

The forgotten tribe



People with disabilities in Zimbabwe

Tsitsi Choruma

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Contents

Acknowledgements	4
Introduction	5
1 Background information on disabilities in Zimbabwe	7
Defining disability	7
Prevalence of disability.....	7
Causes of disability	7
The social, economic and political context	8
2 Survey responses: views and perspectives of people with disabilities in Zimbabwe	10
Legislation and policies	10
Disability and poverty.....	12
Disability and gender	13
Disability and health	14
Disability and HIV and AIDS	14
Disability and education.....	16
Disability and employment.....	17
Disability, sport and recreation	18
3 The impact of Progressio’s work in Zimbabwe on disability issues	19
4 Lessons and policy recommendations	21
Lessons	21
Policy recommendations	22
Bibliography	23

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The survey consisted of interviews with disability gurus, leaders of active disabled people’s organisations, individuals and groups of people with disabilities. Participants in the survey were drawn from Greater Harare, Gweru, Bulawayo and Masvingo. A number of institutions that predominantly work with people with disabilities assisted with the survey, including the Midlands State University Disabilities Department, Zimcare Trust Masvingo, Jairos Jiri Naran Centre in Gweru, and Danhiko Training Centre in Harare. The individuals that administered the questionnaires and conducted the interviews were people with disabilities. To ensure the success of the activity, the survey was conducted in collaboration with NASCOH (the National Association of Societies for the Care of the Handicapped – the umbrella organisation for disabled people’s organisations in Zimbabwe).

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 Emerald Hill School for the Deaf
 Epilepsy Support Foundation
 Henry Murray School for the Deaf
 JJA
 King George VI
 Mudavanhu Zimcare Trust
 Multiple Sclerosis Society of Zimbabwe
 National Association of Disabled Youths
 RESCU
 St Francis Children’s Home
 Zimbabwe Association of the Visually Handicapped
 Zimbabwe Downs Children’s Association
 Zimbabwe National Association of the Deaf
 ZPHCA
 Zimcare Trust
 Zimbabwe National Association for Mental Health

Individuals who participated in the survey

A total of 120 people with disabilities volunteered to complete questionnaires. Sixty individuals with disabilities participated in focus group discussions.

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Introduction

For close to 10 years Progressio has been working with disability service organisations in order to participate in the global and national effort to improve the rights and livelihoods of people with disabilities. Progressio partner organisations in Zimbabwe have included the Zimbabwe Parents of Handicapped Children Association (ZPHCA), Batsirai and Jairos Jiri Association (JJA).

During this period the national development agenda has shifted towards tackling HIV and AIDS. Many international and local non-governmental organisations (NGOs) have turned their attention to the provision of services in the HIV and AIDS sector, while the fast declining national economy also left the government with no option but to redirect funding where it was most required.

While this shift was greatly needed, it left many other social ills unattended to. Among these, the disability sector was greatly overlooked and it became almost non-existent. Evidence of this can be found in the lack of information about disabilities in Zimbabwe, the outdated disability policies that are in place, the underfunded and largely invisible national body of people with disabilities, the dysfunctional and fragmented disability sector, and the failure to address the growing needs of people with disabilities.

Several international bodies have acknowledged the fact that progress had stalled on programmes addressing the needs of people with disabilities, especially in the developing world. This resulted in a number of initiatives designed to bring disability issues back onto the national agendas of developing countries. Examples include the creation of a department within the World Bank solely responsible for disability issues. The United Nations has also followed suit and in 1999 the African Decade of Persons with Disabilities was launched following a recommendation by the Organisation for African Unity.

Despite these initiatives, in Zimbabwe people with disabilities remain the forgotten tribe. The Zimbabwe millennium development goals only mention the inclusion of people with disabilities in relation to education. The other seven goals do not specifically address issues pertaining to people with disabilities.

Overlooking the development needs of people with disabilities or disinvesting from programmes that directly benefit them can be one of the most dramatic forms of exclusion people with disabilities can face. People with disabilities remain largely invisible in their communities, and largely overlooked in efforts by the global development community to improve the human welfare and living standards of millions of the world's poor

people. It is important that policy makers and development practitioners alike acknowledge that, with roughly 10 per cent of the world's population living with some form of disability (WHO, 1996), disability components must be built into all development projects.

Statistics on the extent of disability in Zimbabwe are unreliable (see Section 1). However, it is common knowledge that many people living with a disability were not born with a disability but became disabled through accidents, other life threatening illnesses such as diabetes, cancer, HIV and AIDS, meningitis, polio, or arthritis, or simply as a result of old age. This reinforces the argument for programmes to be put in place to create awareness, to enable people with disabilities to become productive members of society, and to generally uphold the rights of people with disabilities to good health, education, and favourable living conditions.

In Zimbabwe, we still have a situation where a good number of disabled children do not attend school. As they get older they continue to be dependent on others, thus becoming an economic drain on their communities simply because they have been denied the opportunity to contribute.

While the government is expected to play a leading role in addressing the needs of people with disabilities, development agencies can also play a critical role as catalysts in ensuring enactment of laws and policies that are favourable and aimed at improving the general situation of people with disabilities.

This report draws on the findings of a survey conducted in 2006 by Progressio Zimbabwe in collaboration with the National Association of Societies for the Care of the Handicapped (NASCOH). The survey sought to collect information about the experience of people with disabilities in Zimbabwe and their views on what needs to be done to improve the situation. Drawing on the survey findings, this report aims to:

- Raise awareness on issues currently being faced by people with disabilities in Zimbabwe.
- Enable the Zimbabwean government, international NGOs and local service organisations to reframe their programmes and actions targeted toward people with disabilities so that they become contextual and inclusive of the needs of the different segments of society that are living with disabilities.
- Help those in development work see the greater link of disabilities and development and also how disability today is linked to other issues such as HIV and AIDS, poverty, gender, civil society participation, and even governance.

Besides continuing to focus on awareness programmes, in order to achieve these aims it is important to consider capacity building with disability organisations on:

- Inclusion practices in education, society and employment: in other words, mainstreaming disability.
- Advocating for the development of a national framework on disabilities and the adoption of new policies and programmes responsive to the changing needs of people with disabilities: in short, ensuring that disability issues find their way back onto the national agenda.
- Developing coalitions, alliances, and special projects around the development of resource centres for people with disabilities, for example libraries, continuing education centres, alternative format publications centres, and disability offices in schools and tertiary institutions.

Disability specific programmes and measures continue to be much needed in Zimbabwe, as well as fully justified from the perspective of development economics and human rights.

1: Background information on disabilities in Zimbabwe

Defining disability

The World Health Organisation defines disability as ‘any restriction or lack of ability to perform an activity in a manner or within a range considered normal for a human being’ (WHO, 1996).

The 1982 National Disability Survey of Zimbabwe came up with a working definition of disability as ‘a physical or mental condition, which makes it difficult or impossible for the person concerned to adequately fulfill his or her normal role in society’ (Zimbabwe Department of Social Services, 1982, p8).

In 1996 the Disabled Persons Act of Zimbabwe expanded on this to define a disabled person as ‘a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society’ (Zimbabwe Government, 1996, p51).

It is important to note that disability is multi-dimensional and that disability in one dimension does not necessarily imply disability in other categories. In reality, disability is defined and perceived differently according to the culture, context, knowledge base, beliefs, and values of a society. While a disability is understood to be a result of actual biological damage to a particular part of a human body that results in a person having an impairment, such an impairment contributes to difficulties experienced by that person, and interrupts their functioning as a person. In addition, people with disabilities are often further disabled by factors within their environments. Researchers in social dynamics have described this as the ‘oppressive social milieu’ within which disability occurs. Society’s attitudes towards people with disabilities can further handicap individuals, with reactions ranging from horror, fear, anxiety, distaste, or hostility through to patronising behaviour. This leads to discrimination and prejudice against people with disabilities which is often reinforced by many associated myths and stigmas.

