HOUSEHOLD’S ACCESS TO SPECIFIC ECONOMIC, SOCIAL AND CULTURAL RIGHTS
THE CASE OF KABWE URBAN

Submitted to the JCTR by Chompolola Abson
07th December, 2014
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STUDY CONDUCTED BY THE JCTR WITH SUPPORT FROM UNDP

Final draft report
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By Chompolola Abson

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Acronyms

CSO          Central Statistical Office
ESCR        Economic, Social and Cultural Rights
JCTR       Jesuit Centre for Theological Reflections
KI          Key Informant
KII         Key Informant Interview
LCMS        Living Conditions Monitoring Survey
FNDP        Fifth National Development Plan
SNPD        Sixth National Development Plan
MoFNP       Ministry of Finance and National Planning
MoE         Ministry of Education
MoH         Ministry of Health
NGO         Non Governmental Organisation
SEA         Standard Enumeration Area
SWOT        Strengths, Weaknesses, Opportunities and Threats
ZESCO       Zambia Electricity Supply Authority
Executive summary

This report is one of three reports produced for phase I of the JCRT/UNDP project on access to ESCRs. ESCRs are socio-economic human rights which include the right to education, right to housing, right to adequate standard of living and the right to health. These rights are recognised and protected in international and regional human rights instruments and countries that subscribe to these human rights instruments have a legal obligation to respect, protect and fulfil economic, social and cultural rights; and are also expected to take "progressive action" towards their fulfilment. It was realised however that the extent to which these rights are realised in Zambia was extremely low and needed to be promoted. But there was a problem of sufficient reliable data on the status quo. The JCRT therefore, through its Social Conditions Programme, implemented this study focusing on the right to food, housing, health, education, employment and adequate standard of living. The study was conducted in Kabwe while the other two were conducted in Livingstone and Kasama. The indicators obtained in this study paint a picture on the degree of access to ESCRs and has a lot of implications on policy aiming at enhancing access to these ESCRs.

1.1. Objectives

The main objective of this study was to generate baseline information for use in facilitating the promotion of human rights. The specific objectives included the following:

i. To establish the level of awareness of ESCR in Kabwe
ii. To establish the level of access to social services like education and health in Kabwe
iii. To determine the level of access to good quality employment
iv. To establish people’s access to decent accommodation, water, electricity, and adequate food
v. To generate baseline data on access to ESCR for advocacy

1.2. Methodology

This study used survey methods to gather household level information in the survey district. A total of 360 households were sampled for the survey. These were selected using systematic random sampling. A structured survey instrument was used to gather the information from the households. Most of the questions were closed ended to ensure standardised responses and ease the analysis. Additional information was collected using KIs from service providers. This was done as a way of getting additional information from the supply side for purposes of triangulation with data obtained from the households.

1.1. Results

Knowledge about ESCRs

The survey results indicate that there is still a lot of room to enhance knowledge on ESCRs given that only 61 percent of the respondents in the survey indicated that they had heard about these rights before. Moreover, only half of those who knew something about ESCRs also indicated that they were familiar with the various documents in which these rights are enshrined. The major source of information on ESCRs for the majority of the respondents was the media. There is therefore need for government to get more involved in dissemination of IECs for ESCRs.

Right to Education

Results on the right to education were mixed. Results for instance suggest that access to primary education in the survey area may not be a problem given that over 85 percent of the primary schools are owned by the government and government schools do not require pupils to pay fees to attend school. The financial constraint, however, still exist because pupils have to pay other fees like PTA and sports fees. While primary education may be very accessible in Kabwe, the same may not apply to secondary school education because less than 20 percent of the secondary schools are run by the government.

Right to Health

The right to health care in the survey area may not be a big problem given that 91 percent of the healthcare facilities are run by the government. However, the range of services that people can access in these facilities is limited by their capacity. For instance close to 60 percent of the facilities did not have a maternity unit, and none of the facilities surveyed had x-ray facilities, an ambulance, or ultra sound scanning facilities. This shows that access to healthcare is quite limited.

Right to Adequate Housing

Accommodation in the survey area was not very accessible; 34 percent of the respondents were staying in rented accommodation and about 10 percent of these indicated that they had challenges paying rent.
Access to water was a problem; though 70 percent of the respondents are able to access piped water either from a tap within their house or somewhere near their house; the promotion that had piped water within their premises was less than 50 percent. Access to electricity was also a challenge; 38 percent of the respondents do not have access to electricity at all. It could be for this reason that only about 13 percent of the respondents indicated that they used electricity for cooking. The majority (77 percent) use charcoal and others (8 percent) use firewood. This of course posses some challenges on preservation of the environment where trees are cut for the charcoal or the firewood.

**Right to Work**
Access to formal employment seems to be a challenge in the survey area; 35 percent of the respondents are in part-time employment which usually does not have much security; only 9 percent of the respondents are in formal employment; and 56 percent of the people are self employed. The large proportion of people that are self-employed suggests that employment opportunities are scarce in the area. Besides limited employment opportunities, the conditions of services among the working class are not very good; less than a quarter of the employed respondents had a contract; less than a quarter were in pensionable jobs; less than a quarter were entitled to gratuity; and less than a quarter were entitled to maternity leave, paid leave or over-time allowance. Additionally, the income levels are very low; more than half of the respondents indicated that they earn less than K900.00 per month. This does not compare well with the cost of the BNB which was more than K2, 000.00 at the time of the survey. This has a lot of implications on people's welfare.

**Right to Food**
Other aspects looked at included right to food. The area did not perform very well in this aspect because about 17 percent of the respondents indicated that they could only afford a maximum of two meals per day due to, among other things, low income levels and high prices. In the long run, there is need for policies that will lead to an increase in people’s incomes. There is also need for policies that will stabilise food prices given that some respondents are constrained by high prices.

Generally, there is need for increased effort from government to enhance access to ESCRs in the survey area. This is inevitable given that Zambia, as a signatory to the various international conventions, has the obligation to provide social services to its citizens as well as to indirectly generate employment through investment promotion.

**Recommendations**
The following are some of the recommendations to help improve the conditions of living for the people in the survey area:

- There is need for government to take a leading role in familiarising the community with issues to do with ESCRs. This will empower the community with information that they can use to demand for accountability among service providers. Structures to enhance community participation in issues related to access to ESCRs ought to be revived, where they exist, or put in place where they are non-existent.
- There is need to make the utility companies more efficient so that wastage is minimised and service provision is enhanced. This would benefit communities in many ways; improved provisioning of water for instance could lead to reduction in some of the water born diseased that could be prevalent in the area, it could also improve sanitation and also produce some health benefits.
- Given that unemployment is highest among the less educated, measures could be put in place to improve access to tertiary education and skills training in general so that after training, people can have an opportunity to choose between self-employment and wage employment. This will help improve people's lives through increased earnings.
- More school facilities ought to be established in areas where people have challenges accessing distant school.
- Staffing levels should be improved in both schools and hospitals so that service provision can improve in terms of quality and quantity.
- Facilities in schools and health care centres should be put in place where they are missing and improved where they are not in good functional state (e.g. libraries and maternity units).
Introduction

The JCTR is a faith-based organisation whose main area of focus is education and advocacy for improved standards of living among the poor. To strengthen its education and advocacy work, the JCTR conducts research in various aspects of society that have an effect on people’s lives. The research is aimed at generating information for use in its educational programs as well as to inform its advocacy work. It is against this background that the JCTR in 2012 commissioned this study on access to Economic, Social and Cultural Rights (ESCRs).

Economic, Social and Cultural Rights (ESCRs) are among the fundamental human rights that have been included in the Universal Declaration on Human Rights (1948). The United Nations defines ESCRs as those human rights relating to the workplace, social security, family life, participation in cultural life, and access to housing, food, water, health care and education (UN, undated). This definition shows that ESCRs hinge on issues that have a bearing on the quality of human life and generally human development. Articles 23, 25, and 26 of the Universal Declaration on Human Rights (1948), acknowledge the importance of ESCRs by providing for the right to employment, adequate standard of living (including access to food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control), and education respectively. In 1966, to emphasise the importance of ESCRs, the General Assembly of the UN adopted for ratification the International Covenant on Economic Social and Cultural Rights. The covenant, in its various articles, provides for member states to provide access to ESCRs. These articles are summarised below.

**Table 1: Summary of ESCRs**

<table>
<thead>
<tr>
<th>Article 6: The right to work, which include the right for everyone to the opportunity to gain his living by work which he freely chooses or accepts,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 7: The right to enjoyment of just and favourable conditions of work which ensure:</td>
</tr>
<tr>
<td>a) Remuneration which provides all workers, as a minimum right:</td>
</tr>
<tr>
<td>i. Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work;</td>
</tr>
<tr>
<td>ii. A decent living for themselves and their families;</td>
</tr>
<tr>
<td>b) Safe and healthy working conditions;</td>
</tr>
<tr>
<td>c) Equal opportunities for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence;</td>
</tr>
<tr>
<td>d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays;</td>
</tr>
<tr>
<td>Article 9: The right to social security including social insurance;</td>
</tr>
<tr>
<td>Article 10: Special protection should be accorded to mothers during a reasonable period before and after child birth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.</td>
</tr>
<tr>
<td>Article 11: The right to an adequate standard of living for everyone, including adequate food, clothing and housing, and to the continuous improvement of living conditions.</td>
</tr>
<tr>
<td>Article 12: The right to the enjoyment of the highest attainable standard of physical and mental health. Member states should take steps to ensure, inter alia, the creation of conditions which would assure to all medical service and medical attention in the event of sickness.</td>
</tr>
<tr>
<td>Article 13: The right to education which can be realised by:</td>
</tr>
<tr>
<td>Making primary education compulsory and available to all free of charge;</td>
</tr>
<tr>
<td>Making secondary education available and accessible to all by every appropriate means, and in particular by progressive introduction of free education;</td>
</tr>
<tr>
<td>Making higher education accessible to all, on the basis of capacity, by every appropriate means, and in particular by the progressive introduction of free education;</td>
</tr>
<tr>
<td>Encouraging or intensifying fundamental education as far as possible for persons who have not received or completed the whole period of their primary education.</td>
</tr>
</tbody>
</table>
According to the covenant, member states are supposed to ensure that steps are taken to ensure that these rights are realised. In addition, Article 3 of the covenant provides for equal rights to these ESCRs in member states.

Because of the importance of ESCRs, they have also been provided for in regional conventions and in national legal systems. In Africa as a region, they are provided for in the African Charter on Human and Peoples’ Rights (1981). Zambia has signed these international conventions and efforts have been made to domesticate through the constitution and legislature also provides for ESCRs. One example is the Education Act 2011 which provides for the right to education without discrimination on the basis of sex or disability.

It should however be noted that ESCRs may be expressed differently from one country to another, but they are all recognised and protected in international and regional human rights instruments. This means that countries that subscribe to these human rights instruments have a legal obligation to respect, protect and fulfil ESCRs. Additionally, they are also expected to take “progressive action” towards their fulfilment.

Their importance notwithstanding, there has been lax on most governments in protecting ESCRs. From her foreword in Leckie S and Gallagher A (ed) (2006), Virginia Dandan argues that “for too many states and even human rights NGOs, ESCRs have long been considered secondary to civil and political rights. While law and policy have widely recognised these rights, it remains far too easy for Governments to ignore their freely-undertaken obligations to secure these rights for those most in need”. All rights however are the same in law and in practice. The observed neglect in promotion of ESCRs is therefore undesirable and it should be the desire of every well meaning government to reverse the situation. Some have however argued that reversing the situation may be challenging and political rights will continue receiving more attention compared to ESCRs because while the former can be promoted by Governments simply refraining from interfering with individual freedoms, the latter requires high levels of investment which most low income countries may not afford.

It should be realised however that whether or not protection of ESCR is expensive, neglect of such rights can have a serious effect on the welfare of individuals. If the government for instance neglects to educate its people, it consigns them to a life of exclusion because they will have reduced chances of getting employment, reduced potential to take part in the country’s political activities, and reduced access to good health among others. The government is therefore expected to respect, protect, and take deliberate measures to fulfil these rights because they are part of the collective body of human rights.

