

Factors Leading to Unequitable Resource Distribution to Persons With Disabilities: A Case of Monze Urban Constituency

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Official statistics on disability in the world are estimated at 15-20%. Disability is still an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities. In Zambia, there has not been much information on finding out why persons with disabilities have not been able to access services despite the provisions available through policies and Legislation. This study therefore examined the reasons why persons with disabilities have not been able to access these services. It looked at the three thematic areas being:

- (1) Resource Distribution among persons with Disabilities;
- (2) Statutory Instruments on Disability; and
- (3) Sustainability.

Taking Monze constituency as a case study, the variables were measured and tested using the mixed methods of interviews and Focus Group Discussions (FGDs). Analysis of the data collected from a sample of 100 respondents shows a strong link between community willingness to help and the individual effort to access to resources. While government may be seen as a service provider, 70% of the respondents recognize cultural barriers and lack of information on statutory instruments and most interestingly human rights. The study concludes that Disability as a complex and context –specific phenomenon is always determined from the interaction between characteristics of the person and characteristics of the overall context in which the person lives. It is notable from the findings in this research that the community, service providers, and Persons with Disabilities (PWDs) agree that there is unequal Resource distribution among persons with disabilities. While the barriers to access to services have been identified as highlighted in this paper the major barriers are:

- (1) Lack of information on Human Rights at 40%;
- (2) And lack of understanding of Instruments aligned to disability; and
- (3) Cultural barriers at 40%.

The recommendations that the researcher puts across are varied with emphasis on Mass sensitization on the United Nation Convention on the Rights of Persons with Disabilities (UNCPRD) and the Zambian Disability Act No. 6 of 2012 should be a priority for both government and private sectors while continued engagement of the community through strategies already laid out, such as the Community Based Rehabilitation (CBR) should also be intensified.

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Introduction

Overview

“Nothing for us without us” is a slogan used by many human rights activists in disability inclusion. In the effort to provide and get the resources allotted to the persons with disabilities, many challenges still exist. Therefore, this research was aimed at finding out the factors that lead to unequal distribution of resources among persons with disabilities. In this report, we discuss the findings of the research conducted and give recommendations as appropriate.

Background

Disability which is “the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (World Health Organization, 2001) is a discussion now prevailing on many planning and discussion forums of implementers and policy influencers as they seat to plan and make programs this is because as noted in the Disability World Report “Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities” (World Health Organization, 2001). Disability is a complex, dynamic, multidimensional, and controversial concept at any forum of discussion and sparks interest and actions of various degrees, which are mostly influenced by emotion and/or genuine desire to help and include persons with disabilities from program implantation to being beneficiaries. This research acknowledges the statutory instruments that are available to help policy makers to be able to include persons with disabilities in program planning, implementation, and accessibility. It also critically analyses the reasons why persons with disabilities have challenges in accessing services cardinal to their survival which are livelihood, education, and health services like the able bodied.

The World Health Organization (WHO) has estimated that close to a billion people globally are disabled and that is directly associated with age and poverty (Dewhurst et al., 2012). According to WHO, Persons with Disabilities (PWDs) constitute 10–20% of the population of most countries, which would mean that Zambia’s disabled population is about 1–2 million, this is despite lower numbers reported by the central statistics office which puts the percentage of persons with disabilities at 5–7% in the 2010 population census (World Health Organization, 2001).

Though types of disabilities are many and vary, physical disability is commonly seen in developing countries and is reported to be made worse in situations where the caregivers are poor (Igweni-Chidobe, Odebiyi, & Okafor, 2012). Geere et al. (2013) reports that people who care for disabled persons in developing countries face challenges of a lack of, or limited social services, such as health care and accessibility to social services and/or facilities that is access to buildings in which these services are offered (Velema, Ebenso, & Fuzikawa, 2008).

Contributing to this, Thurston et al. (2011) reports that families that have a severely disabled child tend to have greater economic challenges. They also tend to suffer other challenges such as social exclusion and

stigmatization. In situations where the family is poor, the family often has challenges sending the disabled child to school or providing food and other necessities of life due to limited financial resources. When the disabled child is not exposed to any form of formal education it perpetuates poverty (much more as the child enters adulthood and/or has his/her own family). Further, if the child has malnutrition, this places limits on the brain development of the child and their capacity to do well in school (Gottlieb, Maenner, Cappa, & Durkin, 2009) given the chance that they access formal education. Lim et al. (2013) reported that government supported policies for persons with intellectual disability would improve the quality of life of the sufferer, the caregivers and the community as a whole if these policies were endorsed and implemented. This is one of the reasoning used on the social cash transfer scheme were persons with disabilities receive double the stipend as compared to others. Further challenges stem up, such as a lack of livelihood opportunities and a lack of empowerment, it is financially or with information makes the situation even worse for the person with a disability and the family as well.

WHO indicates 10–20% of the world population has a disability, this represents a wide range of disabilities. These are mainly classified as mental, physical, intellectual, and sensory impairments. It is further estimated that “of the total number of persons with disabilities, 80% are living in middle and low-income countries. These people often do not receive adequate technical, medical, or social support with the potential to improve their living conditions” (Gottlieb et al., 2009). The situation is perpetuated not only by their inability to access these services but also because the low income countries are themselves underdeveloped hence failing to provide services for the inhabitants regardless of status.

Due to the improvements in health, it is also further estimated that in the near future, “disability might be on the rise as the world population is aging” (Cooper, 2010). This is because of the scientific breakthroughs that help in improving the life expectancy and also because of treatments that help in ensuring long life expectancy.

The conditions for Africa might be even worse as the population adopts western culture of eating with little exercises, increased life expectancy, poverty, and underdevelopment, all of them will greatly increase the risk of disability.

Blackburn, Spencer, and Read (2010) reports that “People with disabilities make up an estimated 20% of the poorest populations and there is a growing consensus among disability advocates and experts that the most serious issue faced globally by persons with disabilities is not their specific impairment, but rather their lack of equitable access to resources and services, such as education, employment, health care and social and legal support systems”.

It is because of these observations put across by Blackburn and other scholars that the researcher seeks to understand the factors that lead to unequitable access of resources for persons with disabilities. The research shall concentrate on education, health, and livelihood services among other constitutional rights the persons with disability have. The difficulty in accessing these resources is even more apparent in the African continent. This is because of the continent's poverty levels that are high and other predisposing factors such as poor policies and policy implementation that may not be effective or the lack thereof of both policy and hence implementation.

Zambia itself has been an middle income country and largely classified under the developing nations, it is no stranger to such, because it is in fact among the highly rated countries in terms of poverty, economic challenges, and diseases, such as Acquired Immune Deficiency Syndrome (AIDS) and Malaria, both of which contribute to disabling conditions and perpetuate the circle of disability and poverty.

As in the rest of Southern Africa, people with disabilities in Zambia are among the most affected by negative socio-economic conditions and face stigmatization and social exclusion at household and community levels.

In an effort to mitigate the challenges drawn from the inability to meet the human rights requirements of every individual and also to help drive development for all in a specified period of time, the development implementers developed and enforced the Millennium Development Goals (MDGs) to which every country had to work on depending on the countries level of development. A Review of the MDGs shows some gaps which made the goals not very sustainable and this prompted WHO, the UN bodies and other partners to develop what is known as the Sustainable Development Goals beyond 2015, the idea is to make these goals achieve and sustain the desired effect, which is positive development for all. It is still apparent in these SDGs that the lack of emphasis on how the persons with disabilities are going to access and be part of the SDGs beyond the set timeframe. However, this presents an opportunity of inquiry/research at its own time.

It is good to understand and learn that despite these gaps, other policies and instruments have been put in place to address the issue of disability. The Zambian government sits on the UN Africa congress and subscribes to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) the government even went further to domesticate the UNCRPD by the act of having the Disability Act # 6 of 2012. This has been a great achievement for the government of Zambia. Though the optional protocol has not been ratified yet which gives a setback when it comes to holding the government of Zambia accountable to some actions that they commit to undertake and/or should provide. To a large extent, disability in Zambia is still regarded as requiring a charitable response. Traditionally, the responsibility for supporting PWDs has fallen on the family and government intervention, where it has existed, has often been channeled through welfare policies. Though the Fifth National Development Plan (FNDP) had made some headway towards realizing that, if any progress in the struggle towards achieving equal opportunities for PWDs is to be achieved, their rights and needs must be addressed in all pieces of legislation and development plans at every level of society, this includes at traditional settings, as well as contemporary.

