Comprehensive Situational Analysis on Persons with Disabilities in Zimbabwe

July 2021

(For the Validation Workshop)
DISCLAIMER

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## Federation of Disabled People of Zimbabwe Research Team

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The Consultant, Primson Management Services would like to extend gratitude to all those who made the Comprehensive Situation Analysis on Persons with disabilities in Zimbabwe a success. Firstly, the study would not have been possible without the participation of Persons with disabilities, right from the planning and implementation stages and selection of the consultant. The Federation of Disabled Persons of Zimbabwe, (FODPZ) led the process of data collection from Organisations of Persons with disabilities (OPDs), including underrepresented groups in all the country’s ten provinces. Specific mention also goes to the National Disability Board, and particularly the chairperson, Ms Mercy Maunganidze who was one of the key informants. The contribution of individuals with disabilities and OPDs from the ten provinces need not to be overemphasised. These provided insightful quantitative and qualitative data for the study. The list of participating OPDs and underrepresented special groups that represent women and children with disabilities is given in annex 1.

The study would also not have been accomplished without the financial and technical support of the United Nations Partnership on the Rights of Persons with disabilities, (UNPRPD) Zimbabwe Team (UNESCO, UNDP, UNFPA, Technical Partners UNICEF & UNWOMEN and UN Agencies UNHCR and WHO for providing additional technical support on the Refugees with disabilities and the COVID-19. Special thanks are made to the support provided by the United Nations Resident Coordinators Office (UNRCO) particularly Magdeline Madibela (Gender and Disability Coordination. As Team Lead of the UNPRPD project UNESCO Regional Office for Southern Africa (ROSA) facilitated the study on behalf of the UNPRPD Team. Our gratitude goes to Head of Unit and Programme Specialist for the Social and Human Sciences Sector, Mr Phinith Chanthalangsy for leading from the front. He coordinated the study, together with Ms Memory Zulu and other members of the Secretariat. The participatory approach employed ensured smooth execution of the empirical investigation. Gratitude also goes to the following UN Agencies that participated in the study. International Labour Organisation, International Organisation for Migration, Office of the High Commissioner for Human Rights, United Nations Children’s Fund, United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization, United Nations High Commissioner for Refugees, United Nations Population Fund, United Nations Resident Coordinators’ Office, World Health Organisation, World Food Programme.

Several Disability Service and Civil Society Organisations made significant contributions to the study and their valuable efforts need to be recognised. Special mention goes to the leaders of the following organisations, Leonard Cheshire Disability Zimbabwe, Sightsavers Zimbabwe, SAVE the Children, JF Kapnek Trust, Christian Blind Mission, National AIDS Council, Development Aid from People to People, Zimbabwe Council of Churches, WizEar Zimbabwe

For Government Ministries, the Ministry of Public Service, Labour and Social Welfare, through the Department of Disability Affairs played a critical role in the study. We are therefore greatly indebted to the Minister, Professor Mavhima and the Permanent Secretary Mr S. Masanga for approving the study. Dr Christine Peta, the Acting Chief Director for Disability Affairs participated in the study from design, inception up to validation level. She also coordinated the data collection process from other ministries and gave general guidance on all the research processes. The study would not have been achieved without her input. Special mention also goes to all Ministers, Permanent Secretaries and Ministerial Focal Persons from various government ministries that participated in the study. Without the contributions of these ministries the study would not have been comprehensive. The list of ministries that participated is indicated in Annex 1.

The consultant also takes note of the participation by various Government Departments whose specific service delivery mandate was of great interest to the study, Zimbabwe Electoral Commission, Zimbabwe Human Rights Commission and Zimbabwe Gender Commission.
FGD Kadoma – Children with Disabilities
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<td>Africa Development Bank</td>
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<td>CRPD</td>
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<td>CSA</td>
<td>Comprehensive Situation Analysis</td>
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<td>FAO</td>
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<td>Organisation of Persons with disabilities</td>
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<td>United Nations Partnership on the Rights of Persons with disabilities</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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This Comprehensive Situation Analysis (CSA) on Persons with disabilities in Zimbabwe was conducted within the framework of the United Nations Partnership on the Rights of Persons with disabilities (UNPRPD) Multi-Partner Trust Fund Round 3 and 4 project phases. The analysis is guided by the UNPRPD Secretariat’s Global Analysis Framework which seeks to provide a high-level analysis of the legislative and policy context regarding disability, budget allocation, use of data and mainstreaming of disability across critical sectoral as well as producing recommendations to inform the UNPRPD and other disability inclusion programming, in Zimbabwe. Findings from the analysis will be used to identify key priorities where the PRPD program funding can provide the biggest impact in accelerating CRPD implementation and enhance disability inclusion in broader development processes.

The analysis serves the following primary purposes.

i. To Inform the design of future PRPD programs, if UNCTs are invited to develop a full-fledged proposal

ii. Serve as a baseline for future programs

iii. Inform UN country teams of gaps in terms of disability inclusion in on-going national processes and programs and recommend further, in depth analysis where needed

iv. Build a base of mutual understanding and working relationships between UN entities, government, OPDs and other civil society organisations, as well as the private sector and academia, as a basis for future co-design of joint programs

v. Strengthen the capacity of above stakeholders to include and address the rights of persons with disabilities as outlined in the CRPD more effectively.

vi. Serve as an advocacy tool for ODPS and other civil society partners, national and international.

Methodology

The analysis employed mixed participatory methods to collect quantitative and qualitative data from all the ten provinces. The consultant collected data in collaboration with the Federation of Disabled Persons of Zimbabwe (FODPZ, an umbrella OPD) thereby leveraging on its country structures. A survey was conducted with 610 persons with disabilities. A total of 387 individuals with disabilities, 64 OPD leaders and 103 caregivers attended the FODPZ led focus group discussions. Key informant interviews were conducted with Government officials in line ministries and departments, UN Agencies, Disability Service and Civil Society Organisations, Disability Advocates, National Disability Board Members and Academia. A comprehensive desk review was also conducted to gather available empirical evidence on the disability situation in the country. Data analysis is guided by the global UNPRPD Analysis Framework with primary focus on structural analysis (with a bias towards legislative and policy provisions), implementation analysis and outcome analysis. The key findings of the analysis are presented in the next section.

Findings

The findings are presented focusing on the six preconditions for disability inclusion, including stakeholder and coordination analysis. In line with the UNPRPD Round 4 process, the findings will guide the UN programming of a Joint project on disability in Zimbabwe.

Stakeholder and coordination analysis: As much as (56%) experience challenges in register OPDs. Leaders of OPDs indicated lack of capacity in corporate governance, accounting skills, grant proposal writing, research and report writing skills including capacity to mobilise membership. The country lacks OPD representation for vulnerable groups such as the Deaf blindness, learning disabilities, intellectual disabilities, psychosocial disabilities, those of short stature and LGBTI persons with disabilities. With respect to coordination there is high there is high fragmentation in disability service provision in the country. There is lack of disability structures in most government ministries
and departments. Disability actors such as UN agencies, DSO, CSO, OPD and others lack engagement platform and operate in silos. The study noted lack of coordination between UN Agencies. This posed some challenges and duplication of roles. Further, there is lack of awareness and understanding of the CRPD among most government officials in various ministries. This is militating against realisation of rights by persons with disabilities as enshrined in the CRPD and SDG.