Prevalence of disability

Estimates on disability depend again on what is considered as disability, on how severe an impairment must be before it is considered disabling, and on how categories are identified and selected in the actual gathering of data (Ingstad and White, 1995).

According to the World Health Organisation (WHO, 1996), 10 per cent of the world’s population are people living with disabilities. As such, Zimbabwe, with a

population of 12 million people, should have 1.2 million people living with disabilities. However, surveys have recorded a much lower figure. The Zimbabwe Inter-Censal Demographic Survey of 1997 recorded a total of 218,421 people with disabilities in the country – about two per cent of the total population. Of these, 56 per cent were male and 44 per cent were female. Seventy-five percent of the people with disabilities lived in rural areas while 25 per cent lived in urban areas. Five years later, Zimbabwe’s 2002 Housing and Population Census presented a national prevalence of 2.9 per cent, of whom 45 per cent were men and 55 per cent women.

The Inter-Censal Demographic Survey identified 57,232 children with disabilities (0-19 years), but another study in 1997 (UNICEF, 1997) found an estimated 150,000 children with disabilities in the country. This disparity demonstrates the lack of reliable, comprehensive data on people with disabilities in Zimbabwe. With an unknown increase in recent years in the number of people who are becoming disabled due to HIV and AIDS, there is an obvious need for a comprehensive disability survey as part of a national census process.

Causes of disability

A number of negative beliefs on the causes of disabilities persist in Zimbabwe, such as associating disability with witchcraft or maternal promiscuity. The culture in Zimbabwe is still to look at disability as a curse. Generally there is limited social acceptance of people with disabilities by their families (particularly their fathers and paternal relatives) and the communities they live in. The birth of a child with a disability is viewed as a taboo that is likely to bring bad omen to the family. Fathers of such children would usually blame the disability on the mother.

The Zimbabwe Department of Social Services (1982, p59) provided the following breakdown of the causes of disability (other/not known categories not included in table):

Causes of disability		
	0-4 years (%)	5-15 years (%)
Disease	61.5	60.1
Accident	9.6	23.0
Abnormal birth	7.3	4.1
Malnutrition	9.6	1.7
Heredity	1.9	2.8
War	1.9	5.1

The Inter-Censal Demographic Survey (1997) identified the general causes of disability in Zimbabwe as mainly congenital birth defects, war, accidents, diabetes, and preventable diseases such as measles, polio, and tuberculosis. The study also noted that malnutrition of a pregnant mother leads to growth retardation, malformations and poor brain growth of the foetus. Causes of sight problems in Zimbabwe were identified as cataracts and glaucoma. Other causes of disability included maternal rubella, otitis media (infection of the middle ear), and meningitis. Pregnant mothers infected by HIV/AIDS are constantly ill and at risk of giving birth to children with disabilities.

According to research carried out by the African Rehabilitation Institute in Zimbabwe, Zambia, Malawi and Mozambique (ARI, 2006), disease and genetic factors were found to be the most common causes of disabilities in the southern African region, although prevalence rates vary from country to country. Disease is the most common cause of disability in Malawi (55 per cent), Mozambique (45 per cent), and Zambia (48 per cent), while in Zimbabwe, the major cause of disability is genetic or congenital (40 per cent). The table below gives a more detailed breakdown of the findings of the ARI study.

The social, economic and political context

From a worldwide, historical perspective, people with disabilities have been ridiculed, killed, abandoned to die and condemned to permanent exclusion in asylums (Pritchard, 1963). For example, reports exist that indicate that Greeks abandoned their disabled babies on hillsides to die, while early Chinese left their people with disabilities to drown in rivers (Anang, 1992). In Europe, Nero Commodus is said to have used bows and arrows to kill physically disabled individuals, while the Church in the 15th century sanctioned the extermination of disabled persons (Durant, 1944; Onwegbu, 1979).

Such negative attitudes towards people with disabilities are still prevalent in Africa. In most parts of southern Africa including Zimbabwe, children born with albinism used to be killed immediately after birth. Further, people with disabilities in Zimbabwe were marginalised and treated as if they were not capable of functioning on their own. Disability was equated with inability (Peters and Chimedza, 2000). In most parts of

Africa, disability is viewed as either a form of punishment or as a curse by angry ancestral spirits (Peters and Chimedza, 2000; Kisanji, 1995).

In Zimbabwe and other African nations, the family has been responsible for taking care of its disabled members. However, pressures from urbanisation and changing patterns of employment leading to urban migration have resulted in the breakdown of the extended family system (Peters and Chimedza, 2000). Due to more limited family support, people with disabilities have been locked in houses and placed in institutions, and are generally seen as burdensome (Peters and Chimedza, 2000). Tolerance of people with disabilities has also tended to diminish sharply during periods of economic hardship (Turnbull, 1992).

It is clear that historically, people with disabilities have experienced a mixture of attitudes ranging from persecution to tolerance (Kisanji, 1995). It is unfortunate that the tolerance was paternalistic, as people with disabilities were perceived as incapable of making independent decisions and managing their own lives. They were looked at as people who always need assistance (Coleridge, 1993).

It is not surprising that some of the above cited attitudes still apply in Zimbabwe today. Socially there is still a lot of misunderstanding and lack of knowledge about disabilities. This mainly stems from cultural misgivings about disabilities. Disability is still an issue that is surrounded by myths. In the social setting, people with disabilities are invisible because generally the country's social amenities have not been structured in a way that is inclusive for people with disabilities. As such, people with disabilities are less likely to participate in most social activities. Instead people with disabilities belong to institutions where 'specialised' activities are developed for them. Society's attitude towards people with disabilities reflects a view that people with disabilities are useless liabilities who have no role to play in society.

In Zimbabwe, although most new buildings have ramps with rails, in many cases the recommended gradient of the ramps is not adhered to. The buildings may also lack signs to indicate where the disabled person's entrance, elevators or toilets are located. In urban areas, doors to offices, hotel rooms or toilets are heavy and handles too high, making it difficult for a

ARI study findings: causes of disability in the region (%)

	Mozambique	Malawi	Zambia	Zimbabwe
Genetic/congenital	26	31	25	40
Disease	45	55	48	29
War	5	0	0	2
Violence	1	1	0	1
Workplace injury	0	1	1	1
Accident	9	6	7	7
Witchcraft	1	2	5	6
Others	1	0	1	1
Don't know	11	5	12	13

person with a disability to manoeuvre with ease. The visually impaired complain about buildings with no guiding rails, elevators with no recorded voice, and elevators too small or narrow to accommodate a wheelchair. Automated teller machines have no ramps and the cubicle is too small and high for people with physical disabilities – particularly wheelchair users. Office buildings often have staircases for use in case of emergency – elevator breakdown or fire – but have no provision for physically challenged persons. The main source of information for people with disabilities is the

radio, followed by meeting with other people. Very few visually impaired people with disabilities have access to information in Braille and sign language material is still a dream.

The current economic situation has made things even more difficult for people with disabilities. On the one hand the government is clearly focusing on turning around the economy, while on the other hand the need to develop effective responses to HIV and AIDS has taken precedence, reducing the scope for addressing a wider range of social needs.

2: Survey responses: views and perspectives of people with disabilities in Zimbabwe

This section provides views and perspectives from leaders of disabled people's organisations, individuals with disabilities and groups of people with disabilities. The views given here are drawn from the survey conducted in 2006 by Progressio Zimbabwe in collaboration with NASCOH.

Respondents to the survey had various types of disability, as outlined below:

- Polio victims
- Amputees
- Club feet
- Congenital deformity
- Paraplegia
- Speech impairments
- Hearing impairments
- Visually impaired
- Physically impaired
- Hemiparesis
- Mentally challenged
- Albinos

Some respondents were able-bodied people who gave their opinions on the basis of their experience of direct involvement with people with disabilities, for example as heads, coordinators, teachers and treasurers of disability institutions.