With this background, it should be noted that “People with disabilities in Zambia have continued to experience discrimination in various aspects of human development. Unfortunately, the government has not taken a lead in addressing the negative consequences of these discriminatory practices which have resulted in limited participation by people with disabilities in planning and implementation of national development activities” (Bedding, Chalwe, & Mtonga, 2013), and this further reduces the level at which they access services.

Statement of the Problem

The United Nations Development Programme (UNDP) (2006) report of the international day of PWDs commemorated on 3rd December, 2011 quote the UN secretary in his speech commemorating the day of PWDs said, “Development can only be sustainable when it is equitable, inclusive and accessible for all. Persons with disabilities need therefore to be included at all stages of development processes, from inception to monitoring and evaluation. Addressing negative attitudes, the lack of services or ready access to them, and other harmful social, economic and cultural barriers will benefit all of society” (Ki-Moon, 2011). There is a tremendous need for coordinated and improved access to resources among PWDs at global level and also in Zambia. It is evident that disability organizations are among the least resourced and grossly not trusted with financial resources. It is not documented fully in Zambia that how many have access to resources, such as owning houses, land, and

viable livelihoods. The ministry of education estimates having only 2.7% learners with various disabilities out of the 100% enrolled. The goal of this study is therefore to investigate why persons with disabilities have challenges accessing services despite the statutory provisions on disability provided at international and national levels.

General Objective

The general objective was to find out why persons with disabilities have challenges in accessing Livelihood, Health and educational services in Monze Urban Constituency.

Specific Research Objectives

The objectives of the study were:

1. To determine the factors leading to unequitable resource distribution among persons with disabilities in Monze District.
2. To evaluate the influence that the UNCRPD and the disability act of Zambia has had on provision of services to persons with disabilities.
3. To assess sustainable ways of ensuring that persons with disabilities access the full services available to them.

Research Questions

The researcher therefore raised the following key research questions:

1. What are the challenges faced by persons with disabilities when accessing services?
2. What provisions are there in the Zambian Disability Act No.6 of 2012 and the UNCRPD that propels equal accessibility to resources?
3. To which level do persons with disabilities access education, health, livelihood and other social services in Monze district?

Research Variables

1. Resources.
2. Accessibility.

Significance of the Study

This research study unveils underlying and hidden issues on why persons with disabilities have challenges in accessing the resources as compared to the other population. This research findings will also help scholars and practitioners alike have a basis for the decisions, they intend to make as they pursue inclusive and equitable access to resources for persons with disabilities through planning and distribution. Since the vision 2030 targets providing services to 100% of the population, this study will help to realize the barriers that PWDs face when accessing services and contribute to ways that can be used to ensure accessibility by all.

For the sustainable development goals to be achieved successfully, there is a need to include all persons. Since the persons with disabilities represent 10-15% of the population, it is a notable number when engaged to reduce poverty, improve education levels, and access to health. This is because most of the persons and families with PWD are poor and because of the predisposing factors, which contribute to the high percentage of the population counted among the poor.

Therefore, the following groups will benefit from this research:

- (1) Policy makers will know the real issues why the persons with disabilities cant access the services even though legislation is available to support it;
- (2) The implementers—it will help provide targeted planning; and
- (3) Persons with disabilities.

Conceptual Framework

Disability comes in many different forms and no one type of disability is exactly the same. They can experience similar things but the other issues that come into play are different. This research is going to looked at how the types of disabilities affect accessibility to resources and look for possible options to counter that. The research is also looked at the impact family and community support has when it comes to persons with disabilities accessing services, does family and community location, willingness and acceptance help in making sure that the person(s) with disabilities in their care access services. Consequently, the availability of services in the community also affect how and when the services are acquired.

Looking at the five identified key service areas that at person with a disability according to WHO is supposed to access, these being health, education, social, livelihood, and empowerment, of these are there any that are difficult to access in nature and if so why?

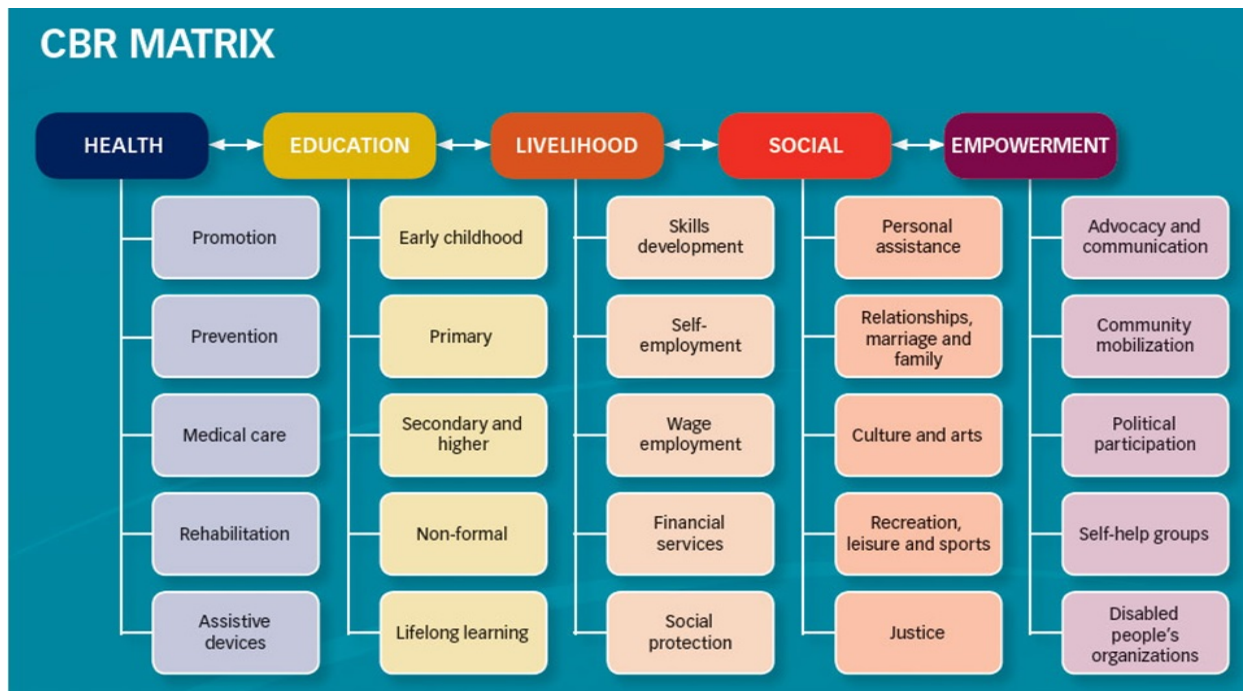


Figure 1. World Health Organization (WHO).

Theoretical Framework

The UNCRPD embraces a social understanding of disability in which the societal constraints and barriers hinder full participation of persons with disabilities and inclusion in society. It looks at disability as not being caused by individual limitations but by the existing barriers in society. It is this understanding that creates the conceptual platform for articulating disability rights (Waliuya, 2014).

In this fast growing and developing era of new and high technology, the world is also experiencing a fast growing and developing shift in the way disability is viewed. This era has seen a shift from viewing disability

as a charity and medical issue to more of a human rights and social issue. In short, disability is moving from being viewed using the medical model to using the social model (Ibid).

The social model is further backed up by the emphasis on human rights which include among others, access to health, education, safe environment, shelter, clean water, and sanitation and access to fair employment. The UNCRPD and the Zambian Disability Act both do not bring in new rights but just emphasis on the need for persons with disabilities to access these rights. At the time of writing the research proposal, the researcher considered looking at the social model to understand disability. However, during the research, the human rights model became the most important model to understand. The study therefore, is going to sought to look at underlying factors that make it difficult for the persons with disabilities to access Livelihood, Health and Education services in respect of the CRPD and the Zambia Disability Act No. 6 of 2012 in their respective communities and capacities as persons with disabilities.