Key recommendations would include i) Invest in the establishment of a permanent engagement platform for disability actors; ii) train OPD leaders in corporate governance issues and in initiatives for the inclusion of children, women and girls with disabilities and other underrepresented groups; iii) Increase advocacy for the engagement of OPDS in SDG and CRPD platforms; iv) capacitate the DDA to improve coordination capacity.

**Equality and non-discrimination:** With respect to legal and Policy Analysis; Legal provisions developed prior to the UNCRD (2006) and ratification (2013) have some provisions addressing equality and non-discrimination. However, they are not comprehensive to cover the range of provisions in the UNCRPD. Most legal the provisions put in place prior to UNCRPD carry negative derogative and demeaning language about Persons with disabilities. Furthermore, legal and policy instruments post CRPD Ratification are slightly more inclusive than those developed prior to CRPD and ratification. However, they still have minor gaps. The National Disability Policy (2021) is aligned to the CRPD and has equality and non-discrimination as its guiding principles. On Implementation, the country is slow and behind reporting requirements for the UNCRPD. Eight years after ratification of the CRPD the country is still to submit its first report which was expected by 2016. As much as 80% of women with disability have no independent means of livelihoods compared to their male counterparts. Only, 19.6% of females with disability have access to employment compared to 52.8% of their male counterparts. Majority (66.5%) of Persons with disabilities were not aware of UNCRPD and its provisions. Only 33.3% had heard about it.

Key Recommendations to enhance equality and eliminate discrimination of people with disabilities are as follows; i) Advocate for the swift domestication of the CRPD; ii) Invest and support CRPD awareness initiatives in communities and government institutions; iii) Advocate for measures and incentives that enhance employment opportunities for persons with disabilities; and come up with self-advocacy skills initiatives for persons with disabilities.

**Accessibility:** The rights of persons with disabilities on accessibility are enshrined in the Constitution of Zimbabwe 2013, Disabled Persons Act (1992), Refugee Act 13/1978, and the National Disability Policy (2021). With respect to implementation, many persons with disabilities have not been able to acquire national registration documents such as birth certificates, national identification cards and passports due to inherent systematic barriers. Assistive technologies and devices are beyond the reach of many persons with disabilities in Zimbabwe. A survey for persons with disabilities indicated that public buildings and infrastructure are not accessible. Persons with disabilities lack of Information and other materials in accessible formats across all sectors (Education, Health, Disability Rights, SRHR). Overall, 34.2% of participants indicated lack of information in accessible formats as a barrier hindering them from accessing media information, SGBV services, disasters, and participation decision-making processes.

Specific Recommendations are as follows; (i) Support the development of guidelines for the development, promulgation, and monitoring of the implementation of minimum standards for the accessibility of facilities and services open or provided to the public; (ii) Provide capacity to government to develop a national plan on accessibility; (iii) Support line ministries, teachers’ colleges, UN Agencies and OPDs to translate IEC materials and knowledge products into accessible formats; and (iv) Support the training of stakeholders across all sectors on accessibility issues that are related to persons with disabilities.

**Service Delivery:** Out the three types of assessment available in Zimbabwe (Health, Educational and Social) only clinical assessments have been reported to be more structured, with a clear referral path, as compared to other types of assessment. Following assessment, persons with disabilities are not given disability cards. Provision of cards is in line with best practices and most participants indicated the urgent need for the card as they feel it enhance their accessibility to services. The study
recommends the following: (i) Strengthen the capacitate the three-line ministries responsible for assessment to provide uninterrupted services across the country; (ii) Support the development as assessment linkages through a multi-disciplinary approach; (iii) Support the DDA and other responsible authorities to produce and issue disability card across all the country’s districts.

Mainstream Services

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<th>LEGAL ANALYSIS</th>
<th>KEY FINDINGS</th>
<th>SPECIFIC RECOMMENDATIONS</th>
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| Social Protection    | Zimbabwe has a relatively strong policy framework which has to a larger extent included social protection provisions | - An average of 94.4% of Persons with disabilities reported not to have accessed disability allowances  
- Zimbabwe discount cards and free health services are not among the common services provided  
- 97.1% of persons with disabilities report absence of caregiver allowances in Zimbabwe.  
- 91.7% of Persons with disabilities reported absence of community based inclusive development (CBID) programmes in the country | - Support the designing inclusive community-based programmes targeting persons with disabilities.  
- Support Issuance of disability identification cards  
- Advocate for increased treasury support for disability allowances |
| Health               | - There are several pieces of legislation, policies, and strategies around health issues in the country that have been enacted over several years with both overt and covert reference to the plight of persons with disabilities  
- Available health policies on disability lack adequate funding framework for effective implementation | - Despite the existence of various legislation and strategies, access to health for persons with disabilities remains a major constraint, particularly among those with sensory impairments  
- There is a lack of effective communication between persons with disabilities and health care workers which compromises the health of the former | - Support the domestication of the CRPD into health policies  
- Train health staff in sign language  
- support the design and issuance of disability and health cards |
| Education            | Zimbabwe has a robust legal framework for inclusive education, however there is no sustainable funding framework to promote implementation.  
The country has an inclusive education policy in place pending adoption | - Zimbabwe has a number discriminating educational facilities such as special schools, special classes and vocational training colleges which is against provision of the UNCRPD and SDGs  
- There is lack of linkage between the two ministries of education on the implementation of inclusive education  
- The ministry of higher Education does not have structures for the implementation of inclusive education | - Advocate for the swift adoption of the inclusive education policy  
- Create a platform for knowledge sharing between the two ministries of education  
- Support the establishment of inclusive education structures within the ministry of higher education |
| Employment and livelihoods | Zimbabwe has a number of laws on equality and non-discrimination in employment, but they do not mention | - There are currently no incentives for employers and/or affirmative actions to improve employment and work opportunities for persons with disabilities. | - Raise awareness among the private and public sector employers in order that they develop disability related strategies at the workplace. |
disability. However, the national disability policy is clear on the employment of persons with disabilities but it is not prescriptive. The study found that there were no segregated work programmes in place for persons with disabilities in the country. 50.5% of survey respondents were of the view that employment strategies of the government have not at all incorporated participation of youth with disabilities, while 55.6% were of the view that such policies and strategies have not at all incorporated women with disabilities.

- Facilitate the development and tracking of disability related indicators for national development programmes such as the NDS 1.
- Provide incentives for employers to recruit persons with disabilities.

CRPD-compliant programming and budgeting: Section 22 (3) (b) of the Constitution makes provisions for budgeting for disability support services as well as the Public Finance Management Act [Chapter 22:19]. Through the national budget allocations, the MoPSLSW has been funding several programmes for the benefit of persons with disabilities. The government through the MoPSLSW also provides the Educational Assistance covering academic and vocational skills. With respect to outcomes; the national budget lacks disability lenses. It is not guided by costed action plans and founding framework. Furthermore, Government uses public funds on specialized institutions for persons with disabilities. The interests of persons with disabilities are significantly underrepresented and under expressed in the budget process at the national level. However, the National Disability Policy (2021) makes provision for funding of disability through various modalities. Organizations of Persons with disabilities have limited capacities to support disability-inclusion in development processes. It is therefore, recommended that (i) Raise awareness on OPDs to improve participation of persons with disabilities on consultative processes at the national and local levels; ii) Strengthen the capacities of OPDs to support disability-inclusion in the budget and development processes; iii) Support the establishment of a separate Ministry to cater for the specific issues that impact on persons with disabilities; and iv) Capacitate OPDs to include refugees in their programming.