Most of the respondents (about 90 per cent) were in various forms of employment, were self-employed, or were students. Many were married with children, with males representing 66 per cent and women 33 per cent of the married respondents. This supports the view that it is easier for a disabled man than a disabled woman to get married and have children. However, one can also see from this profile of survey respondents that disabled people can have a marriage, children, and good jobs to provide for their families, despite their disability.

Legislation and policies

Zimbabwe boasts an Act, The Disabled Persons Act (1992), which deals exclusively with disability matters. It is the only legislation in place for people with disabilities in Zimbabwe. There is not yet a disability policy in place although there is a Mental Health Policy. Other acts and policies that address issues pertaining to people with disabilities include the Social Welfare Assistance Act, Child Protection Act, Public Health Act, Education Act, Constitution of Zimbabwe section 23 and the Education Policy number 36. Zimbabwe has adopted the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities and is a

signatory to the conventions on the rights of children, elimination of discrimination against women, and on the rights of people with disabilities.

While it is acknowledged that the Disabled Persons Act (DPA) has mostly enabled people with disabilities to access education (and acquire some form of accommodation in educational settings) and to attain high-level positions in decision-making boards, a lot still needs to be done. The DPA has no provision for positive discrimination or affirmative action for disabled persons. The Act as a whole does not provide for the wider participation of people living with disabilities and their organisations in policy and decision-making and implementation as envisaged by the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. While it is a recognised fact that discrimination will not always affect men and women equally or in the same way, the DPA, like any other law, is generally characterised by the assumption that gender-neutral laws will apply equally to everyone regardless of their lived realities. As such, a failure by the law to consider gender in fashioning the content of substantive rights neglects the experiences of women, which is basically what the constitution also does. Yet the constitution is the supreme law of the country.

The DPA is described as a dry Act of which no entity claims to be custodian. As such, disability issues in Zimbabwe continue to be a preserve of the Ministry of Public Service, Labour and Social Welfare and the Ministry of Health and Child Welfare – a clear indication that Zimbabwe still subscribes to the welfare approach to disability issues and has yet to embrace the human rights-based approach to disability. While the welfare approach is a simplistic view which looks at disability as a medical condition that can be solved through the provision of medical treatment and social welfare handouts, the human rights-based approach is a more enlightened, realistic, people-centred and responsible approach. The human rights-based approach to disability places specific obligations on the part of the government to remove whatever physical and social barriers that prevent or hamper the full integration of people with disabilities into society, and ensure that they are accorded the same rights and opportunities as any other member of society.

The DPA provides an administrative framework for issues relating to people with disabilities. The Act's provision for setting up the Disability Board is commendable, however the board is seen as partisan and

not independent. The Act does not provide a clear cut criteria and strategy of how it will cater for people with disabilities. Worse still, the Act does not provide strategies for ensuring conformity and compliance by stakeholders. There are no clear measures for enforcement of this Act. To be effective the DPA should ensure that the role of institutions that directly or indirectly interface with people with disabilities is clearly spelled out. However, the Act is very general, making it difficult for people with disabilities to know how and where to access services. Most institutions are free to disregard the provisions of this Act, while other policies and Acts are notably silent on disability issues. While it is acknowledged that the Act provides a guiding vision on how to fully accommodate people with disabilities in all facets of life, in practice there are shortfalls in how these aspirations are implemented, resulting in violations of the rights of people with disabilities. There is a need to ensure implementation of the legal provisions and policies in place rather than for them to remain mere tools.

Generally people with disabilities are ignorant of the legislation and policies due to limited exposure to and education on these instruments. Disabled people's organisations in Zimbabwe are not carrying out awareness campaigns to raise awareness among and educate their constituencies and communities. It is unfortunate that welfare issues appear more important than for people with disabilities to understand policies and legislation that uphold their rights and livelihoods. Evidently advocacy programmes that are being conducted are not ensuring the involvement of most people with disabilities. Lack of knowledge or information about legislation and policies is indeed a limiting factor for people with disabilities to be able to talk effectively and engage in discussions about provisions or violations thereto.

Access to decision-makers and to the democratic process is also an issue for disabled people. Accessibility to polling stations is difficult for people with disabilities due to distance and lack of slopes, ramps and other facilitated access. In general society's view is that disabled people are unable to assume voting roles. Visually impaired people are particularly excluded, as there is no information in Braille about their voting rights and the electoral process itself. Visually impaired people are sensitive about confidentiality and anonymity, but have to rely on a second party to register on their behalf.

Overall there are considerable obstacles to disabled people enjoying their rights as participating citizens of Zimbabwe.

Recommendations by respondents on legislation and policies

Survey participants recommended that there is a need to:

- Revise the current Disabled Persons Act (1992) and provide a clearly defined, integrated and participatory approach to formulating a policy that highlights and implements the specific needs of people with disabilities.
- Formulate standard rules that are contextual and in combination with the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. This will make the standards applicable to the Zimbabwean scenario and make the implementation process meaningful.
- Establish a gender-sensitive approach in formulating the content of the Substantive Rights.
- Scale up policy and legislation campaigns to enlighten people with disabilities on their contents, using an accessible and involving approach. These awareness campaigns should take an integral, not a sectorial, approach, in order to reach all parts of the disability population. For example:
 - For the blind: provide information in audio formats, in Braille, or via screen-reading software on computers.
 - For the physically disabled: ensure accessibility, for example by taking the information to the targeted market through mobile campaigns.
 - For the deaf: provide information through visual aids and in sign language.
- Ensure the Disability Board takes an active role in urging government to create an environment that enables pluralism in the democratic process. People with disabilities should be able to exercise their right to participate in the democratic process, including the right to participate in voting. For example, the government should ensure that voting stations can accommodate the needs of visually impaired people through installation of appropriate equipment, voting in Braille and ensuring confidentiality.
- Place more people with disabilities in decision-making positions and involve people with disabilities in the planning and implementation of programmes and services that directly benefit them.

Responses from survey participants to questions about disability legislation and policies*		
Question	'Yes' responses	'No' responses
Do we have policies that cater for the specific needs of people with disabilities in Zimbabwe?	55 (59%)	38 (41%)
Have these policies been able to benefit people with disabilities?	21 (23%)	69 (77%)

* A total of 120 people with disabilities completed the questionnaire. However, some respondents did not answer some questions. This accounts for the variation in the total number of responses to different questions. The percentage given is the proportion of those who responded to that question.

Disability and poverty

In the much-quoted words of the World Bank: ‘Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom.’

People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by society generally. As a result of inadequate income and other resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society.

Poverty is both a cause and consequence of disability. As Ngabaite Muchinguri, from the Council for the Blind (Bulawayo), put it: ‘Disability is inseparable from poverty.’ Poverty and disability are linked in a vicious circle, as people with disabilities are more prone to live in chronic poverty, which in turn can lead to disabling conditions. Both poverty and disability reinforce each other, thereby contributing to increased vulnerability among people with disabilities. In developing countries, as in more developed areas, people with disabilities (and their families) are more likely than the rest of the population to live in poverty. The survey conducted for this publication supported the view that disability adds to the risk of poverty, and conditions of poverty increase the risk of disability.

Poverty can lead to secondary disabilities for those individuals who are already disabled, as a result of poor living conditions, health-endangering employment, malnutrition, poor access to health care and education opportunities, and so on. There are a number of factors that can make people with disabilities, or families with people with disabilities, worse off economically: (i) loss of income; (ii) additional costs resulting from the disability; and (iii) marginalisation or exclusion from services and/or social and community activities.

Almost every community attaches stigma to disability. People with disabilities are often considered as incapable, economically unproductive and needing to be taken care of. It is this attitude that marginalises persons with disabilities more than their impairments. Zimbabwe is no exception. In addition, public spaces, amenities and transport make no allowance for people with disabilities

and little is being done to integrate them into mainstream society or prioritise their needs in development planning. As a result, the vast majority of disabled people remain among the poorest of the poor, deprived of the ability or the opportunity to fulfil their basic needs.

