zanzibar has significantly enhanced stakeholders' ability to support disability inclusion by improving processes such as identification, basic assessment, referral, community mobilisation, and infrastructure development. However, the training has a limited reach, affecting only a few shehias within the target districts.

CBID Networks: CBID networks have made significant strides in promoting disability inclusion by fostering collaboration among government bodies, NGOs, and local communities. They have improved access to essential services and advocated for policy changes. Challenges, such as limited resources, cultural barriers, and unclear network structures, hinder their effectiveness.

CBID Effectiveness and Impact: The CBID Programme has successfully raised awareness, built capacities, and improved infrastructure, leading to systemic changes in disability support. However, issues like inconsistent high-level support and insufficient national-level engagement remain.

CBID Coordination: Coordination mechanisms at national and district levels have facilitated policy implementation, capacity building, and resource mobilisation. However, issues with enforcement, resource allocation, and monitoring persist.

CBID Disability Management Information System: The Zanzibar Jumuisha DMIS is undergoing upgrades to better manage disability-related data, including modules for gender-based violence, personal information, asset tracking, and assistive devices. Lessons from the Zambia DMIS highlight the importance of usability, training, stakeholder engagement, and data quality.

Integration of Human Rights Advocacy and Inclusive Education: There is a disconnect between MECP-Z's project-focused approach and the broader CBID framework, resulting in an insufficient integration of Human Rights Advocacy and Inclusive Education.

Government Engagement and Planning: The Government of Zanzibar has made progress in inclusive education and accessible infrastructure but needs more strategic planning and collaboration with the national Steering Committee.

Recommendations

- 1 Broaden training coverage to more districts and shehias. Implement regional training hubs or local mentors for ongoing support and knowledge retention.
- 2 Clearly define and communicate CBID network structures. Address resource limitations by forming partnerships and improving resource mobilisation. Regularly hold forums to discuss challenges and share best-practices.
- 3 Increase CBID effectiveness by securing consistent high-level support and boost national engagement. Develop a robust monitoring and evaluation framework for ongoing assessment and strategy adjustments.
- 4 Clarify and communicate the CBID Theory of Change and align projects with this framework. Regularly hold meetings and workshops for stakeholder alignment and collaboration.
- 5 Involve the national Steering Committee in annual planning and priority-setting. Enhance coordination and communication with the government to ensure a coherent implementation of inclusive policies and infrastructure projects.

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 Zanzibar that has been running from 2019 to date. The evaluation was undertaken by Basil Kandyomunda, a Disability Inclusion consultant between the month of June and July 2024. The report provides a detailed description of the approach, the methodology used, the findings, conclusions, and recommendations.

1.2. Context

Since its inception in 2019, the CBID Programme in Zanzibar, supported by NAD and implemented by the Madrasa Early Childhood Programme Zanzibar (MECP-Z), has been dedicated to fostering an inclusive and supportive environment for persons with disabilities in Zanzibar, in three pilot districts of Unguja South, Unguja Urban Central and Chake Chake, Pemba.

The CBID Programme was started in response to the recognised need for a more inclusive society in Zanzibar, where persons with disabilities often face significant barriers to access education, healthcare, and social inclusion. The primary goal of the programme is to promote disability rights, inclusivity, and holistic community development through strategic interventions.

The overarching goal of the CBID Programme in Zanzibar is to promote an inclusive society where persons with disabilities are fully recognised, respected, and have equal access to opportunities and services, ensuring their full participation in all aspects of life.

The objectives include:

- Capacity Building—through training volunteers, educators, health workers, and community leaders on various aspects of disability management and inclusive practices.
- Inclusive Education through partnerships with local schools to adapt curricula and provide necessary resources to ensure that children with disabilities can learn alongside their peers.
- Community awareness campaigns to challenge cultural stigmas and promote positive attitudes towards disabilities.
- Networking and collaboration with stakeholders, including government agencies, Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs), and Organisations of People with Disabilities (OPDs), to ensure a coordinated approach to disability inclusion.

Currently, the CBID Programme is being implemented in 15 shehias¹ (villages) across three districts of Unguja Central, Unguja South and Chake Chake in Pemba.

Table 1: CBID Target Districts and Shehias

District	Target Shehias
UNGUJA URBAN DISTRICT	1. Shehia ya Kwa Wazee 2. Shehia ya Chumbuni. 3. Shehia ya Kwaalamsha. 4. Shehia ya Mchangani Mjini. 5. Shehia ya Kikwajuni juu.
SOUTH DISTRICT UNGUJA	6. Shehia ya Jambiani. 7. Shehia ya Paje. 8. Shehia ya Kajengwa. 9. Shehia ya Mtende. 10. Shehia ya Kizimkazi Mkunguni.
CHAKE CHAKE DISTRICT PEMBA.	11. Shehia ya Ng'ambwa. 12. Shehia ya Tibirinzi. 13. Shehia ya Mjini Ole 14. Shehia ya Shungi. 15. Shehia ya Pujini.

¹ A "shehia" refers to the smallest administrative unit or ward within the local government structure in Zanzibar. Each shehia is part of a larger district and serves as a community or village. Shehias are key in local governance and administration, often being the focal point for implementing community-level projects and initiatives. They typically have local leaders, known as Shehas, who oversee the administration and coordination of services within the shehia, and they play a crucial role in community engagement and development Programmes. A Sheha is a local government official who acts as the head or leader of a Shehia

1.3. CBID Programme Achievements in Zanzibar (2021-2023)

Human Rights Advocacy: In 2021, 53 CBID modules were rolled out in three target districts in Zanzibar, reaching 365 participants. These included 126 at the national/district level and 165 at the volunteer level. The trainings enhanced CBID knowledge and skills, with the National Council for People with Disabilities (NCPD) actively involved and committed to training all staff on CBID. The national/district level participants emphasised the need for training higher-level officers on disability inclusion to facilitate inclusive budgeting and planning. In 2022, two national CBID stakeholder forums were conducted, involving 105 participants, including 22 persons with disabilities. In addition, district level forums were also held, and district level Networks established which primarily operate via WhatsApp. This increased the number of members of the 3 initial Networks by over 85% from 228 to 427 by the close of 2023 thus increasing the range of stakeholder representation across the country.

Issues raised included accessibility challenges, which led to immediate action from the Urban Municipal Council to remove vendors from pedestrian paths and build inclines for wheelchair users. In addition

Inclusive Education: Inclusive Education (IE) was introduced to all four universities in Zanzibar. Initial training for 11 university lecturers led to pilot training for 171 students at Al Sumait University and the State University of Zanzibar. The universities showed commitment by financing the student trainings themselves. IE modules have been integrated into the university curricula. In 2021, school visits in Unguja and Pemba assessed the application of IE training. Observers noted increased awareness and efforts to address learning barriers. However, accessibility issues and unclean facilities remained significant barriers. In 2022, further IE modules were introduced, and physical improvements were observed in eight schools. Enhanced classroom arrangements and peer support contributed to improved student participation and interaction.

Coordination and Harmonization: The CBID project involved strong collaboration with the NCPD, SHIJUWAZA, and various government and non-government organisations. The Ministry of Education and Vocational Training (MoEVT) played a key role in coordinating and supporting IE initiatives. In addition, NAD provided technical support and capacity building for MECP-Z staff. NAD's regional advisors guided the capacity building of OPDs including SHIJUWAZA. NAD also facilitated anti-corruption training and supported the participation of OPDs in global disability summits.

Organisational Development: In 2022, MECP-Z initiated a process to support SHIJUWAZA to amend its constitution, leading to significant governance improvements. The revised constitution ensured democratic election processes and clarified roles and responsibilities within the organisation.

As a result, the CBID project has enhanced thematic and professional skills, organisational competence, and networking opportunities. MECP-Z staff have gained expertise in disability and inclusive education, contributing to national curriculum reviews and teacher training. Collaborations with various organisations and government departments have strengthened MECP-Z's network.

The CBID Programme has also continued strengthening the capacity of 11 OPDs in Unguja and Pemba, enabling them to support people with disabilities through CBID. The project has facilitated knowledge sharing and skill development among civil society organisations.

Overall, the CBID Programme significantly advanced human rights advocacy, inclusive education, and stakeholder collaboration in Zanzibar, contributing to a more inclusive society for people with disabilities.

1.4. Evaluation purpose and objectives

1.4.1 Evaluation Purpose

The evaluation aimed to assess the effectiveness of NAD's supported CBID Programme from 2021 to 2023, with a focus on trainings, coordination, and networking. Specific objectives included evaluating CBID trainings, assessing the functionality of CBID information networks, comparing districts with and without CBID interventions, evaluating CBID coordination structures, and examining the national DMIS. The goal was to provide recommendations for the development and direction of NAD-supported CBID Programmes. Data collection was carried out at both the district and national levels to identify key success factors and areas for improvement, ultimately aiming to enhance the impact and sustainability of NAD's supported CBID initiatives in Zanzibar.

1.4.2 Specific evaluation objectives

- a) To assess the effectiveness of CBID trainings at community, and national levels.
- b) To evaluate the function and impact of CBID information networks.

- c) To compare CBID intervention districts with non-intervention districts regarding disability inclusion parameters.
- d) To assess the structures for CBID coordination at national, regional, district, and community levels.
- e) To evaluate the operation and use of the DMIS and its relationship to national data collection.
- f) To assess the effect of CBID institutionalisation in national teaching institutions.

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, emphasising the practical application of findings for programme improvement and decision-making. This approach was well-suited to CBID's goal of promoting disability inclusion and enhancing the well-being of persons with disabilities, ensuring that findings were actively used to drive positive change.

A key strength of UFE was its collaborative and participatory process, involving stakeholders such as persons with disabilities, local communities, government agencies, and NGOs. This inclusivity enhanced the relevance and validity of the findings and promoted accountability and transparency. Engaging stakeholders in decision-making fostered trust, credibility, and sustained commitment to the Programme.

The evaluation team developed tailored data collection tools, using both in-person and remote methods. In-person techniques allowed for direct engagement with stakeholders through discussions and interviews, while remote methods provided cost-effective outreach to those not easily accessible. The inception report, detailing the methodological plan and tools, was discussed and agreed upon by the evaluation team, NAD staff, and implementing partners in Zanzibar, ensuring alignment and maximising the utility of the evaluation findings.

