Policy to Support Community-Based Rehabilitation for Children with Disabilities: A Comparison of Zambia and India

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Introduction:Community-based rehabilitation (CBR) promotes growth, habilitation and community integration of children with disabilities. The five components of comprehensive CBR are health, education, livelihood, social and empowerment. Governmental policy, including legislation, ensures that these components reach all stakeholders. With the passage of the Convention for Rights of Persons with Disabilities (CRPD), many countries of the world have instituted or updated their disability policies.

India and Zambia are both classified as lower middle income, yet these two countries present different political and legislative frameworks. India is a federal republic in which the central government and the state governments each have policy responsibilities. Zambia is a unitary republic where the central government legislates for the entire nation. The differences between these countries offer a base of comparison that can be used to explore policies that impact CBR for children with disabilities.

Objective:We aim to map and compare policies in India and Zambia as they relate to CBR for children with disabilities, focusing on their consideration of improving health, education, livelihoods, social circumstances and empowerment.

Design/Method:We used qualitative strategies examine and compare various disability policies in India and Zambia. Key policies for welfare of children with disabilities were identified for each country. These policies were mapped using the CBR matrix as a theoretical framework to allow for comparison between countries.

Results:India policy framework includes two significant laws: the Rights of Persons with Disabilities Act and the National Trust Act. India has two policies focusing on children with disabilities: Rastriya Bal SwasthyaKaryakram for early screening and intervention and SarvaSiksha Abhiyan for inclusive education.

Zambia's core documents are the Persons with Disabilities Act and the National Policy on Disability. The Act outlines rights for rehabilitation, access to health care, education, employment and social protection, and participation in political and public life. The Policy proposes action for rehabilitation, health care, education and skills training, adequate standards of living, and networking and partnership. Zambia's core documents focus minimally on rights and actions specific to children with disabilities.

Conclusion:Our analysis demonstrates that both India and Zambia have updated their disability policies since the passage of the CRPD. Nonetheless, neither country has a specific law for

children with disabilities and Zambia lacks child-focused disability policy. The policies address the components of CBR but there remain gaps in vocational rehabilitation and policy implementation.