This study was motivated by the observation that the extent to which these ESCRs are realised in Zambia was below the desirable level. But efforts to galvanize the government into respecting, protecting, and fulfilling ESCRs should start with a situation analysis to provide baseline information on the status quo. Only then can we have a clearer picture of what kind of interventions should be put in place and how intense these interventions ought to be. The study was implemented by the Social Conditions Programme of the Jesuit Centre for Theological Reflection (JCTR) with support from the UNDP. Its focus was on the right to food, housing, health, education, employment and adequate standard of living. The criterion for choosing these indicators was premised on the fact that these would be crucial towards realisation of full human dignity.

This report focuses on the state of access to ESCRs in Kabwe. It is one of the three reports on the subject of access to ESCRs in Zambia, with the other two reports focusing on access to ESCRs in Livingstone and Kasama.

1.1 Context
It is very difficult to get district level profiles on various economic, social and political aspects in Zambia. In the absence of district level profiles, this study had little option but to use province level context as the backdrop of the situation in Kabwe district.

1.1.1 Socio-economic situation
Zambia has recorded significant economic growth in the last few years. There was for instance, a great leap in GDP Per Capita from US$635 in 2005 to US$934 in 2007. Central province may also have benefited from this growth because Monthly per capita income in the province increased by almost hundred percent between 2006 and 2010 i.e.an increase from 118 (ZMW) to 219 (ZMW). Despite the increase in incomes, poverty levels during the same period reduced by only a small margin; overall...
poverty incidence reduced from 70.7 percent in 2006 to 60.9 percent in 2010, and extreme poverty reduced from 48.8 percent to 36.7 percent (CSO, 2011). The Fifth National Development Plan (FNDP) has attributed the lag between economic growth and poverty reduction to; inter alia, the weak linkages between the capital-intensive sectors that have driven growth and the rest of the economy (MoFNP, 2008).

The subsisting high poverty levels have also been attributed to the marked socioeconomic inequalities in the country which have remained high. For instance, in the face of increased incomes, income inequality only reduced marginally from 56 percent in 2006 to 55 percent in 2010 at national level and from 52 percent to 49 percent in Central province during the same period (CSO, 2011). Poverty and inequality generally remained higher in rural than in urban areas. There is however some hope that given the progress that was made under the FNDP, things will change and most of the poverty related MDGs will be met by 2015. It is envisaged, under the SNDP, that MDGs targets on hunger, universal primary education, gender equality, Human Immune-Deficiency Virus (HIV) and Acquired Immune-Deficiency Syndrome (AIDS) are likely to be achieved (MoFNP, 2011).

1.1.2 Developments in economic activities
Like all the other provinces, Central province is also plagued with the problem of unemployment. The largest employer was the informal sector (83.9 percent). The unemployment rate in 2006 was 9.9 percent compared to the national average of 14.0 percent. There was an increase in the rate in 2010 to 10.5 percent compared to the national average of 13.2 percent. Unemployment was generally higher in rural than urban areas, and among females than males. In terms of age distribution of unemployment, the unemployment was higher in the age group 12 to 35 years (16.2 percent), but gradually declined after age 35. This shows that unemployment affects the youth more than anybody else. Following the increase in the unemployment rate between 2006 and 2010, the labour force participation rate recorded a reduction accordingly from 63.6 percent in 2006 to 61.2 percent in 2010. Participation was higher in rural than urban areas and among males than females. The unemployment level has an implication on people’s potential to access basic needs like food, housing, health and education.

1.1.3 Education services
The provision of education services still remains a challenge. An attempt was made to enhance access to education by removing the requirement for payment of school fees for primary level education. This was done through the Free Primary Education Policy in 2002 and subsequently the abolition of examination fees for grade 7 examinations. This led to a 40.2 percent increase in enrolment into basic education between the years 2002 and 2006 (MoE, 2006). Despite these policies, 529,885 children of school going age (7-18 years) were still out of school during the same period (Zambia Open Community Schools, 2006), and these were mainly orphaned and vulnerable children (OVCs). Some efforts were made at provincial level in the year 2010 to reduce the number of OVC that were not accessing education; Out of a total of 32,554 boys and 30,840 girls who are OVC, the Province managed to sponsor 4,056 boys and 6,159 girls. It also re-admitted 483 girls at Basic and 86 girls at high school. Further the Province procured a total of 7024 Text Books and distributed 6610 desks in its districts. The Province however had 24,198 children that were not enrolled in grade 1 in 2010 and 110,669 children that were learning without desks in Basic and Community Schools and 3,675 in High Schools. Beside children learning without desks, there were 59,499 learning in pole and mud structures especially in Community Schools (MoE, 2012).

1.1.4 Health Situation
The health sector is one of the social sectors that have not received adequate attention in the country’s quest to develop. The economic liberalization after 1991, brought with it structural adjustment measures, which included reduced public funding to the sector, with the hope that the general public would supplement government’s efforts through user fees. Thus, allocation of funds to the health sector has not been so impressive. The health sector budgetary allocation of 11.3 percent of the national budget for the year 2013 is far much less than the 15 percent commitment of the Abuja Declaration of 2001. This has resulted in among others, sustained shortages of drugs, medical equipment and inadequate health facilities. Additionally, the sub-sector has been deprived of sufficient manpower leading to some facilities being manned by unqualified staff. It therefore remains unlikely that the country will achieve the MDGs 4 and 5. Statistics indicate that for Central province, the Infant Mortality Rate (IMR) of 71 infant deaths per 1000 live births was higher than
the MDG target of 38 deaths per 1000 infant births. The Under-5 Mortality Rate of 128 deaths per 1000 live births was higher than the MDG target of 70 deaths per 1000 live births. In terms of maternal mortality, the Maternal Mortality Ratio (MMR) of about 500 maternal deaths per 100,000 live births was higher than the target of 162.3 maternal deaths per 100,000 live births. HIV/AIDS has also continued to be high in Central province. The prevalence rate was estimated at 17.5 in 2010 while the target for 2015 is 15.6 percent (UNDP and GRZ, 2013).

1.1.5 Food Security Situation
The MDGs Progress Report for 2008 reveals that food poverty still exists and food security remains a challenge in pockets around the country. The MDG progress report for 2013 shows that 12.6 percent of the children under five years in Central province were underweight in 2010. This is high compared to the MDG target of 10.8 percent (UNDP and GRZ, 2013). The food insecurity situation has been attributed to, among others things, high food prices. Information available from the JCTR Basic Needs Basket studies show that the prices for the basic foodstuffs of the average Zambian family have gone up in recent times. For instance, the average cost of living in 2011 stood at a staggering cost of K2,900.00. This figure does not include transport, education, health, personal care. Net incomes of most households however are far way below this threshold. This suggests that most people cannot afford to have adequate food and could be the cause of the poor indicators of physical growth among children. The recent Census of Population and Housing (CSO, 2011) report shows that though stunting - one of the indicators of physical growth that describes the nutritional status of children – has decreased from 54.2 percent in 2006 to 46.7 percent in 2010 at national level, the incidence is still higher than the threshold for severe stunting. Statistics indicate that the levels of stunting in Central province reduced from 56.3 percent in 2006 to 41.3 percent in 2010. This shows that there was a marked improvement in the province because the incidence of stunting was even lower than the national average in 2010 compared to 2006. In terms of the incidence of underweight cases among children, the rates have been below the national average since 2006, and reduced from 16.6 in 2006 to 12.6 in 2010. From the National Health Strategic Plan for 2011 to 2015, other food-insecurity related health problems have been cited. It is estimated for instance that up to 52 percent of all the under-five deaths in the country are related to malnutrition.

1.2 Objectives of the study
The main objective of this study was to generate baseline information for use in facilitating the promotion of human rights in Kabwe. The specific objectives included the following:

a) To establish the level of awareness of ESCR in Kabwe district
b) To establish the level of access to social services like education and health in the district
c) To determine the level of access to employment
d) To establish people’s access to decent accommodation, water, electricity, and adequate food

e) To generate baseline data on ESCR for advocacy.

1. The WHO classifies incidences of stunting greater than 40 percent as being very high and that below 20 percent as being low.
Methodology

1.1 Overview of the approach
The data collection involved the use of a household survey and key informant interviews. A structured questionnaire was used to collect household data, and an interview guide to collect information from key informant. The household questionnaire was used to collect both qualitative and quantitative data on the prevailing situation in Kabwe as regards ESCR. This involved collection data on key social and economic aspects of the households that relate to ESCRs in the district with regards to right to food, housing, health, employment, water, education among others. A total number of 330 households were randomly selected for interviews in the district. In addition, a total number of 7 institutions were selected for key informant interviews to provide qualitative information on the supply side of services pertaining to ESCR.

1.2 Sample selection
The respondents in the Baseline survey were chosen at household level. The sample elements for the household survey and KIIs were selected as follows:

i) Household Survey Participants: 330 households were randomly selected in the urban parts of Kabwe district. The sample population was composed of a cluster of three (3) residential areas each purposively selected from low, medium and high density residential areas. The 330 households were randomly drawn from the randomly drawn SEAs taking into account population distribution across wards in each residential area. This meant that the sample size within a particular residential area depended on the size of the population in the area.

ii) Key Informants: The KI were selected at district level on the basis of their leadership, official functions and involvement in ensuring the progressive realization of Economic, Social and Cultural Rights at district and community levels. Others interviewed included selected officers in charge of clinics, heads of schools within the research areas, NGOs, Faith Based Organizations (FBOs) and CSOs, among others, working in the area of ensuring that these rights are fully accessed in the respective districts. Apart from complementing the household data, the interviews with KIs helped triangulate data from the survey.

1.3 Data Collection
The data collection for the household survey was done with the help of questionnaires administered by enumerators among them being the JCTR Basic Needs Basket Researchers. Interview guides were also used to collect information from KIs.

1.4 Monitoring and Evaluation
The ESCR Baseline Survey explored, analysed and highlighted the existing household access to ESCRs. The analysis generated statistical information which will form strong basis for individuals and communities to claim human rights and participate effectively in the development process. The findings of the survey will guide the ESCR awareness measures, including the development and implementation of the appropriate ESCR messages and materials. In the whole data collection process for the survey, the Social Conditions team was on site to provide the necessary quality assurance and technical backstopping in the data collection process.

1.5 Limitations of the study
The study was not without limitations. One of the limitations was that the study had an urban bias; all the respondents were selected from urban areas. This means that there is need for additional studies to establish the situation prevailing in rural areas. The other limitation relates to the fact that this was a cross section study and therefore does not capture the dynamics within the study areas. This baseline study will however be the basis for checking the dynamics going forward.
Results of the study

1.1 Response rate
The household survey sought to collect information from 330 households in Kabwe district, of this 5 questionnaires were incomplete and one household refused to be interviewed leaving a total of 324 complete questionnaires representing a response rate of 99.69 percent. In addition to household interviews, Key Informant Interviews (KIIs) were conducted with various stakeholders within Kabwe district. A total of 46 interviews were done with government ministries with 18 being at MoE, 14 from MoH, 5 from Community development and 9 from MACO. Others interviewed were NGOs who gave 9 interviews and two utility companies which gave an interview each. The table below gives a summary of who was interviewed in Kabwe district.

Table 2: Summary of the data collection outcomes in Kabwe district

<table>
<thead>
<tr>
<th>Agent interviewed</th>
<th>Type of interview</th>
<th>Number of interviews</th>
<th>Refusals</th>
</tr>
</thead>
<tbody>
<tr>
<td>MoH</td>
<td>KII</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Community Dev</td>
<td>KII</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>NGOs</td>
<td>KII</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Zesco</td>
<td>KII</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Water &amp; sewerage</td>
<td>KII</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>MACO</td>
<td>KII</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>MoE</td>
<td>KII</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Household</td>
<td>Survey</td>
<td>324</td>
<td>1</td>
</tr>
</tbody>
</table>

1.2 Demographic characteristics of the households sampled
The households interviewed in Kabwe 3.6 members on average. This is less than the national average of about 5.1 people per household. This could be due to the fact that Kabwe district is mostly urban and people in urban areas tend to keep their households small compared to the rural population. Most of these households were reportedly headed by a male member; this result is in line with the national picture. Figure 1 shows that in Kabwe, 72 percent of the interviewed households were headed by a male member and the remaining 28 percent was headed by a female person.