Accountability and Governance: The country lacks comprehensive and consolidated disability data. However, ZIMSTAT has started the process of collecting disability data using WGQ in national surveys such as the Intercensal Demographic Health Survey (2017), The Multiple Indicator Cluster Survey, (2019). The 2021-2022 Census is designed to collect more disability disaggregated data. With respect to SDGs, the Government has put in place a clear and robust institutional framework to guide the implementation of the SDGs in Zimbabwe, However OPDs bemoan lack of consultation and engagement. Lately, the country does not have a functioning coordinated and centralised framework for the implementation of the CRPD and participation of persons with disabilities. Specific recommendation includes (i) Capacitate ZIMSTAT on inclusion of disability questions in all national surveys; (ii) Support the execution of a national disability survey covering all districts and collecting disaggregated data; (iii) Invest in the EMIS for the DDA and other key line ministries; and (iv) Support a framework for coordinating the implementation of the CRPD.

COVID-19 Analysis: Zimbabwe has a comprehensive response strategy for COVID-19 at National, Provincial and District level. However, the analysis showed that persons with disabilities are largely not part of decision makers on COVID related issues. Overall, 55.9% of persons with disabilities indicated that there have no inclusive and accessible COVID-19 related services in their communities. COVID-19 has affected more women and girls with disabilities than their non-disabled counterparts. Reasonable accommodations were largely not provided to persons with disabilities working from home during COVID-19. It is recommended that there should be; i) Support the production and distribution of IEC materials in audio, sign language and large print among others; ii) Support the design of an education in emergencies package for learners with disabilities, particularly those who are most vulnerable such as, Deaf and those with psychosocial disabilities; and iii) Support the development of offline educational application for use by learners with disabilities.
Focus Group Discussion – People with Disabilities
This Comprehensive Situation Analysis (CSA) on Persons with disabilities in Zimbabwe was conducted within the framework of the United Nations Partnership on the Rights of Persons with disabilities, (UNPRPD) Multi-Partner Trust Fund Round 3 and 4 project phases. The UNPRPD project in Zimbabwe is dedicated to accelerating the implementation of the Convention on the Rights of Persons with disabilities (CRPD) ratified by Zimbabwe in 2013 as well as supporting disability–inclusion in Sustainable Development Goals Agenda 2030 which stresses on “Leaving No One Behind”. The Zimbabwe comprehensive situation analysis on persons with disabilities was guided by the UNPRPD Secretariat’s Global Analysis Framework which seeks to provide a high-level analysis of the legislative and policy context regarding disability, budget allocation, use of data and mainstreaming of disability across critical sectoral as well as producing recommendations to inform the UNPRPD (and other) disability inclusion programming, in Zimbabwe.

1.1 Purpose of the Analysis

Findings from the analysis will be used to identify key priorities where the PRPD program funding can provide the biggest impact in accelerating CRPD implementation and enhance disability inclusion in broader development processes. The analysis serves the following primary purposes.

i. To Inform the design of future PRPD programs, if UNCTs are invited to develop a full-fledged proposal
ii. Serve as a baseline for future programs
iii. Inform UN country teams of gaps in terms of disability inclusion in on-going national processes and programs and recommend further, in depth analysis where needed
iv. Build a base of mutual understanding and working relationships between UN entities, government, OPDs and other civil society organisations, as well as the private sector and academia, as a basis for future co-design of joint programs
v. Strengthen the capacity of above stakeholders to include and address the rights of persons with disabilities as outlined in the CRPD more effectively
vi. Serve as an advocacy tool for ODPs and other civil society partners, national and international.

1.2 Zimbabwe Disability Context

Zimbabwe is one of the developing countries that is making great effort towards putting in place disability specific laws and policies. In February 2013, the country’s Constitution included disability issues for the first time. Sign language is now recognised as one of the official languages. Sections 22 and 83 of the constitution are fully dedicated to the rights of persons with disabilities. On 23 September 2013 Zimbabwe also ratified the Convention on the Rights of Persons with disabilities. However, the country has taken long to have the CRPD domesticated. Zimbabwe is still to submit the first State Report as stipulated by the CRPD. The country is however at an advanced stage towards replacing the Disabled Persons Act of 1992 with the Persons with disabilities Act which is currently a Bill. On 9 June 2021, the President of Zimbabwe launched the National Disability Policy. The policy is expected to positively influence disability service provision in the country.
Disability prevalence in Zimbabwe stands at 9.3%. The latest statistics are derived from the 2017 Inter-Censal Demographic Survey (ICDS)\(^1\). However, in the National Disability Policy (2021), the government of Zimbabwe recognise lack of precise and reliable data on disability and the need for the country to use the WHO-World Bank (2011) disability prevalence of 15%\(^2\). Thus, there are 2 250 000 people with disabilities in Zimbabwe. The ICDS also indicated higher prevalence among females (10.2%) than males (8.4%). The Zimbabwe Living Conditions Survey conducted by the Ministry of Health and Child Care and UNICEF (2013) used the Washington Group tool and indicated the most prevalent disabilities in Zimbabwe as Physical (31%), Visual (26%) Multiple (13%), Hearing (12%) and intellectual (8%). This is depicted in Figure 1 below.

![Figure 1: Disability Prevalence by Type](Source: Living Conditions Survey, 2013)

**Major Causes of Impairments in Zimbabwe**: The 2013 Zimbabwe Living Conditions Survey gathered the causes of impairments from persons with disabilities. The major causes are diseases (41.8-Male-53% females), congenital (27%-Male-18.5 Females) and accidents (15% males-8.5% female). However, a significant number of persons with disabilities still believe in witchcraft (6.7%) as a cause of their impairments, which is a major concern. The results also shows that more males experienced impairments due to accidents and congenital/perinatal causes whilst diseases were a major cause among females.

### 1.3 Situation Analysis Approach

In line with the UNPRPD standard, two approaches were employed for the situation analysis. The first approach is the rights-based approach to disability. Throughout all the research processes, the rights of persons with disabilities as enshrined in the CRPD were observed. Secondly, the study was also guided by the multi-stakeholder approach, committing to the value of national ownership. Study stakeholders were drawn from all disability actors including line ministries, Organisations of Persons

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with disabilities (OPDs), Disability Service Organisations (DSOs), underrepresented groups, disability advocates, and as well as UN Actors.

1.4 Conceptual Framework for the Situation Analysis

The situation analysis was guided by International UNPRPD Analysis Framework. The conceptual framework depicted in Figure 2 shows an abridged framework that underpins the comprehensive situation analysis.

Figure 2: Analysis Conceptual Framework

1.5 Guiding Principles

The analysis is premised on seven guiding principles which include: i) Inclusivity; ii) Utility; iii) Objectiveness; iv) Completeness; v) Transparency; vi) Conciseness and vii) Ownership.
Chapter 2: Methodology

This section describes the methodological aspects employed during all research processes. The study was guided by the Global UNPRPD Secretariat’s Analysis Framework. The latter outlines and gives guidelines on the analysis process, engagement with OPDs, content and format, methods of data collection and the analysis framework. Primson Management Services (PMS) adapted the global framework to suit the Zimbabwean context, basing on several factors such as applicability and availability to the local context. The report is therefore significantly in sync with the provisions of the global framework. The following subsections explore the methodological considerations for the situation analysis.

2.1 Research Philosophy and Design

The situation analysis was guided by a pragmatic philosophy. As a result of the COVID-19 pandemic, research processes needed to be guided by an environment where there was a COVID-19 induced lockdown. Being pragmatic entails that the research team had flexibility to employ methods (both qualitative and quantitative) that were in line with the prevailing situation. The convergent mixed methods design was employed throughout the analysis. The design is premised on the view a single data set is not sufficient, that different questions need to be answered, and that each type of question requires different types of data.