Families of people with disabilities often do not have land to grow food. They have inadequate income to purchase their basic needs: food and shelter. Sustenance and sanitation are inadequate, and access to health care is very limited. Family members often become ill, and some of the diseases are potentially disabling. Information gathered in the survey indicated that many people with disabilities acknowledge that their situation plays a role in their social and economic development. Disability affects the chances of attending school, finding employment, and participating as equals in society.

Literacy levels of people with disabilities are generally lower than the rest of the population, while people with disabilities are much less likely to be engaged in economic activity than the rest of the population. Survey responses show that difficulties in obtaining employment affect people with disabilities of all ages. Women with disabilities are worse off as they face a double discrimination because of their gender and their condition.

To sum up, people with disabilities face numerous challenges in achieving equality of opportunity: environmental and access barriers, legal and institutional barriers, and attitudinal barriers that cause social exclusion. In order to fight for their rights people with disabilities need to live in an environment in which they are empowered. Alexander Phiri, Executive Director of the Southern African Federation of the Disabled, commented:

Economic initiatives such as the PRSPs [Poverty Reduction Strategy Papers], MDGs [Millennium Development Goals], NEPAD [the New Partnership for Africa’s Development], and the Economic Commission for Africa, African Charter and UN conventions are silent on people with disabilities. Disabled persons and their organisations are rarely referred to as stakeholders or beneficiaries. Instead they are mentioned as ‘vulnerable groups’ in these global economic initiatives. People with disabilities need special support such as skills, appropriate technology and access to information to sustain their livelihoods.

Responses from survey participants to questions about disability and poverty

Question	‘Yes’ responses	‘No’ responses
Is disability related to poverty?	76 (78%)	22 (22%)
Are people with disabilities empowered to enhance their livelihoods?	22 (21%)	83 (79%)

Recommendations by respondents on disability and poverty

Survey participants recommended that there is a need to:

- Include people with disabilities in distribution of land.
- Ensure the accessibility of facilities that promote good living conditions (good sanitation, good health facilities and good housing).
- Enable access to education, employment, and equal opportunities to participate in society.
- Establish a gender-sensitive approach to ensure equality of access to education, employment, and equal opportunities especially for women. Women need to be empowered right at the family level, as young women, to take control of their lives.
- Create a conducive environment for empowerment by providing special support: skills and services, appropriate technology/assistive devices, and access to information in alternative formats appropriate for the different disabilities.
- A disability fund should be created to benefit people with disabilities and the fund should be accessible to them.
- There should be a representative in parliament who will champion issues and concerns of people with disabilities.

Disability and gender

The word gender is usually understood in development circles to refer to the social construction of attributes, roles, obligations, activities and responsibilities given to men and women within any society (Mhloyi and Kanyenze, 2005). These norms create disparities between men and women, disparities that are largely skewed against women. This is the same for people living with disabilities. However, the issue of disability worsens their position as men and women in society with respect to various institutions (which include the socialisation process, decision-making roles, marriage and politics).

In the survey, understanding of the word gender by the majority of people with disabilities emphasised equal access and opportunities for men and women. Others viewed it as giving more ruling powers to men than women, while others saw it as providing more power to women than to men.

Responses from the survey indicate that, at the family level, experiences between boys and girls vary. Boys with disabilities are valued more than girls with disabilities within family settings. Boys are sent to school and girls are denied access to education, as they are considered to be useless people. Thus, the girl child is exposed to poverty at a tender age and when the boy grows up his status is better than that of the girl. The failure to attend school also impacts on the girl's long-term health and survival. However, in cases where there are insufficient funds, the able-bodied are given priority over disabled children in being sent to school. Here both the disabled boy and girl are marginalised, especially in poor families.

Disabled children do not enjoy those rights and roles that they would otherwise have had if they were able-bodied. A disabled first born is denied the role and rights of being the first born – the 'big brother'. In one of the

focus group discussions in Masvingo, one participant stated that, on family problems, even if you are older, the younger one is consulted.

Girls with disabilities are mostly allowed to do menial household chores only, thereby not equipping them with adequate life skills. This can affect a disabled woman's relationship with in-laws in the event of being married, especially to an able-bodied man. Her acceptance into the family will be difficult, as she is not able to do the household chores expected from her as a *muroora* (daughter-in-law). Disabled children lose out on their childhood because they are over-protected, and in the end, lack the vital skills that they would need to use in their adulthood.

As highlighted earlier on, children with mental health problems are prone to abuse. Men sleep with girls with disabilities with the belief that they can get rid of HIV infection by doing so. Girls find themselves abused, impregnated and dumped. This exposes them to psychological and physical trauma (where violence is involved), which is made even worse by the increased risk of contracting HIV and unwanted pregnancy at a very tender age.

According to the AIDS and Rights Alliance for Southern Africa (ARASA, 2004), gender violence is often not punished and does not reach the police or the media. This situation is reinforced by the general perception and acceptance of women's subordinate status. Women and girls with disabilities are more at risk of being taken advantage of because of their condition and their lack of information about their rights.

The marriage institution is a topical issue among people with disabilities. A study by SINTEF (the Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology; SINTEF, 2003a and 2003b) showed that 66 per cent of people with disabilities were married, 20 per cent were widowed, and 14 per cent never married.

Women with disabilities face more difficulties in the marriage institution than men. Kudzai Shava, Director of Disability Services at Midlands State University, commented: 'Disabled men who are financially secure are more likely to get married, and more so to able-bodied women. It is considered less problematic to be with an able-bodied partner if one is disabled.' Women are not able to get married to an able-bodied person because of the societal gender roles and expectations related to reproduction and production.

In the focus group discussion in Mashonaland Central, it was noted that marriage may occur between two people with disabilities as long as the disabling condition does not affect the reproductive ability of the individuals. People with mental health problems or learning disabilities are less likely to marry or be married due to the belief that they will genetically pass on the disability to the offspring.

Giving birth to a disabled child is blamed on the woman, and can be grounds for divorce. Generally women with disabilities face the burden of being disabled single mothers to disabled children, and as such attain a low status in society. In extreme cases, when women give

birth to disabled children, it is associated with evil, sin or witchcraft.

It is common practice that parents do not allow their sons or daughters with disabilities to choose their own partners, instead insisting on them getting married to someone who is judged able to take care of them as a person with a disability. This lack of choice over marriage partners can create a pressure for people with disabilities to have premarital sex, exposing them further to HIV and AIDS. However, even when they do marry, there is a high likelihood that they may be abandoned later on. Psychologically impaired men are often feared because of the view that they cannot control their sexual drive.

In the area of mental health, Elizabeth Matare, Executive Director of the Zimbabwe National Association for Mental Health, commented:

Both men and women should be afforded the opportunity to access services without discrimination. In the area of mental health, more men are getting help than women. Families would not bring a woman for rehabilitation. If a woman suffers from a mental illness she is likely to be divorced while the man is taken care of. As such women carry a greater burden of the role of taking care of the mentally ill. Programmes need to address gender aspects related to access and provision of services.

Disabled women are disempowered by both their gender and their disability in terms of their ability to influence decisions that affect them. Women with disabilities are conspicuous by their absence from decision-making and influential positions. This lack of opportunity to be involved in such positions places people with disabilities – and particularly women – at the receiving end, as they are unable to champion their issues in order to bring change to their situations.

Recommendations by respondents on disability and gender

Survey participants recommended that there is a need to:

- Develop policies that challenge the social systems and cultural institutions that discriminate against people with disabilities, especially at the family level. Understanding the gender biases (which are largely skewed against women) rooted in the family, transferred into the community and enhanced at the national level, will go a long way towards addressing the gender disparities among people with disabilities.
- Implement a clearly defined National Gender Policy that highlights the specific rights of people with disabilities.
- Challenge the society's mindset, attitudes and behaviours towards people with disabilities through the development of positive images of people with disabilities.
- Place more women with disabilities in decision-making positions and involve women with disabilities in the planning and implementation of programmes and services that directly benefit them.