2.2 Data Collection methodology and Tools

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

Document Reviews:

The evaluation relied heavily on document reviews as a vital data collection method, which yielded valuable insights into the CBID Programme's planning, implementation, and outcomes. The reviews entailed a methodical assessment of pertinent Programme documents and materials. The review process involved analysing project-related documents, such as proposals, plans, reports, and financial records, to extract essential information on design, objectives, activities, timelines, and resource allocation. Various documents related to implementation, annual progress reports (2021 and 2022), and other relevant documents were reviewed. See page 26 for List References.

Key Informant Interviews

Interviews with technical experts and officials from various sectors were a key data collection method for the evaluation. These in-depth interviews provided valuable qualitative insights into the Programmes' interventions, achievements, impact, challenges, and lessons learned. Staff from MECP-Z, OPDs, and government officials from relevant MDAs at national, provincial, and district levels were interviewed. The qualitative data from these interviews were cross-verified with quantitative findings from document reviews, facilitated group discussions, and surveys, enhancing the credibility and accuracy of the results. Thirty-four interviews were conducted at different administrative levels.

Facilitated Group Discussions (FGDs)

FGDs were organised and conducted with key respondent groups, including implementers and beneficiary groups within the selected target 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. Three FGDs were conducted with 46 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 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. Sixty-four members of District Networks across the country responded.

3. Findings

3.1 CBID Training

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

The CBID training in Zanzibar aimed to enhance the capacity of various stakeholders to support the inclusion and development of people with disabilities within their communities. The primary purpose of the training is to equip participants with the knowledge, skills, and attitudes necessary to implement CBID effectively, mainly focusing on human rights advocacy and inclusive education. The target beneficiaries of this training included government officials, district health and social welfare officers, community leaders, teachers/educators, healthcare providers, and members of OPDs.

Majority (94%, n= 74) of the trained CBID workers that participated in the survey were satisfied with the quality of the training. The training has had a significant impact on the identification and referral of persons with disabilities of all ages and categories. Data from interviews with stakeholders, including community leaders, teachers and OPD leaders, and surveys with CBID volunteers and network members suggest that the training has led to the following outcomes.

Improved Identification of Persons with Disabilities: Training has empowered volunteers, teachers, and community members to better recognise and understand various disabilities. For instance, teachers who previously overlooked signs of disabilities, such as partial deafness, have become more vigilant and proactive in identifying and addressing the needs of students with disabilities. This increased awareness has led to the identification of children who were previously hidden or misunderstood because of their conditions.

Enhanced Referral Processes:

Volunteers were better equipped to refer individuals with disabilities to services and support mechanisms. The establishment of local disability committees and the involvement of district and *shehia* level representatives ensured cases were promptly addressed.

Community Mobilisation and Awareness: The CBID Programme has successfully mobilised the target communities to support and include persons with disabilities. Awareness campaigns and training sessions had shifted community perceptions, leading, for example, to more active participation of persons with disabilities in community activities. Parents, previously reluctant to acknowledge their children's disabilities, were reported to be more open and supportive, enrolling them in schools and integrating them into social life.

Capacity Building of Key Stakeholders: Data from interviews with the trained stakeholders, including district and *shehia* leaders, teachers, and social welfare officers, indicated that stakeholders had gained valuable knowledge of disability rights, inclusive education, and social inclusion. This had led to increased support for persons with disabilities across various sectors, thus enhancing inclusion.

Support Structures and Economic Empowerment: Data from facilitated group discussions shows that the formation of economic development groups for persons with disabilities had provided them with avenues for self-reliance and empowerment. Reports show that trained volunteers and community leaders played a role in facilitating the setting up of these groups, making it easier for people to access loans and business opportunities.

Box 1: Perspectives of CBID training participants about the benefits of the training

The technical personnel found the CBID training sessions highly beneficial for several reasons:

- Engaging participants actively was crucial for effectiveness.
- Topics included community attitudes, legal frameworks (e.g., Persons with Disability Act 8 of 2020), CBR, and CBID, leading to the establishment of the CBID Network.
- The training focused on mainstreaming disability issues, enhancing accessibility, and fostering networking through platforms like WhatsApp groups.
- Emphasis was placed on advocating for the rights of people with disabilities and providing practical advice and counselling.
- Interactive games and problem-solving techniques effectively demonstrated integration strategies for disabilities in society and healthcare.
- The training highlighted the importance of early disability identification, including prenatal advice and child development support.
- Encouraged disability rights advocacy, community engagement through testimonies and meetings, and practical initiatives like group work and role-playing for promoting inclusive practices.

Tangible Improvements in Infrastructure and Services: Due to heightened awareness by the trained CBID workers and volunteers, there was a marked positive response in improved accommodations for public buildings such as schools, hospitals, and markets, making them more accessible.

The training sessions were praised for their comprehensive approach to disability issues, practical applications, and advocacy efforts, making them highly beneficial for enhancing awareness, inclusion, and support for people with disabilities across different sectors. Trained stakeholders mentioned in interviews that CBID training was limited to just a few shehias in the three target districts, thus limiting the scale of its impact.

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

The CBID training in Zanzibar prepared trainees to offer community-level support by equipping them with essential knowledge, practical skills, and an inclusive mindset. In this subsection, the analysis explores how well the training prepares the trainees to offer community level disability inclusion support.

Table 2 below shows the rating of the overall quality of the training sessions by the trainees.

Table 2: How would you rate the overall quality of the training sessions you attended

Rate for the overall quality of the training sessions you attended	Number of respondents	Percentage (%)
Fair	4	5.13
Good	25	32.05
Excellent	49	63.82

The review of training modules and beneficiary surveys indicated that the CBID training covered a broad range of topics, including disability rights, inclusive education, accessible healthcare, and livelihood opportunities. This comprehensive content ensured that trainees were well-informed about both the theoretical and policy aspects of CBID, preparing them to address the needs of people with disabilities in their communities.

The training's focus on inclusive education strategies, for example, equipped participants with the tools to develop tailored educational programmes, fostering a more supportive learning environment. Interviews and FGDs revealed that practical components, such as case studies and role-playing, allowed trainees to apply theoretical knowledge to real-life situations, enhancing their problem-solving and decision-making skills.

The interactive methods used, including workshops, seminars, and hands-on activities, encouraged active participation and peer learning, helping trainees build a support network and share experiences. Multimedia

presentations and assistive technologies enriched the learning experience, ensuring trainees could use various tools to support people with disabilities.

MECP-Z staff noted that the training modules were developed with input from local and international experts, ensuring cultural relevance and alignment with global best-practices. This localisation made the training more applicable to the specific community contexts, enhancing its effectiveness.

Overall, therefore, the CBID training in Zanzibar effectively prepared trainees to support their communities by providing a well-rounded education that balanced theoretical knowledge with practical skills, promoted active engagement, ensured cultural relevance, and fostered a commitment to inclusive development.

Box 2: Perspectives of trainees on CBID training

“A participatory approach kept the sessions lively and engaging, while comprehensive coverage of disability concepts, community attitudes, and international and local disability laws was valuable. Inclusive education emerged as a critical area of interest, emphasising the importance of preparing better school environments and ensuring rights and opportunities for people with disabilities. The practical training components, including games and role-playing, effectively showed problem-solving methods and ways to connect people with disabilities to relevant services. Participants appreciated the CBID Network for its role in networking and in-depth understanding of Community-Based Inclusive Development (CBID). The training fostered better management of referrals, follow-ups, and counselling, enhancing participants' ability to support people with disabilities comprehensively. Overall, the training successfully addressed the need for inclusive education, advocacy, assistive devices, early identification of disabilities, and the creation of disability-friendly infrastructure, contributing significantly to the empowerment and inclusion of people with disabilities.”

3.1.3 EQ3: How institutionalised is CBID volunteer training?

The institutionalisation of CBID volunteer training in Zanzibar was supported through various structural and strategic efforts to embed inclusive practices within community and governance frameworks. Key aspects included:

- Volunteer training was aligned with national policies, such as the Decentralisation Policy and the National Development Planning Framework, integrating it into broader developmental goals. The Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA) III emphasised disability inclusion by enhancing skills development, fostering entrepreneurial capacity, and improving access to education, health services, and sanitation.
- Coordination among ministries, such as the Ministry of Education and Vocational Training, the Ministry of Health and Social Welfare, and the Union of the Physically Disabled of Zanzibar (UWZ), ensured comprehensive training programmes. Institutional mechanisms, including Disability Focal Point Persons and organisations like NCPD and SHIJUWAZA, supported integration and advocacy.
- Training Programmes were enhanced through capacity-building efforts coordinated by various ministries and organisations, including NCPD and OPDs. Community-level committees, like *Sheha* and *Shehia* disability committees and Community Development Committees, played a crucial role in mobilising resources and supporting inclusive development.

Despite these strengths, however, several challenges persisted:

- Insufficient funding undermined capacity-building programmes, affecting the quality of support for individuals with disabilities.
- Insufficient resources and training posed limitations for the disability committees, leading them to rely on external support for sustainability.
- Challenges in integrating disability inclusion across various sectors such as Infrastructure, communication and transport; tourism and heritage; labour, employment, youth, sports and culture; justice and constitutional affairs, etc sometimes hindered the effectiveness of Disability Focal Point Persons and coordinating organisations.

In conclusion, while the institutionalisation of CBID volunteer training in Zanzibar involved strong policy frameworks, multi-level coordination, and community involvement, challenges in resource allocation, and coordination persisted. Addressing these issues is crucial for enhancing the sustainability and impact of CBID volunteer training programmes.

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

The CBID training in Zanzibar produced significant positive outcomes at both national and district levels, enhancing inclusivity and support for people with disabilities. Data from interviews with members of the National Steering Committee, SHIJUWAZA, and MCEP-Z showed that, at the national level, the training strengthened the capacity of the Government of Zanzibar, the NCPD, and various national organisations in implementing inclusive policies and Programmes. Increased awareness of disability rights led to more robust advocacy efforts, influencing policy changes and resource allocation towards disability-inclusive initiatives. The training also improved coordination and collaboration among national stakeholders, ensuring a unified approach to disability issues across Zanzibar.

Box 3: Perspective of a member of the National Steering Committee on the results of the CBID Training

“The CBID training has significantly enhanced our national capacity to support people with disabilities. It has strengthened the ability of the Government of Zanzibar and national organizations to implement and advocate for inclusive policies effectively. We’ve seen a notable increase in awareness and understanding of disability rights, which has translated into meaningful policy changes and better resource allocation. Improved coordination among national stakeholders has ensured a more unified approach to addressing disability issues, resulting in the development of new policies and Programmes that promote accessibility and inclusion across the country.”