Operational Definitions

Disability. “A difficulty in functioning at the body, person, or societal levels, in one or more life domains, as experienced by an individual with a health condition or impairment in interaction with contextual factors” (Leonardi, 2006).

Persons with disability. Persons with disabilities include those who have long-term physical, mental, and intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (United Nations, 2006).

Community based rehabilitation (CBR). CBR is a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction, and social inclusion of all people with disabilities (World Health Organization, 2002).

Accessibility. Accessibility describes the degree to which an environment, service, or product allows access by as many people as possible, in particular people with disabilities.

Equalization of opportunities. The process through which the various systems of society and the environment, such as services, activities, information, and documentation, all of them are made available to all, particularly to persons with disabilities.

Universal design. The design of products, environments, programs, and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design (Government of Zambia, 2006).

Human rights model. The human rights model takes the inherent rights of an individual into consideration and the model is used as a basis for service provision for persons with disabilities. This helps to offer services to them holistically.

Literature Review

Overview

This chapter is going to give an in-depth look at the literature surrounding the objectives of the research. Based on the themes as drawn from the objectives, the literature review looks at the global, regional, and national perspectives and theories around disability and accessibility. It will discuss the factors that make resource distribution unequitable among persons with disabilities, evaluate the influence of the statutory instruments that are available, these have been the United Nations Convention of Rights of Persons with

Disabilities (UNCRPD) and the *Zambian Disability Act #6 of 2012* with the aim of contributing to sustainable ways of ensuring that persons with disabilities have access to livelihood, education, and health services as equals.

The UNCRPD has the following comment on disability as part of the human condition. It states that “almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities” (United Nations, 2006).

Since time past, “Every epoch has faced the moral and political issue of how best to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more people live to an old age” (Mont, 2010). This means that we cannot ignore the presence of disability in our era and individual settings. Though disability is varied and occurs in many different forms, WHO in its world report comments on disability in terms of classification, it views disability in terms of functioning and states that the “ICF emphasizes environmental factors in creating disability, which is the main difference between this new classification and the previous *International Classification of Impairments, Disabilities, and Handicaps (ICIDH)*, ... it brings out the issue that persons are only made handicapped by the environment they find themselves in which makes it difficult for them to do certain things” (World Health Organization, 2001).

Resource Distribution Among Persons With Disabilities

This section discusses the access to resources by persons with disabilities, it looks at the challenges they face if any or not and other underlying factors that prevail when it comes to access of resources.

Resources can be described as been monetary and material. A resource is a stock or supply of money, materials, staff and other assets that can be drawn on by a person or organization in order to function effectively. For the purpose of this research, we shall look at a resource in the form of we shall concentrate on the material or services, such as health, education, and livelihood. This section therefore looks at factors that lead to unequitable resource distribution of health, education and livelihood services among persons with disabilities. Concentrating on how persons with disabilities have been able to access the above services in their daily living through social networks and/or institutions.

WHO states that “About 15% of the worlds’ population lives with some form of disability, of whom 2-4% experience significant difficulties in functioning ... The global estimate for disability is on the rise due to population ageing and the rapid spread of chronic diseases, as well as improvements in the methodologies used to measure disability (World Health Organization, 2001).

With such statistics at hand, and the understanding of disability, there is then a realization that this population also needs to access services just as the other 85% of the worlds’ population. To make sure that the persons with disabilities receive the desired services, there have been a number of deliberate policies put in place as an answer. However, “responses to disability have changed since the 1970s, prompted largely by the self-organization of people with disabilities” (Campbell & Oliver, 1996), and by “the growing tendency to see disability as a human rights issue” (Quinn & Degener, 2002a). This is unlike before when persons with disabilities were viewed as objects of charity. Because of this, historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools. Despite these provisions that existed or still continue to exist “People living in poverty usually lack access to

basic social services, such as health care and education, as well as opportunities for safe employment and proper housing conditions” (Dixon, & Blanchet, 2009). To further illustrate the circle of disability and difficulty in accessing resources, Axelsson (2008) in his presentation says, “It is discrimination, social exclusion and the denial of people’s rights, together with a lack of access to basic services that form the primary link between poverty and disability”. Due to such inequalities, a report on disability, poverty, and livelihoods states that “This results in varying degrees of social and economic exclusion” (Ibid).

Therefore, while disability is understood generally as difficulty in functioning, the services that have to be given to each individual may be different though some forms of disability can be put in groups, the needs of an individual at any given time will vary.

However, when it comes to equalization of opportunities, the Zambia baseline disability report puts clearly the standard rules on equalization, that “equalization of opportunities means the process through which the various systems of society and the environment, such as services, activities, information and documentation, are made available to all, particularly to persons with disabilities” (United Nations, 1993). The extent to which this is so remains yet to be explored.

Looking at the Zambian scenario, Zambia’s population in the 2010 census is at approximately 13,092,666 (Central Statistical Office, 2012), thereby putting the population estimate of persons with disabilities at 1,309 when calculated at 10%. Since independence in 1964, Zambia has prepared and implemented several medium term national development plans. Each of these instruments carried a theme and strategic focus, which was primarily aimed to improve the social economic conditions of its people. For this reason, the government in 2005 initiated the process of preparing the Vision 2030 whose objective was “to attain and sustain annual real growth of 6 percent (2006-2010), ... 10 percent between 2021 and 2030; ... to provide secure access to safe potable water sources and improved sanitation facilities to 100 percent of the population in both urban and rural areas; to attain education for all; and, to provide equitable access to quality health care to all by 2030” (Government of Zambia, 2006). It should be realized that in order to achieve this vision, the persons with disabilities are also a population that needs to be considered when it comes to contributions and achieving the 100% target. However, like the global perspective, Zambia has not been spared from the challenges that are faced by persons with disabilities. Chilambwe in her paper echoes that persons with disabilities “were and are still excluded from mainstream society since they are regarded as non productive members of society”(Chilambwe, 2011). However, despite this, human rights organizations and other statutory institutions realize the need to include the persons with disabilities in employment and training opportunities. The International Labor Organization (ILO) recognizes the need for PWDs to “secure, retain and advance in suitable employment ...” (Ibid). This means that they should be given an equal chance to grow their career. Despite these policies that endeavor to foster development, PWDs still struggle to access services. A look at the Monze district on the social welfare social cash transfer program, they have 3936 of which on 589 are PWDs as beneficiaries (Mwange, 2017).

Chilambwe (2011) in her research acknowledges that “discrimination against PWDs still thrives in the Zambian society...it is important to note that discrimination affects all aspects of life including education, economic status, marriage, family relations, health, health care, employment and human services.” Apart from these challenges, “it has been recognized that there is a problem as regards accessibility of public buildings for persons with disabilities in Zambia” (Chirwa, 2011). A research done by Chirwa on inclusive education in Zambia, reviewed that “... poor families failed to send children *with disabilities* to school,...distance between

home and schools poses a challenge to people with disabilities. Infrastructure is also said to be inaccessible. Teacher–student ratio is also high ... lack of legal and policy frame works to foster the inclusion of children with disabilities in mainstream school” (Chirwa, 2011). It is also evident that barriers to inclusive education that have been previously identified in Zambia include financial and human resource issues, a limited understanding and awareness of disability, attitudes and perceptions, and preparation and allocation of resources.

The above recounted scenarios shows the challenges that persons with disabilities have when it comes to access of resources, though the literature does not adequately pinpoint why this is so, it clearly shows that person with disabilities have challenges in accessing health, educational, livelihood, and other basic needs that are necessary for accepted basic human survival.

Statutory Instruments on Disability

In management of every population in any part of the world, there is a need for statutory or non-statutory instruments that help to govern by a way of giving guidelines as to how things should be executed. The instruments help in decision making and “hold” certain people and positions accountable. This section is looking at the statutory instruments that have been adopted to help with service provision for persons with disabilities. It is with this background that issues of disability and persons with disability have laws and statutes that aim at making sure they enjoy the full dignity of life.

The United Nation bodies came up with the UNCRPD which gives a general guide concerning the state of affairs for persons with disabilities and the Human Rights they are supposed to enjoy as people. To domesticate the UNCRPD, the Zambian government enacted the Disability Act No. 6 of 2012. These are the two instruments that this section is looking at despite having other policies that have been used in the past. It shows the influence that the UNCRPD and the Disability Act of Zambia has had on the provision of services to persons with disabilities.