Disability and health

Sixteen per cent of people with disabilities in Zimbabwe receive donations and close to 24 per cent receive social allowances (NASCOH, 2002). The major reason reported for those that do not access these benefits is the lack of awareness. Members of organisations and associations tend to be more informed than those not belonging to any organisation or association.

When people with disabilities attempt to access health care services they are unable to automatically access their social welfare benefits: they always have to go and get a letter from the Ministry of Social Welfare. This discourages people with disabilities from accessing health services as they often do not themselves have the funds to pay for these services.

The health service network is not widespread enough, as relatively large numbers of people, particularly in rural areas, find it difficult to access health care units nearest to them. The concentration of trained staff in urban areas has left the rural areas under-served. Generally the health service centres are under-funded and ill-equipped. Accessibility is a problem, particularly for those with reduced mobility or in wheelchairs, and those with visual and hearing impairments. Communication problems between health care staff and patients/clients are common – many people often do not understand the language used in health care units – and these problems are exacerbated for people with disabilities. The availability of information in Braille or sign language, for example, is rare.

Negative attitudes of some health care personnel can make it difficult, 'complicated' or humiliating to go to the health care unit. These attitudes may be related to inadequate knowledge and skills among staff and consequent uncertainty about how to deal with people with disabilities. In essence, survey respondents felt that health care staff are insufficiently trained about disabilities, as their approach is generally seen as limited and uninformed. There are reports of stigmatisation and discrimination of people with disabilities, evidenced by the inability of health personnel to look beyond the disabling conditions. There is a need to look at the possibility of creating separate units for specific disabilities that general nurses or medical practitioners are unable to deal with.

Disability and HIV and AIDS

A well-known critical issue in the Zimbabwean context is the HIV and AIDS pandemic. Although the prevalence rate was reported by the Ministry of Health and Child Welfare to have gone down from 24.6 per cent in 2003 to 20.1 per cent of the adult population in 2005, Zimbabwe remains one of the countries with the highest rates of infection. The National Aids Council (2004) estimated that 3,000 Zimbabweans die from HIV and AIDS related illnesses every week, while over two million people are living with the virus. No known research in Zimbabwe has managed to determine the number of people with disabilities in the country who are infected by HIV and AIDS. However, anecdotal evidence suggests substantial rates of HIV infection, disease and deaths among people with disabilities.

The sexuality of people with disabilities is poorly understood and often not recognised or discussed by society and family members, and therefore people with disabilities are not commonly regarded as a community that is vulnerable to HIV or affected by AIDS. Indeed, people with disabilities are often referred to as 'Children of God' who do not engage in sex. Yet people with disabilities themselves claim to be very active sexually, despite being faced with attitudes that include the need for them not to marry, that if they have children it creates a bigger burden for their extended family, and that females with disabilities should have their ovaries removed.

Stigma, discrimination and negative attitudes by the public and family members expose people with disabilities to higher risks of sexual abuse and HIV infection. Social sanctions against marrying a person with a disability may mean that they are likely to become involved in a series of unstable relationships. People with disabilities are more likely to be victims of sexual abuse and rape than their non-disabled counterparts. Myths on curing HIV and AIDS which proclaim that HIV-positive individuals can rid themselves of the virus by having sex with virgins have contributed to a significant rise in the rape of children and adults with disabilities. Assumed to be virgins, they are specifically targeted for the purpose of fulfilling this mythical treatment. Tsungirai Fundira, head of Zimcare Masvingo, commented: 'The general public pounce on the children, the workers at institutions abuse the children, family members and relatives abuse them too. Cultural beliefs are the major causes of abuse, as most believe that sleeping with a disabled child is the best way of cleansing disease.'

While HIV and AIDS affects everyone, the epidemic may have even more serious and devastating effects on people who are already disadvantaged by one or more disability. Literacy rates for people with disabilities are known to be exceptionally low, making communication of HIV and AIDS messages challenging. Sex education programmes for those with a disability are rare and general campaigns about HIV and AIDS usually fail to target people with disabilities.

Extreme poverty compounds the situation. Poverty can lead people to practise unsafe transactional sex. People living with HIV and AIDS require adequate food of the right nutritional value: people with disabilities are most vulnerable to food insecurity. It is clear that disability, poverty and hunger worsen the plight of those that are most vulnerable to infection (ie women and

children) as well as those that are living with HIV or AIDS.

Given the extent and nature of the problems that people with disabilities face, there is a need for specific targeted support – particularly for women with disabilities, many of whom are single or widowed and do not have the resources or knowledge to stand up for their rights. However, a lot of HIV and AIDS service organisations do not consider disability as an issue.

Some of the factors that have hindered disabled children and their families from seeking HIV and AIDS related services include the inaccessibility of buildings and structures used by service providers and the inaccessibility of information. Awareness-based interventions that have strong information, education and communication components have failed to look at the needs of those with visual and hearing impairments and those that are mentally disabled or severely physically disabled. Currently there is no HIV and AIDS information in Braille, no education on voluntary counselling and testing, and people with disabilities have no access to contraception and other prevention methods. AIDS service organisations are doing nothing for people with disabilities, and while people with disabilities are contributing towards the AIDS levy they are not benefiting from the fund. People with disabilities generally feel that there should at least be a quota system, which would allow them to access antiretroviral treatment. While most disabled people's organisations are aware of these issues, they are unable to do anything about it.

Recommendations by respondents on disability, health and HIV and AIDS

Survey participants recommended that there is a need to:

- Establish an integral approach in providing health care services that are accessible, affordable, accountable, applicable, and most importantly responsive to the needs of people with disabilities.
- Ensure that people with disabilities have access to appropriate and adequate communication systems and information in the health service sector. This includes ensuring that information is produced in alternative formats.
- Institutions that train health care personnel should ensure that the curriculum includes disability issues. There is also a need to train personnel who will specialise only on disabilities.
- The national AIDS coordinating body should ensure

Responses from survey participants to questions about disability, health and HIV and AIDS

Question	'Yes' responses	'No' responses
Do health care professionals in Zimbabwe display an understanding of the health care needs of people with disabilities?	21 (23%)	72 (77%)
Do current programmes on HIV and AIDS prevention and care address the needs of people with disabilities?	20 (21%)	75 (79%)

the development of HIV and AIDS responses that specifically address the needs of people with disabilities. It is important that the sexuality of people with disabilities be appropriately understood to reduce their vulnerability to HIV and AIDS.

- Raise awareness among society at large about the reproductive rights of people with disabilities and eliminate myths and beliefs about curing HIV and AIDS. This will reduce the vulnerability of people with disabilities to HIV and AIDS, especially girls and women.
- Provide structures for reporting sexual abuse of people with disabilities, and provide free medication and free counselling services for girls and women who experience gender-based violence.
- HIV and AIDS information should be made available and accessible to people with disabilities. There is a need to go beyond awareness and focus on the specific issues of HIV and AIDS prevention and care for people with disabilities.
- Empower people with disabilities (especially women) to alleviate themselves from poverty and unemployment – conditions which increase their vulnerability to HIV and AIDS.

Disability and education

Although the Education Act (1987) talks of 'Education for ALL,' education has not really been for all children with disabilities. A SINTEF study conducted in 2003 (SINTEF, 2003a and 2003b) indicated that 32 per cent of people with disabilities in Zimbabwe have had no schooling (36 per cent had some primary schooling, and 32 per cent had some education beyond primary level). A third of the interviewees reported that they did not go to school because family members considered them incapable of learning. This was particularly the case for females with disabilities and those affected by mental illness and/or learning disabilities. Lack of financial resources is another major reason for families not sending children with disabilities to school. It is a matter of fact that most people with disabilities come from very poor backgrounds.