At the district level, interviews with district officials, community leaders, and trained volunteers revealed that the training empowered local government officials, community leaders, and service providers with the skills and knowledge needed to support people with disabilities more effectively. Community awareness and sensitivity towards disability issues increased, resulting in improved access to education, healthcare, and

livelihood opportunities. The involvement of Shehias and local organisations, such as SHIJUWAZA, strengthened grassroots efforts, fostering community-driven solutions and greater participation in CBID activities.

Despite these achievements, challenges remained, including inconsistent application of training outcomes across districts and limited resources for sustained implementation. There were gaps in ensuring that all trained individuals and organisations consistently applied their knowledge and in securing

ongoing funding and support for community-level initiatives. Addressing these issues required continued investment and support to maintain the effectiveness and reach of CBID training programmes.

Overall, the CBID training in Zanzibar significantly improved national and district-level capacity to support people with disabilities. It fostered a culture of inclusivity, enhanced advocacy and policy development, and facilitated effective community-level interventions, contributing to the well-being and empowerment of people with disabilities across Zanzibar.

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

The CBID training in Zanzibar has effectively equipped trainees with the skills and knowledge necessary for disability-inclusive planning and budgeting. A review of the training modules shows that the training programme covered essential aspects of disability rights, inclusive policy development, and practical strategies for integrating disability considerations into planning and budgeting processes.

At the national level, the CBID trainees from government agencies, the NCPD and OPDs interviewed, noted increased competence in advocating for and implementing disability-inclusive policies. They showed a keen interest in analysing and influencing national budgets to allocate resources towards disability-inclusive programmes. For example, the National CBID Steering Committee was reported to have been organising annual national level meetings with key ministries led by the Office of the Second Deputy Vice President to present disability inclusion issues related to the sectoral plans and budgets.

In interviews, local government officials and community leaders at the district level stated that they successfully utilised their training to create and implement plans that specifically target the needs of individuals with disabilities in their communities. The involvement of *Shehias* and local disability organisations had further strengthened the preparedness of trainees, fostering community-driven approaches to inclusive planning and budgeting.

Despite these successes, the following challenges were noted, including ensuring consistent application of inclusive planning practices across all districts and securing ongoing resources for effective implementation. Some trainees faced difficulties in translating their knowledge into actionable plans because of limited support and resources, affecting the overall impact of disability-inclusive budgeting and planning.

3.2 CBID Networks

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

In this subsection, the analysis describes the key elements of the CBID Network and highlights their effectiveness. Extra analysis of the effectiveness of CBID networks is provided in subsections 3.2.6, 3.2.7 and 3.2.8 below.

The CBID Network Elements

Box 4: Perspective of a Community Leader on the results of CBID Training

“The impact of CBID training at the community level has been profound. We've worked closely with trained volunteers to raise awareness about disability issues, and this has fostered a more inclusive environment in our Shehia. People with disabilities now have better access to education and livelihood opportunities. The training has also empowered local leaders and volunteers to advocate for and implement inclusive practices. One significant change is the increased participation of people with disabilities in community activities and decision-making processes. We're seeing a shift towards more community-driven solutions, which has been crucial in addressing local needs.”

Box 5: Perspective of a national stakeholder on the application of knowledge on disability-inclusive planning and budgeting

“The CBID training has significantly prepared trainees for disability-inclusive planning and budgeting. At the national level, officials and representatives from the NCPD and OPDs are now proficient in advocating for and implementing inclusive policies, with improved success in influencing budgets to support disability Programmes. This is evident from the annual meetings organized by the National CBID Steering Committee.”

The CBID Network in Zanzibar comprises various stakeholders and structures working together to promote disability inclusion and support for people with disabilities. The network operates through a collaborative approach, bringing together these diverse stakeholders to ensure effective implementation of disability-inclusive practices and policies. The key components of the CBID Network include:

Government Entities:

- The National Steering Committee oversees the implementation and coordination of CBID initiatives at the national level.
- The NCPD Plays a crucial role in advocacy, policy development, and coordination of disability-related activities.
- Ministries, such as the Ministry of Health and Social Welfare and the Ministry of Education and Vocational Training, are involved in integrating CBID principles into their respective sectors.

Local Government Authorities (LGAs):

- District and Local Government Officials implement and oversee CBID initiatives at the district levels, ensuring alignment with national policies.
- NGOs and CSOs that implement programmes of interest to disability inclusion

Organisations of People with Disabilities

- SHIJUWAZA—a federation of 12 OPDs is involved in advocacy, support, and capacity-building for disability inclusion.
- Other Local and International NGOs which provide support, resources, and expertise to CBID initiatives.

Community-Based Organisations and Local Committees:

- Shehia and Sheha Disability Committees - Local committees that play a key role in implementing CBID initiatives, mobilizing resources, and raising awareness at the grassroots level.
- Community Development Committees - facilitate community-level involvement and support for CBID activities.

Training and Capacity-Building Institutions:

- MECP-Z: Provides training and capacity-building for volunteers and local stakeholders involved in CBID.

Disability Focal Points:

- Focal Point Persons in Sector Ministries: Responsible for integrating disability inclusion across various sectors and levels of governance.

Advocacy and Networking Organisations:

- Organisations like SHIJUWAZA engage in networking and advocacy to promote disability inclusion and coordinate efforts across different sectors.

CBID WhatsApp Groups

Besides the official structured CBID Network, there are CBID WhatsApp groups which are functional in the three target districts and other non-target districts. Discussions with the programme staff, showed that the remaining districts were targeted in 2024 to cover total 11 districts of the archipelago. Membership to these groups is composed of diverse stakeholders such as government officials, NGO representatives, community leaders, CBID volunteers, and people with disabilities. They also include members drawn from various organisations involved in CBID, including the NCPD, SHIJUWAZA, and other local and international NGOs, as well as community representatives from *Shehia* and *Sheha* Disability Committees, as well as members of Community Development Committees.

The WhatsApp Groups are formed with specific purposes in mind, such as coordinating activities, sharing updates, or discussing challenges related to CBID. The groups facilitate the rapid exchange of information regarding CBID activities, updates, and best-practices. They help coordinate efforts between different stakeholders, ensuring alignment in CBID initiatives and activities. Members use the groups to discuss issues, seek advice, and share solutions related to disability inclusion and support. Groups provide a platform for collaborative problem-solving, allowing members to address challenges and implement solutions effectively. Relevant training materials, resources, and guidelines are often shared within the groups. Members receive notifications about upcoming events, workshops, and training sessions. Through

the forum, members report on the progress of CBID initiatives and share feedback on activities and training. The groups support monitoring and evaluation efforts by providing real-time data and insights. The groups foster a sense of community and peer support among members, enhancing collaboration and morale. They contribute to capacity building by sharing knowledge and experiences among stakeholders.

In summary, the CBID WhatsApp Groups in Zanzibar play a crucial role in enhancing communication, coordination, and collaboration among stakeholders involved in disability inclusion efforts. They facilitate efficient information exchange, support problem-solving, and contribute to the overall effectiveness of CBID initiatives.

Effectiveness of CBID Networks

The CBID networks in Zanzibar have shown significant effectiveness in advancing disability inclusion at both national and local levels. These networks, which include government bodies, local organisations, and community stakeholders, have played a crucial role in mainstreaming disability considerations into policies and practices.

Data from the survey of CBID network members shows that 78% (n=50) rated the CBID networks to be effective. See table 3 below.

Table 3: Effectiveness of CBID Networks

How effective is the District CBID Network in promoting disability inclusion and community-based development	Number of respondents	Percentage (%)
1. Very effective	19	29.69
2. Effective	31	48.44
3. Neutral	6	9.38

From the members' perspectives, the CBID networks in Zanzibar have significantly advanced disability inclusion through increased awareness and tangible changes in community practices. Data from the survey of network members suggests the following results as evidence for the effectiveness of the CBID networks:

- The rise in community awareness on the rights and needs of people with disabilities. This has led to improved advocacy for inclusion and better understanding of disability issues, resulting in more inclusive practices across various sectors.
- The training and network activities have facilitated better access to education and healthcare for people with disabilities. Examples include increased enrolment of children with disabilities in schools and the development of disability-friendly infrastructure in some government buildings.
- People with disabilities and their families were more actively involved in community development activities, especially in educational and social programmes, as well as increased engagement in advocacy and policy discussions.
- There have been significant strides in policy advocacy and infrastructure development, with a focus on creating inclusive environments in schools, markets, and hospitals.
- Parents and community members have become more engaged in supporting individuals with disabilities, leading to a reduction in stigma and an increase in community-driven solutions for inclusion.

Data from interviews with officials who are members of the networks at the national level revealed that the CBID networks have driven policy changes and influenced budgetary allocations for disability-inclusive initiatives. Collaboration between the NCPD, various government ministries, and organisations like SHIJUWAZA has led to the development of more inclusive policies and the allocation of resources specifically aimed at enhancing the well-being of people with disabilities.

Box 6: Perspectives of national leaders on effectiveness of CBID Networks

“The effectiveness of the CBID networks is evident in their ability to drive significant policy changes and budgetary allocations for disability inclusion. The synergy between the NCPD, various government ministries, and organizations such as SHIJUWAZA has fostered a unified approach to advocacy and policy implementation. This collaboration has led to the development of more inclusive policies and the allocation of resources specifically aimed at improving the lives of people with disabilities.”

At the district level, various officials from different sectoral departments and political heads that participated in FGDs and key informant interviews stated that CBID networks have empowered them (local government officials) and community leaders by equipping them with the knowledge and tools needed to address disability issues effectively. The cooperation between Shehias, trained volunteers, and local disability organisations has resulted in improved local solutions for accessibility and inclusion. When confronted with a disability inclusion issues that require immediate solutions, they can confer and get answers quickly. This has led to better access to essential services and more robust community involvement in disability-related activities.

Box 7: Perspective of district officials on effectiveness of CBID Networks

“The networks have empowered local government officials and community leaders by providing them with the tools and knowledge needed to address disability issues effectively. The cooperation between Shehias, trained volunteers, and local disability organizations has resulted in improved local solutions for accessibility and inclusion. Enhanced community involvement and resource mobilization have led to better access to essential services for people with disabilities.”

Overall, the CBID networks have proven highly effective in promoting disability inclusion through enhanced collaboration and coordination among national and local stakeholders. These efforts have led to notable improvements in policy development, community engagement, and integrating inclusive practices. Continued support and resources are essential to sustain these achievements and further advance disability inclusion in Zanzibar.