In response to the challenges that the persons with disabilities face at a global scale, a number of international documents have been written and passed as binding documents of law. In most of these documents, disability has been viewed as a human rights issue. Documents, such as the *World Program of Action Concerning Disabled People* (United Nations, 1982), the *Convention on the Rights of the Child* (United Nations, 1989), and the *Standard Rules on the Equalization Of Opportunities for People with Disabilities* (United Nations, 1993) echo human rights. Because of this realization, more than 40 nations adopted disability discrimination legislation during the 1990s (Quinn & Degener, 2002b).

The CRPD—the most recent and the most extensive recognition of the human rights of persons with disabilities—“outlines the civil, cultural, political, social, and economic rights of persons with disabilities” (The Office of the United Nations High Commissioner for Human Rights (OHCHR), 2006). Its purpose is to “promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by people with disabilities and to promote respect for their inherent dignity” (Ibid). Despite these documents in place, there has always been a gap when it comes to service provision for the persons with disabilities. Until the last decade, disability was largely viewed as a medical issue and in order to have a more holistic approach to disability mostly referred to as the social model, it prompted WHO to come up with the concept of CBR which uses a Matrix in ensuring that the approach to disability moves from the medical issue to a more holistic approach that includes all the persons key factors of life; these being health, education, livelihood, social, and

empowerment. Though these efforts in making sure that persons with disabilities receive full care have been made, a study done by the United Nations International Children's Emergency Fund (UNICEF) in 2013 reviewed that there has been a lax in achieving the desired effects due to some of the challenges or gaps indicated herein:

1. "Lack of and limited implementation and monitoring of legislation.
2. Attitudinal barriers.
3. Lack of resources.
4. Physical and sensory barriers" (United Nations, 1993).

Persons with disabilities are also hit by poverty because of various factors that are present themselves in their situations. Provision and/or access to services is difficult, such as health care which in most cases is expensive and also the other challenge is that of not been able to work because they are looking after someone with a disability who sometimes may need more attention, because they are highly dependent.

While people with disabilities have higher rates of poverty than people without disabilities, "many countries have tried to address this by providing social protection to poor people with disabilities and their households" (World Health Organization, 2001). Their right to this protection is enshrined in Article 28 of the UN Convention on the Rights of Persons with Disabilities (UNCPRD) which recognizes the "right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability" (United Nations, 2006).

At a country level, the government of Zambia has been committed to taking deliberate steps in making sure that persons with disabilities are taken care of and that they enjoy the full human rights as well. In trying to achieve this, the state has always been making deliberate decisions to be a part of the countries that uphold human rights at every policy and legislative level through endorsing and adopting some legislation. Below are some of the major strides Zambia made in an effort to include and provide for persons with different abilities. Zambia became:

1. "Signatory 1994 UNESCO Salamanca Statement and Framework for Action on Special Needs Education.
2. Zambia signed UNCPRD in 2008 and ratified it in 2010.
3. Persons with Disabilities Act passed in 1996 revised 2012 to domesticate the UNCPRD.
4. Educating Our Future, 1996.
5. Free basic education policy, 2002.
6. Education Act, 2011" (Government of Zambia, 2006).

Despite these commitments that the central government has made, accessibility of services still remains a challenge as evidenced by so many programs, one of which is the Social cash transfer program. In Monze district, of the 36000 people on social cash transfer, only 921 are persons with disabilities, a clear indication of marginalization by both the community and service providers (Mwange , 2017).

The United Nations Convention on the Rights of Persons with Disabilities states that people with disabilities have an equal right to social protection. Safety nets are a type of social protection intervention that target vulnerability and poverty.

Many countries provide safety nets to poor people with disabilities and their households, either through specific disability-targeted programs or more commonly through general social assistance programs. The case in Zambia is the social cash transfer, "While systematic evidence is lacking, anecdotal evidence suggests that

persons with disabilities may face barriers to accessing safety nets when, for example, information is inadequate or inaccessible, the welfare offices are physically inaccessible, or the programmers' design features do not take into account specific needs of disabled people. Thus, special measures may be needed to ensure that safety nets are inclusive of disabled people" (World Health Organization, 2001).

To be able to offer services to the PWDs in the country, the government appointed the Zambia Agency for Persons with Disabilities (ZAPD) as a body that will implement the Act under the umbrella of the Ministry of Community Development. Though this channel has been provided, it is still evident that even in Lusaka where the office is located, cases of PWDs not accessing services are apparent as seen through the numerous staged protests that have happened.

In conclusion therefore, we can say that while the statutory instruments are present and the Zambian government has taken keen interest in ensuring that the legislation is adopted and even effected to be implemented, the intended purpose(s) is not been achieved—which is equal access to resources by persons with disabilities. The reasons as to why this is so is yet to be discovered.

Sustainability

Sustainability of any designed program or project is a measure of success and a ticket to the program been replicated in another region or place. This section looks at the ways or methods that have been suggested through statutory instruments and how they help in providing sustainable ways of ensuring that persons with disabilities access the full services available to them as highlighted especially by the CRPD and the Zambian disability Act.

While countries, such as Albania, Bangladesh ... and the Russian Federation also have specific programs targeted at people with disabilities. The design of these programs varies. In some cases they cover all disabled people ... or targeted at children with disabilities (World Health Organization, 2009).

In some countries, "Data and policy evaluations relating to disability inclusion in countries' social protection policies and strategies are scarce" (Mont, 2010, p. 322). This is even so because of the poor documentation or lack thereof especially by countries, such as Zambia. This lack of statistics is also partly because of poor data collection methods which can be improved by systematic monitoring and evaluation of programs and research based methods.

Though the above measures may be suggested and in some countries enforced, administration of disability benefits requires assessment of disability. "Many formal assessment processes still use predominantly medical criteria, though there has been a move towards adopting a more comprehensive assessment approach focusing on functioning and using the International Classification of Functioning, Disability and Health framework ... More research is needed to better understand what works with regards to disability assessment and to identify good practice" (Grosh, del Ninno, Tesliuc, & Ouerghi, 2008).

Marriot says, "Evidence on the impact of safety nets on people with disabilities is limited ... The safety nets are designed to provide a fall back on for families with persons with disabilities; this should be a safe space for interaction. While they may improve health and economic status, it is less clear whether access to education also improves with the use of safety nets. For safety nets to be effective in protecting disabled people, many other public programs need to be in place, such as health, rehabilitation, education and training and environmental access" (Marriott & Gooding, 2007). He further suggests that "More research is needed to better understand what works in providing safety nets to people with disabilities and their households" (Ibid).

People living with disabilities encounter many disadvantages in society and are often subject to stigma and discrimination. Marginalized and disproportionately poorer, people living with disabilities are particularly vulnerable to crisis. Further, they remain largely excluded from political and civil processes and voiceless on crucial issues that affect them and their society.

Conclusion

With the information gathered above, it is important to understand that the principle of equal rights implies that the needs of each and every individual are of equal importance, that those needs must be made the “basis for the planning of societies and that all resources must be employed in such a way as to ensure that every individual has equal opportunity for participation” (Bedding et al., 2013).

Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities. “Despite the magnitude of the issue, both awareness of and scientific information on disability issues are lacking. There is no agreement on definitions and little internationally comparable information on the incidence, distribution and trends of disability. There are few documents providing a compilation and analysis of the ways countries have developed policies and responses to address the needs of people with disabilities” (World Health Organization, 2001).

Even when the needs are realized, it remains in silence on why the persons with disabilities still can’t access the services that have been identified as so cardinal to their survival. The UNCRPD outlines the rights of persons with disabilities clearly. For instance, when it talks about accessibility, the UNCRPD in article 9 states that “1, To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas” (United Nations, 2003).

Establishment of the Gap

Having reviewed the information as provided by past scholars, the researcher wants to find out why the persons with disabilities do not receive the necessary services as equitably as the other people. The question therefore is why do persons with disabilities have un-equitable access to services, such as health, education, social, livelihood, and empowerment, even though statutory provisions are in place to ensure that they do access services and enjoy their human rights fully.