Respondents to the survey conducted for this report confirmed that challenges to access to education for most people with disabilities start right at the family level. People with disabilities are faced with negative attitudes from family members. These attitudes are mainly reflected in the view that sending children with disabilities to school is a 'waste of time'. They believe that people with disabilities are not able to learn. Parents and families have a tendency to prioritise household chores instead of education, in some cases related to all children, but in many cases when it comes to people with disabilities. There is also a tendency to keep girls with disabilities at home, thinking they are even less able to learn than boys. In Zimbabwe most children with disabilities come from poverty-stricken backgrounds and this hinders families from investing in their children's education. When there are not enough resources in the family, often the non-disabled children have the priority.

While educational policies in Zimbabwe do not openly discriminate against people with disabilities, there is a

general feeling that school authorities do not understand disability issues and are perceived as unwilling to make any efforts to ensure that these issues are effectively addressed. Most school heads are reluctant to enrol children with disabilities, to a point where families of people with disabilities have to negotiate with authorities to have their children in school. People with disabilities say that they frequently face negative attitudes from employees in the education sector. They believe these attitudes are largely attributable to uncertainty among educational personnel about how to deal with students with disabilities, and to the overload of work responsibilities. Teachers have difficulty in paying attention to pupils with special educational needs due to large numbers of pupils in inclusive classes, while there are inadequate facilities for special classes within regular schools.

Generally schools do not have enough qualified staff to meet the special needs of students with disabilities. Training colleges like UCE in Bulawayo and the University of Zimbabwe produce teachers in special education, but these teachers are not able to sign or read Braille. Existing special needs education staff have low levels of professional knowledge and skills, and there are no additional capacity-building courses to top up the basic skills that they have. There is also a general problem in the education system of inadequate financial resources, resulting in a lack of equipment and materials for special needs education, and lack of funds for maintenance of the existing equipment and purchase of material supplies.

Most school buildings in Zimbabwe are inaccessible for people with motor disability. People with disabilities in rural areas have to travel long distances to schools and without the means of transport it is impossible to attend school.

Given such a scenario, according to Kudzai Midzi, Director of Disability Services at Midlands State University, 'People with disabilities basically rely on their ingenuity.' Most disturbing though is the situation for people with hearing impairments. Most people with hearing impairments are unable to receive education beyond grade 7. Most teachers that are available to teach the deaf are primary school teachers with very few at secondary and tertiary level. To make matters worse, school psychological services are generally unable to do assessments for deaf children to assess the level of impairment. As such, people with hearing impairments are unable to know whether they can make use of hearing aids or not. As Kudzia Midzi commented: 'The curriculum is not sensitive to their needs.'

While the government talks of integrating children with disabilities into mainstream schools, the infrastructure is not yet user-friendly to children with disabilities and the approach is just not holistic. Indeed, it has been argued that inclusive programmes in which students with special needs are educated alongside their non-disabled counterparts have made it easy for most African governments to refrain from allocating funds specifically for accommodating students with disabilities (Abosi, 1996).

In general, the process of curriculum development appears not to consider the learning needs of people with disabilities. People with disabilities are expected to fit into what is available rather than the institutions adapting the curriculum to meet the needs of people with disabilities. Indeed, adapting the curriculum to accommodate people with disabilities is viewed as inappropriate and likely to lower educational standards.

The current situation in Zimbabwe is particularly precarious due to the continued decline in living standards. Economic recession in Zimbabwe has made it more difficult for the government to adequately provide for students with disabilities. However, since inclusion programmes for people with disabilities have been created in response to the quest for equality and pluralism in education, those in key positions need to seek ways to support these programmes, in order to remedy social injustices that may have resulted due to the absence of academic opportunities for people with disabilities.

Meanwhile, most specialised schools for people with disabilities in Zimbabwe focus on vocational and life skills training. Generally, people with disabilities feel that such schools are important as they are not only able to give inspiration and hope to people with disabilities, but provide an initiation ground for learning how to survive as a person with a disability and through the appreciation of individual abilities. In the case of Zimbabwe, it is vital that people with disabilities at least go to such a school, as they are well equipped with the necessary assistive devices for people with disabilities.

However, while such schools are seen as vital, the programmes currently being offered need to be upgraded so that they are acceptable and relevant to work environments and even professions. Certificates attained from these institutions are not generally accepted by employers and are viewed as below the standard of other colleges and institutions in the country. As Gladys Charowa, Executive Director of the Disabled Women Support Organisation, put it: 'Life skills training is not enough to take people with disabilities out of poverty.'

Recommendations by respondents on disability and education

Survey participants recommended that there is a need to:

- Actively implement education for all people with disabilities based on inclusiveness, accessibility, affordability and a human rights approach.
- Educate teachers and heads to fully acquire the

communication skills to adequately teach children with disabilities.

- Persuade civil society to join government in providing academic support to people with disabilities, in light of the harsh economic conditions in Zimbabwe.
- Provide more human and financial resources and special education materials for people with disabilities.
- Accessibility to and around education institutions is vital.
- Establish a curriculum that places the needs and issues of people with disabilities at the centre of planning and implementation.
- Scale up accessibility and availability of specialised schools for people with disabilities for vocational and life skills training, and ensure that these schools are accorded appropriate recognition.
- Enlighten parents of disabled children that to go to school is not a privilege, but a right.

Disability and employment

Most people with disabilities in Zimbabwe are not accorded the same access to job opportunities as their able-bodied counterparts. According to a study by NASCOH (NASCOH, 2002), only two per cent of people with disabilities are employed in the public sector, and overall less than seven per cent of people with disabilities in Zimbabwe are in employment. A further eight per cent are self-employed while 29 per cent are involved in farming activities for sustainability. Nineteen per cent are said to be studying.

The high rate of unemployment among people with disabilities in Zimbabwe is due mainly to their lack of qualifications and discrimination from the employers. As we have seen, many people with disabilities are denied the right to attend school. Those who do attend school do not receive informed careers guidance. As such they are not aware of appropriate career opportunities.

Employers are generally reluctant to employ people with disabilities as doing so is perceived to be costly. Generally, employers do not take measures to facilitate a working environment appropriate for people with disabilities. This is mainly seen as an expense which does not sit with their objective of profit making. There is also a general lack of awareness among employers about appropriate environments for people with disabilities. Consequently, most employment settings in Zimbabwe are inaccessible to people with disabilities. Workplaces lack ramps, wide doors and hallways for those that are

Responses from survey participants to questions about disability and education

Question	'Yes' responses	'No' responses
Are people with disabilities accorded equal access to education compared to their able-bodied counterparts?	9 (10%)	81 (90%)
Do people with disabilities face any difficulties in attending mainstream educational institutions?	85 (96%)	4 (4%)

wheelchair bound. Most escalators in buildings do not work. Office setups are not structured in ways that accommodate people with disabilities. Appropriate equipment is lacking, such as the basic software that is required if people with visual impairments are to effectively use computers.

People with disabilities who do find employment are generally given low-grade jobs and are usually looked down upon by their employers, as they fear that they are not capable of doing the task at hand. The general nature of relations with other colleagues is also often segregatory and discriminatory. Some people with disabilities are verbally abused, while others are pitied or patronised. Irrational prejudices are common, based on unfounded myths and beliefs: for example, people with disabilities are feared to contaminate others and are associated with dirt. Colleagues sometimes do not share information with disabled people because of these myths and beliefs, thus compromising their ability to perform their job or even to get promoted. Communication with colleagues is a particular problem for people with visual or hearing impairments.

However, although it takes time to be accepted, disabled people report that in the absence of stigma social relations with colleagues can often be good. There are also some positive signs. Students from certain vocational training institutions like Danhiko are often able to secure formal employment or become self-employed, while many people with disabilities find employment as social workers or with NGOs whose work is in the area of, or includes, disability issues. Some employers even take on people with disabilities in order to enjoy tax benefits.