2.2 Geographical coverage

Quantitative and qualitative data were collected from all the ten provinces of the country. Research assistants, majority of whom were persons with disabilities were assigned to collect quantitative data from at least two districts per province. The Federation of Disabled Persons of Zimbabwe (FODPZ, an umbrella OPD) in collaboration with the consultant collected qualitative data from OPDs based in rural and urban areas from all the 10 provinces, including underrepresented vulnerable groups such as women and girls, children, refugees, and those who are deaf. Annex 1 gives details of the demographic characteristics of the respondents.

2.3 Data collection process

Data was collected in 4 phases as follows.

- **Pilot study**: The first phase was a pilot study was conducted in all provinces to test the reliability of the survey instrument.
- **Survey**: A survey was then conducted to collect quantitative data from individuals with disabilities
- **Key informant interviews**: key informant interviews were conducted with DSOs, government officials, persons with disabilities, CSOs, UN Agencies and other disability stakeholders. Due to COVID-19, some interviews were conducted online while others were done through phone calls.
- **FGDs with OPDs**: These were the last to be conducted in all the ten provinces.
- **UNPRPD Round 4 Induction Training on Cross-cutting Approaches and Preconditions for Disability Inclusive Development**: The training was conducted concurrently with the situation analysis. Training discussions by invited disability stakeholders brought out rich data which was used for analysis.
2.4 Methods and tools for gathering data

**Desk review/literature review:** A comprehensive desk review was conducted. Both formal and non-formal data and sources of information were consulted. The review was informed by the UNCRPD areas of analysis, viz stakeholder analysis, legal and policy analysis, process analysis and outcome analysis. A list of all documents reviewed are indicated on Annex 2.

**Focus Group Discussions:** To ensure full participation of the analysis by persons with disabilities and to enhance ownership, focus group discussions were arranged, organised, and conducted by FODPZ. The association led in data collection by mobilising its membership for focus group discussions in all the ten provinces. In each FGD, a member of the consultancy team was available to co-facilitate focus groups with leaders of the umbrella organisation. After collecting data from each focus group, members of umbrella DPOs consolidated their findings and gave the data sets to the consultant for further analysis.

**Key informant interviews:** Key informant interviews were held with representatives of government ministries and those of key government departments, leadership of OPDs, leaders of disability service organisations, Heads of UN Agencies, disability advocate leaders of special groups and the chairperson of the disability board. Key informants interview guides were customised basing on types of organisation and disability service areas of interest. As a response to COVID-19, the consultant asked participants their most preferred data collection methods as follows.

- Online interviews
- Voice calls
- Face to face interviews
- Provision of written responses that would be followed by clarificatory questions via e-mail or short call/online interviews where needed.

While a significant number of online, call and face to face interviews were conducted, the most popular and preferred data collection methods was the use written responses.

**Survey:** A survey was conducted to compliment the predominantly qualitative data collected through methods articulated in the preceding sections. The survey was carried out by 12 enumerators in all the country’s ten provinces. Data was collected from about 610 persons with disabilities from across ten provinces. A quantitative questionnaire was designed for the purposes of collecting data from persons with disabilities, especially about data on the outcomes and actual experiences of persons with disabilities of persons in respect to the effectiveness of the structural measures and processes. The questionnaire was uploaded online using the Kobo Collect application. Tablets loaded with the application were given to enumerators for data collection. Of all the enumerators, 7 of the 12 enumerators had disabilities. A stratification frame was given to enumerators prior to data collection.
2.5 Data analysis

In line with the Global UNPRPD Analysis Framework, the study is primarily based on the preconditions for inclusion and cross-cutting issues. These are depicted in 3.

![Figure 3: UNPRPD Data Analysis Framework](image)

2.6 Sampling and Sample Size

Table 1 shows the representative sample for the study. Details on the sample are given in Annex 1.

**Table 1: Sample of Study Respondents**

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN Agencies</td>
<td>9</td>
</tr>
<tr>
<td>Umbrella OPDs</td>
<td>2</td>
</tr>
<tr>
<td>OPDs Leaders</td>
<td>64</td>
</tr>
<tr>
<td>Refugees with Disabilities</td>
<td>10</td>
</tr>
<tr>
<td>Individuals with disabilities</td>
<td>610</td>
</tr>
<tr>
<td>Individuals with disabilities FGDs</td>
<td>387</td>
</tr>
<tr>
<td>Government Ministries</td>
<td>9</td>
</tr>
<tr>
<td>Government Departments</td>
<td>5</td>
</tr>
<tr>
<td>Caregivers</td>
<td>103</td>
</tr>
<tr>
<td>DSO/CSO</td>
<td>9</td>
</tr>
<tr>
<td>Disability Board Members</td>
<td>2</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>3</td>
</tr>
<tr>
<td>Academia</td>
<td>2</td>
</tr>
</tbody>
</table>

2.7 Study Limitations

This study has a national focus and thrust, and data were collected at all levels of service provision. In line with the UNPRPD Round 4 process, the findings should guide the UN programming of a Joint project on disability in Zimbabwe. In this context, the following limitations are to be considered.

I. Firstly, the readers should note that this situational analysis is focusing on preconditions for disability inclusion as established by the UNPRPD Analysis Framework, with the purpose of facilitating the UN Programming process. It is not a government-led research and does not necessarily seek to replace available official disability data and statistics. Also, readers should note that data were collected from 997 out of 2,250,000 persons with disabilities in Zimbabwe. While scientific efforts were made to enhance representation, the number may still entail limited generalisability of the findings. Since a mini survey was conducted for the study, not all types of disabilities were equally represented. Due to the use of purposive and
convenient sampling, readers should also observe the lack of self-representation by persons with severe to profound impairments. This category was mainly represented by their caregivers due to lack of mobility or communication capacity. There is also a possibility of lack of construct validity. Some persons with disabilities may not want to exhibit their lack of knowledge on certain concepts and there is a possibility that some could have responded on certain issues above their conceptualisation level. In addition, a significant part of the findings for the study are based on desk review and readers should be cautious in terms of what constitute empirical findings of the study and literature survey findings. The UNPRPD is also advised that not all stakeholders could have been reached through this study and there could be need for further analysis by type of service provision and province.

II. Secondly the research team encountered some challenges during study execution that could have a bearing on the findings. Because of the COVID-induced lockdown, several key stakeholders could not be reached, and others failed to give responses to the instruments that were sent out to them online. Some data were collected remotely and by way of written responses and the research team lost opportunities to probe and prompt on some grey areas.

2.8 Ethical Considerations

The study was guided by the following principles:

**Human Rights and Gender Sensitivity**: Reasonable accommodations such as provision of sign language interpreters were observed. Great effort was made to balance the participation of males and females with disabilities in the study.

i) **Free and Informed Consent**: Team members explained the research and its implications to the participants. They were also informed of their right to withdraw from the study at any point. Consent was sought both in written form and verbally.

ii) **Confidentiality and Anonymity**: Pseudonyms were used in place of real names of participants with disabilities. All the data collected will remain protected from disclosure outside of the research setting or to unauthorized persons. All team members signed the Primson confidentiality form where they agreed to handle, store, and share research data to ensure that information obtained from and about research participants is not improperly divulged.
Chapter 3: Findings

This section looks at the findings of the situation analysis. The findings are presented in thematic areas as guided by the UNPRPD Situation Analysis global framework. On each section, findings mainly focus legal and policy analysis, implementation analysis, outcome analysis, priority areas for improvement and investment and specific recommendations.