Figure 1: Sex of Household Heads in Kabwe (N=324)
Figure 2 shows the marital status of the respondents in the survey. Of the 324 complete household interviews, about 67 percent of the household were headed by married people. The second largest proportion of households interviewed was headed by people whose spouse has died, and it accounted for 14.1 percent of the households in the survey. About 10.9 and 6.41 percent of the households were headed by people who have never married before and divorcees respectively. This gives quite a high proportion of households headed by single parents either as a result of divorce, dearth or never married.

**Figure 2: Marital status of respondents in Kabwe (N=324)**

Another notable thing from Figure 2 is that cases of households headed by people on separation and cohabiting couples were rare. Only about 1 percent of the households are headed by a member separated from their spouse, and less than 0.5 percent is headed by a cohabiting couple. The insignificance of cohabitation in the survey area was anticipated given that cohabitation is yet to be incorporated into the Zambian culture. The culture in Zambia still places a lot of importance on marriage and therefore demands that a man and woman, if unrelated biologically, can only stay together if they are married.

Most of the Households interviewed in Kabwe are headed by elderly people; only about 30 percent of the households were headed by youths 35 years old and below. About 40 percent were headed by people between 35 and 55 years while the remaining 25 percent were headed by people older than 55 years. One positive thing about this distribution is that since the levels of unemployment are higher among the youths, having a smaller proportion of households headed by youths becomes desirable. The negative implication is that the proportion of households likely to suffer more deprivation is quite high; this includes the households that are headed by youths (30 percent) and households being headed by people that are past their retirement age (25 percent). Households headed by youths are more likely to be deprived because unemployment is higher among youths; on the other hand households headed by people past their retirement age are also likely to be deprived because such people are not economically active any more.
For the population as a whole, we observe that again the distribution in Kabwe is skewed to the right indicating that the population is generally young. About 71 percent of the people are aged between 0 and 30 years. This is not very different from the national estimates in the LCMS for 2010 which indicates that 74.1 percent of the population is below 30 years old (CSO, 2010). The proportion of older people in the population is just about 10 percent i.e. 9.8 percent of the people are aged 50 years or more. The general picture is that the economically inactive population is slightly above 50 percent of the entire population, which in turn implies a dependency ratio of over 100 i.e. there are more dependants than there are economically active people in the population.

1.3 Right to Education
Zambia’s main legislation on education is the Education Act of 2011; the act identifies each person’s rights to early childhood education, basic education and high school education. This is part of government efforts to enhance access to education in the country. The question however is whether this entitlement is a reality to every citizen in the country.
The figure below highlights the levels of education in the Kabwe district. About 7.9 percent of the population surveyed has not attended school at any level. Further, a striking percentage of 64 percent have not gone beyond lower secondary school in terms of education levels attained. From the upper end, only 8.8 percent have attained tertiary education. This means that only 8.8 percent of the respondents have enough education to enable them take up formal employment.

It should be noted that this profile could be better than national level profile given that Kabwe is mostly an urbanised district. This profile suggests that Article 13 of the Covenant of Economic, Social and Cultural rights has not been fulfilled. Article 13 provides for enhanced access to education because education enables people, promotes understanding, tolerance and friendship among all nations and all racial, ethnic or religious groups. There is therefore need for deliberate efforts to increase people’s enjoyment of the right to education so that people in Kabwe can have increased chances of enhanced participation in economic and political activities and better their lives.

Figure 5: Education level of respondents in Kabwe (N=324)

![Bar chart showing education levels](image)

Given that access to education is one of the ESCRs the household survey collected information on both geographical and financial access to education to assess the degree to which education is accessible. Figure 8 below gives a summary of geographical access to education in the areas surveyed. Geographical access was measured in terms of the amount of time spent walking to the nearest school.

1.3.1 **Physical Accessibility to Education**

According to the General Comment No. 13 of the United Nations Committee on Economic, Social and Cultural Rights, “education must be accessible to all, especially the most vulnerable groups, either by attendance at some reasonably convenient geographic location (e.g. a neighbourhood school) or via modern technology (e.g. access to a “distance learning” programme)

The figure below gives a summary of physical access to educational facilities. The summary shows that 73 percent of the respondents were within 30 minutes or less of walking time to the nearest school, 19.7 percent of the respondents reported that they were between 30 and 60 minutes of travel time to the nearest school. This could be a result of the fact that the survey area was an urban area and schools in urban areas tend to be easily accessible geographically. The other 7.2 percent were more than 60 minutes away from the nearest school in terms of travel time. For these, distance to school may be an infringement on their right of access to school as provided in Article 13 of the covenant. The general impression however is that geographical access to school in Kabwe was not among the obstacles to accessing education.
Most of the people walk as a mode of transport to school, of the 324 valid interviews, 90.4 percent of them said they walk to school and the remaining 9.6 use other means of transportation. This may not have a big implication on access given that most households live in close proximity of the schools in the in the survey area.

Figure 6: Physical access/travel time to nearest school in Kabwe (N=324)

<table>
<thead>
<tr>
<th>Distance/travel time</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 1 hour</td>
<td>7.2</td>
</tr>
<tr>
<td>30 to 60 minutes</td>
<td>19.7</td>
</tr>
<tr>
<td>Less than 30 minutes</td>
<td>73.1</td>
</tr>
</tbody>
</table>

Information from the KIIIs was slightly different from the household level data. The results of the KIIIs indicated in Table 2 show that the average distance to school was 5 kilometres. Anecdotal estimates show that an average person walking at normal speed would walk for an average of 5 kilometres per hour. This translates into average walking time of 60 minutes, which is higher than what was suggested by the households. It is therefore recommended that the government improve the physical accessibility to education.

Table 3: Distance and travel time to school in Kabwe

<table>
<thead>
<tr>
<th>Distance/travel time</th>
<th>Distance/travel time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average distance to school</td>
<td>5 km</td>
</tr>
<tr>
<td>Shortest travel time to school</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Longest travel time to school</td>
<td>90 minutes</td>
</tr>
</tbody>
</table>

1.3.2 Financial access to education

Given the government policy of free education at primary school, financial access to school was only assessed for grades 8 to 12. The figure below gives a summary of the average fees that pupils in grades 8 and 9 were required to pay per term. On average, pupils in grade 8 were required to pay K425.03 to attend school while those in grade 9 were required to pay K293.14. The average for lower secondary school was K359.09. From the KIIIs, it was estimated that the average school fees in Kabwe amounted to K360.60. This is in conformity with what was established from the household survey. According to Article 13 of the covenant on ESCRs, access to education should be enhanced by, inter alia, provision of free education in primary schools, and through progressive introduction of free education in secondary schools. The fact that people still have to pay to access education implies that their right to education is not fully realised.
The figure below shows that amount of money that people were required to pay for their children attending high school in the survey area. About 40 percent of the respondents indicated that their children paid less than K500.00 to attend high school while 46 percent indicated that they paid between K500.00 and K1000.00. Further, 9.7 percent indicated that they paid between K1000.00 and K1500.00 while the remaining 4 percent paid K1500.00 or more. This, as indicated earlier, implies that the right to secondary education has not been realised to the level envisioned in Article 13 of the convent on ESCRs.

From the results above it is clear that geographical access to is not the only enabling or inhibiting factor in accessing education. The survey therefore went a step further to collect information from the households on whether or not they had children of school going age that should have been in school but were not in school and the reasons why they were not in school. The figure below shows that 13 percent of the households had dropouts.
Of the 13 percent drop outs in Kabwe district, 60.6 percent of these were out of school due to lack of financial support. This puts financial constraint as the biggest inhibiting factor in terms of accessing school/education. Given the free education policy, financial constraints mainly exist among children in higher level grades that are not exempted from paying school fees and also children whose only option is a private school. Generally all children from grades one to seven are exempted from paying user fees in schools. This seems to suggest that there is full realisation of the right to free education in primary schools. However, the application of the free education policy has been questioned by some quarters of society who feel that the terminology ‘free education’ is a misnomer because pupils in primary schools are still obliged to pay other types of fees like PTA fees, and sports fee, which could still pose some problems for some families and inhibit access to education. When the respondents were asked to give their opinion about the free education policy in terms of whether they agreed or not with the notion that free education policy had enhanced access to education, the majority of the respondents did not agree (69.1 percent of them) that the free education policy had enhanced access to basic education. This shows that people still feel constrained from sending children to school as a result of high school fees. Further to this, some quarters of society feel that the terminology ‘free education’ is a misnomer because pupils in primary schools are still obliged to pay other types of fees like PTA fees, and sports fee, which could still pose some problems for some families and inhibit access to education.

The KI had a different view on the impact of the free education policy; they were of the view that the policy had enhanced access to primary education. They indicated that the enrolment rate had increased as a result of the policy; an average of 48 percent of the KIs felt that the school fees affected attendance in some way.

The second most prominent factor for dropping out of school that was cited was the lack of interest in continuing with school on the part of the children (18.2 percent), in which availability of finances would not help the situation. Other reasons for dropping out included limited school place the status of being an orphan which contributed 3.0 and 6.1 percent respectively. Failure to attend school on the part of orphaned children could be linked to financial access given that when children lose their parents, they tend to struggle with finances for general livelihood.

The KIs indicated similar reasons for pupils dropping out of school, but these were different in terms of significance. KI for instance indicated that the three major reasons accounting for the drop-outs from school, in order of significance, were the lack of interest by the learners, long distances to school and unwanted pregnancies.

The fact that some people still have to drop out of school for one reason or another implies that the right to education in Kabwe is yet to be realised fully. There is therefore need for the government to devise strategies to ensure that the right to education is realised, especially for people that are still facing financial challenges in sending their children to school.
1.3.3 Availability of quality education

For education to have a meaningful impact on the lives of the recipients, it is important that Children have a right not just to education but to a quality education that equips them with the skills and knowledge they need to reach their full human potential. One widely indicator of quality of education is the pupil–teacher ratio, in this survey we proxy quality using the amount of time that pupils - from grades one to seven - spend in class on a typical school day. The idea is premised on the assumption that pupils that spend more time in class with their teachers are likely to have more education than those that spend less time.

Figure 11 below summarises the responses on the amount of time spent by children in school ranging from less than 2 hours to between 3 and 5 hours per day. The majority of the pupils spend between 3 and 5 hours in class per day; these accounted for 77 percent of the respondents. About 14 percent of the respondents indicated that their children spend between 2 and 3 hours in class per day while 8 percent indicated that their children spent less than two hours in class per day. Even though it is not clear what the optimal number of hours in class per day should be, it is clear that more hours in class is better than less and the picture we get from the pies chart below is that more pupils are spending more hours in class per day, which should a positive thing assuming that they spend this time learning.

Figure 11 Amount of time spent in school by school going children in Kabwe (N=324)
Other aspects of quality of education that were assessed were the availability of auxiliary facilities in the schools surveyed. These auxiliary facilities included laboratories, libraries, sports fields, and counselling/guidance services. Table 4 indicates the proportion of schools where these indicators of quality were reported to have been available. About 33 percent of the schools in survey area reported having laboratory facilities. It should however be noted that the low level of availability of laboratory facilities in the district could be explained by the fact that the schools that were surveyed were a mix of basic and high schools, and that former rarely have laboratories because the science taught at basic school level is too elementary to require laboratory facilities.

Availability of libraries was quite low as well; only 56 percent of the schools surveyed had a library. In terms of availability of sports facilities, and counselling and guidance services, the percentages were quite high with 89 percent of the schools having a sports field while all the schools reported to have counselling and guidance services.