Recommendations by respondents on disability and employment

Survey participants recommended that there is a need to:

- Provide careers guidance from primary school level to tertiary level education for people with disabilities.
- Scale up interventions against discrimination against people with disabilities in workplaces by educating employers on workplace environments for people with disabilities.
- Ensure that government requires organisations to comply with legal obligations to ensure accessibility of workplaces for people with disabilities through the installation of ramps, rails, accessible elevators, offices, etc.

Disability, sport and recreation

There is a variety of sporting activities that people with disabilities can participate in. These include:

- Wheelchair racing
- Wheelchair basketball
- Blind soccer
- Chess
- Draughts
- Table tennis
- Netball
- Bowling
- Tug of war
- Shot put
- Singing
- Marathon
- Art
- National Youth Games
- Danhiko Annual Para-Lympic Games
- Paraplegic games

However, there are a number of obstacles to the participation of people with disabilities in such activities:

- Lack of trained personnel to teach the appropriate skills
- Lack of equipment
- Lack of sponsorship
- Lack of special venues
- Existing venues are not accessible to disabled people
- Lack of activities and venues for people in rural areas (many are available only in urban areas)
- Lack of publicity and hence awareness among disabled people about opportunities to participate in activities
- Some of the activities are done in isolation
- Negative attitudes from able-bodied people
- Few teams are available, leading to poor organisation of the sporting and recreational facilities.

Therefore, one can see how it is imperative to have a strategy that addresses the above challenges, to ensure that people with disabilities can enjoy sporting and recreational activities.

Recommendations by respondents on disability, sport and recreation

Survey participants recommended that there is a need to:

- Provide financial resources, special equipment, trained personnel and special venues that accommodate people with disabilities.
- Encourage civil society and the corporate world to sponsor sports activities for people with disabilities.
- Raise awareness in society about the abilities in the sporting and recreational areas of people with disabilities and come up with ways of including them in able-bodied activities.

Responses from survey participants to questions about disability and employment

Question	'Yes' responses	'No' responses
Are there equal employment opportunities for people with disabilities in Zimbabwe?	1 (1%)	90 (99%)

3: The impact of Progressio's work in Zimbabwe on disability issues

Progressio's partnership with ZPHCA and JJA started in 2000 and 2003 respectively. Both partnerships involved developing advocacy programmes combined with capacity-building and institutional strengthening in order to implement the advocacy programmes. These projects were running during a difficult period for the country characterised by continued economic decline, shortages of basic commodities and increasing prices. Rampant inflation significantly eroded most households' standard of living and more and more families were failing to meet basic needs. The situation continued to be untenable for marginalised people, especially those living with disabilities and HIV or AIDS.

In spite of these conditions the work with partners had to continue. It was important that these projects were implemented as they were able to provide hope to the marginalised people with disabilities. Hope came from the ability of participants and beneficiary communities and groups to gain skills in a number of areas, which indirectly would help them cope with the difficulties they faced.

Progressio's work with the partner organisations enabled the beneficiaries to engage in lobbying and advocacy campaigns and activities aimed at enhancing their livelihoods and improving their situations. JJA and ZPHCA now have programme and management teams that have the capacity to engage in lobbying and advocacy work that can effectively influence the public and policy makers to be sensitive to disability issues.

Although parents who participated in ZPHCA workshops may have limited opportunities to influence the public, it was evident that these parents had their minds 'renewed and revitalised' and could begin to take pride in looking after their children with confidence. Access to medical explanations on the causes of disability meant parents of children with disabilities can now concentrate on catering for their disabled children rather than spending money and time looking for causes through traditional means that may cause further damage to the children. On the whole, the ZPHCA Bulawayo Branch felt comfortable in the application of the acquired skills relating to advocacy and awareness raising, the creation of simple mobility devices for children, and mobilisation of new members.

Through regular meetings and advocacy campaigns parents were able to realise more and more that it is possible to have their disabled children placed within mainstream schools and are increasing their demands for this to happen. The skills of the branch have greatly been enhanced through the training sessions that were

provided to the branch committees. ZPHCA has grown from being a relatively small community-based organisation into a vibrant one that is known for the differences it has made for parents of children with disabilities.

Before implementation of this project, advocacy was not viewed as a priority as the organisation viewed itself as a service provider to people with disabilities. Advocacy committees created through the initiative have been able to further empower themselves through fundraising for their activities. The committees had started to identify people with disabilities in their communities in order to take up their issues with the relevant authorities. At JJA, the counterpart of the Progressio development workers and other JJA staff found the advocacy workshops very educative. In particular the counterpart gained advocacy skills, computer skills including advocacy presentation skills, and skills in writing advocacy-training proposals. JJA staff in general were able to learn what advocacy is and how it can be applied to disability issues.

ZPHCA and other disabled people's organisations have been lobbying local councillors for housing provision for the disabled and there is now a bylaw across Bulawayo which states that housing must be provided for disabled people. ZPHCA has been able to lobby and advocate for their children to be enrolled in mainstream education. Since JJA networks with the parliamentary committee on health, it is now much easier to bring forward issues affecting people with disabilities at this level.

One other achievement and impact related to Progressio work in Zimbabwe is the HIV and AIDS prevalence survey that was done through ZPHCA in 2004 (ICD/ZPHCA, 2004). The study was a ground-breaking one for understanding how people with disabilities are grappling with HIV and AIDS in Zimbabwe. The study involved a total of 67 people (10 women and 57 men), representing 60 per cent of the membership of ZPHCA. Ninety per cent of the respondents were parents of disabled children; others were disabled youth and grandparents. Members of the secretariat and committee were also interviewed separately.

The study revealed the extent to which people with disabilities are vulnerable to HIV and AIDS. Findings of the study included the following:

- Awareness of policies on HIV and AIDS and disability was low. The 10 per cent who knew of disability legislation were not aware of the national HIV and AIDS policy. This lack of awareness about their rights among people with disabilities may increase their vulnerability to HIV and AIDS.

- Basic knowledge on HIV and AIDS is low among people with disabilities.
- Concerns were expressed over prevention methods as they apply to people with disabilities. One example was, in relation to condoms: for those without hands or without control of their upper limbs – how can they put on the condoms! NASCOH raised concerns about how condoms are not user-friendly for blind people, as instructions are not in Braille. Such issues can make some preventative measures inaccessible and inappropriate for people with disabilities, putting them at a higher risk of HIV infection.
- All the respondents recognised heterosexual relationships to be the biggest mode of transmission of HIV in the adult population. However, knowledge of other means of transmission, that is parent-to-child transmission and blood contact, was limited. There was awareness of prevention methods emphasising safer sex practices, for example condom use, faithfulness and abstinence. Although they emphasised condom use as a means of prevention, over 95 per cent had never seen a female condom.
- Ninety-five per cent of women preferred the male condom, highlighting the prevailing power relations in sex and sexuality and women's dependence on men for sex knowledge. This is largely due to cultural pressures which ensure lack of sex knowledge among women in Zimbabwe. Women are socialised to be silent and ignorant on sex issues, as a means of controlling their sexuality. Thus, with such control mechanisms, women have difficulties negotiating for safer sex practices, increasing their vulnerability to HIV and AIDS. This is even worse for a disabled woman. Therefore, there is a need to tackle these institutionalised causes of marginalisation of women, especially among disabled women, in order to reduce their vulnerability.
- Gender issues are at the centre of problems for disabled women. Seventy-five per cent of the participants (male and female) viewed themselves and their children at high risk of HIV infection, with the girl child being at higher risk. Most of the respondents talked about cultural beliefs in their communities.
- Most of the participants knew what family planning entails together with the different methods (traditional, natural and modern methods). The majority preferred the traditional and natural methods to modern ones, mainly due to the high costs and side effects associated with them. However, family planning is the male's initiative, together with the methods to be used.
- The participants highlighted the traditional and other practices that expose them to the risk of infection. These include inheritance of widows, polygamy, medicines for aphrodisiac effects, separation of husband and wife due to poverty in search for employment, multiple partners, virginity tests for girls, husband's father 'testing' the newly married bride, and circumcision. These practices increase vulnerability to HIV infection.