3.1 Stakeholder and Coordination Analysis

The UN 2030 Agenda for Sustainable Development highlights the need by all countries to implement the SDGs acting in collaborative partnership will all stakeholders. The situation analysis looked at the capacity of OPDs to effectively contribute and participate in issues and activities that involve them. Key disability actors in the country are also identified.

3.1.1 The key National Stakeholders and Coordination mechanisms

Disability issues cut across all sectors of society and government ministries. However, the administration of the disability sector is Zimbabwe fall under the Department of Disability Affairs in the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). The administration mandate comes from the Private Voluntary Organisations Act, (Chapter 17:05). The Ministry, through the Department of Disability Affairs register and coordinates programmes and activities of Institutions, Associations and Organisations, concerned with the welfare and rehabilitation of disabled persons in Zimbabwe. However, its powers are limited when it comes to the supervisor of organisations that are registered as Trusts.

In its delivery of disability related duties, the MPSLSW works closely with the National Disability Board. The Board was established in terms of the Disabled Persons Act, Chapter, 17:01. The Act will now be named the Persons with Disability Act, 2019 as the Amendment Bill is in the final stages to come into effect. The new Act seeks to replace the Disability Board with a National Disability commission which, like the Disability Board will superintend over the affairs of persons with disability in Zimbabwe. As it stands, the Disability Board is elected by members of Disabled Persons Organisations, (OPDs) and the Secretariat of the Board is the Department of Disability Affairs. The Disability Board act more like the watchdog for disability issues in the country and make recommendations to the Department of Disability Affairs for actioning, in liaison with all concerned line ministries. The Legal Framework makes provision for direct parliamentary allocation of resources into Disabled Persons Fund whose resources are administered by the Disability Board in conjunction with the Department of Disability Affairs. The Board recommends amounts that are paid to OPDs for administrative purposes once per year. Collectively, the MoPSLSW and the Disability Board also organise commemorations for the International Day of Persons with Disability.

Disability Advisor to the President: Besides the MoPSLSW and the Disability Board, the Office of the President and Cabinet (OPC) created the post of Disability Advisor. The Advisor report directly to the President and advise him on disability issues. The creation of the post reduced bureaucratic processes normally associated with taking disability issues into the Cabinet. It is through this post that Zimbabwe now hold an annual expo doped the Disability Expo. The national event aims to raise awareness on disability issues and is directly funded by the OPC. The Disability Advisors’ office has

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2 UN 2030 Agenda for Sustainable Development
the prerogative to work with all individuals, organisations concerned with disability issues in the country.

**Parliament of Zimbabwe and Disability Senators:** The Parliament of Zimbabwe, together with the Senate are the custodians of all disability laws in the country. They are the key players in the ratification and domesticaions of regional and international Conventions, Treaties, Charters and Protocols on disability. For example, ratification of the UN Convention on the Rights of Persons with Disability took place in September 2013 and the Parliament is in the process of domesticating the Convention. To amply the voice of persons with disabilities, two persons with disability are appointed as special representatives for the sector to the Senate of Zimbabwe. These ensure that discussions, laws, and policies of national interest do not leave out disability issues as they constitute a significant percentage of the population.

The following is a summary of disability coordination mechanisms in Zimbabwe.

i. While independent engagements can be made with various ministries, the **Department of Disability Affairs under the Ministry of Public Service, Labour and Social Welfare** is the point of entry for all disability engagements with government.

ii. **Most government ministries and departments do not have a disability desk for the purposes of coordination.** However, the government has begun recruiting 21 “Gender, Wellness, and Inclusivity” Directors for all the ministries. These should facilitate the inclusion of underrepresented genders and people with disabilities in the public sector, although the ToR of these new Directors their scope of work are still unclear. The new departments are expected to help create equal employment opportunities for persons with disabilities in the government. They will also ensure that public utilities in their respective line ministries are accessible and do not discriminate against persons with disabilities as well as coordinating the implementation of policies and programmes on the welfare of persons with disabilities. The successful execution of the initiative will improve the coordination of disability services in the country.

### 3.1.1 Capacity Analysis of Stakeholders

**(a) The Government**

There is lack of awareness and understanding of the CRPD among most government officials in various ministries. When asked about how their ministry was implementing the UNCRPD one key informant exhibited lack of knowledge of the CRPD. One Government official asked:

> “What is that? I have not heard about it. Maybe we will be trained about it during workshops”

(Government official)

Most staff in the new Department of Disability Affairs, formed in 2018, lack knowledge on some disability issues such as assessment of invisible impairments. This militates against service provision.

**Most government ministries and departments lack the capacity to effectively engage persons with disabilities.** Officials indicated lack of skills such as sign language and lack of funds to provide services and information in accessible formats. A lot of government information such as laws, policies, and circulars cannot be used by persons with sensory impairments.

Zimbabwe has a National Disability Board whose responsibility is to formulate and develop policy measures for the rehabilitation and social welfare of persons with disabilities. But **the Board lacks funding for members to meet regularly and deliberate on issues affecting its constituency.** One board member lamented on this through the following statement.
"We expect to be meeting regularly to discuss various issues. Sometimes we go for months without a meeting. When we eventually meet there will be a backlog, and this essentially means deliberations won’t be discussed with the expected depth."

On the other hand, most Government ministries and departments identified lack of capacity to put available knowledge products into accessible formats. Currently most persons with disabilities are unable to utilise government products without assistance due to inaccessibility.

Commenting on the coordination of disability services within government, leaders of OPDs had mixed feelings on efficacy as indicated in the two comments below.

“During the past two years the coordination mechanisms and processes for coordination on disability rights in government have been improving. For service providers, especially by other disability service providers; I can say these have been less effective.” (OPD Leader)

“Coordination is very weak; a lot of work is happening but with little coordination. It is a piecemeal approach. It’s not clear which organ of government is responsible for coordination, we have the office of the Special Adviser to The President on National Disability issues and the Department of Disability Affairs in the Ministry of Public Service, Labour and Social Welfare. There is no clear separation of the roles of these entities, and there seem to be a lot of overlap and collision on their roles and work, which would subsequently lead to confusion within the whole sector” (OPD Leader)

(b) SDG coordination platforms and fora

Since 2018, the Office of the President and Cabinet (OPC) plays an oversight role in the implementation of SDGs. OPC assigned the mandate to coordinate the implementation of SDGs at technical level to the Ministry of Public Service, Labour and Social Welfare (under which is located the Department of Disability Affairs), who chair the SDG Technical Committee. The latter is comprised of Permanent Secretaries from government ministries, representatives from UN agencies, Private Sector, CSO’s among other stakeholders. Zimbabwe has very clear structures for the implementation of SDGs, but there are no concrete and substantive measure for including OPDs. Up to today, there is no official representation of OPDs in the Committee. More detail is given under the accountability and governance section.