Table 4: Availability of auxiliary educational facilities in Kabwe (N=17)

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Proportion with facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>33.0%</td>
</tr>
<tr>
<td>Library</td>
<td>56.0%</td>
</tr>
<tr>
<td>Counselling &amp; guidance</td>
<td>100.0%</td>
</tr>
<tr>
<td>Sports field</td>
<td>89.0%</td>
</tr>
</tbody>
</table>

The table below shows the staffing levels in the schools that where represented in the KII. Respondents were asked to indicate the number of qualified teaching staff they had in their schools. The majority of the respondents in Kabwe indicated that they less than the ideal number of qualified staff in the schools. The table below for instance shows that each school on average was supposed to have 53 members of staff, but the actual staffing level was 50. The gap between the actual and the ideal number of teachers is very narrow and this could have a positive impact on service delivery because the pupil teacher ratio will be low enough to facilitate effective teaching on the part of the teachers and effective learning on the part of the pupils.

Table 5: Staffing levels in schools (N=17)

<table>
<thead>
<tr>
<th></th>
<th>Kabwe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Staffing</td>
<td>50</td>
</tr>
<tr>
<td>Ideal Staffing</td>
<td>53</td>
</tr>
<tr>
<td>Variance</td>
<td>3</td>
</tr>
</tbody>
</table>

Given that the actual number of teachers available in the schools surveyed was not so different from the ideal number of teachers, one would have expected that the teacher pupil ration in the survey area would be close to ideal. Table 6 however shows that the ratio of teachers to pupils in Kabwe was higher than the desired, 1 teacher to 56 pupils instead of 1 teacher to 35 pupils; each teacher had 21 pupils more than the ideal number. This of course has a negative implication on the quality of teaching and learning in schools.

Table 6: Teacher pupil ratio in schools in Kabwe (N=17)

<table>
<thead>
<tr>
<th></th>
<th>Teacher pupil ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual ratio</td>
<td>1:56</td>
</tr>
<tr>
<td>Ideal (desired)</td>
<td>1:35</td>
</tr>
</tbody>
</table>
1.3.4 Swot analysis for DEBS office
At the district offices, KIs indicated that they had the strength to achieve their goal and vision because they had supportive policy environment, trained and experienced teachers, and other support systems. They further argued that in spite of their strengths, they had some weaknesses in form of inadequate and poor staffing level, poor infrastructure, and lack of capacity to conduct effective monitoring of school activities.

In spite of the weaknesses observed, the KIs argued that they still had a lot of opportunities to adequately carry out their mandate. Opportunities were in terms of the collaboration with other stakeholders including cooperating partners and the private sector, and the goodwill and support from these stakeholders. There were however, some weaknesses noted, that threatened the effective provision of education to all as per the mandate. These threats emanated from the lack of adequate infrastructure, erratic funding, vandalism of infrastructure, over-enrolment, and the emergence of a strong private sector.

1.4 Right to Health

1.4.1 Availability of Health-care
Apart from education, healthcare is another ESCR that the survey sought to investigate in terms of access by the community. Information was gathered to establish availability of health facilities in the district. This has great bearing on the type of services that people can access given that clinics and health posts only provide first level care and have to refer patients to hospitals for secondary level care. The table below shows the number and type of health facilities in the survey area. According to district level KIIIs, Kabwe had 2 hospitals, 22 clinics and 6 health posts. The majority of these were run by the government.

Table 7: Types and number of health facilities available

<table>
<thead>
<tr>
<th>Health facility</th>
<th>Number of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Clinics</td>
<td>22</td>
</tr>
<tr>
<td>Health posts</td>
<td>6</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
</tr>
</tbody>
</table>

1.4.2 Physical accessibility to Health-care
According to General Comment no.14 of the Committee on Economic, Social and Cultural rights is the physical accessibility to health-care one of the essential elements of the right to health which helps states in defining the actions to be taken.

To measure physical access, the survey team had to elicit information from the respondents on the approximate time it took to move from their home to the nearest health facility. The data in Figure 12 shows that more than 70 percent of the respondents were within 30 minutes of travel time to the nearest facility. This is broken down into 8.55 percent that are within 10 minutes of walking time to the nearest facility, 34.2 percent that are between 11 and 20 minutes of walking time, and 31.9 percent that are between 21 and 30 minutes of walking time.

The figure also shows that about 26 percent of the respondents were more than 30 minutes of walking time to the nearest health facility. This percentage is a bit on the high side and was unanticipated considering that Kabwe is an urban district. The long distance has an implication on the timeliness of access to health care. Certain health problems become fatal if not attended to in a timely manner. The information shows that in Kabwe, the government mission of ensuring that health facilities are brought as close to the families as possible is yet to be fully realised. Information from the KIIIs also confirms that physical access to health care facilities is still a challenge because some people still had to travel an average of 16 kilometres to get to the nearest facility.
Figure 12: Physical access to health facility in Kabwe (N=324)

Geographical access to health facilities in itself does not mean much if patients are unable to find the health services they seek, thus the survey sought to establish the accessibility to selected types of services in the facilities. Among the services assessed was the accessibility to maternity wards in the facilities. This was used as a proxy for accessibility of maternal health services in the facilities.

Figure 13 below shows that 73 percent of the respondents indicated that they had maternity wards in the facility nearest to their home; the remaining 27 percent indicated that the nearest health facility did not have a maternity ward. This implies that at least 27 percent of the households in Kabwe have challenges in accessing maternal health services in the geographical sense. With reference to Article 12 of the covenant on ESCRs, this means that the government has not taken the steps articulated in paragraph 2 of the article to ensure that people enjoy the highest possible level of health. The paragraph requires that member states should take steps towards realisation of the right to the highest attainable standard of health and one of the steps includes making provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child. This right can adequately be realised if adequate maternal health services can be accessed easily by those in need.

Figure 13: Availability of maternity wards in health facility (N=324)
1.4.3 Economic accessibility to Health Care

The government has been making efforts to ensure enhanced accessibility to healthcare in general and financial accessibility to healthcare in particular. One of the strategies that have been used is the removal of user fees for all Government-provided primary health-care. This is in recognition of the fact that inability to pay for services can hinder access to services.

This survey tried to assess the free-primary healthcare policy using people’s views. This was done by asking respondents to indicate whether or not they felt that the availability of free Government health services had enhanced access to basic health care. The summary in Figure 14 shows that more than half of the respondents agree that the policy has enhanced access to basic healthcare. In this category of respondents, 55 and 17 percent of the respondents agree and strongly agree, respectively, that the free health care policy has enhanced access. The remaining 28 percent either strongly disagree (16 percent) or disagree (12 percent). Generally, respondents seem to be happy with the results of the policy.

The KIs in the facilities surveyed also confirmed the enhanced access to services resulting from the free primary health care policy. They however noted that though free healthcare had generally led to an increase in access to services as observed in the increase in the utilisation rates, it had also led to some negative effects. Some of the negative effects of free healthcare were the increased workload, and reduced funds at the facilities.

Figure 14: Free healthcare has improved access to healthcare services (N=324)

17

1.4.4 Access to quality Health-care

Given that provision of quality health care is highly dependent on the adequacy of the qualified health providers and support staff, the survey also assessed the human resources capacity of the health facilities surveyed and compared this capacity with the capacity that the facilities are supposed to have according to the official staff establishment.

The table below gives the average number of specified cadres available at the facility and compares this with the required or ideal number. One positive result to note is that Kabwe has more doctors per facility than what is considered ideal. The other staff numbers are less than what is required per facility; 2 instead of 3 Clinical officers per facility, and 12 instead of 17 nurses per health facility. This shortage of these frontline medical staff has an implication on quality of service provision because members of staff are overwhelmed with work.
Having adequate qualified medical staff in the facilities in itself is not enough to ensure delivery of quality health care; it is also dependent on the availability of appropriate medical equipment. The survey established that facilities surveyed in Kabwe had a scale and a BP machine, but none had an X-ray machine, and an Ultra sound scan. All the facilities however had a functional maternity ward. In addition, all of them had an Ambulance though in many facilities this is clearly inadequate.

Another aspect that was considered to assess the quality of services provided in the facilities surveyed was the amount of time patients had to wait before being seen by the health facility personnel. On average, the waiting time in facilities in Kabwe was 19 minutes. In addition to waiting time, the availability of drugs was also assessed as a measure of quality. In all facilities surveyed, the recommended drugs were reported to have been available the entire month preceding the survey, no shortages or stock outs were reported.

Availability of qualified health personnel is yet another measure of quality of services in health facilities. This is on account of the fact that healthcare provision is highly technical and should therefore be provided by qualified people. The survey tried to assess the quality of services received by asking respondents that reported sickness to indicate the type of medical personnel they had consulted with during the sickness of a household member. Figure 16 below gives a summary of the responses elicited from the respondents.

The majority of the respondents reported having been attended to by a medical doctor. This group comprised 49 percent of the respondents. Households that were attended to by a clinical officer accounted for 15 percent of the sample. The proportion of those attended to by Community health workers and non-orthodox healthcare practitioners was almost negligible. Non-orthodox healers in this case were defined as healthcare providers that practice anything other than western medicine and this group comprised mainly traditional healers, herbalists, and faith healers.

There were also a substantial proportion of people that were not attended to by any healthcare practitioner whether orthodox or non-orthodox; this group consisted of 29 percent of the respondents that reported a sickness within the three months preceding the survey. For whatever reasons, this category of people self-treated, consulted a friend or did not do anything during their sickness. This category could be a highlight of the unmet need for healthcare services.

Table 8: Availability of staff in health facilities in Kabwe (N=13)

<table>
<thead>
<tr>
<th>Staff category</th>
<th>Number available</th>
<th>Ideal number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nurses</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 9: Availability of equipment in health facilities in Kabwe district (N=13)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Available (%)</th>
<th>Not available (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>BP machine</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>X-ray</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>Ultra Sound scan</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Maternity ward</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Ambulance</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

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Availability of qualified health personnel is yet another measure of quality of services in health facilities. This is on account of the fact that healthcare provision is highly technical and should therefore be provided by qualified people. The survey tried to assess the quality of services received by asking respondents that reported sickness to indicate the type of medical personnel they had consulted with during the sickness of a household member. Figure 16 below gives a summary of the responses elicited from the respondents.

The majority of the respondents reported having been attended to by a medical doctor. This group comprised 49 percent of the respondents. Households that were attended to by a clinical officer accounted for 15 percent of the sample. The proportion of those attended to by Community health workers and non-orthodox healthcare practitioners was almost negligible. Non-orthodox healers in this case were defined as healthcare providers that practice anything other than western medicine and this group comprised mainly traditional healers, herbalists, and faith healers.

There were also a substantial proportion of people that were not attended to by any healthcare practitioner whether orthodox or non-orthodox; this group consisted of 29 percent of the respondents that reported a sickness within the three months preceding the survey. For whatever reasons, this category of people self-treated, consulted a friend or did not do anything during their sickness. This category could be a highlight of the unmet need for healthcare services.
The picture painted in Figure 15 is that the majority (approximately 69 percent) of the people are able to consult with healthcare personnel when faced with an illness or injury. The picture in Kabwe is in agreement national level estimates from the LCMS for 2010 which reports that an estimate of only 68.7 percent of the households consulted with healthcare practitioners during sickness or injury.

There is a caveat that ought to be considered in interpreting the figures in Figure 15. The high proportion of respondents that were seen by medical doctor is not plausible given the shortage of medical doctors in the country. The possible reason for the big proportion of respondents that where attended to by medical doctors is that people are usually no able to distinguish a medical doctor from a clinical officer or a nurse and will therefore regard the three as medical doctors.

Figure 15: Provider of diagnostic services during sickness/injury (N=159)

One measure of the quality of the healthcare system is its ability to provide people with the opportunity to choose the source of healthcare when they are in need of it. People should be able to choose whether they will seek help from a government run health facility or a privately operated establishment. Anecdotal information in Zambia indicates that people tend to shun government run health facilities in preference for privately operated facilities unless they can’t afford the fees in privately run facilities.