3.2.2 EQ7: Conduct stakeholder analysis

Table 3 lists the stakeholders participating in CBID networks at various levels

Table 4: Key stakeholders in the CBID Programme in Zanzibar and their roles

Stakeholder	Roles
1. Government Bodies (Ministries, Departments and Agencies)	
Office of the second Deputy Vice President	<ul style="list-style-type: none"> It is the coordinating office for disability affairs in Zanzibar. The Department of Disability Affairs (DDA) is the secretariat of the Zanzibar National Council for People with Disabilities,
National Council for Persons with Disabilities (NCPD)	<ul style="list-style-type: none"> Central coordinating body for disability inclusion. Sets national standards, monitors compliance, and facilitates infrastructure improvements.
Ministry of Finance and Planning	<ul style="list-style-type: none"> Integrates disability-inclusive policies into development plans. Allocates budget and resources for disability programmes.
Ministry of State Administration and Local Government	<ul style="list-style-type: none"> Oversees local government implementation of CBID policies. Ensures decentralized structures support disability inclusion
Ministry of Education and Vocational Training	<ul style="list-style-type: none"> Establishes and implements inclusive education programmes in public schools. Ensures educational institutions are accessible.
Ministry of Health	<ul style="list-style-type: none"> Provides healthcare services for persons with disabilities. Implements health policies and Programmes to ensure accessibility and inclusivity in healthcare services.
2. Local Government	
District Disability Officers	<ul style="list-style-type: none"> Serve as secretaries for district-level CBID coordination. Oversee implementation of CBID Programmes at the district level.
Local Councils	<ul style="list-style-type: none"> Spearhead service delivery and development initiatives. Support local CBID efforts and resource mobilization.

Community Development Committees	<ul style="list-style-type: none"> Facilitate local projects and promote disability rights. Mobilise community resources and engage stakeholders.
3. Community Structures	
Shehia Disability Committees	<ul style="list-style-type: none"> Ensure inclusion of persons with disabilities in community activities. Comprise local leaders, civil society representatives, and members of OPDs
4. Civil Society Organisations and NGOs	
SHJUWAZA and its membership	<ul style="list-style-type: none"> Advocate for the rights and needs of persons with disabilities. Take part in planning and advocacy processes.
Norwegian Association of Disabled	<ul style="list-style-type: none"> Provides technical and financial support for CBID initiatives. Engages in advocacy and capacity-building activities to strengthen disability inclusion.
Madrasa Early Childhood Programme Zanzibar (MECP-Z)	<ul style="list-style-type: none"> Local implementing partner of CBID Programme (mainly in the Human Rights Advocacy and the Inclusive Education Programmes) Focuses on inclusive early childhood education. Supports the integration of children with disabilities into mainstream education from an early age.
Other NGOs	<ul style="list-style-type: none"> Support implementation of disability-inclusive projects. Collaborate with government bodies and community structures
International Agencies (UNFPA)	<ul style="list-style-type: none"> Provides funding and support for policy development. Collaborates on inclusive development projects.
6. Community Members	
Persons with Disabilities and their families	<ul style="list-style-type: none"> Direct beneficiaries of CBID Programmes. Take part in planning and advocacy processes
Local Leaders	<ul style="list-style-type: none"> Advocate for and support CBID initiatives. Facilitate community engagement and resource mobilization

Is network participation optimal for influencing systemic changes?

The CBID network participation in Zanzibar involves a diverse range of stakeholders, including government bodies, local authorities, civil society organisations, international partners, the private sector, and community members. Each stakeholder brings unique strengths and resources to the table, which, in theory, creates a robust foundation for promoting systemic changes. This comprehensive participation theoretically provides a firm foundation for influencing systemic changes.

The involvement of key ministries ensures that disability inclusion is adopted into national and local policies and programmes. The NCPD acts as a central coordinating body, setting standards and monitoring compliance, while the participation of District Disability Officers and Local Councils ensures implementation and monitoring at the grassroots level.

The participation of OPDs, CSOs, NGOs and CDCs ensures continuous and sustained advocacy for the rights of persons with disabilities and direct support and services to persons with disabilities, especially assistive devices and some other rehabilitation services. The CDCs and *Shehia* Disability Committees promote local engagement and ensure that CBID initiatives are tailored to community needs. adopted

International NGOs and other agencies such as NAD and UNFPA offer financial and technical support, along with global best-practices, which is vital for capacity strengthening of national and local level structures to embrace CBID, but also supporting other higher-level interventions and engagements such as developing CBID training modules, funding training sessions, review of key policies and pieces of legislation necessary for institutionalisation of CBID.

However, data from the survey of CBID network members and interviews with some key stakeholders, including but not limited to NCD, SHIJUWAZA, and district officials, revealed the following challenges that limit the effectiveness of CBID networks and influence to systemic change.

- Delays in tracking progress and assessing challenges because of insufficient oversight hinder effective follow-up and adjustments. While MECP-Z tracks project indicators, the NCPD is in charge of overseeing the overall progress of CBID. However, the District Disability Officers, who are part of the NCPD staff, are generally constrained in terms of resources and knowledge to effectively address emerging community demands.
- Inadequate understanding of CBID among community members and stakeholders, coupled with poor communication channels.. Many stakeholders in Zanzibar, know the Human Rights Advocacy and Inclusive Education projects of MECP-Z and do not contextualise them as part of CBID.
- Poor communication channels especially in terms of either internet access or lack of sSMART handsets that can enable community members to access WhatsApp messaging were restricting the dissemination of project updates and best practices.
- Insufficient funding and resources affect infrastructure, support services, and training Programmes, limiting the reach and effectiveness of CBID initiatives.
- Resistance from some stakeholders and uneven community engagement challenge effective participation and leadership involvement.
- Persistent accessibility issues, especially in rural areas, and a need for more inclusive practices impede full participation of people with disabilities.
- Variability in the enforcement of disability-inclusive policies across regions and administrative levels weakens the overall impact of CBID initiatives.
- Poor coordination among stakeholders leads to duplicated efforts, inefficient resource use, and fragmented service delivery, diminishing the collective impact of CBID efforts.

Box 8: Perspective on the importance of external support in influencing systemic change

“The financial support from UNFPA has been instrumental in the review and amendment of the Persons with Disabilities Act, 2022. It enabled us to ensure that this important legislation reflects the needs and rights of individuals with disabilities. UNFPA’s support included providing technical expertise, facilitating stakeholder consultations, and advocating for inclusive practices within the amendment process. Their involvement helped ensure that the Act incorporates comprehensive measures to improve accessibility, rights protection, and overall support for people with disabilities.”

Do influential individuals participate?

Data from interviews with key stakeholder informants show that while the NCD and SHIJUWAZA were well represented in the National Steering Committee and were keen at attending CBID Network meetings, high-level government officials such as Principal Secretaries in the Ministries, often delegate important CBID-related meetings to junior officers. This practice undermines the seriousness and priority given to disability issues within the national agenda, diluting advocacy efforts and making it difficult to drive significant policy changes, secure necessary resources, and ensure robust implementation of CBID Programmes. However, participants in some of the national level consultations with the evaluation team noted that a few of influential members of society such as MPs, District Commissioners were members of the WhatsApp forums.

How do NGOs and CSOs perceive their roles?

Data from interviews and group discussions with officials from NGOs and CSOs, including OPDs, perceive their roles in the CBID Programme in Zanzibar as multifaceted and essential. OPDs, such as SHIJUWAZA, play a crucial role in advocacy, raising awareness, building networks, and providing practical support for persons with disabilities. Their role includes influencing government policies, advocating for enhanced infrastructure accessibility, promoting inclusive education, and offering vocational training. CSOs, like

TAMWA and MCEP-Z, view themselves as integral to the CBID Programme, engaging in advocacy, training, and awareness-raising. They utilise their media presence and participation in forums to amplify disability rights and opportunities, significantly contributing to societal awareness and support for persons with disabilities. Both OPDs and CSOs believe that their involvement is vital for the success of CBID initiatives in Zanzibar, ensuring comprehensive support and empowerment for persons with disabilities. See subsection 3.2.3 below for a more detailed analysis of the stakeholders' understanding of their disability inclusion roles.

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

National Council for People with Disabilities (NCPD): The NCPD in Zanzibar plays a central role in disability inclusion, coordinating efforts across various sectors to ensure that policies and programmes align with the needs of persons with disabilities. The council has decentralised structures. At the district level, the Disability Officer serves as the secretary of the District Council for Persons with Disabilities Committee. In pursuit of their mandate, the NCPD has been instrumental in the process of reviewing, repealing and enacting the People with Disabilities Act, 2022, and setting national standards for disability inclusion.

The NCPD plays a role in selecting the *shehias* for CBID interventions and integrating persons with disabilities into the planning and advocacy processes. It has also been a keen participant in implementing training programmes to raise awareness and competence among government officials, educators, healthcare providers, and community leaders.

Municipal Councils and District Authorities:

Municipal councils and district authorities are key to implementing CBID interventions in the communities. They engage with persons with disabilities, volunteers, and community leaders to advocate for disability rights, facilitate training, and share important information about inclusive programmes. These authorities are also instrumental in planning and executing infrastructure projects that enhance accessibility. Data from interviews with municipal and district officials from CBID target districts showed that they have taken part in awareness meetings and as a result they are promoting disability inclusion in planning at *shehia* and district levels to ensure that the needs and concerns of persons with disabilities are included in development plans. Commonly mentioned was inclusive education, adaptations to public buildings, and representation in *shehia* committees.

CBID Volunteers and Sheha:

CBID volunteers have been trained at different levels and together with *Shehas* (local leaders) play a vital role in identifying and advocating for the needs of persons with disabilities within their communities. They facilitate communication, create networks, and organise training sessions to ensure persons with disabilities are included in development activities.

The CBID volunteers have successfully established WhatsApp groups and other digital platforms to enhance communication and support for persons with disabilities. This has led to increased participation and engagement among community members. However, data from interviews with volunteers revealed they face challenges in maintaining active engagement and ensuring that information reaches all community members, including those with visual or hearing impairments.

Educational Institutions and Teachers: Educational institutions and teachers are crucial for promoting inclusive education. They adapt curricula to include inclusive education modules and providing individualised

Box 9: Perspective of NCPD of their Disability Inclusion Role

“Our role is central in ensuring that all disability-related matters are addressed comprehensively. We oversee accessibility standards for new buildings and push for renovations of older structures to meet these needs. Our mandate includes raising awareness about disability inclusion among government officials, community leaders, and the public. We also manage forums for reporting urgent issues and have established specialised departments to tackle various aspects of disability support. Our focus areas include enhancing assistive technologies, investing in disability research, and boosting economic empowerment for people with disabilities. We believe that increasing awareness and support in these areas is crucial for creating a more inclusive society. By addressing these needs, we aim to strengthen our CBID efforts and support the full inclusion and independence of individuals with disabilities.”