Disability service organisations such as Leonard Cheshire, CBM and JF Kapnek significantly participate in SDG forums as compared to other OPDs. In view of the comprehensive nature of the SDGs, strong partnerships play a vital role in SDG implementation. Zimbabwe has a number of forums where CSO meet to discuss the implementation of the SDG such as the Zim CSOs-SDGs reference group. Most OPDs participate in SDG implementation following their capacitation by various CSO and DSO. The following views of OPD leaders summarises the situation on the ground

“There has been a lot of efforts to capacitate OPDs on this area in recent years, especially some sections of SDGs like goal number 3. However, in other many areas, it looks like the agenda is usually set and designed by the service providers such as development partners and duty bearers. I think OPDs must also be seen to be playing a major role. Now the role of OPDs is passive.” (OPD Leader)

(c) Organisations of Persons with disabilities OPDs

Persons with disabilities, particularly those in rural areas, indicated that they experience capacity challenges in their endeavour to register OPDs. The most challenges identified in the survey (n=610) are lack of knowledge on the registration process (56%) and to complete the required documentation (52%), lack of funds and transport to move to government offices for registration, (46%) and lack of information in accessible formats. It was also revealed that registration as a Private Voluntary Organisation (PVO) may take up to 3 years and this discourage the formation of OPDs.
Leaders of OPDs indicated lack of capacity in corporate governance, accounting skills, grant proposal writing, research and report writing skills. The findings also found that a significant number of OPDs lack knowledge of some types of impairments such as psychosocial and autism. Most OPDs also indicated inability to communicate in sign language which affect their communication with members who are Deaf. One OPD leader highlighted this through the following statement.

“It is imperative for all OPD leaders to be able to communicate in sign language and other alternative and augmentative forms of communication. I have been a leader for the last eight years, but I can’t use sign language”. (OPD Leader)

The analysis established that the country has two umbrella OPDs which are Federation of Organizations of Disabled People in Zimbabwe (FODPZ) and National Association of Societies for the Care of the Handicapped (NASCOH). The affiliate membership for the two organisations is 28 and 70 respectively. However, several OPDs are running without affiliation to the umbrella bodies.

OPDs lack capacity to mobilise membership: A significant number of persons with disabilities are not members of OPDs, especially the most vulnerable groups. The 2013 Living Conditions Survey indicated that awareness of organisations of persons with disabilities (OPD) is very low among individuals with disabilities (23.1 per cent), and only 8.3 percent stated that they were members of an OPD. Funding was indicated as the major limitation for lack of mobilisation as elaborated by one OPD leader in the statement below.

“As OPDs, sometimes we deal with what is available to sustain. We do not have funding that is guaranteed. Sometimes we must get out of our original mandate and apply for grants that do not necessarily focus on our primary members”.

The country lacks OPD representation for vulnerable groups such as the Deaf blindness, learning disabilities, intellectual disabilities, psychosocial disabilities, those of short stature and LGBTI persons with disabilities. A recent UNESCO Zimbabwe study (2020) on the provision of comprehensive sexuality education indicated the lack of services and recognition for youth with disabilities who belong to the LGBT Community. Some young persons with disabilities categorically stated their sexual orientation as gays and transgender. They lamented that they are many but some of them could not openly come out due to fear as such orientations are not recognised before the Zimbabwean law.

OPDs generally lack databases with information about their individual members. OPD leaders bemoan lack of ICT gadgets for the unavailability of such data.

Empirical evidence shows lack of initiatives by OPDs for children and girls with disabilities. A UNESCO Survey (2020) on effective and meaningful participation of persons with disabilities in Zimbabwe showed that about 65% of OPDs lacked knowledge on child initiatives whereas 42 % reported lack of programming in respect of initiatives for women and girls with disabilities.

Within the diversity of membership within umbrella OPDs, some are impairment-based while others are cross-disability. However, it was also noted that OPDs tend to provide services to any constituency in line with available funding. They do no have systematic programming as their activities are mainly donor driven.

There is lack of partnerships between OPDs as they generally compete among themselves for service provision and funding. As such no meaningful partnerships exist except in areas where they are brought together for service delivery by INGOs, NGOs and UN Agencies. On the other hand, there are very good existing partnerships between OPDs and NGOs, INGOs and UN Agencies. The analysis also established that due to competition among themselves and lack of meaningful collaboration, DPOs lack operational advocacy capacity as compared

to Disability Services Providers (DSOs) and CSOs. The latter are more visible than the former and generally attract more funding. A leader of an umbrella OPD explained.

“As OPDs we have serious problems, and I do not even know when these will come to an end. My long experience as an OPD leader has shown that donors prefer to fund disability services through more reputable and organised DSOs as compared to us. Most funders usually think that organisations such as JF Kapnek and Leonard Cheshire Disability Zimbabwe are OPDs. Why is this so? It is because they are more visible than us. I hope this will come to an end because it is seriously affecting our membership at the grassroot level, whose living situations continue to be deplorable.” (OPD Leader)

(d) Civil Society Organisations (CSOs)

Zimbabwe has a vibrant civil society, INGOs and NGOs collaborating and engaging well with OPDs. However, participants indicated lack of understanding of disability issues by some CSO staff. The CSOs and DSOs provide a whole range of services to persons with disabilities, which includes Disability rights, advocacy, livelihoods, humanitarian, DRR, health and rehabilitation, provision of assistive technologies, GBV, SRHR, governance, vocational training, capacity building, inclusive education, child protection and IEC materials development, among others. Below is a list of CSOs, INGOs and NGOs that are most active in the provision of disability services.

Christian Blind Mission; JF Kapnek Trust; Leonard Cheshire Disability Zimbabwe; Jairosi Jiri Association; Zimcare Trust; Development Aid from People to People (DAAP); SAVE the Children Norway; Sightsavers; Jairosi Jiri Association; Christian Blind Mission (CBM); Voluntary Services Overseas; Plan international, Homefields Residential Care and Faith Based Organisations. The country also has a number of residential special schools such as Emerald Hill School for the Deaf, Danhiko, St Giles, King George VI among others.

CSOs do not have a common engagement platform, which militates against provision of services to persons with disabilities. Several key informants from CSOs revealed that they tend to duplicate services in various districts instead of leveraging on the available resources for the benefit of persons with disabilities. (f) UN Agencies

There has been lack of coordination between UN Agencies. This posed some challenges and duplication of roles. These problems are now being addressed through the UNPRPD structures and the coordination of the RCO under the auspices of the UN one Approach Philosophy. The Director of the Department of Disability Affairs indicated a lot of overlap and duplication between UN Agencies where it looks like the left hand does not know what the right hand is doing.

There is lack of UN key information in accessible formats such as audio, large print, sign language and others. This is even though UN Agencies in Zimbabwe such as UNESCO, UNICEF and, UNFPA and UNDP have made the great effort in the provision of information to persons with disabilities in accessible formats, including braille and sign language.

Some UN systems are not yet inclusive for utility by persons with disabilities. The following example from WFP is an example,

“Feedback mechanisms such as WFP’s Help Desks and tollfree Hotline are not yet specifically designed for people with disabilities. Furthermore, livelihood promotion projects are not necessarily specifically designed for people with disabilities as they cater to a general food insecure target group. However, efforts are underway to address the specific needs of people living with disability.” (WFP Programme Policy Officer)

Some UN Agencies are still to be incorporated into the One-UN approach on disability. An example is that of the UNHCR as the reporting officer indicated in the statement below.
“However, as an organisation, we have not been actively included in a stand-alone disability working group, if it exists. The stance has been to tackle disability issues within these groups.” (UNHCR Protection Associate-CBP)

The UN in Zimbabwe is implementing several Joint Programs or initiatives in partnership with government as well as with OPDs. Several UN Agencies in Zimbabwe are advancing the broad rights of persons with disabilities. Service provision by the UN agencies covers all critical disability intervention areas as outlined in the subsequent sections. These are mainly UNESCO, UNDP, UNICEF, UNFPA, WFP, IOM and UNHCR, among others.