The survey team tried to explore the reasons for not preferring government owned facilities. The various reasons are summarised in Figure 16. The most cited reason was the high amount of waiting time resulting from long queues in government health facilities and accounted for 38 percent of such cases. The second prominent reason, cited by 31 percent of the respondents was the bad attitude of health workers, while 25 percent cited lack of drugs in government health care facilities. Note that only 2 percent indicated the inability to pay as the reason for not preferring government health facilities. This small number is expected given that primary healthcare in government healthcare facilities is provided almost free at the point of service.
1.4.5 Disease prevalence

To give an idea of the health status of respondents in the survey area the prevalence of sickness/injury was assessed. This was achieved by asking respondents whether any member of their household had experienced sickness/injury during the three months preceding the survey. The analysis shows that the number of households that had experienced sickness/injury was almost equal to those that did not, with percentages standing at 49 and 51 percent respectively.

Those who reported being ill in the three months prior to the survey were further asked what the type of illness they suffered from. The pie chart below gives a summary of what was reported. From the chart the majority of the illnesses were malaria-related, constituting 37 percent of all reported illnesses. The second most cited illness was the normal cough with 17 percent. The types of illnesses and the sequencing in terms of which ones were most reported is quite similar to what was reported in LCMS of 2010. The LCMS also puts malaria as the most prevalent illness followed by the cough and diarrhoea.

The fact that malaria has remained endemic indicates that the government is not adequately providing for the right to the highest standard of health attainable by taking steps to ensure the prevention, treatment and control of epidemics, endemic, occupational, and other diseases as provided in paragraph 2 of Article 12 of the covenant on ESCRs. There is therefore need for increased efforts by the government to enhance access to health care as a way to enhancing the realisation of the right to health by the citizens.
1.5 Right to Work

1.5.1 Availability of work

The right to work is another important ESCRs. This is because access to work has a lot of implications on societal welfare. Access to employment to a large extent determines the levels of income which in turn will influence people’s access to food, education, healthcare, housing and other needs. At national level, high levels of unemployment are undesirable because they represent wasted capacity and could translate into high poverty levels in the economy and even social unrest. The survey was therefore interested in establishing people’s access to employment in the Kabwe district and determine the extent to which the right to work is being realised in the survey area.

The analysis indicates that 78 percent of the respondents in Kabwe were working while 18 percent were not. This indicates that Kabwe has a substantial proportion of unemployed people and this has a potential of increasing the poverty levels especially among the unemployed. The remaining 4 percent comprises people that are in school or retired.

The high percentage of unemployed indicates that the rights to employment articulated in Articles 6 and 7 of the covenant on ESCRs are not being realised. Government should therefore take steps to ensure that people’s right to employment of their choice is realised. There is need for creation of opportunities for people to participate in employment of their choice. This is of great importance given that access to most services relies on people’s incomes, which in turn depend on whether people are employed or not, and on the quality of employment that people are able to access.

Figure 18: Employment status of respondents (N=324)

![Employment Status Pie Chart](image)

Additional questions were included in the survey instrument to establish the education levels of the unemployed members of the households in the survey. The results in Figure 19 indicate that the majority of the unemployed family members had less than a college certificate; 37.84 percent of them had not gone up to grade 12 in terms of education and 41.9 percent had gone up to grade 12.

Among the respondents with skills, the category with the highest proportion of unemployed was that of people with college certificates; this group constituted 12.1 percent of the unemployed. The diploma-holders accounted for 5.41 percent of the unemployed. Job seekers with a university degree were reported at 1.35 percent of the total unemployed in Kabwe. On one hand these statistics are an indication of the high likelihood of being unemployed that people with less education may face compared to their educated counterparts. On the other hand it could be just a reflection of the small proportion of educated people in the community in question.
In addition to establishing whether the respondents were in employment or not, the survey also sought to elicit responses on where the respondents were working. Figure 20 shows that the majority of the respondents were employed in the private sector; private sector employment accounted for 41 percent of the employment in the district. The public sector accounted for 19 percent of the employment while the informal or self-sector accounted for 40 percent.

The data shows that the private sector in Kabwe is the largest employer though the self-sector is also almost as large. The largeness of the proportion of self-employed persons suggests that perhaps there aren’t enough job opportunities in Kabwe, or that the people in the districts are so enterprising that they prefer to work for themselves than the government or the private sector. Or it could be that they are earning more by working for themselves than they would if in paid employment.

**1.5.2 Acceptability and quality of work**

An analysis was done to assess the quality of employment in Kabwe. This was done by establishing employees’ access to certain selected number of employment benefits. The results in Figure 21 indicate that just about half (50.6 percent)
of the respondents who were in employment had a written contract with their employers. The figure also shows that only 34.2 percent of the respondents were in a job with an entitlement to paid leave. Even more alarming is the result that less than half of the employees are entitled to some form of terminal benefits (pensions at 26.3 percent and gratuity at 20 percent). This means that the near 60 percent of the employees are not given any retirement or end of contract benefits at the end of their engagement. Further, only 18.6 and 16.4 percent were entitled to overtime allowance and maternity leave respectfully.

The implication of these findings is that most employees in Kabwe have no security in their jobs due to absence of formal contracts. Besides the lack of job security, there could also lack of social security because less than 50 percent of the employed are entitled to pension and gratuity. This generally shows that the quality of employment in Kabwe district is poor.

The second aspect of quality of employment that was assessed was the question of whether respondents were engaged in full-time or part-time employment. The analysis showed that 23 percent of the respondents that were working were actually engaged in part-time work, which usually does not offer most post the conditions that go with full-time work, including such conditions like housing allowance, pension, gratuity, paid leave and maternity leave.

These findings indicate that there is still a lot of effort that the government needs to exert towards realisation of the right to employment among the population. Article 7 provides for good working conditions to ensure fair pay, safe working conditions, decent living; and rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays. Figure 21 indicates that the majority of the respondents have working conditions that do not fit the provisions of the covenant of ESCRs. In addition, paragraph 2 of Article 10 provides for special protection for mothers during a reasonable period before and after childbirth. According to the covenant, working mothers should be accorded paid leave or leave with adequate social security benefits during such periods.

Figure 21: Respondents with conditions of services & an employment contract (N=324)

As a way of triangulating the information on quality of employment, respondents were also asked to indicate whether or not they had problems receiving their salaries and wages when they were due. This was done by asking respondents to indicate whether they had received all their wages in the 12 months preceding the survey. The analysis shows 85.7 percent of the respondents had received all their wages/salaries in the previous 12 months. This shows that there were very few people working without pay in the district.

Further, respondents were asked to indicate the number of hours they worked per day and the 57 percent indicated that they worked between 8 and 17 hours per day, which in some cases was higher than the normal working hours. This is in violation of part’d’ of Article 7 of the covenant which provides for people to work reasonable working hours. Further, 14 percent indicated that they worked for only half a day. This could in some situation imply that their jobs were not according them the opportunity to work at their full capacity.
The survey also tried to elicit responses from respondents on whether or not they were satisfied with the working conditions at their places of work. The analysis shows that 45.2 percent of the respondents were not satisfied with the conditions of service at their place of work. This is corresponding to the fact that most of these people are not receiving the employment benefits they are entitled to as the results in the figure above have shown. This is an indication that there is need to strengthen enforcement of the labour laws that ensure working hours and minimum wages are adhered to so that employees especially those in full time employment can receive what is due to them.

**Figure 22: Respondents’ working hours per day (N=324)**

![Chart showing working hours distribution](chart)

The last aspect on quality of employment that was assessed was the monthly income that respondents got from their employment. Figure 23 shows that 53.1 percent of the respondents got K900 per month from their employment while 23.4 percent were earning between K900 and K2,000 per month. The remaining 23.4 percent of the respondents were earning more than K2,000 per month. What these figures imply is that given that a food basket for a family of five was costing more than K2000 at the time of the survey, more than 70 percent of the respondents were not earning enough income to afford the food basket let alone pay for other needs like accommodations and utilities. This has negative implication on people’s access to food and other basic needs like housing and is therefore in violation of the right to the enjoyment of just and favourable conditions of work which ensure, inter alia, a remuneration which provides all workers a decent living for themselves and their families according to Articles 7 of the covenant.

**Figure 23: Respondents’ monthly income (N=324)**

![Bar chart showing income distribution](chart)
1.6 Right to Food
Among the most violated ESCRs in Zambia is access to food. While income could be one proxy of how much access a household may have to food, the actual number of meals consumed per day may give a better picture since some of the food may be obtained through other means other than being bought from the market; some families may report a lower level of income and yet have access to more food because they consume from own production. To get a more accurate picture of the degree of access to food that households in Kabwe district have, the survey asked the respondents to indicate the number of meals that they have on a normal day.

The responses from the survey are summarized in Figure 24 below indicate that the proportion of households with three or more meals per day was 70 percent while 25 percent of the households indicated that they only have two meals per day. This shows that about a fifth of the households are more prone to malnutrition resulting from limited access to food. The fact that some households have inadequate food entails that the government is not effectively to put in mechanisms for people to realise their right of freedom from hunger as provided for in Article 11 of the covenant on ESCRs.

Figure 24: Households with number of meals per day (N=324)

Respondents were also asked to indicate their biggest constraints in terms of access to food. A number of constraints were cited and these are summarized in Figure 25 below. The constraining factor for majority of the households was limited income; this was cited by 67 percent of the respondents. The other factor that was cited by 19 percent of the respondents was the high prices which imply a reduction in real income and consequently reduced access to food. Another 5 percent mentioned the lack of employment as the major factor constraining access to food. The other thing to note from figure 25 is that only 8 percent of the respondents indicated that they did not have problems in accessing food. This implies that even the 70 percent households which manage to have 3 meals a day still face challenges to do so.
1.7 Right to adequate Housing
The survey also sought to assess people’s right to adequate housing. This was done by asking respondents to indicate whether they owned or rented the houses they stayed in. Respondents were also asked to indicate the types of materials that their houses were made of as well as the size of the houses in terms of the number of rooms contained therein.

Regarding the Covenant on ESCRs, the government should recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. And the government must take appropriate steps to ensure the realization of this right.

1.7.1 Legal Security of Tenure
One of the requirements for adequate housing is that there should be security of tenure and legal protection against forced evictions. From the statistics below the 29.3 percent that stay in rented accommodation are exposed to the danger of force eviction given that in a number of cases, there is no tenancy agreement signed to protect them against forced evictions. The government has to be active in playing the regulatory in the housing sector so that certain conditions are put in place to protect people that rent accommodation from others. The government should also ensure that the rent in the market for housing should be affordable given that people have low incomes.
1.7.2 Habitability

According to the General Comment no. 4 of the Committee on Economic, Social and Cultural Rights adequate housing must be habitable, in terms of providing the inhabitants with adequate space and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors.

Thus, the survey also tried to establish the quality of the accommodation accessed by the respondents. The assessment was done by, inter alia, considering the type of roofing material used for the dwelling. Figure 27 indicates that 64 percent of the respondents lived in houses roofed with Asbestos sheets while 12 percent lived in houses roofed with iron sheets. The proportion of respondents living in houses roofed with tiles was 10 percent while that living in housing roofed with grass or straw was also 14 percent. Even though this shows that the majority of households are able to access decent housing, the 14 percent minority still amounts to a large number of people living poorly if the fact that this research was carried out in an urban area is factored in.

Figure 27: Roofing materials for housing units in Kabwe (N=324)

Additional assessment was made of the building materials of the walls of the houses inhabited by the respondents. This too was used as a measure of quality of the houses inhabited. The figure below shows that 38 percent of the respondents lived in houses made from pan bricks and 31 percent lived in houses made from concrete bricks. Further, 28 percent of them lived in houses made from mud bricks and 2 percent of the respondents lived in houses made from mud, pole or dagga.