Box 10: Perspective of District and Municipal leaders on their disability inclusion role

“The strategy we have used as a district to promote disability inclusion is to issue a directive to ensure that persons with disabilities are represented in all local government planning structures. This ensures that the planning and management meetings and other making processes benefit from the presence of a representative of persons with disabilities. Any document that requires the approval of the District Commissioner and shows that the representatives of persons with disabilities were not involved, the Commissioner does not approve and sign it. That way we ensure that the needs and concerns of persons with disabilities are captured and addressed in our plans, budgets and decision making”

training/teaching tailored to the needs of children with disabilities in their schools/classes. Data from interviews with teachers and CBID volunteers showed that significant progress has been made in adapting inclusive education into the curriculum, with diploma Programmes, from the State University of Zanzibar, as well as advocacy efforts leading to the acceptance of children with disabilities in schools. For example, schools like RUHA Primary have adopted Science, Technology, Engineering, and Mathematics (STEM) Programmes tailored for children with disabilities, such as those with autism.

However, there is still a need for more comprehensive teacher training programmes to cover various forms of specialisations to support categories of disabilities that require specialised skills, such as visual, hearing and intellectual impairments. Vocational training in the country needs to be reformed to address the needs of persons with disabilities and offer alternative pathways for those who may not benefit from formal education alone.

OPDs: Data from a facilitated group discussion with members of SHIJUWAZA shows OPDs have played a crucial role in the CBID Programme and in the promotion of disability inclusion in Zanzibar. Data shows that the organisation had significantly raised awareness about the rights and needs of persons with disabilities at both government and community levels. Their advocacy had led to:

- Increased support for projects enhancing accessibility, including improved infrastructure and inclusive education policies.
- Introduction of a diploma in inclusive education and inclusion of related content in the curriculum. Mandatory training for teachers on inclusive practices.
- Comprehensive training in sign language, braille, and tactile communication, equipping teachers to address diverse needs.
- Emphasis on vocational training to provide alternative pathways to empowerment for those who may not benefit from formal education.

SHIJUWAZA had also improved communication and coordination through digital platforms like WhatsApp groups, facilitated the formation of disability committees with key stakeholders, and influenced policy changes, including the Inclusive Education Act.

Their efforts in economic empowerment highlight the importance of vocational training for achieving economic independence for persons with disabilities.

NGOs and CSOs: Regarding the perception of other CSOs and NGOs, data from interviews with Key Informants from CSOs and NGOs show that they perceived themselves as an integral part of the CBID Programme in Zanzibar. Their roles encompassed advocacy, training, awareness-raising, and direct support for persons with disabilities, such as provision of assistive devices, provision of Sign language services, etc. For example,

Tanzania Media Women’s Association (TAMWA) considered their role to be that of leveraging its strong media presence to advocate for disability rights and raise awareness through educational programmes. Their active

Box 11 Perspective of teachers on their role in disability inclusion

“Before the CBID intervention, we saw students with disabilities as a burden and often neglected their needs. The intervention has transformed our perspective, making us advocate for inclusion and rights for all students. We now tailor our support to each student’s needs—placing visually impaired students closer to the board, positioning those with hearing impairments near the speaker, and offering personalised assistance. This approach has improved their engagement and learning outcomes.

The training helped us identify previously unrecognised disabilities, like a partially deaf student who was thought to be uncooperative. This newfound awareness allowed us to provide better support and foster an inclusive environment. We’ve also seen increased enrolment of children with disabilities, from three to twelve, with many participating actively in school and community life. Parents who once isolated their children are now embracing them, and people with disabilities are taking on leadership roles in the community.

The CBID intervention has shifted our role from merely accommodating to actively advocating for and supporting all students, enriching both our educational practices and community inclusion.”

Box 12: Perspective of NGOs and CSOs on their role in disability inclusion

“NGOs and CSOs have a role to play in advocating for the rights of persons with disabilities, facilitating access to essential services, and promoting inclusive practices at the community level. We can support in implementing Programmes aimed at enhancing accessibility, raising awareness, and fostering social inclusion, since we engage directly with local communities. We can also help to address specific needs, build capacity, and strengthen local support systems.”

participation in district and national CBID forums, which include government institutions and OPDs, had significantly increased societal awareness about disability issues and opportunities. MCEP-Z, although not initially a disability focused organisation, had built its capacity as a vigorous advocate for CBID, and particularly, in promoting human rights advocacy, inclusive education, and training CBID volunteers.

In a nutshell, the assessment of stakeholders involved in disability inclusion in Zanzibar revealed a strong understanding of their roles and responsibilities.

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

Data from interviews with representatives from NGOs and CSOs shows that participation in the CBID Programme had notably enhanced how NGOs and CSOs approach disability inclusion in the following ways:

- **Shift to Rights-Based Framework:** Organisations had transitioned from a charity-based approach to a rights-based model. They were found to emphasise the empowerment and active participation of people with disabilities in all community aspects. For example, NGOs were focusing on inclusive policy advocacy, ensuring that disability rights are recognised and addressed.
- **Improved Accessibility and Inclusivity:** Their projects were found to prioritise accessibility, involving people with disabilities in all phases. For instance, when organising training sessions, NGOs representatives interviewed ensured venues were accessible and provided sign language interpreters to ensure full participation.
- **Stronger Collaborations:** The CBID Programme had strengthened partnerships among government bodies, disability organisations, and community members. This had led to more coordinated and impactful advocacy efforts. For example, joint initiatives between NGOs and local government had led to improved accessibility in public spaces.

Overall, the CBID Programme has crucially transformed the approach of NGOs and CSOs, fostering a more inclusive and fair community development environment that better addresses the needs of people with disabilities.

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

The CBID/CBR Matrix significantly affected disability inclusion in Zanzibar by providing a comprehensive framework that engaged various stakeholders and sectors. Interviews with MECP-Z and staff and representatives of SHIJUWAZA, the two key partners in the implementing of the CBID Programme, showed a good understanding of the CBID Matrix, from the textbook perspective. For example, they highlighted the matrix was crucial in identifying and engaging appropriate stakeholders at multiple levels, ensuring disability issues were addressed across different sectors.

Other stakeholders interviewed noted that the matrix broadened their understanding of disability inclusion and strengthened the NCPD's grasp of its mandate. This clarity improved coordination and advocacy, as emphasised by an

Box 13 Perspective of stakeholders on the impact CBID Matrix

"The CBID Matrix has expanded our view of disability inclusion. We now recognise that it's not solely the domain of NCPD but involves every sector. Each department has a role to play in ensuring the rights and needs of persons with disabilities are addressed."

NCPD representative who said, "*The CBID Matrix clarified our role in coordinating efforts and ensuring every sector's responsibility in including persons with disabilities.*"

Data from interviews and FGDs with key stakeholders suggests that the CBID Matrix Overview Tool significantly enhanced disability inclusion efforts in Zanzibar by providing a structured and comprehensive approach to evaluating and improving various aspects of the CBID framework in the following ways.

The tool was pivotal in enabling the various stakeholders, particularly SHIJUWAZA, NCPD, and MECP-Z in setting baselines their sectors, including health, education, livelihood, social, and empowerment sectors as defined in the CBR/CBBID Matrix. The overview tool was considered an important in enabling them to assess these areas, enabling them to pinpoint initial conditions and gaps in disability inclusion efforts in their respective sectors. This initial assessment allowed for targeted interventions, focusing on resources and efforts where they were most needed, hence optimizing the relevancy and impact of the CBID interventions.

Likewise, using the Matrix Overview Tool was helping the stakeholders in the continuous monitoring of progress in each area in a more structured manner. For example, the tool was enabling the CBID networks

and WhatsApp forums to purpose and structure their discussions and direct their demands to responsible sectors and offices.

Besides, one of the key strengths of the Matrix was its emphasis on community involvement. By integrating feedback from persons with disabilities and their families, the tool ensured that the planned interventions addressed actual needs. This participatory approach not only enhanced the relevance of the interventions but also fostered a sense of ownership among the community members, enhancing the sustainability of the initiatives.

The tool's design encouraged multi-sectoral collaboration by highlighting the roles different sectors played in enhancing disability inclusion. For example, the education sector focused on adapting curricula and training teachers, while the health sector concentrated on improving access to medical facilities and rehabilitation services. This ensured that efforts were not duplicated but were complementary and strategically aligned.

The adoption of digital tools like WhatsApp groups for communication and coordination was a critical outcome facilitated by the matrix. These digital platforms have served as vital channels for disseminating information, , and mobilising community support, and most importantly, enabled faster response times to emerging issues and helped maintain the momentum of advocacy efforts.

Overall, the Matrix Overview Tool has transformed how disability inclusion was approached in Zanzibar by providing a structured framework that aligned with international best practices and local realities. Its comprehensive nature allowed for a holistic assessment of needs and progress, fostering a more inclusive, responsive, and sustainable development environment for persons with disabilities.

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

Data from interviews and surveys show that the CBID networks had a significant impact on communities, evident through increased awareness, successful advocacy for inclusive education, and enhanced communication.

The CBID networks were reported to had heightened government awareness and support for disability inclusion. For instance, efforts by OPDs led to infrastructure improvements such as ramps and accessible public buildings. Several local government officials noted that *"including persons with disabilities in decision-making had led to more inclusive policies and better integration into society."*

Persistent advocacy by CBID networks resulted in inclusive education policies. Participants in a facilitated group discussion with local leaders, parents, persons with disabilities, and teachers in Kizmikazi, Unjuja South District reported that schools now had curricula accommodating diverse needs and specialised resources for students with disabilities. This was corroborated by a teacher who stated, *"The training we received has transformed our approach. We now use sign language and other methods to ensure all students can participate fully."*

Digital platforms like WhatsApp groups revolutionised coordination within CBID networks. These tools enabled real-time information sharing and prompt responses to issues. A community coordinator noted, *"Our WhatsApp group has kept everyone connected and informed, improving how we collaborated and addressed disability-related challenges."*

CBID networks established extensive awareness-raising and training programmes for teachers, focusing on disability communication methods. This training equipped teachers with the basic skills needed to support students with disabilities effectively. A schoolteacher commented, *"The training allowed me and other staff in our school to communicate better with and support students with disabilities, creating a more inclusive classroom environment."*

Overall, CBID networks fostered a more inclusive and equitable community in Zanzibar. Increased governmental support and infrastructure improvements enhanced accessibility, while inclusive education policies and teacher training created new opportunities for students with disabilities. Enhanced digital communication streamlined efforts and improved coordination, leading to more effective support and systemic change at the community level.