(i) Advancing the Rights of Women and Girls with Disabilities in Zimbabwe, 2018-2021
This ongoing project aims to support Women and Girls with Disabilities in Zimbabwe. It is a joint-UN project implemented by UNESCO (lead), UNDP and UNFPA in collaboration with UNICEF, UN WOMEN, and with the support of the Resident Coordinator’s Office (RCO). The focus areas have been: Understanding social perceptions of disability and fighting stigma; Facilitating access to SRHR; and Improving access to Justice.

(ii) The Spotlight Initiative: To Eliminate Violence against women and girls, 2018-2022
The Initiative aims to ensure that all women and girls benefit from adequate legislation and policies, gender responsive institutions, violence prevention programmes, essential services, comparable and reliable data, and a strong social movement against violence and harmful practices at the national and sub-national levels. Disability inclusion and rights are integrated in many outcomes both in a targeted and mainstreamed manner.

(iii) Interventions to strengthen disability data system in Zimbabwe.
Within the framework of the Zimbabwe United Nations Partnership on the Rights of Persons with disabilities (UNPRPD) Project Extension Phase, the UNPRPD led by UNESCO is working with the government of Zimbabwe in developing a model of Disability Data collection & reporting methodologies that is conducive to effective implementation of the National Census in 2021, and the National Disability Policy.

(iv) Promotion of a disability inclusive COVID-19 response and recovery in Zimbabwe.
After a Rapid Impact Assessment of COVID-19 on Persons with disabilities (January 2021) conducted by UNESCO, the United Nations Partnership on the Rights of Persons with disabilities (UNPRPD) project is supporting the Government to strengthen the rights of persons with disabilities within the National COVID-19 Response and Recovery Plan and Mechanism. This was done through the Department of Disability Affairs.

(v) Access to Justice
Through the UNDP as the main Agency, the UNPRPD is progressively making analysis and inquiry into the use of sign language within the courts and the development of a manual that outlines the practical and feasible guidelines to be followed to ensure the courts are Deaf-aware and sign language inclusive.

(g) DRR and emergency management

(i) The Civil Protection Act (Chapter 10:06) is currently the most pounced legislative instrument regulating disaster risk management and humanitarian

7 https://en.unesco.org/fieldoffice/harare/unrppddisabilityrights
action in Zimbabwe. Under the Director of Civil Protection, it oversees the organisation and management of all disaster risk reduction processes through the Civil Protection Unit (CPU). However, the Civil protection Act (Chapter 10:06) does not provide a comprehensive cover on disability inclusion. Section 26 of the Act [Titled Disability Benefits] does not articulate how persons with disabilities are afforded inclusive humanitarian aid in crisis, emergency, and disaster situations.

(ii) A draft Disaster Risk Management Bill (2011) has been under development since the early 2000s with the intention to update and eventually supersede the Civil Protection Act. The DRM Bill has been revised on three occasions; however, to date it is still not endorsed. There is also little coverage of inclusive disability disaster risk management in the bill. The whole bill mentions Persons with disabilities on two occasions, sections 61 (i) and 70 (i) & (2).

(iii) Zimbabwe does not have exclusive legal and policy requirements in place to ensure the participation of persons with disabilities in preparedness activities, humanitarian needs assessments, related monitoring processes, and in programmes and projects related to situations of risk and humanitarian emergencies, climate related hazards and DRR. The study established lack of OPD representation in the following DRR related committees: National Civil Protection Committee; Department of Civil Protection; Food and Nutrition Council; Zimbabwe Vulnerability Committee; Provincial Civil Protection Committee; District Civil Protection Committee, Emergency Services Subcommittee; National Food and Water Subcommittee; National Epidemics and Zoonotic Crisis Subcommittee, National Resource Mobilization Subcommittee

(h) Academic institutions

Article 24 of the UNCRPD calls for the need to have persons with disabilities access general tertiary education, vocational training, adult education, and lifelong learning without discrimination and on an equal basis with others. SDG 4 seeks inclusive and equitable quality education. The study established significant lack of capacity by most institutions of higher learning to offer quality inclusive education. The country still has many special schools, 3 vocational training colleges and some residential homes for students with disabilities, which is against provisions of the CRPD and SDGs on inclusive education.

Institutions of higher learning do not have a blueprint or framework that guides the implementation of inclusive education. As such every institution has its own implementation standards as deemed necessary.

Most university curricula are void of disability inclusion. Only 5/20 universities (ZOU, UZ, MSU, GZU and Arrupe) are offering disability courses and other related services, including reasonable accommodations for students with disabilities.

Only 6/15 teachers’ colleges (Seke, UCE, Morgan, Morgenster, UCE, Mutare) have significant reasonable accommodations for students with disabilities. On the other hand, most polytechnic colleges do not have the manpower capacity to handle students with disabilities.

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3.1.3 Outcome Analysis

Effectiveness and gaps on OPDs engagement and involvement with different stakeholder

i. The UNPRPD was identified by key informants as the only effective available platform for disability engagements. The platform brings together all the key disability stakeholders, which has never happened in Zimbabwe.

ii. The collaboration between UN Agencies and OPDs has increased ownership of knowledge products within the disability fraternity. The One-UN approach on disability issues will results in improved outcomes and efficiency in disability service provision.

iii. Lack of partnerships and collaboration among OPDs affect their funding competitive advantage.

iv. There is lack of initiatives for children, women, and girls with disabilities.

v. The majority of OPDs do not have websites, which affect their engagement with other stakeholders and the external world.

vi. Zimbabwe does not have standard procedures in place for mainstreaming disability as a cross-cutting issue is all sectors of the economy.

Effectiveness of coordination mechanisms

Available coordination mechanisms are very weak. There is lack of coordination between government, donors, UN agencies on disability issues leading to inefficiencies and duplications. Most government ministries have little knowledge of the CRPD, neither are they informed by its provisions. In addition, the country does not have standard operating procedures for disability inclusion.

3.1.4 Priority Areas for improvement and Investment

Table 2: Priority Areas for improvement and Investment

| Priority 1 | - Establishment of a permanent engagement platform for all disability actors |
| Priority 2 | - Training of OPD leaders in corporate governance issues and initiatives for the inclusion of children, women and girls with disabilities and other underrepresented groups |
| Priority 3 | - Provision of ICT gadgets and development of websites for OPDs |
| Priority 4 | - Provision of ICT gadgets and development of websites for OPDs |
| Priority 5 | - Advocacy on the engagement of OPDs in SDG and CRPD platforms |
| Priority 6 | - Formation of OPDs that represent vulnerable persons with disabilities. (Intellectual disability, learning disability, deaf-blindness, LGBT) |

3.2 Equality and Non-Discrimination

This section looks at protections in place to prevent and address disability-based stigma and discrimination and to promote equality and non-discrimination, as well as measures to raise awareness to foster respect for the rights and dignity of persons with disabilities. It is through these protections that access to reasonable accommodation are guaranteed. While equality and discrimination are embedded in all CRPD articles, Article 5 specifically calls for State parties to recognise that all persons are equal before and under the law; that persons with disabilities are entitled without any discrimination, and guaranteed equal and effective legal protection. Furthermore, State parties are expected to take all appropriate steps and ensure reasonable accommodation is provided for persons
with disabilities. This section focusses on legal and policy analysis, Implementation analysis, Outcome analysis, Priority areas for improvement and investment; and Specific recommendations.