Methodology

Research Design

The research design that was used was a case study. The study aimed at collecting information from respondents on their opinions on why persons with disabilities did not receive equitable resources and services and gather any suggestions they had on how to improve the status quo. The researcher used both primary and secondary data. Primary data was collected using questionnaires, while secondary data was collected from journals, internet, and books.

Target Population

The target study population comprised of parents/guardians of children with disabilities, persons with

disabilities, and service providers.

Sample Size

The sample was drawn as follows:

- (1) 40 parents/guardians with children with disabilities;
- (2) 40 persons with disabilities; and
- (3) 20 service providers.

Total sample size was 100.

Sampling Techniques

The Respondents were selected by using purposive random sampling. This type of sampling procedure helped the researcher administer questionnaires to respondents who were able to give relevant and helpful information according to the research study.

Instruments for Data Collection

Questionnaires were used for the service providers this was to reduce bias and give the respondents space to freely express themselves.

Interview guides were used for persons with disabilities and parents/guardians to persons with disabilities. The purpose of this instrument used was so that every study object is given equal chance to respond regardless of their limitation. An interview guide was used in these interviews.

A focus group discussion was conducted as well for parents/guardians to persons with disabilities. A Focus Group Discussion (FGD) guide was used.

Procedure for Data Collection

The researcher shall sought permission from the school to carry out the research and followed the thumb of rule of requesting the study subjects to give consent/assert to the research or not before going ahead with the research.

Data Analysis Techniques

Data analysis was done synthesizing the outcomes of the various components of the study. Microsoft excel has been used in the analysis of the data collected.

Mixed Method

The researcher used focus group discussions with parents/guardians to persons with disabilities to cross check and validate the information received from respondents through questionnaires and interviews.

Ethical Considerations

All data reviewed, captured, and analyzed is treated as confidential. Participants were assured of their right to withdraw from the study without having to give an explanation or suffer any implications. No identifiers were collected by the researcher and information collected has been used only for the purpose of this research.

Permission to conduct the study was sought from all relevant authorities and stakeholders. As earlier stated, ethical approval was sought from the ICU University and data collected is stored in lockable cupboards with limited access to the same. All participants of this study consented/asserted to participating in the study.

Permission to conduct the study was also sought from the local leadership/community leaders as the study was being developed.

Scope of the Study

While there are many other activities that the target population is involved in and want to bring out the study focused on finding out on the accessibility of resources and services. This was also the guiding principle while collecting data from the service providers.

Data Presentation

This chapter presents the findings of the study of factors that lead to unequitable resource distribution among persons with disabilities. The findings are based on the stated objectives in Chapter 1 of the study.

Background Characteristics of Respondents

The background information obtained in this study included respondents' sex, age, education attained, and occupation. In this section, we present a summary of the background characteristics of the respondents.

Respondents' sex. Table 1 demonstrates that of the total 100 respondents, who were interviewed for this study, 51% were females and 49% were males.

Respondents' age. Most of the respondents were aged between 15-19 years (33%) followed by those in the age group 20-24 (21%). Age groups 25-29 and 35-39 had (20%) while in the age group 30-34 were only (6%) as indicated in table 1 below.

Education attained. The study (Table 1) shows that out of 100 respondents involved in a study, 3% did not attain any form of education, 6% attained primary education, 27% attained junior education, and 56% attained senior secondary education, while 8% attained tertiary education.

Occupation. The study indicates that out of 100 respondents involved, 26% were in school, 16% were in formal employment, and 31% were self-employed, while 27% were unemployed.

Table 1

Background Characteristics of the Respondents

<i>Characteristics</i>	<i>Count (n = 100)</i>	<i>Percentage</i>
<i>Sex</i>		
Female	51	51
Male	49	49
<i>Age</i>		
15-19	33	33
20-24	21	21
24-29	20	20
30-34	6	6
35-39	20	20
<i>Education Attained</i>		
Nil	3	3
Primary	6	6
Junior secondary	27	27
Senior secondary	56	56
Tertiary	8	8
<i>Occupation</i>		
In school	26	26
Employed	16	16
Self-employed	31	31

Unemployed	27	27
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Knowledge of UNCRPD and the Zambian Disability Act

The study sought to capture if the respondents had information or knowledge of the UNCRPD and the Zambian Disability Act #. 6 of 2012. The following were the responses.

A probing question to those that knew the UNCRPD and Zambian Act reviewed that 50% of the respondents mentioned that the instruments looked at education and equality of children only. 15% mentioned that it looked at protecting the rights of children and 10% mentioned that it looked at the human rights.

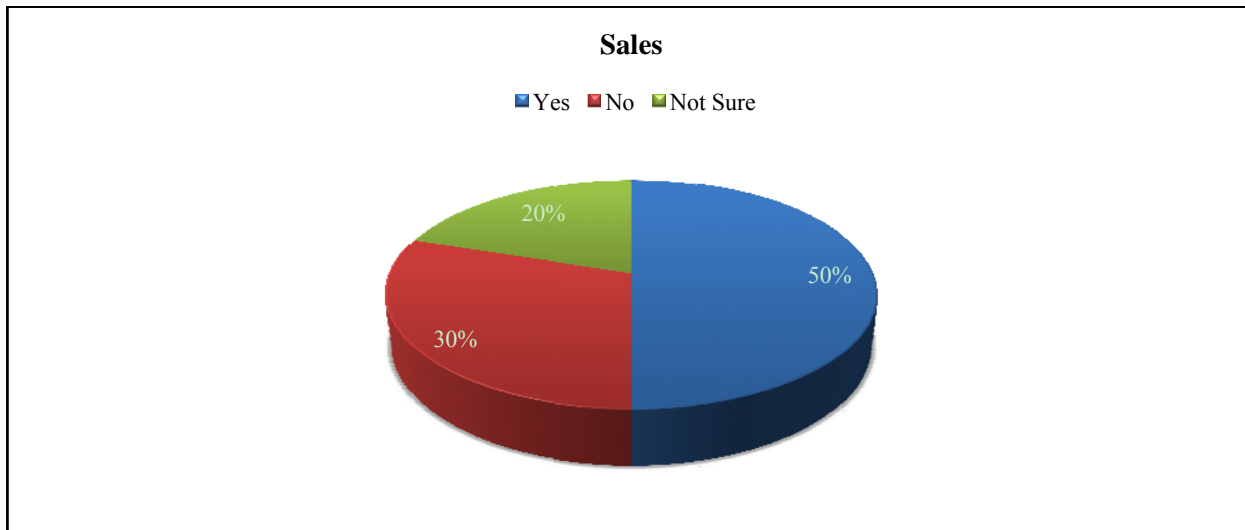


Figure 2. Awareness of the UNCRPD and Zambian Disability Act.

What do participants understand about Human rights? Respondents were asked if they knew human rights and what they understood about them. 40% said these are rights for everyone, 40% said these are laws that protect everyone and 20% said they were just rights.

Barriers to resource distribution. Respondents were asked what the main barriers to access to resource distribution were. From the responses, the following data was gathered:

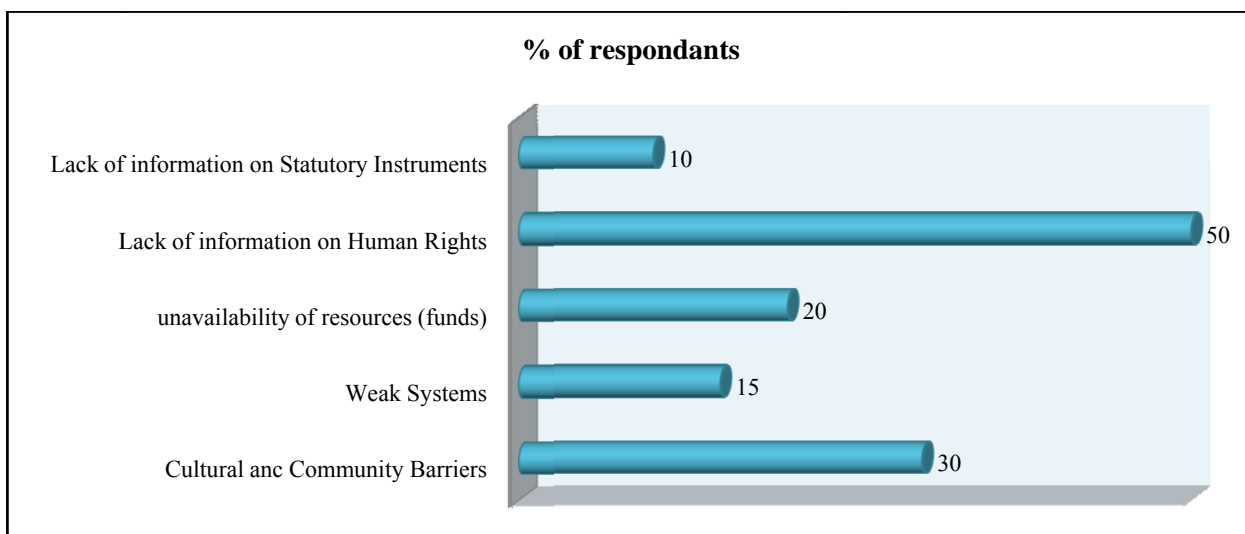


Figure 3. Barriers to resource distribution.