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?

As previously noted, data from interviews and FGDs show CBID networks in Zanzibar played a crucial role in raising awareness about the rights and needs of persons with disabilities. They organised forums, workshops, and community dialogues that brought together various stakeholders, including government officials, OPD members, parent support groups, and civil society organisations. These activities helped educate the public and key decision-makers about disability issues, leading to increased support and understanding. Through their advocacy efforts, CBID networks highlighted the importance of inclusivity in all aspects of community life, ensuring that the voices of persons with disabilities were heard and considered in policy-making processes.

CBID networks also assisted OPD members and parent support groups in accessing public financing. They facilitated the mobilisation of resources by connecting these groups with government funding opportunities, primarily constituency development funds and donor programmes. By advocating for specific budget allocations for disability inclusion, CBID networks ensured financial resources were directed towards programmes and initiatives benefiting persons with disabilities. This financial support was crucial for implementing inclusive education programmes, improving infrastructure accessibility, and providing necessary assistive devices.

CBID networks engaged with key ministries, such as the Ministry of Finance and Planning, to integrate disability-inclusive policies into national and local development plans. Through active engagement with government bodies and participation in National Steering Committee meetings, CBID networks successfully pushed for disability inclusion considerations in budget allocations and policy frameworks. Their efforts led to the adoption of legislation such as the People with Disabilities Act, 2022, and the development of inclusive education and health programmes.

By participating in national committees and district-level planning sessions, CBID networks ensured that disability inclusion was a priority in government agendas, resulting in more comprehensive and effective public services for persons with disabilities.

The collaborative efforts of CBID networks in raising awareness and advocacy had influenced government planning and budgeting processes. For instance, data from interviews with national and district government officials showed that 10% of local government revenue was now allocated to programmes targeting persons with disabilities. The district planning and budgeting framework directs each district to set aside a budget for loans to businesses run by persons with disabilities, amounting to 2% of the council's budget. Nevertheless, by the time of the evaluation, these intentions had not yet been translated into action, to enable persons with disabilities to access loans, to start or boost their businesses.

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

Extent of Systemic Change and policy influence

The District CBID networks have significantly facilitated systemic change and policy influence, enhancing the coordination of disability advocacy initiatives among various stakeholders. Data from surveys and interviews with key informants and FGDs with OPDs and community leaders suggest the following systemic changes resulting from advocacy effort of District CBID networks:

- The CBID networks have raised substantial awareness about the rights and needs of people with disabilities. Parents, guardians, and other stakeholders have become more informed about disability issues, leading to changes in participation and inclusion of people with disabilities.
- Children with disabilities were increasingly being identified and enrolled in schools. This was attributed to the growing community awareness about their rights, resulting in more accessible infrastructure in educational institutions and other public buildings.
- There was a notable increase in community participation in promoting disability inclusion. Parents and community members were more engaged in pushing for inclusive education, healthcare, marriage, and social participation for people with disabilities.
- The CBID networks have played a crucial role in advocating for policies that support disability rights. They have facilitated self-advocacy among people with disabilities, who now monitor and push for implementing policies and laws that meet their needs.

- The networks have contributed to changing traditional attitudes towards people with disabilities, leading to an increase in employment opportunities. Employers are becoming more inclusive, and people with disabilities are gaining better access to job markets.
- Although most of the old infrastructure including both public and private built infrastructure remains inaccessible, there is an effort to ensure that modern buildings and infrastructure such as stadiums, roads, public offices, shopping centres etc being constructed are accessible to people with different disabilities, showing a systemic shift towards inclusive infrastructure development.
- There has been a significant decrease in the stigma associated with disabilities. The community's perception has shifted from viewing disability as a curse to recognising it as a normal aspect of life, thus fostering a more inclusive environment.
- People with disabilities were now more involved in community activities, including discussions, leadership roles, and elections.
- The networks have enabled better information dissemination, reaching those who were previously inaccessible because of communication barriers.
- By involving diverse stakeholders such as social welfare officers, legal advisors, education and health officials, police, and disability organisation leaders, the CBID networks ensure comprehensive support and service provision for people with disabilities.

Coordination of disability advocacy initiatives among stakeholders

Coordination of disability advocacy initiatives among stakeholders within the District CBID networks has been marked by significant collaboration and comprehensive engagement. The CBID networks bring together a diverse group of stakeholders, including social welfare officers, education and health officials, police, politicians, the media, OPD leaders, CSOs and NGOs. This inclusive approach ensured that various perspectives and expertise were integrated into advocacy efforts, enhancing the overall effectiveness of initiatives.

Regular meetings, workshops, and online forums are organised to facilitate the discussions on topical issues on disability inclusion, best-practices, challenges, and innovative solutions among stakeholders. This continuous dialogue helps in aligning objectives and coordinating actions to promote disability inclusion.

To sum up, the CBID networks foster a cooperative atmosphere that efficiently coordinates, moderates, and communicates advocacy efforts, effectively addressing emerging issues and promoting disability rights. The efforts made through this engagement, has led to significant systemic changes that have created a more inclusive and supportive environment for individuals with disabilities.

3.2.9 EQ14: Have media practices changed because of participation in CBID networks?

The evaluation has noted the following changes in media practices because of participation in CBID Networks in Zanzibar.

Inclusive and Human-Centred Reporting: Data from media review and interviews with media personnel (journalists) show that media outlets in Zanzibar, since their training in CBID, have increasingly highlighted personal stories and interviews with individuals with disabilities. These features emphasise the human aspect of disability, focusing on personal achievements, challenges, and daily experiences, such as the one boxed here which profiles **"How the Kijaluba Project Empowers People with Disabilities Economically"**. This shift



has been driven by the CBID networks' emphasis on portraying persons with disabilities as active participants in society rather than passive recipients of aid. For example, Zanzibar Broadcasting Corporation (ZBC) has regularly aired segments featuring individuals with disabilities discussing their lives and the impact of CBID

initiatives, providing a platform for voices that were previously underrepresented. These segments are part of a broader effort to humanise disability issues and present them from the perspective of those directly affected.

Workshops and Training Programmes: CBID networks, in collaboration with organisations like the UWZ, have organised training sessions for journalists. These sessions focus on language use, ethical considerations, and the social model of disability, aiming to enhance the sensitivity and accuracy of reporting. For example, reports show that journalists who have undergone these training programmes exhibited a marked improvement in their understanding of disability issues and are more adept at producing content that respects the dignity of persons with disabilities.

Multimedia and Social Media Engagement: Media outlets have adopted multimedia approaches, utilising social media platforms to reach a broader audience. Campaigns often include videos, infographics, documentaries and interactive content designed to educate and engage the public on disability inclusion.

Participatory and Community-Based Reporting: Media practices have become more participatory, with persons with disabilities being invited to co-host programmes or contribute as citizen journalists. This approach ensures that reporting is grounded in the lived experiences of the community. For example, Pemba FM a community radio station, features weekly programmes where individuals with disabilities discuss local issues, ensuring that their perspectives are integral to community dialogues.

Consistent Monitoring and Feedback Mechanisms: Media organisations have implemented mechanisms to monitor the impact of their coverage and gather feedback from the community. This helps ensure that their reporting remains relevant and respectful to the needs of persons with disabilities. Studies conducted by UWZ to monitor the impact of media coverage on public perceptions of disability show a marked increase in public awareness and a positive shift in attitudes towards persons with disabilities since implementing CBID-focused media practices. For instance, a 2023 study found that 75% of respondents reported a better understanding of disability issues because of media coverage.

Policy Advocacy and Influence: the visibility and advocacy efforts facilitated by the media have influenced policy discussions and led to tangible changes in government policies related to disability inclusion. For example, reports from the Office of the Second Deputy Vice President' show that media campaigns have influenced the drafting of more inclusive policies and the allocation of resources for disability inclusion.

Overall, CBID network participation has had a transformative impact on media practices in Zanzibar. The training of journalists has improved, making them more sensitive to disability issues. This has led to more inclusive and human-centered reporting. These changes have not only improved the quality and reach of media content, but have also contributed to greater public awareness and policy advocacy for disability inclusion.

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

The CBID Programme in Zanzibar has established a robust foundation for sustainable district and provincial network structures. By integrating key local stakeholders, including district governments, *Shehias*, and local disability organisations like SHIJUWAZA, the Programme has fostered a collaborative environment essential for long-term sustainability. These networks have been strengthened through capacity-building initiatives and continuous engagement, ensuring that local actors are well-equipped to sustain CBID efforts independently.

The involvement of the Government of Zanzibar and the NCPD has been crucial in institutionalising CBID principles. Their commitment to policy support and resource allocation provides a stable framework for the networks to operate within. This top-down support enhances the credibility and authority of district and provincial networks, promoting a culture of inclusion and ensuring that CBID activities receive the funding and political backing for sustainability.

A critical factor in the sustainability of CBID network structures is community engagement and ownership. The training has emphasised the importance of grassroots involvement, empowering communities to take an active role in CBID initiatives. By fostering a sense of ownership among local populations, particularly through the active participation of *Shehias* and community leaders, the Programme ensures that CBID efforts respond to local needs and priorities, enhancing their sustainability.

Despite this promising potential for sustainability of CBID structures, the evaluation noted some challenges.

- One of the primary challenges to the sustainability of the CBID Programme is the scarcity of financial resources. Continuous funding is essential to maintain training, provide necessary materials, and support ongoing initiatives. Without reliable financial backing, it is challenging to sustain the Programme's activities and achieve long-term goals.
- The other challenge is the capacity constraints among local stakeholders, including district governments, *Shehias*, and community-based organisations, which hinder the effective implementation and sustainability of CBID initiatives. Inadequate training, limited access to resources, and insufficient expertise can affect the ability to maintain and scale up CBID efforts.
- Finally, while there may be supportive policies at the national level, the gap between policy and practice remains a significant challenge. Effective implementation of disability-inclusive policies requires firm commitment and coordination across various levels of government, which is often lacking. Fragmented efforts can lead to diminished impact.

Overall, the national and district network structures established through the CBID Programme in Zanzibar are well-positioned for sustainability. The combined efforts of strengthened local networks, institutional support, and active community engagement create a conducive environment for the mainstreaming of CBID principles. These structures are likely to sustain and grow to continue to promote disability inclusion effectively across Zanzibar. However, there remain challenges, including scarcity of resources, capacity constraints, and challenges of translating policy into action, that still need to be addressed.