The study clearly showed how disability worsens vulnerability to HIV and AIDS. This study has now been used by a number of organisations to develop HIV and AIDS programmes for people with disabilities in Zimbabwe.

4: Lessons and policy recommendations

Lessons

Legislation and policies

Zimbabwe has numerous Acts and policies that have the potential to benefit people with disabilities. However, the policies are only guiding visions without implementation guidelines and structures. Existing legislation and policies that pertain to people with disabilities remain mere unenforceable tools. The Disability Board created by the Disabled Persons Act continues to be invisible and inaccessible to people with disabilities. This situation may continue for years to come as most people with disabilities are not aware of legislation and policies that uphold their rights and livelihood.

Disability, health and HIV and AIDS

The survey and experiences resulting from Progressio's work with disabled people's organisations in Zimbabwe reveal that generally people with disabilities have not been receiving the appropriate level of health care in Zimbabwe. There is a general lack of information or distinct services for people with disabilities in health care facilities other than those providing rehabilitation services. The general lack of knowledge among health care professionals on how to deal with people with disabilities is a clear sign that the government and responsible authorities have not made it their priority to ensure that people with disabilities are afforded the same level of services as able-bodied persons. There is a general focus on the disabling conditions rather than other ailments that people with disabilities experience every now and again. Disability is generally looked at as a sickness on its own.

In relation to HIV and AIDS, it is unfortunate that in Zimbabwe there is no national programme specifically targeting people with disabilities. Most counselling and testing centres are unable to deal with people with disabilities. For instance, people with visual impairments have never seen a condom but they need to learn how to use them: they say they can use them as long as they are taught and provided with information in appropriate formats. People with disabilities are almost disregarded as people who are active sexually although this is far from the actual situation.

It came out clearly that the vulnerability of people with disabilities is high, mainly due to the prevailing economic situation, cultural beliefs, and the general abuse of people with disabilities by family members, relatives and other sexual predators.

Disability and education

Policies on the education of people with disabilities are neither well articulated, well understood, or adequately

implemented. Putting in place clearly written policies, rules, and standard operating procedures will help ensure uniformity in implementing inclusion programmes. Education for people with disabilities in Zimbabwe is also not supported with the provision of adequate resources in the form of financial resources, equipment, facilities, supplies, people's ideas and training, and yet provision of resources is a key component to the success of any planned activity or policy.

Education administrators lack knowledge of how to academically accommodate students with disabilities. Evidently most of them are not trained in or made aware of disability issues and as such are not able to advocate or influence decisions on matters relating to admissions, curriculum, instructional methods, staffing, and resource utilisation. Lack of information and knowledge also makes it impossible for administrators and teachers to appreciate the impact of their actions, inactions and decisions on the education needs of students with disabilities.

There is a general misunderstanding of inclusion and integration. Inclusion focuses more on how the learning needs of students with disabilities are met, making the role of the teacher critical for the success of inclusion programmes. The study revealed that people with disabilities have the ability to attain high achievements, and they often have high resiliency levels. Thus validation of students with disabilities needs to move away from deficit models or stereotypical attitudes about people with disabilities, and seek to understand people's individual and most important educational needs, and the strategies that can be utilised to meet these needs.

Disability and gender

Social constructions on defining what is a woman and what is a man are more pronounced when it comes to issues pertaining to disabilities. The root of all discrepancies is at the family level, these attitudes being reflected into the society at large. The capacity to change the marginalisation of people with disabilities, especially for women, is there. It only takes society's willingness to change their attitudes and mindset, and to challenge the cultural system that discriminates against people with disabilities, within the era of HIV and AIDS and poverty.

Disability and poverty

Poverty is a stumbling block for people with disabilities to have a fulfilling life. This can be rectified if empowerment is available, even at the early stages of life, through exposure to education, equal opportunities to employment, and access to good housing facilities and even land. Given the right environment to empower people with disabilities with information, education, life skills, funding that is appropriate and adequate, and a

chance to fully participate in the employment sector, people with disabilities can alleviate themselves from poverty.

Disability and employment

The root of unemployment is lack of education, lack of disability-friendly workplace environments, and lack of support for and understanding of disability issues by employers and able-bodied colleagues. However, the profile of participants in the survey conducted for this report is evidence enough to show that people with disabilities are capable of doing that which able-bodied people can do. It only takes society to provide space for people with disabilities to utilise the education sector and the employment sector.

Disability, sport and recreation

People with disabilities indulge in a variety of sporting activities that are as numerous as those of able-bodied people. However, insufficient resources, funds, training, and publicity, bar people with disabilities from enjoying sporting and recreational activities. There is a need to take recreation opportunities seriously and so enhance the enjoyment of life for people with disabilities.

Policy recommendations

This report clearly demonstrates the range of difficulties, struggles and marginalisation experienced by people with disabilities in Zimbabwe. Having been exposed to the livelihoods and issues of people with disabilities, the advocates of this publication believe that the following measures would go a long way in enhancing the lives of people with disabilities. This includes challenging various policy components and the role of the government, civil society and society at large in Zimbabwe.

Legislation and policies

- Develop policies that challenge the social systems and cultural institutions that discriminate against people with disabilities, especially at the family level. Being able to understand the gender biases rooted in the family, transferred into the community and enhanced at the national level, will go a long way towards addressing the gender disparities among people with disabilities.

- Implement a clearly defined National Gender Policy that highlights the specific rights of people with disabilities.

Health, HIV and AIDS

- The national AIDS coordinating body should ensure the development of HIV and AIDS responses that specifically address the needs of people with disabilities. It is important that the sexuality of people with disabilities be appropriately understood to reduce their vulnerability to HIV and AIDS.
- HIV and AIDS information should be made accessible and available to people with disabilities. There is a need to go beyond awareness and sensitise people to the real issues of HIV and AIDS prevention and care for people with disabilities.

Employment

- Provide careers guidance at all levels of education from primary to tertiary level education for people with disabilities.
- Scale up interventions against discrimination against people with disabilities in workplaces by educating employers on workplace environments for people with disabilities.
- Government to ensure that organisations comply with legal requirements to ensure accessibility of workplaces for people with disabilities, through the installation of ramps, rails, accessible elevators and offices, etc.

Training and education

- Provide financial resources, special equipment, trained personnel and special venues that accommodate people with disabilities.
- Ensure teachers and heads fully acquire the communication skills to adequately teach children with disabilities.
- Provide more human and financial resources and special educational materials for people with disabilities. Accessibility to and around education institutions is vital.
- Establish a curriculum that places the needs and issues of people with disabilities at the centre of planning and implementation.

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The forgotten tribe

People with disabilities in Zimbabwe remain the forgotten tribe. Government and civil society are failing to meet the needs of people with disabilities, while the myths and misinformation about disability so prevalent in Zimbabwean society and culture mean that discriminatory attitudes are still commonplace.

In order to examine the extent and nature of the problem, Progressio Zimbabwe, in collaboration with Zimbabwe's National Association of Societies for the Care of the Handicapped, conducted a survey in 2006 on the views and perspectives of people with disabilities in Zimbabwe. Their responses give a wide-ranging insight into the experiences of disabled people in Zimbabwe, and their opinions and ideas on what needs to change.

This report clearly demonstrates the range of difficulties, struggles and marginalisation experienced by people with disabilities in Zimbabwe. It shows that much needs to be done to reduce discrimination against, and increase the opportunities open to, people with disabilities in Zimbabwe.



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Progressio is an international charity working to tackle poverty and injustice in developing countries