Facilitators to Accessing Resources

Respondents were asked to state whether there were any facilitators they identified to help in the accessing of the resources by persons with disabilities. The following were the responses.

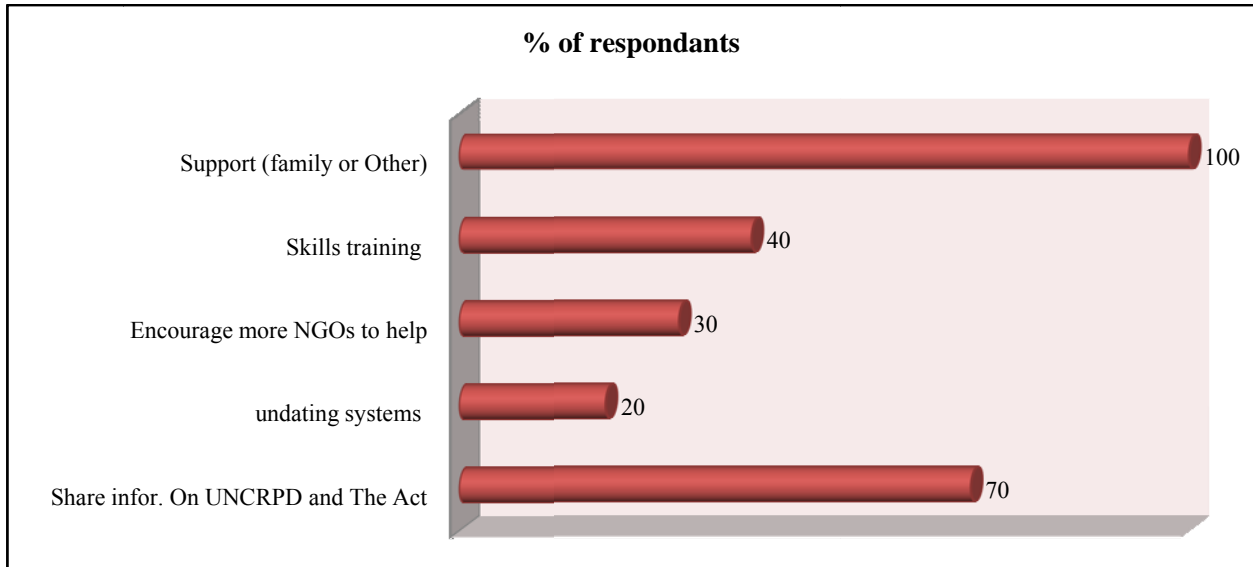


Figure 4. Facilitators to accessing resources.

Roles of the Family, Community, Service Providers, and Government in Resource Distribution

Respondents were further asked to state the roles of the family, community, service providers, and government in ensuring that persons with disabilities access resources.

The following were the responses as applying to the family, service providers, and the community:

- (1) Acceptance of the PWDs;
- (2) Provision of Adequate resources;
- (3) Sensitization on Statutory Instruments;
- (4) Support to Family and PWDs; and
- (5) Quality of Service.

Responses From PWDs on Barriers to Inclusion

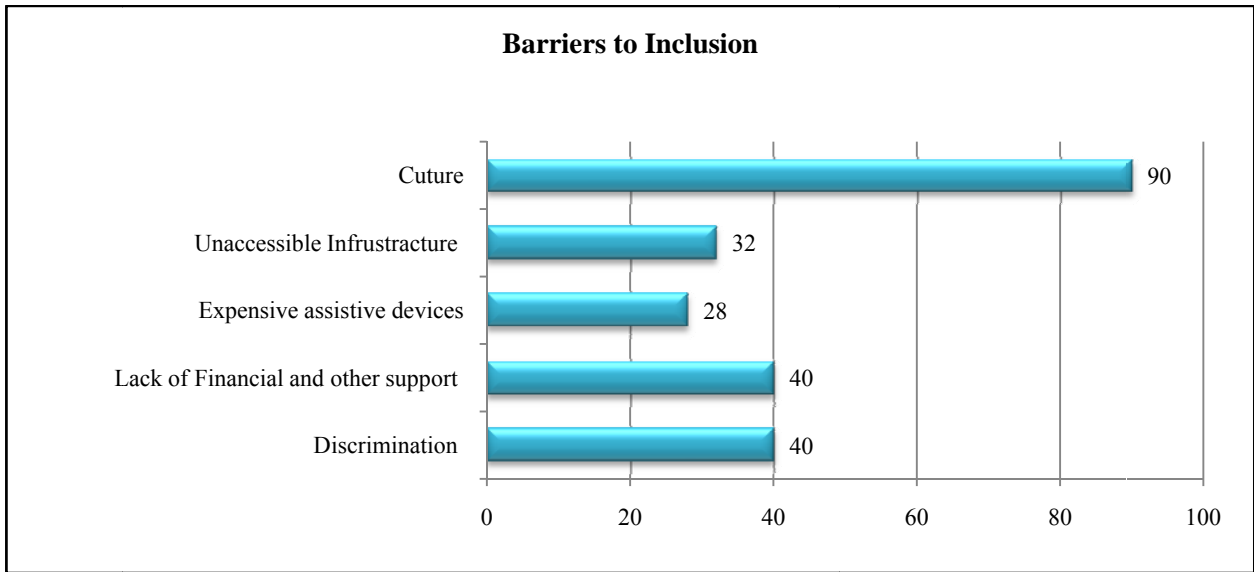


Figure 5. Barriers to Inclusion.

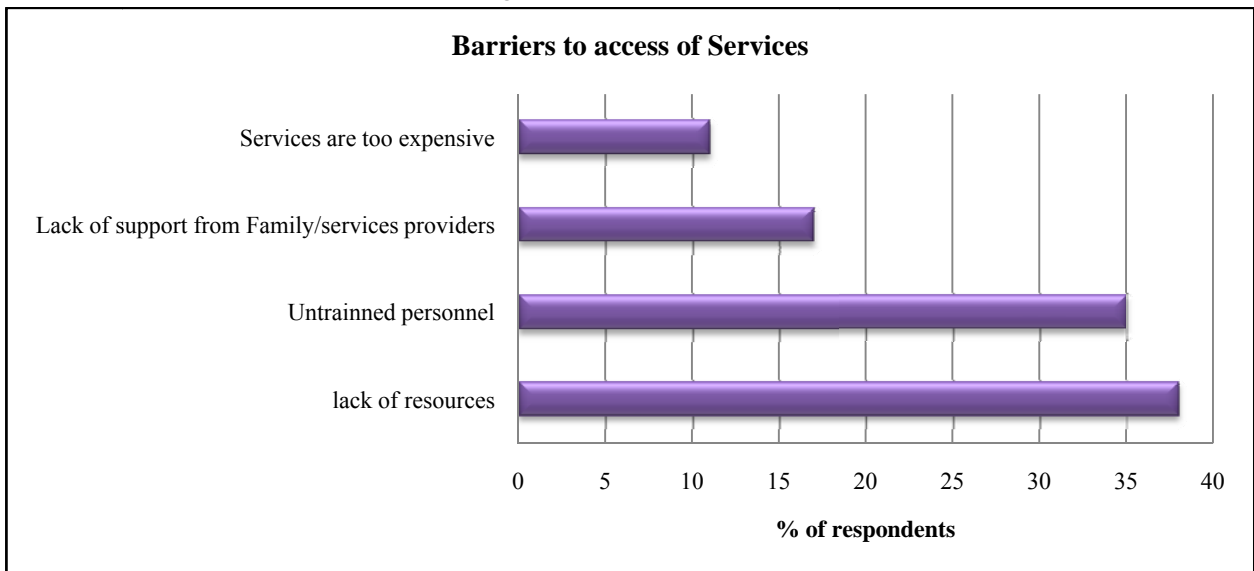


Figure 6. Barriers to access of Services.