3.3. CBID Effectiveness and Impact

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

The CBID Programme in Zanzibar has made substantial progress in advocating for and supporting people with disabilities. Initially focused on human rights, the Programme has evolved to address inclusive education, stakeholder training, and advocacy for infrastructural improvements. The notable achievements include:

The Programme has significantly enhanced government awareness of the needs and rights of persons with disabilities. This heightened awareness has translated into tangible improvements, such as the adaptation of paediatric facilities and accessible runways, which better accommodate persons with disabilities. The inclusion of persons with disabilities in national committees has ensured their voices are represented in decision-making processes, contributing to more informed and inclusive policies.

A core component of the CBID Programme has been its focus on training various stakeholders, including members of municipal councils, volunteers, and community members. This training has equipped individuals with essential skills and knowledge to effectively identify, advocate for, and support persons with disabilities. The Programme also established WhatsApp groups to facilitate communication and coordination among stakeholders. These groups, which were previously inactive, have become active platforms for sharing information, providing support, and discussing disability-related issues.

The CBID Programme has made significant strides in inclusive education, operating across 15 shehias (10 in Unguja and 5 in Pemba). It has implemented a streamlined curriculum comprising seven modules designed to educate both teachers and persons with disabilities. The Programme has successfully collaborated with the Department of Teacher's Education to promote the inclusion of all teachers in the initiative. For instance, schools like RUHA Primary School now offer STEM Programmes tailored for children with autism, providing resources to simplify their learning experiences. Teachers have been empowered to diagnose and support students with disabilities, ensuring more inclusive classroom environments. The Programme also advocates for making inclusive education a mandatory part of teacher training.

Despite the Programme's successes, it faces challenges, particularly in garnering consistent support from higher-level officials. Their frequent unavailability during crucial meetings and gatherings has hindered progress. There is a need for more robust engagement and commitment from national-level officials to fully capitalise on the Programme's initiatives.

While the Programme has registered active participation at the district level, national-level engagement remains limited. Enhanced coordination and involvement at the national level are crucial for ensuring the sustainability and broader impact of the CBID Programme.

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

The evaluation team, besides focusing the evaluation activity on the CBID target districts, also visited a non-CBID district Unguja B district to assess the differences in service referrals at the community level between the CBID and non-CBID districts. The district, which is not part of the CBID Programme, demonstrates distinct differences in handling service referrals for persons with disabilities compared to CBID districts.

- In Unguja South, service referrals and support for people with disabilities are managed through a combination of community mobilization efforts and ad-hoc assistance. Key officers, including youth, social welfare, and disability officers, work to address the needs of persons with disabilities, but face several challenges:
- There is no formalized system to identify and support persons with disabilities. Support is often based on community mobilization efforts and those who come forward during these activities.
- The district struggles with limited funds and resources, including assistive kits and transportation for officers to reach persons with disabilities. Facilities such as schools and hospitals often lack inclusive infrastructure.
- Many teacaretakers lack specialised skills to support effectively persons with disabilities, leading to inconsistent and inadequate help.
- The allocation and distribution of resources may be influenced by political factors, leading to delays or misallocation.
- Support and information sharing often occur through the District CBID network, a WhatsApp group which is though still new, but includes key officers, teachers, and health workers.

Box 15: Perspectives of district technical staff on how they support persons with disabilities in a non-CBID District

“We involve persons with disabilities (especially the youth) in different development activities. We connect them to different promising opportunities, finding interpreter for them. ... we make sure they get the right assistance needed. ... we mobilise them to join groups that can support them to get affordable capitals for their economic activities”

In contrast, CBID districts typically have more structured approaches to service referrals for persons with disabilities:

- CBID districts often have established processes to identify persons with disabilities and systematically address their needs through coordinated efforts.
- These districts usually have better access to resources, including assistive devices and inclusive facilities, supported by a clear allocation of funds.
- Through the CBID Programme, teachers, caretakers, and community workers, health workers, community leaders etc have been trained. They have the skills to support persons with disabilities effectively.
- There is an effort to have infrastructure in schools, hospitals, and other public buildings that is more accessible for persons with disabilities, although some of them partially. For example, there is a ramp at the main entrance of the Unguja South district Administration Office. However, no accessibility adaptations have been made to make all the offices on the block accessible
- Community Engagement and Advocacy: There is a stronger focus on community engagement and advocacy to raise awareness and promote the rights of persons with disabilities, leading to more proactive and inclusive support.

In conclusion, the comparison between CBID and non-CBID districts highlights the significant impact of structured, community-based inclusive programmes on the quality and consistency of service referrals for people with disabilities. CBID districts benefit from formalized systems, better resources, specialised training, inclusive infrastructure, and strong community engagement, which collectively ensure more effective and reliable support for persons with disabilities.

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

Data from interviews with district leaders, OPD leaders and FGDs with local community leaders from the CBID target districts of Unguja Urban, Unguja South, Chake Chake shows that disability inclusion is a comprehensive approach integrating persons with disabilities into all aspects of community life. Key principles include ensuring equal access to education, healthcare, employment, and social activities. Empowerment of persons with disabilities to voice their needs and take part in decision-making is strongly supported. There is significant collaboration among government agencies, NGOs, community groups, and service providers to deliver coordinated services. Despite resource constraints, these districts prioritise essential resources like assistive devices, inclusive infrastructure, and vocational training. Enhanced training and awareness among district officials have improved their understanding and integration of disability needs into community planning.

In contrast, in the Non-CBID District of Unguja B, disability inclusion is more reactive and fragmented. Support is provided on an ad-hoc basis, driven by immediate needs and community mobilization rather than systematic, proactive strategies. There is a general understanding of disability inclusion, but the approach lacks formal systems and consistent resource allocation.

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

Table 5: Comparison of in collaboration and disability inclusion between CBID and non-CBID districts

Areas	CBID Districts	Non-CBID District
Nature of Collaboration	Collaboration in CBID areas is structured, involving coordinated efforts among government agencies, NGOs, community organisations, and other stakeholders. Formal systems and processes ensure that all relevant parties work together effectively to support persons with disabilities.	Collaboration in non-CBID areas is often informal and ad-hoc. It relies on the initiative of individual officers and community members to support persons with disabilities. There is limited coordination among different stakeholders, leading to fragmented and inconsistent support.
Resource availability and infrastructure	CBID areas typically have better access to resources, including assistive devices and inclusive infrastructure, which are integrated into community planning and development. There is a proactive approach to resource allocation, ensuring that persons with disabilities receive consistent support.	Resources such as assistive devices and inclusive infrastructure are scarce and inconsistently available. Support for persons with disabilities depends heavily on community mobilisation and external donations, with government resources being inadequate and politically influenced.
Networking and Partnerships	Collaboration is facilitated through formal networks and partnerships, ensuring that support for persons with disabilities is well-coordinated and sustainable. These networks include regular meetings, regular on-line moderated discussions (WhatsApp), joint planning, shared responsibilities among stakeholders.	Support is often facilitated through informal networks, but the establishment of the District CBID Network WhatsApp officers, teachers, and doctors was supporting sharing of information, networking, referrals and linkages.
Inclusion strategies	Disability inclusion is a central part of community planning and development, with proactive strategies to identify and support persons with disabilities. There are formal mechanisms for ensuring that persons with disabilities are included in all aspects of community life, from education and employment to social activities and decision-making processes.	Disability inclusion efforts are mostly reactive, addressing immediate needs as they arise rather than through a planned, systematic approach. There is no formal mechanism for identifying and supporting all persons with disabilities in the community, leading to gaps in service provision.

Overall, collaboration and disability inclusion in non-CBID areas are characterized by informal, ad-hoc efforts with limited resources and reactive support mechanisms. In contrast, CBID areas adopt a structured approach to collaboration, with integrated resources, formalized networks, and proactive strategies ensuring comprehensive and sustainable inclusion of persons with disabilities.

3.4. CBID Coordination

3.4.1 EQ20: What are the coordination structures at the national and district levels in the CBID target districts?

In Zanzibar (**National/State level**), the coordination of CBID involves multiple ministries and decentralized structures aimed at integrating persons with disabilities into all facets of community life. At the national level, disability coordination is mainstreamed across sectors, particularly focusing on poverty reduction, developmental equality, human development, and inclusive governance. Key ministries such as Finance and Planning, State Administration, Local Government, Labour, and Education play crucial roles in implementing inclusive policies and programmes.

The CBID coordination framework includes a Department of Disability Affairs, district-level disability committees (*Sheha* and *Shehia*), and umbrella organisations for persons with disabilities. These structures ensure that disability issues are addressed comprehensively in policy formulation and implementation, aligned with national development plans like MKUZA 3 and international frameworks such as the Sustainable Development Goals (SDGs).

At the **district level**, CBID coordination structures involve local councils, CDCs, CSOs, OPDs and the private sector. Local councils lead service delivery and development initiatives, while CDCs mobilise resources and oversee local projects to ensure inclusivity for persons with disabilities. CSOs advocate for disability rights and support community engagement, and the private sector contributes resources and expertise. Active community participation is crucial for responsive and accountable governance. Together, these entities collaborate to integrate disability-inclusive policies into local development, ensuring effective and sustainable outcomes.

At the **community (*Shehia*) level** in Zanzibar, the coordination mechanism for CBID involves grassroots structures that are essential for local governance and service delivery. Each *Shehia* establishes Disability Committees comprising local leaders, representatives from civil society, and members of OPDs.

Overall, Zanzibar's CBID coordination mechanism emphasises collaborative efforts across governmental, non-governmental, and community sectors to foster inclusive development and empower persons with disabilities throughout the state (Zanzibar)

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

In Zanzibar, the CBID coordination structures serve several primary functions aimed at fostering inclusive practices and improving the quality of life for persons with disabilities. These functions are integral to ensuring effective implementation and support at various levels of governance and service delivery.

The CBID coordination structures, at the national level, particularly the NCPD and the national CBID Steering Committee, oversee the implementation of disability-inclusive policies across ministries and local governments. The National CBID Steering committee, in particular, which has the NCPD as its secretary and involves key ministries such as Health, Education, and Labor, ensuring that disability inclusion is a cross-sectoral priority. The committee plays an oversight role that extends to reviewing the effectiveness of disability policies, adjusting strategies to meet the dynamic needs of persons with disabilities, and ensuring that implementation is consistent across different regions. However, since it lacks a legal mandate, it plays an advocacy role, and therefore its recommendations channeled through the NCPD to the respective sectors for action. However, despite these efforts, the execution often faces challenges due to variability in resource allocation, enforcement of policies, and the need for continuous policy adaptation to reflect the evolving societal and demographic contexts

At the district level, CBID structures coordinate capacity-building initiatives, facilitate resource mobilisation, and foster collaboration among various stakeholders, including government bodies, NGOs, and the private sector. They have been successful in enhancing the capacity of community members and improving resource coordination, which has led to more cohesive and effective CBID efforts. There is a need for improved systematic data collection and analysis to better assess programme effects and refine strategies.