It is clear from the information in the figure below that a substantial proportion of people in the survey area are living in housing units made from poor quality materials. This is not supposed to be the case given that the survey area is classified as being urban. There is therefore need for efforts to ensure that housing conditions in the area are improved to the level appropriate for an urban area.
1.7.3 Availability of services, materials, facilities and infrastructure

According to the General Comment on Economic, Social and Cultural Rights an adequate house must contain facilities essential for health, security, comfort and nutrition. All beneficiaries of the right to adequate housing should have sustainable access to natural common resources such as safe drinking water, energy for cooking, heating and lighting, sanitation and washing facilities.

Thus, part of the assessment of the quality of accommodation involved asking respondents on their levels of access to water electricity, and toilet facilities. Figure 29 gives a summary of access to water in the survey area. About 25 percent of the respondents had a tap within their house while 23.4 percent were using a public tap. In addition, 18.3 percent were using other taps as a source of water. This means that a total of about 67 percent of the households in the survey area had access to piped water.

Other sources of water were wells; 22.8 percent of the households in the survey sourced their water from protected wells while 2.2 percent were using unprotected wells. In addition, 5.9 percent were using boreholes for water and the remaining 2.2 percent were using either a river or a lake for their water.

The fact that only a quarter of the respondents in the survey area get water from a tap within their dwelling implies that the conditions of living are not good and this is a violation of the right to an adequate standard of living. There should be efforts by the government to facilitate ease of access to housing with the accompanying services like water, electricity and sanitation.
Respondents with access to piped water were asked to indicate the frequency of access to running water. Figure 30 shows that 61.1 percent of the respondents had access to running water very often while 21.9 percent had access just often. This entails that slightly more than 80 percent of the households in the survey area had access to running water more often than not. On a negative note however, 9.1 percent of the respondents did not have access to running water at all.

The figure below shows the type of toilet facilities that households in the survey area are able to access. Almost 60 percent of the respondents indicated that they had their own pit latrine while 2.1 percent were using a communal pit latrine. About 24 percent had access to an indoor flushable toilet while 10.4 percent were using a flushable outdoor toilet and another 1.5 percent was using a communal flushable toilet.

With regards to ESCRs, the fact that more than half the respondents use pit latrines implies that conditions there is still a lot that needs to be done before conditions can improve. Given that the survey was done in an urban area, it is expected that more and more households should have access to flushable toilets. There is need for government to facilitate for continued improvement in these conditions according to Article 11 of the covenant.
Information was also collected from KI to help triangulate data collected from the household survey. The KI indicated that the goal of LWASCO was to improve provision of adequate water and sanitation service to the communities that it served, and its jurisdiction extended up to 65 percent of the total population in Kabwe district. It was also indicated that LWASCO was able to supply more than the required volume of water per day and a good proportion of it was wasted as non-revenue water; the daily supply was estimated at 58,300m$^3$ while the daily for the town was only 28,000m$^3$.

Concerning the frequency of access to water by the resident within the jurisdiction of LWASCO, the KI indicated that water supply was not a problem; the utility company was able to supply 24 hours a day. He acknowledged however that there was pressure on the company because the customer base had generally increased due to expansion in the residential areas.

A number of challenges were cited as being a hindrance to effective provision of services by the water utility company. The most cited included the following: dilapidated infrastructure, poor management of the billing system, and uneconomical tariff structure.

In spite of these challenges, the water utility company felt that it still had strength because it had abundant water resources, experienced personnel, and did not have competition in the business. Some weaknesses were however, highlighted and these included: poor work culture, low service coverage due to capacity constraints, having a big volume of inactive customer accounts and unaccounted for water, and poor revenue collection capacity.

In spite of these weaknesses the KI indicated that the utility company still had a number of opportunities and these included the following: large body of water providing plenty room for expansion, the increasing population presenting an opportunity for broadened market, stable economic and political environment, and government support.

A number of threats to the buoyancy of the water and sanitation sector were also cited among which the most prominent included the following:

a) Poor work culture by some workers
b) High cost of electricity and chemicals for treating of water
c) Reluctance by some customers to pay bills
d) Long distances to the sources of the water supply

Respondents were asked to indicate their source of energy for lighting and the survey results indicate that the most prominent source of energy for lighting in Kabwe urban was electricity; 46.2 percent of the respondents were using electricity for lighting. The second most used source of energy for lighting was paraffin; this was used by 17.9 percent of the respondents. Another 17.3 percent were using torches while 13.7 percent were using candles.
Though access to electricity is not explicitly one of the ESCRs, it implicitly forms part of Article 11 which provides for good and continually improving condition of living. It is therefore obligatory for the government to facilitate for enhanced access to electricity and other sustainable sources of energy.

Figure 32: Source of energy for lighting (N=324)

In terms of energy for cooking, more than 50 percent of the respondents were using purchased charcoal for cooking while 4.3 percent were using own-produced charcoal. About 30 percent of the respondents were using electricity for cooking. Additionally, 6.7 percent were using collected firewood while 2.4 percent were using purchased firewood for cooking. The fact that more than half of the households surveyed were using charcoal means that there is very limited access to electricity in the area, which is not supposed to be the case since the survey area is categorised as an urban area.

Figure 33: Source of energy for cooking (N=324)

Figure 34 shows the frequency of access to electricity in Kabwe urban. About 41 percent of the households in the survey had access to electricity very often, while 13.4 percent had access just often. This shows that slightly more than half of the households in the survey area had access to electricity more often than not. On a negative note however, 38.6 percent of the respondents did not have access at all to electricity, while 7.6 percent had access but quite rarely. This shows that the conditions of living for a large section of the survey area are yet to improve. This calls for policies that will accelerate the improvement of access to electricity given that the survey area is an urban area.
Information gathered from the KI at ZESCO offices in Kabwe indicated that the demand for electricity has been increasing over the years and coverage has also increased by 53.8 percent between 2005 and 2012 (from 13000 in 2005 to about 2000 in 2012). In spite of the increase in coverage however, there were still some households and areas that were not yet accessing electricity from ZESCO. Some of the reasons for the lack of access are that: some areas were too far from the national grid and connecting them would therefore require relatively more resources; on the other hand, some areas were just opening up for development of residential properties and were therefore yet to be connected.

A number of challenges were cited as contributing to the inadequacies in the provision of electricity. These challenges included limited capacity to expand generation of hydro power, vandalism of infrastructure, and the lack of willingness to pay among some customers. Apart from these challenges, some threats to the utility company were cited and these included the imminent collapse of the system if the infrastructure is not upgraded soon and the vandalism of infrastructure. The lack of competition was also cited as threat because it had potential to lead to complacency. Apart from being a threat, the lack of competition was seen as an opportunity to continue surviving and serving the nation. The vast infrastructure was seen as another opportunity that could be exploited to increase supply of power to yet unserviced areas as well as meet the increased demand from the agriculture sector.

1.7.4 Affordability

In addition to assessing people’s access to various types of services and utilities in absolute terms, the survey assessed the degree of access by investigating whether households had failed to pay for the rent and utilities at some point during the 12 months preceding the survey. According to the General Comment no. 4 of the Committee on Economic, Social and Cultural Rights, personal or financial costs should be at such a level that the attainment and satisfaction of other basic needs are not threatened or compromised.

The figure below gives a summary of the responses in terms of failure to pay for utilities and rent. On average, 10.4 percent of the households failed to pay rent at some point during the 12 months preceding the survey. This is an indication that rent may not be very affordable in the survey area and this is in conflict with the right of access to adequate accommodation according to Article 11 of the Covenant on ESCRs. An additional 9.0 and 9.3 percent failed to pay for water and electricity respectively during the last 1 month. Failure to pay for housing and utilities consigns people to poor conditions of living, which is against Article 11 of the covenant on ESCRs which provides for adequate and improving standard of living for everyone.
1.8 Right to Social Security

Not only is provision of social security an important ESCR as indicated in Article 9 of the Covenant, giving assistance to those in need is also part of the Zambian culture and this is reflected in the social protection programs that are being run by both Government agencies and NGOs. The survey therefore sought to establish the existence of assistance mechanisms in Kabwe district. This was done by asking respondents to indicate whether or not they had given or received assistance in the 12 months prior to the survey.

The analysis shows that 20.9 percent of the respondents in the survey had received some form of assistance during the period under consideration 23.2 percent had given some assistance during the same period. More people therefore received than gave. When asked to indicate whether the household that gave assistance to members of other households did this on a regular basis or as a once off thing, 48.4 percent of the respondents indicated that they were regular givers and the rest were not.

Respondents who indicated that they had received assistance were also asked to indicate the source of the assistance. Figure 36 indicates that 85 percent of the respondents that received assistance got the assistance from relatives. Another 9 percent indicated that they got the assistance from NGOs while 2 percent got the assistance from the Social Welfare department. This shows that important role that relatives play as a pillar of support in time of distress. It also shows that the social welfare services are not significant source of assistance to people in the district.

Figure 36: Source of assistance in Kabwe (N=68)
In addition to indicating the sources of assistance, respondents were asked to indicate the form of assistance that they had received. Figure 37 shows that different types of assistance were given, but the majority (73 percent) of the respondents received assistance in terms of support for school fees. This shows that the right to education has not been realised for a good number of people because they have to borrow/receive money from others to enable them send children to school. This calls for government to step up its effort in providing social services to those in need. If free education for all is not possible, selective provision of bursaries on the basis of means should be adopted by the government to ensure that more people are able to enjoy the right to education. The second form of assistance in terms of significance was food aid; about 13 percent of the respondents received assistance in form of food aid while 9 percent received it in form of farming inputs.

The type of assistance given has some implications for the future. Assistance given for consumption may not have a significantly positive effect in the future accept to keep the recipient alive and health. Assistance given for to help future production may have a much more positive and lasting impact on the welfare of the household receiving the assistance. School fees for assistance will help invest in human capital for enhanced productivity in future while assistance in terms of farming inputs also has a positive impact for productivity both now and in future.

**Figure 37: Type of assistance received (N=68)**

1.9 Knowledge of ESCRs

Respondents were asked to indicate whether they had any knowledge of ESCRs. This was done by asking them whether they had ever heard of ESCRs in their lives. The analysis shows that 47 percent of the respondents in Kabwe had never heard about ESCRs before. This entails that more sensitisation on ESCRs is still needed to make people aware of the ESCRs.

For those who have heard about ESCRs, when asked to indicate their source of information on ESCRs, 81 percent of the respondents indicated that their source of information was the media. This shows the important role that the media is playing. About 10 percent came to know about ESCRs through the government while 5 percent came to know about them through NGOs.

Respondents who knew something about ESCRs were further asked whether they were familiar or not with various documents on ESCRs. About 63 percent of them indicated that they were not familiar with the various documents on ESCRs. This again calls for sensitisation to enhance knowledge which people can use demand for accountability from service providers.
1.10 Service provision

Service provision has a lot of implications on the welfare of society. It can determine to a great extent the standard of living. Respondents in the survey were asked to indicate who they thought was responsible for provision of services according to the ESCRs. Various responses were given and are summarized in Figure 39.

The majority of the respondents (93.1 percent) think that service provision is the responsibility of the government, while 5.7 percent of them do not know who the service provider should be. This puts them at a disadvantage because they cannot demand or even negotiate for services to be provided let alone hold someone accountable.
Discussion of results

The survey has reviewed a lot of interesting things in Kabwe district in terms of demographics, socio-economic attributes, access to various services and the level of awareness of ESCRs. Some of these attributes have serious welfare and policy implications. The most important of the findings from the survey are discussed below.

1.1 Demographic profile

The population in the Kabwe district is quite young; the data shows that more than half of the population (54.8 percent) was below the age of 21 years. The older population comprising people aged 61 years and above constituted only 6.0 percent of the entire population. This kind of population distribution gives a very high dependency ratio of about 130.4. The implication is that there are more people that need to be supported economically than there are economically active people who should provide the support. A higher dependency ratio means more financial strain at household level to provide for the economically inactive. At national level, it has been associated with reduced level of savings and increased need for social security and other social services.