Barriers to Access of Services

In order to understand the situation further, respondents were asked whose responsibility, it was to ensure that the persons with disabilities received the resources needed adequately and on time. The following were the responses given:

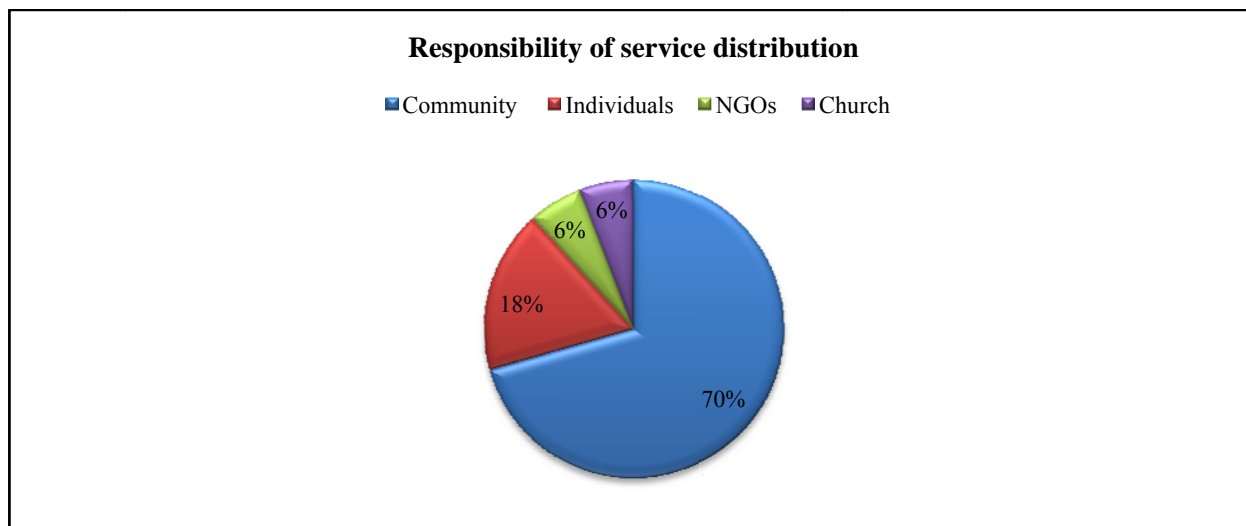


Figure 7. Responsibility of service distribution.

Summary

This chapter presented the findings of the study based on the correlation provision of resources and accessibility by persons with disabilities in resource distribution. The chapter just looked at the data received and put it as it is. The findings were based on the specific objectives of the study. The next chapter will discuss the findings as presented in this chapter in more detail using the conceptual and theoretical frameworks as highlighted in the chapter above.

Discussion of Findings

Overview

The purpose of this study was to understand why persons with disabilities do not have equal access to resources. The study used the rights based model so that it does not look at the persons with disabilities in the other models of service these being the charity, social, and traditional models to providing for their needs which have not been sustainable.

Therefore, the chapter is going to give an in depth look at the themes that this paper aims to understand according to the objectives. The three themes are resource distribution, statutory instruments, and sustainability of services and how these help in ensuring that persons with disabilities have access to resources equitably.

Background Characteristics of Respondents

The study sample was composed of slightly more females (51%) than males (49%). Of this number of respondents, 70% had either a disability or looked after a person with a disability.

The study showed that most of the respondents were self-employed 31%. Those in formal employment were well educated with 70% reaching university levels and 30% other higher levels of education.

Resource Distribution Among Persons With Disabilities

Overview. This section discusses the access of resources by persons with disabilities. It looks at the variables of accessibility and disability and how they influence each other with in light of the conceptual framework and the human rights model of service provision.

In this view, the study sought to find out why it was difficult for PWDs to access resources as equally as the general population. According to the responses given, when the respondents (PWDs) were asked if they understood human rights and what they meant, 40% had an understanding that human rights are for everyone, 40% mentioned that these are the laws that protect everyone. The study does review that the persons with disabilities have an understanding of the human rights though in their understanding when probed further they exclude themselves from accessing “human rights”. Realizing this phenomenon even before this research study, Vardakastanis in the speech delivered in 2013, “the rights of persons with disabilities should be mainstreamed in all aspects of development” (Keogh, 2014).

To understand if PWDs identified what barriers lay for them in accessing the services needed, the following were the responses given.

Barriers identified as follows:

- (1) Lack of information on human rights issues—50%;
- (2) Cultural and communication barriers—30%;
- (3) Unavailability of funds—20%; and
- (4) Lack of information—10%.

While the PWDs identify the barriers to them accessing the resources the highest is the lack of information on the human rights issues, such as human rights instruments, policies, and laws. Commenting on human rights, the office of the high commissioner for human rights commented that “in order to address the marginalization of persons with disabilities in society generally and in the international cooperation more specifically overcoming barriers, particularly social ones, it is only possible if there is a proactive effort to include persons with disabilities” (Keogh, 2014).

The lack of information is also evidenced by the lack of local language translations of documents in Zambia. The international community has been able to translate most if not all documents in French and other major languages, but in the local context, this has not been applied.

When asked about factors that facilitate accessibility to resources, the following responses were given with 100% of the respondents recognizing that family and community support is key to access to resources. This acknowledgement is also the basis of the community based rehabilitation concept. “community is a central concept in community based rehabilitation ... two types of community, geographical and social ... specifically deals with the various roles communities can play in CBR including providing a physical base for the project, gate keeping, planning and monitoring implementation” (Hartley & Okune, 2008). The necessity of the community in ensuring that service provision for persons with disabilities can-not be overemphasized. The community is the backbone to service provision, acquisition, and use. Despite this realization, 70% mentioned that there was a need to share information on the UNCRPD and the Disability Act No. 6 of 2012 of Zambia. This need is also mentioned as a barrier to accessibility, hence the provision of information is just as critical to accessing services. The information needs not only to be shared at national, provincial, and district levels, but also in the community where it matters most. This is because according to WHO, the highest population of persons with disabilities are among the poor, and hence stay in rural areas with no access to information passed through the media. 40% acknowledge skills training as important to accessing services, while 20% said that there was a need to update systems in service provision.

Summary

It is evident through the data collected and analyzed that the resources may be available, but access to these resources is highly dependent on the support the persons with disabilities get from the community, this been social and geographical. Families have been able to provide as it is necessary according to the resources that they have and the provision from the family has also been dependant on the willingness to spare time to help access the required services by the individual(s). In the findings, we also discover a need to educate people on human rights and just to give information on how the resources can be accessed and where these resources can be accessed from accordingly. The other respondents did allude to the need for effective systems and also training of persons with disabilities.

Statutory Instruments on Disability

Overview. This part is looking at the statutory instruments that are available internationally and locally and the effect they have on service provision for PWDs. It also further looks at how the PWDs understand the instruments.

Of the respondents asked if they were aware of the UNCRPD and the Zambian Disability Act, 50% of the respondents did acknowledged knowing or hearing about the two instruments. This is a good indication especially noting that the UNCRPD has been in effect since 2008, it was being mindful that of the total number interviewed during this research, 70% had attained some level of education hence making it possible for them to read, if they understand what they read is another topic of discussion. This gives room also to go further in the next study, especially in rural areas to find out if they had information on the two instruments under reference. 30% said they didn't know it and 20% were not sure giving a situation of a break even in information or level of awareness.