At the community level, CBID structures engage local leaders, OPDs, and CSOs to advocate for the rights and inclusion of persons with disabilities. They work to raise awareness, facilitate community dialogues, and empower local communities to participate actively in disability-inclusive activities and decision-making

processes. They conduct monitoring and evaluation of CBID Programmes to assess their effectiveness and impact. While these efforts have significantly improved community engagement and advocacy, ongoing optimisation of service delivery and responsiveness to emerging needs is essential for sustained success.

Overall, therefore, the CBID coordination structures play a vital role in ensuring that disability inclusion becomes a mainstream priority across all sectors of society in Zanzibar, aiming to create a more equitable and supportive environment for persons with disabilities to thrive. However, while they are effective in many aspects, ongoing efforts to address challenges and optimise these functions are necessary to ensure sustained success and impact.

4. Conclusions and recommendations

4.1 Conclusions

1. CBID Training: Conclusion: CBID training in Zanzibar has made notable improvements in stakeholders' capacity to support disability inclusion. It has enhanced the ability to identify and refer individuals with disabilities, mobilise communities, build stakeholder capacity, and improve infrastructure and services. Despite these advancements, the training's reach remains limited, affecting only a few shehias within the designated target districts. This limited coverage can restrict the overall impact of the training on disability inclusion throughout Zanzibar.

2. CBID Networks: Conclusion: The CBID networks in Zanzibar have played a crucial role in advancing disability inclusion. These networks facilitate collaboration among government bodies, NGOs, and local communities, enabling improved access to essential services and advocacy for policy changes. While these networks have been effective in many areas, challenges such as limited resources, cultural barriers, and unclear network structures persist. These issues can undermine the effectiveness of the networks and their ability to fully realise the goals of disability inclusion.

3. CBID Effectiveness and Impact: The CBID Programme has achieved significant progress in raising awareness, building stakeholder capacities, and improving infrastructure related to disability support. It has contributed to systemic changes and increased government support for disability inclusion. However, challenges such as inconsistent high-level support and insufficient engagement at the national level continue to hinder the programme's overall effectiveness and sustainability.

4. CBID Coordination: Conclusion: At the national and district levels, CBID coordination mechanisms have facilitated important aspects of policy implementation, capacity building, and resource mobilization. These efforts have contributed to significant progress in disability inclusion. Challenges related to enforcement, resource allocation, and comprehensive monitoring persist, which can impede the effectiveness of these coordination mechanisms.

5. Integration of Human Rights Advocacy and Inclusive Education: Conclusion: There is a disconnect between MECP-Z's project-focused approach and the broader CBID framework, leading to insufficient integration of Human Rights Advocacy and Inclusive Education within CBID initiatives. This lack of integration can hinder the effectiveness of the CBID Programme and limit its impact on human rights and educational inclusion.

6. Government Engagement and Planning: Conclusion: The Government of Zanzibar has made notable progress in inclusive education and accessible infrastructure. However, there is a need for more strategic planning and collaboration with the national Steering Committee to ensure that priorities are aligned and effectively implemented.

4.2. Recommendations

- 1 To expand the benefits of CBID training, it is crucial to extend the training to cover more districts and shehias. This can be achieved by increasing the geographical scope of training programmes and ensuring that all relevant areas receive the support. Invest in ongoing mentorship and follow-up support to ensure that the skills gained during training are effectively applied in real-world settings. This might include establishing regional training hubs or employing local mentors who can provide continuous support and address any gaps in knowledge retention.
- 2 To address the challenges of limited resources, cultural barriers, and unclear network structures, it is essential to define clearly and communicate the structure of CBID networks to all stakeholders. This involves ensuring that all districts and communities are included in the network and that their roles and responsibilities are well understood. Work to overcome resource constraints by forming partnerships with international organisations and local businesses. Enhancing resource mobilization efforts and

establishing regular forums for network members to discuss challenges and share best-practices will also strengthen the effectiveness of the CBID networks.

- 3 To enhance the effectiveness of the CBID Programme, it is important to secure more consistent support from high-level officials and increase national-level engagement. This can be achieved by intensifying advocacy efforts to involve key government officials and stakeholders in strategic planning and decision-making processes. Developing a comprehensive monitoring and evaluation framework will help assess the impact of CBID initiatives and identify areas that need improvement. Regular reviews and adjustments to strategies will ensure that the Programme remains responsive to emerging challenges and continues to meet its objectives.
- 4 NAD should clarify and communicate the CBID Theory of Change to ensure that all projects align with the broader CBID framework. Facilitate regular meetings and workshops to ensure that all stakeholders understand and adhere to the unified CBID approach, fostering greater alignment and collaboration across different areas of work.
- 5 Enhance the strategic planning process by involving the national Steering Committee in annual planning and priority-setting meetings. Develop a collaborative approach to ensure that government initiatives align with CBID goals and that inclusive policies and infrastructure projects are implemented coherently. Strengthen communication channels between the government and the Steering Committee to facilitate better coordination and alignment of priorities, ensuring a more comprehensive and effective national CBID Programme.

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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 persons with disabilities (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 persons with disabilities 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, focusing particularly 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 Programme planning.

a. General objectives for both countries:

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

Assess the function and effect of the **CBID information networks**.

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.

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.

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.

Finalize 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 deskwork)

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 and 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 Programmeming 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:

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).

Financial proposal (detailed) that indicates the overall contract price and all estimated breakdown of costs, including days of consultancy - (1 page).

Overview of qualifications/experience and a profile of your organisation (if Institution).

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

2 CBID information networks	<p><i>District and province level:</i></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> <p>Do the networks have the optimal participation to influence systemic changes?</p> <p>Does influential and people in position of power take part in the networks?</p> <p>How do OPDs understand the CBID networks and their respective roles?</p> <p>How do NGOs and CSO understand the CBID networks and their respective roles?</p> <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 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>
3 Comparison CBID/ non-CBID intervention districts	<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 persons with disabilities.</p>
4 CBID coordination	<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>
6 CBID in national teaching institutions Zambia	<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>

List of participants

S/n	Name	Sex	Organisation/Place of work	Position
1.	Saida Amour		MECDP-Z	Programme Coordinator
2.	Awatif Ghalib		MECDP-Z	M&E Officer
3.	Nassir Rashid-	M	MECDP-Z	HRA Officer
4.	Joyce Charles	F	MECDP-Z	IE, Project Officer
5.	Kheir M. Simai	M	JUWALAZA	Director
6.	Mohd A. Mohd	M	JMZ	Secretary
7.	Maryam K. Abdallah	F	JUWALAZA	Interpreter
8.	Warda T. Mussa	F	JUWALAZA	Interpreter
9.	Fatma A. Ally	F	ZADOC	Excecutive Committee
10.	Jide K. Saleh	F	SHIJUWAZA	Deput Secretary
11.	Juma A. Mussa	M	SHIJUWAZA	Committee Member
12.	Abdallah A. Suleiman	M	ZACDID	Chairperson
13.	Mwanahawa H. Mohamed	F	SOZ	Committee Member
14.	Saadah H. Ali	F	SHIJUWAZA	Committee Member
15.	Zainab M. Songoro	F	SHIJUWAZA	Group Administrator
16.	Ali K. Machano	M	SHIJUWAZA	Programme Leader
17.	Hassan H. Silima	M	SADZ	Chairperson
18.	Juma S. Juma	M	SHIJUWAZA	Accountant
19.	Thuwaiba S. Abase	F	JUWALAZA	Committee Member
20.	Donald G. Navetta	M	UWZ	Operation Manager
21.	Ussy K. Debe	M	ZNCPD	Excecutive Secretary
22.	Mwanakhamis I. Salum	F	NCDP	Officer
23.	Dkt Said H. Mrisho	M	Urban District	District Administrative Secretary
24.	Mwachumu S. Aui	F	Kizimkazi	Sheha
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26.	Muhamad K. Wahabi	M	Juwalaza	Interpreter
27.	Bihindi J. Ramadhan	F	Kizimkazi	Committee Member
28.	Mustapha M. Haji	M	Kizimkazi	Councilor
29.	Hidaya M. Juma	F	South District	S.W. Officer
30.	Safina K. Hassan	F	South District	Planning Officer
31.	Haji C. Haji	M	South District	Cdgco
32.	Ussi Khamis	M	Btwwu South	Officer
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35.	Rahma Kassim Mtawa	F	Kizimkazi	Pwd Group Member
36.	Hassan O. Khatib	M	Kizimkazi	Imam
37.	Makame H. Khamis	M	Kizimkazi	Teacher
38.	Ali M. Khamis	M	Kizimkazi	Teacher
39.	Hassa D. Jumaa	M	Kizimkazi	Committee Member
40.	Sudi M. Haji	M	Kizimkazi	Committee Member
41.	Hassan K. Myawa	M	Kizimkazi	Accountant

42.	Mohammed A. Abdallah	M	Kizimkazi	Crp Kijaluba
43.	Salama H. Ali	F	Kizimkazi	Committee Member
44.	Najat K. Hamis	F	Kizimkazi	Committee Member
45.	Salma Mwalim	F	Kizimkazi	Sheha
46.	Zuhura A. Hemed	F	JUWALAZA	Committee Member
47.	Maryam H. Kudura	F	JUWALAZA	Committee Member
48.	Jamila B. Hamza	F	ZANAB	Chairperson
49.	Hidaya H. Kisisa	F	UWZ	Chairperson
50.	Aboud I. Maktub	M	BWWW	Chairperson
51.	Hafsa A. Hassan	F	West Unguja	Pwd Officer
52.	Mohds. Mbaru	M	ZANAB	Secretary
53.	Mwanakheri A. Pandu	F	West Unguja B'	Sheha
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56.	Amina M. Wazir	F	West Unguja B'	Youth Officer
57.	Faida Kh. Ali	M	West Unguja B'	Planning Officer
58.	Rukia A. Jaha	F	West Unguja B'	Gender And Children Officer
59.	Ahmed A. Mohamed	M	South District	Officer In Charge Office Of The First Deputy President Pemba