In terms of the heads of the surveyed households’ most of them (about 75 percent) lay within the age group ranging from 15 to 55 years, implying that only about 25 percent of the households were headed by people more than 55 years old. The fact that most household are headed by youthful people is worrisome because statistics indicate that unemployment is higher among the youths. These households could therefore be more vulnerable.

Most of the households surveyed were headed by males; only 28 percent were headed by females. Generally, male headed households are associated with higher incomes owing to persistent marginalization of females in most economic activities. In terms of marital status of the heads of the households surveyed, 66.9 percent of them were married, 14.1 percent were widowed and 6.4 percent were divorced. A higher proportion of married heads of households is quite a positive aspect because households headed by single parents are associated with less income and more economic and social pressures. The argument is that where there are two parents in a household, both parents will contribute in a way towards betterment of the lives of their children and this could leads to more income in the house if both parents are working.

The size of the households in terms of the number of inhabitants was quite small. The average size of a household was 3.6 which is less than the national average of about 5.1 individuals per household. This is mainly because Kabwe is an urban district. This should be a positive attribute of the population size in Kabwe since smaller household sizes have been associated with improved child development (Fund, 1982).

1.2 Right to Work

The survey analysis shows that 68.8 percent of the heads of the households surveyed were in some form of employment and 12.4 percent were not working. The remaining 9.2 percent were either in school or too old to be employed. The proportion unemployed is quite high and entails a lot in terms of people’s incomes and standard of leaving.

The survey also established the unemployment status among household members that were of working age. About 33 percent of the households reported that they had at least one household member of working age who was unemployed. This shows that the right to work of one’s choice has not been realised (Article 7). This calls for government to put in place policies that will lead to creation of more employment opportunities. It also calls for increased access to education given that the analysis shows that the unemployed were in most cases characterised by low education level (37.84 percent of the unemployed had not reached grade 12 in terms of education, while 41.89 percent only had grade 12 certificates).

The private sector was the largest employer in survey area accounting for 41.0 percent of the employment while the informal sector accounted for 40.0 percent. The public sector accounted for only 19 percent of the employment opportunities. The size of the population in the informal sector entails that either the formal sector is not large enough to absorb people or that some people would prefer to work for themselves than be employed. The proportion in the private sector was the highest, implying that the sector offers more opportunities. Given that the government is pursuing neo-liberal policies, there is need for enhanced incentives for the private sector to flourish so that more employment opportunities can be created.
The dominant economic activity in the district is business; 31 percent of the respondents are in business followed by 24.3 percent that are in wage employment. The proportion of homemakers accounted for 18.6 percent of the respondents and those in search of employment accounted for 8.2 percent of the sampled population. This profile of economic activities has a number of implications one of which is that the proportion of people looking for employment is quite high. This could be due to lack of opportunities or a mismatch between opportunities and qualifications, in which case there is need for bridging the gap between opportunities and qualifications. The same argument can be made of the homemakers given that some of them could have resigned themselves to homemaking because they do not have any qualifications. For this category of people, measures could be put in place for them to engage in business, which would lead to an increase in household income. Generally for Kabwe, there is need for efforts to transform the huge proportion of job-seekers, unpaid family workers, and homemakers into entrepreneurs. There is generally a need for the government to provide for the right to employment so that people can have decent standard of living.

In terms of quality of work, a few aspects that were assessed indicate that the work that the surveyed households are involved in is not entirely good. The proportion of respondents on part-time work was 24 percent. This entails that these individuals are in very unstable kind of employment because part-time work may in most cases not offer benefits like gratuity, paid leave, maternity leave, or even access to social security. The high proportion of respondents that are on part-time employment could be explained by the fact that the private sector and the self-sector are a significant employer in the district, and these sectors are most likely to engage people on part-time basis as a way of cutting some of the costs they would incur if they engaged people on full-time basis.

Other aspects used as yardsticks for quality of work show that only 26.3 percent of the respondents were in pensionable jobs. Another 20.1 percent were in jobs offering gratuity and only 34.2 percent and 18.6 percent were entitled to paid leave and overtime allowance respectively. In terms of maternity leave, only 16.4 percent of the respondents were entitled to maternity leave. Additionally, only half the respondents (50.6 percent) had signed a formal contract of engagement with their employers. This entails that there is high level of insecurity in most of the jobs because people are being engaged without signing a formal contracts of employment. In addition, more than half of them are without access to social security because their jobs are not pensionable and do not offer gratuity as well. The absence of gratuity or pension entails that people do not have financial protection from vulnerability when their engagement with their employers comes to an end. This is in violation of Article 7 of the covenant on ESCRs.

The quality of employment on a self-assessment scale did not perform very well. Though self-assessment is less accurate due to subjectivity, it does give a hint about the state of affairs and could galvanize responsible people into action. The analysis shows that on average, 55 percent of the respondents were not satisfied with the conditions of service in their place of work. The level of dissatisfaction was expected given that less than half of the respondents were entitled to a number of work-related benefits like gratuity, pension, paid leave, maternity leave or overtime allowance.

The average annual income for the Kabwe district was K8, 000.00. This implies that on a monthly basis, each household was earning less than K1, 000.0 which is just less than the minimum wage of about K1, 000.00 for a person engaged as a driver, a typist or a receptionist but was also less than the average cost of living for a family of five for the month of December when the data was collected. The cost of livings was then estimated at K2, 337.10. Given a monthly income of less than K1, 000.00, it means most households in Kabwe cannot afford basic needs. While it is difficult to determine whether the incomes that people are earning are fair or not, it can be confidently argued that the incomes cannot guarantee decent living conditions for the households given that they are lower than the cost of the BNB.

One notable thing, in spite of low income levels, is that households in the district were still able to engage in saving and investment of some of their income. Generally, households headed by a person in wage employment had higher incomes than the self-employed.

1.3 Right to food
Households surveyed had access to balanced diets as measured by the composition of their meals. There were however, a substantial number of households that had inadequate supply of food as measured by the number of meals they had in a typical day. About 25 percent of the households surveyed in the district could not afford more than two meals per day.

A number of challenges were cited to explain the lack of access to adequate food, but the most prominent hindrance was the lack of income and the high prices. This calls for policies that will lead to people having more
opportunities to make money so that access to food can be enhanced. This is the easiest and most sustainable way of enhancing financial access to food given that in a market economy, price fixing is never an option except for one or two major commodities like mealie meal. The government can also focus on enhancing food production so that food prices can become reasonably lows a supply increased.

1.4 Rights to Adequate Housing

Though 66.2 percent of the respondents lived in own accommodation; access to adequate accommodation in Kabwe is potentially a problem because 29.6 percent of the respondents are in rented houses were prospects of eviction cannot be ruled out. In addition, given the low levels of income in Kabwe, an average of 10.4 percent reported having failed to pay rent at some point during the last 12 months preceding the interview. It was further established that 41 of the households in the survey owed in terms of unpaid rent, water and electricity bills. The average size of the amounts owing was K1, 500. This is a clear indication that access to adequate housing is still a problem in Kabwe and calls for corrective measures.

The quality of the accommodation was also assessed using building materials as a measure of quality. About 31 percent of the respondents lived in houses made from concrete bricks and 38 percent lived in houses made from pan bricks. The remaining 31 percent lived in houses whose walls were made of mud bricks, straw, or other materials like iron sheets. This is an indication of bad housing conditions and general poor living conditions and is against the provision for continued improvement in the standard of living.

Access to clean water seemed to be a challenge in the survey area because only a quarter of the respondents had a tap of their own. The rest were using public taps, boreholes, wells, and rivers. About 33 percent of the households did not have access to piped water. This is quite paradoxical given that the KIs indicated that the water utility company actually supplied more than water was demanded on a daily basis. The water that is lost as non-revenue water ought to be harnessed and supplied to those that may not be accessing piped water.

Access to electricity was a problem in the survey area. This is in spite of the area being urban. About 38 percent of the households in the survey for instance did not have access to electricity at all, and less than 50 percent of the households were using electricity for lighting. Moreover, almost 60 percent of the households were using charcoal for cooking. While charcoal may have been less expensive than electricity at the time of the survey, there are a lot of environmental concerns regarding the use of charcoal. Most significant of the concerns is the issue of sustainability. There is therefore need to enhance access to electricity in the survey area for the benefit of both households and the business community.

1.5 Right to Education

This survey assessed access to education by looking at the general level of education of the population in the survey, geographical access measured by the amount of time required to move to the nearest school, and the presence of challenges in accessing educational services by those in need of the services. The importance of education is quite obvious; education is among the most important components that go into the computation of the human development index because of its impact on the quality of human life and contribution of human beings to development. Access to education has therefore been recognized and classified as one of the ESCRs. In Zambia, the Education act for 2011 also rightly acknowledges access to free education as one of the rights of every citizen.

The survey data shows that generally, most of the people in Kabwe have attained some level of education and only 7.9 percent of the respondents have never been to school. About 27.6 percent of the respondents have been to grade 12 while 8.8 percent have been to college. The small proportion of respondents that have been to college suggests an absence of highly trained people in the district. This in turn is associated with fewer employment opportunities and poor quality of enterprises that these people engage in. Increasing the levels of employment in this district requires that people are given access to education beyond grades 9 and 12 so that they can have some skills which they can sell in the labour market or use to engage in quality businesses.

Geographical access to school is such that about 73 percent of the respondents are within 30 minutes of travel time to the nearest school, and only 4 percent live more than an hour of travel time to the nearest school. The general picture is that, geographical access to schools is not a major problem in Kabwe.

In addition to geographical access, the survey also collected information on other factors inhibiting the attendance of school. The most prominent constraint was finance related, but there were a substantial proportion of cases of loss of interest in school by children. The seriousness of the financial constraint was also echoed by the KIs who argued that school fees had the potential of
Quality of education was measured using the amount of time spent in class by pupils in primary school. Though this may not be a very comprehensive measure of quality, its implications do boarder on quality because it is expected that pupils that spend more time in class will have more interaction with their teachers and subsequently learn more than pupils that spend very little time with their teachers. According to standards elsewhere, the idea number of hours per day that primary schools pupils should spend in class is 4 hours. This translates to about 21 hours per month (Qualification and Curriculum Authority, 2002).

The survey established that on average, 77 percent of the pupils in the survey spent between three and five hours in class per day, and 8.0 percent spent two hours or less. This could be a result of lower staffing levels in schools or even the lack of teaching space in some cases. This may call for increased number of schools and teachers in the district.

The other quality indicator that was used in the KII was the availability of learning facilities including a library, a science laboratory, sports fields, and counselling/guidance services. The most available facilities/services were the sports fields and counselling/guidance services; all schools in the survey had counselling and guidance services. The least available facilities were the science laboratory and Library; only 33 percent of the schools in Kabwe had a science laboratory and a Library. The low level of availability of laboratory facilities could be a result of the sample which comprised both basic and high schools, in which case the basic schools usually may not have a laboratory because the science taught at that level does not require a laboratory facility. On the other hand, while lower level schools may do without a science laboratory, quality requires that all schools should have library facilities. A library may provide reading space for pupils that may have problems finding reading space at home or in school; it may provide additional reading materials to broaden pupils’ understanding of the world around them, and may also engender a culture of reading among the pupils.

In terms of self-assessment of the impact of the free education policy, most people (more than 60 percent) in Kabwe do not agree that the free education policy has led to increased access to basic education. Looking at the same question from the suppliers’ point of view, the responses were quite different. The majority (76.6 percent) of the KIs argued that the free education policy had led to increased enrolment at primary school. This variation in views among the users of the services and the service providers calls for a more detailed inquiry to generate more evidence on the impact of the free education policy. It needs to be established for instance whether or not the observed increase in enrolment by service providers is a result of the removal of school fees or that the removal of school fees coincided with an increase in the need for education.

### 1.6 Right to Health

The data analysis shows that about 74.67 percent of the respondents are within 11 to 30 minutes’ travel time to the nearest facility, and about 26.13 percent have to travel more than 30 minutes to the nearest health facility. This shows that the MoH’s mission of providing equitable access to cost effective, quality health services as ‘close to the family’ as possible is yet to be realized.