The researcher went on to find out if they understood the two instruments, of those who knew that the instruments existed, 52% mentioned that the instruments only looked at education and equality of children, 14% said that it looked at protecting the rights of children and 9% mentioned that the instruments looked at the human rights of every individual.

The majority of the respondents alluding to the education rights is an indication that civil society and government have concentrated on the provision of education for PWDs at the expense of other services, while the instruments look at other areas of service provision, especially looking at the CBR Matrix, emphasis of late has been on education which also compromises the human rights model of services provision in disability. "The UN Convention on the Rights of a Child (CRC) was adopted by the UN assembly in 1989 and it represents the first legally binding international instrument to deal comprehensively with the human rights of children and more significantly for the inclusion of children with disabilities" (Beltramini, Trajcevska, & Liliane Foundation, 2014). This instrument among others have propelled the idea of education for all and it is because the most visible resource is education, most respondents were able to recognize the development in that area though other areas needing service provision have been neglected and/or only provided for minimally.

Summary. It is evident that of the respondents interviewed, the half had an idea of the statutory instruments under discussion. Considering that this study was conducted in a peri-urban setting, there is a need to conduct other similar studies to understand if people with disabilities and those without have an understanding of the instruments which are essential tools in service provision both at demand and supply levels.

Sustainability

The research also wanted to find out what ways would be sustainable in ensuring that there was equity of access to resources by persons with disabilities that was not only for a short period of time but sustainable as well. In understanding this, the respondents were asked whose responsibility it was to ensure that PWDs received resources. 70% said that it was the responsibility of the community, 18% mentioned individuals, 6% cited NGOs, and another 6% cited the church that has been responsible.

The willingness and identification of the community as a major support to ensuring resource distribution is equal and equitable indicates that persons with disabilities and the community both accept the role of service provision which is a sustainable measure especially when we also look at the community based rehabilitation model which emphasizes community participation in service provision. It has been evidenced that any involvement of the community in projects fosters sustainability at all times.

Secondary to the community is the identification that the individual who in every given case should take an active role in self-advocacy for the needs identified. Self advocacy if used strongly and consistently has in the past produced better results. The major barrier to self advocacy and community participation is the lack of information which is not fully available, hence compromising the levels of self advocacy if any both at individual and community levels.

Conclusion

“Disability as a complex and context-specific phenomenon is always determined from the interaction between characteristics of the person and characteristics of the overall context in which the person lives. However, some aspects of disability are almost entirely internal to the person, while other aspects of disability are almost entirely external” (World Health Organization, 2002). It is notable from the findings in this research that the community, service providers, and PWDs agree that there is unequal resource distribution among persons with disabilities. While the barriers to access to services have been identified as highlighted in this paper the major barriers are:

- (1) Lack of information on Human Rights at 40%;
- (2) And lack of understanding of Instruments aligned to disability; and
- (3) Cultural barriers also were ranked high at 40%.

All of them are either internal and/or external, and hence the need for service providers and policy makers to make specific in program design at all levels of course taking into consideration the conceptual framework.

Limitations

The limitation of this study, though it can be generalized, is that it was conducted in one district of the southern province. While the population sample was representative, it also had challenges in collection of information, because some of the respondents had physical challenges based on the form of disability they had. Further works that could be beneficial and are inclusions in the sample from other communities. Although it is not anticipated that the results may be significantly different from the current study, it may still be worth considering these areas to learn more about such populations from those communities.

Recommendations

In order to improve equitable access for persons with disabilities to resources, the following is

recommended:

1. Mass sensitization on the UNCRPD and the Zambian Disability Act No. 6 of 2012 should be a priority for both government and private sectors.

2. Even though the human rights are been talked about, particular attention should be paid to making the public understand that persons with disabilities are people first, and hence human rights instruments apply to them as well.

3. Further research to be done on the exact cultural barriers that influence poor accessibility to resources by persons with disabilities, and then interventions should be made as appropriate.

4. Empowerment through skills and financial literacy training should be considered especially for PWDs, such as programmes reduce the dependency syndrome through free handouts which is not sustainable for the government and the individuals receiving handouts.

Additional Information

Dedication

To Lee, Lyn and Luis. You are my inspiration.

Certificate of Approval

This report has been approved as partial fulfillment of the requirements for the award of the Master of Arts in Development Studies Degree by the Information Communication University, Lusaka.

Declaration

I, Sharon Handongwe, hereby declare that this dissertation submitted as a partial fulfillment for the award of the Master of Development Studies at Information Communication University is my original work and has not been previously submitted to another university. I hereby authorize copyright of this product to Information Communication University.

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Appendix 1**Consent Form**

The aim of this study has been explained to me. I understand the purpose of it and have asked all questions that I needed clarified. I further understand that:

If I agree to take part in this study I can withdraw at any time without having to give an explanation.

Taking part in this study is purely voluntary.

I also understand that the information I give will be treated as confidential except for the purpose of writing the report.

I _____ (NAMES)

Agree to take part in the study.

Signed/Thumbprint

Date

(Participant)

Signed

Date

(Witness)

Signed

Date

(Researcher)

Appendix 2**Assent Form for Clients (Minors)**

The aim of this study has been explained to me. I understand the purpose of it and have asked all questions that I needed clarified. I further understand that:

If I agree to take part in this study I can withdraw at any time without having to give an explanation.

Taking part in this study is purely voluntary.

I understand that if I take part in this study that I will be asked to take part in an interview and a relative will help me to answer some questions if necessary.

I also understand that the information I give will be treated as confidential except for the purpose of writing the report.

I _____ (NAMES Parent/Guardian) consent to

_____ (name of minor) my _____ (relationship with minor)
to take part in the study.

Signed

Date

(Parent/Guardian)

I _____ (Names of minor) agree to take part in the study out of my own free will and have not been forced to do so.

Signed Witness

Date

Signed Researcher

Date

Appendix 3**Themes Semi-structured Interviews (for Persons With Disabilities)**

What do participants understand by Human rights?

What are the barriers and facilitators to inclusion of persons with disabilities in the community?

What are the factors and barriers towards services received/provided by service providers to persons with disabilities?

Whose responsibility is it to ensure PWDs receive resources equitably?

What is their personal rate of services received?

Do they have any proposals, recommendations or suggestions to ensure equal accessibility?

Appendix 4**Themes of FGDs**

What do participants know about the Disability Act No. 6 of 2012?

What are their perceptions towards the Disability Act?

How would they rate the level of access of services by persons with disabilities?

What are the barriers if any to access of these services?

Do they have any proposals, recommendations or suggestions?

Appendix 5**Information and Communications University (ICU)****Structured Questionnaire for Service Providers**

My name is Sharon Handongwe and I am a student at the Information and Communication University (ICU) pursuing a Master in Development Studies (MDA) and I am in my final year of study. I am carrying out a research to which I request you to be part of. You are assured of privacy, anonymity, and confidentiality in this research study.

Topic: FACTORS THAT LEAD TO UNEQUITABLE ACCESS OF RESOURCES BY PERSONS WITH DISABILITIES: A study of Southern Province

REF NO: _____

Please **tick** the appropriate answer:

1. Gender.

M
F

2. Age _____ years.

3. Marital Status.

1	Single
2	Married
3	Divorced
4	Separated
5	Widowed

4. Highest level of education attained.

1	None
2	Primary School
3	Secondary School
4	College
5	University

5. Occupation.

Please state _____

6. How Long have you been working with persons with disabilities? _____ years

7. Have you ever heard of the convention of the Rights of persons with disabilities and the Zambian Disability? Yes No

If Yes, what do you understand about the purpose of the two documents?

8. What are your perceptions towards access to resources by Persons with Disabilities (PWDs)?

9. What are your perceptions of the barriers to equitable accessibility to resources for PWDs?

10. What are your perceptions of the facilitators to equitable accessibility to resources for PWDs?

11. What roles do you think the following should play in ensuring equitable accessibility of resources by PWD's and why?

Family

Community

Service providers

Government

12. Do you know of anyone who has received services/resources according to the CRPD or disability Act?

Yes No

13. Do you think the person you have stated in question 12 is happy with the services that they have received?

Yes No

14. Give your reason for your answer in Question 13.

15. Are you satisfied with the services that this person (in question 12) has received?

Yes No

Please state reason:

Thank you for participating in this study.