Access to maternal health services in the district is still a problem more than a quarter of the survey respondents indicated that the facility nearest to their home did not have maternity wards. This was also corroborated by the KIs. This entails that government efforts to enhance access to health care, as described under Article 12 of the covenant, are inadequate.

Though the availability of health facilities is very important to ensuring enhanced access to healthcare services, the quality of services accessed is even more important because it will have a great impact on the outcome of healthcare interventions. On average, about half of the respondents were attended to by a medical doctor during their visit to a health facility while 14.77 percent where attended to by a clinical officer and none were attended to by traditional healers. The proportion which consulted Faith healers and community health workers
was negligible. This indicates that quality as measured by availability of qualified staff was not much of a problem. There were however a substantial proportion of people that were not attended to by a healthcare practitioner; this group consisted of 28.86 percent of the people that reported a sickness within the three months preceding the survey. This category of people either self-treated or did not do anything during their sickness. This category of people could be a highlight of the unmet need for healthcare services in the district.

Though most respondents were attended to by qualified health personnel during their visit to the health facilities, suggesting availability of qualified staff, the KIs argued that availability of qualified healthcare staff in the facilities was still a big challenge. Most of the facilities had less than the ideal number of staff, implying that the available staff has to really stretch themselves to adequately attend to their clients. A caveat should be noted here considering that quality of healthcare service is measured by a lot of other variables including availability of drugs, waiting time, attitude of health personnel, responsiveness of services, and availability of choice among others. Additional information was collected from both the households and the KIs on the average waiting time at health facilities. The two sources gave slightly different responses; from the KIs point of view, the average waiting time at a health facility was 26 minutes, but the households indicated a waiting time less than 15 minutes on average. Another quality related variable that was assessed was the availability of drugs at facilities. The KI indicated that there were no shortages of drugs during the one month preceding this survey. This entails that measured on the availability of staff, medicines, and waiting time, the quality of healthcare services in Kabwe was satisfactory from both the providers’ and consumers’ points of view.

The government has been making efforts to ensure access to healthcare both geographically and financially. Geographical access has been enhanced through construction of health facilities to ensure that the majority of the people can be within 5 kilometres from a health facility. Concerning financial access, one of the strategies that have been used is the removal of user fees for all Government-provided primary health-care. This is in recognition of the fact that inability to pay for services can hinder access to services. The survey results however show that 21.9 percent of the respondents did not agree that the provision of health services for free in Government health facilities had enhanced access to basic health care. The KI on the other hand indicated that there had been an increase in the utilisation of healthcare following the removal of user fees, but that this had led to increased work-load to the few available health workers. This calls for more facilities and training of health workers to ensure adequate provision of health care to the masses.

1.7 Right to Social Security

Given the poverty situation in the country, the need for social protection to lessen vulnerability among the poor is not debatable. According to Article 9 of the covenant on ESCRs, member states should recognize the right of everyone to social security, including social insurance. Some of the aspects of social protection have been discussed under the employment section. Other aspects like the flow of assistance from the Government or NGOs to vulnerable households, or the flow of assistance from one advantaged household to another household are discussed here.

Giving and receiving assistance has been part of the Zambian culture. Formalized giving has also been practiced through the social protection programs that are being run by both Government agencies and NGOs. The survey data indicates that there was more assistance coming from relatives than from Government or NGOs; about 85.0 percent of the respondents indicated that their sources of assistance were relatives while 9.0 percent got assistance from NGOs and only 2.0 percent got assistance from the government through the social welfare department. The relative insignificance of the social welfare department as a source of assistance to the community was attributed to a number of challenges by the KI. These challenges included the following: it was observed that the department was poorly funded to meet the needs of the communities within which it operated, the department was inadequately staffed and, the community workers that have been engaged to stem the staff shortages at local levels were poorly trained and could therefore not effectively dispense services.

The assistance given came in different forms but the most common form of assistance was in form of school fees. About 73 percent of the respondents received assistance in form of financial support to pay school fees. The second form of assistance in terms of significance was food aid; about 13 percent of the respondents received assistance in form of food aid and 9.0 percent received assistance in form of farming inputs.

1.8 Knowledge of ESCR

The knowledge of ESCRs in Kabwe district was average; about of only 47.0 percent of the respondents have never heard of ESCRs. The information gathered however shows that even among these respondents that had heard about ESCRs before, more than 60 percent of them were
not familiar with the documents containing information on ESCRs such as the draft constitution and the convention on rights of persons with disability.

The most prominent source of information on ESCRs was the media; 81.0 percent of the respondent got to know or hear about ESCRs through the media and 10.0 percent got to know or hear about them from government agencies while 4.0 percent got to know about them through NGOs. Generally, more efforts need to be put in place to sensitise communities on the ESCRs so that they can learn to demand for their rights.

1.9 Service provision
The majority of the respondents in the survey are of the view that provision of services is a responsibility of the Government. While there were some who felt that service provision was responsibility of politicians, NGOs, and citizens, this proportion of respondents was less that 10 percent of the total sample in the survey. This shows that there is a lot of dependency on the Government for service provision. This entails that the standard of life of people in the district is highly dependent on the ability of Government to provide services in the right amounts and acceptable quality. Citizens will therefore have more confidence in Government if its agencies are responsive enough to their needs in terms of service provision.

The KIIs conducted on water and power utility companies generally indicated a number of challenges in service provision. The challenges were responsible for the high unmet need for their services. One challenge among the water utility companies was the inadequacy of distribution networks. Urban settlements have been growing at a fast rate but the capacity of the utility companies has not been expanding at the same pace. In some instances, the water and utility companies had enough capacity but were experiencing a lot of wastage due to dilapidated/vandalised infrastructure. This was the main reason for the failure by the water and sewerage companies to supply water round the clock. Other challenges cited were the poor management of the billing system, and uneconomical tariff structure. These make it difficult to invest in upgrading of the infrastructure to meet the ever increasing demand for service. Issues surrounding tariffs are however quite sensitive because the survey has shown that even at the current tariff regime, a number of households was unable to pay for water supply. An increase in tariffs would therefore mean that access to water would be reduced to a good number of households. In spite of the challenges however, the water utility companies felt that they still had strength because they had abundant water resources, experienced personnel, and did not have competition in the business.

The KIIs conducted with ZESCO personnel gave the impression that the demand for electricity has been increasing over the years and coverage has also been on the increase. There are however a number of households that are not yet accessing electricity from ZESCO due to among other things; long distance to the national grid, making it very expensive to have such areas connected; on the other hand, some areas have just been opened up for development of residential properties and are therefore yet to be connected. It was noted also that due to capacity constraints, even the areas that were already connected to the grid were not receiving power supply round the clock; some scheduled load-shedding activities were reported.

A number of challenges were cited as worsening the power supply deficit and these included the fact that ZESCO had limited capacity to expand generation of hydro power, vandalism of infrastructure, and the lack of willingness to pay among some customers. Concerning the state of the infrastructure, it was argued that there was an imminent collapse of the system if the infrastructure was not upgraded soon enough. It was also argued that the lack of competition was a danger to the utility company as it was seen to be leading to complacency, and consequently failure to be responsive to the demands of the customers. The lack of competition was however also cited as a source of great opportunities for growth to meet the increasing demand especially from the agricultural sector.
Conclusion

Generally, the survey established that the level of knowledge or awareness of ESCR in Kabwe district was quite low at 53 percent although about 68 percent of them were familiar with the documents containing information on the ESCRs. In terms of sources of information on ESCRs, 81 percent of the respondents indicated that they got to know about ESCRs through the media. This shows the significance of the media in information dissemination. Access to accommodation was a bit of a problem in the district; 10.4 percent of the respondents staying in rented accommodation reported having failed to pay rent at some point during the 12 months preceding the survey. This means that the right to adequate housing is yet to be realised in Kabwe. In terms of quality of accommodation, 28 percent lived in houses made of materials like mud, dagga, poles and other materials like iron sheets and steel; and 14 percent lived in houses roofed with straw or thatch. This again indicates that the housing conditions are generally bad in Kabwe.

Access to electricity and water was a problem in the district. Inability to pay for utilities was used to measure the degree of access to water and electricity. On average, 9.3 and 9.0 percent of the households had problems paying for electricity and water respectively at some point during the 12 months preceding the survey. Inability to pay for utilities had negative impact standard of living of people. In terms of employment, it was established that 68.8 percent of the respondents were in some form of employment. The remaining proportion was not working on account of lack of opportunities or because they were too old to work. Further analysis showed that the unemployed were characterised by low levels of education. This means that the right to work is yet to be realised in the survey area.

Conditions of service however are not very good; only 26.3 percent of the respondents are in pensionable jobs, 20.1 are entitled to gratuity and only 50.6 percent have an employment contract. Further, most of the employees are without allowances. This puts most of the respondents in a vulnerable situation because they remain without social security when their employment is terminated.

Most of the households surveyed had access to balanced diets, but there were a substantial number of households (almost 27 percent) that had inadequate supply of food as measured by the number of meals they had in a typical day. This brings in the threat of malnutrition especially among the young ones.

Geographical access to education was a problem, 27 percent of the respondents were more than 30 minutes of walking time to school. Other challenges included mainly financial constraints as well as lack of interest, about 13 percent of the respondents had children who were not going to school and 70 percent of the respondents do not think that access to basic education has been enhanced by the free education policy. There is more effort on part of government to remove the financial barriers to education as outlined in Article 13 of the covenant on ESCRs.

Access to health facilities was not a very big problem geographically; more than 73 percent of the respondents were within 30 minutes of travel time to the nearest health facility. Access to maternity facilities was a problem; more than a quarter of the respondents did not have a maternity ward in the facility nearest to their homes. In terms of financial access to healthcare, more than 71 percent of the respondents felt that the removal of user fees had enhanced access to basic healthcare. However, 38 percent of them argued that the long queues at government health facilities were a constraint to accessing healthcare. Another 25 and 31 percent of the respondents argued that it was the lack of drugs and the bad attitude of staff respectively that inhibited access to healthcare in government facilities. Only 2 percent cited financial constraints in accessing basic healthcare in government facilities.
Recommendation

The following are some of the recommendations to help improve the conditions of living for the people in the survey area:

There is need for government to take a leading role in familiarising the community with issues to do with ESCRs. This will empower the community with information that they can use to demand for accountability among service providers. Structures to enhance community participation in issues related to access to ESCRs ought to be revived, where they exist, or put in place where they are non-existent.

There is need to make the utility companies more efficient so that wastage is minimised and service provision is enhanced. This would benefit communities in many ways; improved provisioning of water for instance could lead to reduction in some of the water born diseased that could be prevalent in the area, it could also improve sanitation and also produce some health benefits.

Given that unemployment is highest among the less educated, measures could be put in place to improve access to tertiary education and skills training in general so that after training, people can have an opportunity to choose between self-employment and wage employment. This will help improve people’s lives through increased earnings.

More school facilities ought to be established in areas where people have challenges accessing distant school.

Staffing levels should be improved in both schools and hospitals do that service provision can improve in terms of quality and quantity.

Facilities in schools and health care centres should be put in place where they are missing and improved where they are not in good functional state (e.g. libraries and maternity units).
References


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UNDP and GRZ (2013) Millennium Development Goals Provincial Profile, Central Province. UNDP, Lusaka


Zambia Open Community Schools (2006) Budget Tracking for Open and Community Schools - 2005; Lusaka
## Appendix 1: Baseline data for Kabwe district

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>STATUS</th>
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<td>Ever heard of ESCRs (%)</td>
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<td>Problems paying for electricity (%)</td>
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<td>Proportion with children not in school (%)</td>
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<td>Schools with counselling services (%)</td>
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<td>Facilities with ambulances (%)</td>
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Kabwe Education Survey Report

Households, services, education, quality, income, households, work, people, area, health, survey, facilities, number, assistance, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, health, 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