3.2.1 Legal and Policy Analysis

Legal provisions on disability developed prior to the UNCRD (2006) and ratification (2013) have some provision addressing equality and non-discrimination. However, they are not comprehensive to cover the range of provisions in the UNCRPD:

**Disabled Persons Act (1992):** This Act provides for the welfare and rehabilitation of persons with disabilities. Section 9 of the Act endeavours to protect persons with disabilities from discrimination in employment. The Act makes it a criminal offence to deny persons with disabilities admission into any premises to which members of the public are ordinarily admitted or to deny provision of any public service amenity. However, the Act follows an outdated medical model of disability, which locates disability with person and view persons with disabilities not as rights holders but as objects for clinical interventions.

**Criminal Law (Codification and Reform) Act of 2004:** The Act regulates criminal conduct in ways that extend specific protection to persons with disabilities in respect of some offences. Sexual conduct involving a ‘mentally incompetent’ adult is charged as rape, aggravated assault or indecent assault, as the case may be, and is punishable under the Act. The Act is inclusive in its provisions through the protection of rights to privacy, degrading manner and integration of the dignity of women with intellectual disabilities. However, the Act falls short of the international standards as it does not guarantee protection of women with disabilities. Furthermore, there are glaring gaps in the Act such as not including the disability of a rape victim amongst the aggravating issues to be considered by a magistrate when granting an appropriate sentence to the accused. In addition, the language of the Act should be amended to remove offensive terms such as ‘mentally incompetent adult’ in favour of language that is aligned to the CRPD.

**The Mental Health Act [Chapter 15:12]:** The Act provides procedure for the committal of persons with mental disabilities to mental health institutions. The committal procedure for persons with mental disabilities who face criminal charges is also provided for by the Act. However, the Act has a few shortfalls. Section 30 provides for the indefinite detention of prisoners found to be ‘mentally disordered’ or ‘intellectually handicapped’ in special institutions. This is a clear violation of the right to liberty, amongst other rights. The CRPD provides that the existence of a disability must not justify deprivation of liberty in any circumstance.

**State Services (Disability Benefits) Act (1971) [Chapter 16:05]:** On the death or disablement of a state official on course on duty, the Act provides for monetary benefits. Those covered are members of the Defence Force, the Police Force, and the Prison Services. The Act further provides for compensation on the death or disablement of any person whilst assisting the mentioned forces. However, the Act seem biased towards only those who acquire physical disabilities as it is silent on the other impairments.

**The Social Welfare Assistance Act (1988) [Chapter 17:06]:** The Act was amended in 2001 and provides for the granting of social welfare assistance to persons facing vulnerabilities including those with disabilities. Persons with disabilities are generally considered as vulnerable in Zimbabwe. It

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13 Ibid.
14 Ibid.
16 State Services (Disability Benefits) Act [Chapter 16:05] [https://pocketlaw.africanlii.org/zw/legislation/consolidated-act/1605](https://pocketlaw.africanlii.org/zw/legislation/consolidated-act/1605)
is through this Act that persons with disabilities receive assistance such as food and harmonised cash transfers. It spells out forms of social assistance (Section 5a and 5b) and eligibility (Section 6(i) and (ii)). However, the Act lacks adequate resources such that the capacity to alleviate poverty and protect, promote, and fulfil the rights of persons with disabilities.

The War Victims Compensation Act (1980) [Chapter 11:06]\(^\text{18}\): Through this Act people who have been disabled as a result of war are compensated after an assessment of the degree of disablement. Compensation has special provisions for women and children with disabilities in the context of disabilities caused by war. However, there are inadequate resources for the government to fully implement the provisions of the Act. The Act appears to make explicit reference to physical disabilities only and is therefore narrow in its scope. Also, the levels of monetary compensation under the Act have not been reviewed since the 80s.

Most legal provisions put in place prior to UNCRPD carry negative derogative and demeaning language about persons with disabilities: Laws such as the Children Act (Chapter 5:6); Mental Health Act (Chapter 15:12); Social Welfare Act (Chapter 17.02); Social Services Disability Benefit Act (Chapter 16:05); War Victim Compensation Act (chapter 11:16); Criminal Law (Codification Reform) Act (Chapter 9:23) still use negative terminology and terms that disempower rather than empower persons with disabilities. Such terms include words such as: Imbecile, mentally disordered, intellectually handicapped. Such words degrade, belittle, stigmatise, and devalue Persons with disabilities.

Legal and Policy Instruments post-CRPD ratification are slightly more inclusive than those developed prior to CRPD and ratification. However, they still have minor gaps. These are as follows.

The Constitution of Zimbabwe, Amendment No.20 (2013): Section 56 (3) states that ‘Every person has the right not to be treated in an unfairly discriminatory manner on such grounds as custom, culture sex gender, marital status, age, pregnancy, disability among other grounds’. There are three other sections of the Constitution that are dedicated to persons with disabilities, Section 22, Section 83, and Section 242/3. The State is mandated to take appropriate measures that public buildings and amenities are accessible for persons with disabilities. However, it is worrying to note the Constitution of Zimbabwe specifically identifies persons with physical and mental disabilities and no other types of disabilities, thereby making it not as accommodative as it should be. Through Section 242/3, the constitution makes provisions for the establishment of the Zimbabwe Human Rights Commission (ZHRC). It is mandated to raise awareness and respect for human rights under Section 243 (K)(ii). The ZHRC must visit and inspect places where persons with disabilities are kept or stay, checking any human rights violations.

Local governments legal instruments in Zimbabwe also make positive provisions for persons with disabilities. Urban Councils Act (2008) is aligned to the CRPD provisions by allowing for a proportion of councillors with disabilities in the local governance. It offers 25% of special groups for inclusion as its ceiling. However, it does not specify a how many persons with disabilities should be included in the Council. In the same vein, the Rural District Councils Act (13 of 2002) also introduced special proportional slots for persons with disabilities as rural councillors.

The National Disability Policy (2021): It is one of the progressive policies in Zimbabwe to be instituted in the post-CRPD period and is greatly aligned to the provisions of the CRPD. The national disability policy addresses all rights of persons with disabilities covered by the CRPD, including equality and non-discrimination. However, observations are that the country has a situation of “Cart before the Horse”. Often the legal instruments (Acts and other Legal tools) are developed first then policies follow as implementation tools aligning to the provisions therein the Acts.

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\(^\text{18}\) The War Victims Compensation Act [Chapter 11:06]  

Persons with disabilities Bill (2020): As a result of the support from development partners, increased advocacy and awareness of disability rights, the Disabled Persons Act has been going through major amendments since 2017 and when the Amendment Bill becomes law, it will be called the Persons with disabilities Act. Currently, the Amendment Bill is at an advanced level of consideration before it is signed into law. It is interesting to note the change of name from Disabled Persons Act to Persons with disabilities Act, a positive indication in language changes towards persons with disabilities, thereby addressing the gaps that earlier disability related legal instruments had. The transition is in line with regional best practices such as Kenya. The bill is very comprehensive and specific on issues related to service provision. To a large extent, the provisions of the Bill address the gaps noted in the Acts developed prior to the UNCRPD and ratification of the protocol.

Zimbabwe School Health Policy has clauses that aim at reducing school-based discrimination. It upholds the principles of disability friendliness as well as gender equity and ensure the availability of safe water and age-specific appropriate and adequate sanitation amenities (toilet, hand washing facilities, facilities for ensuring menstrual hygiene)

3.2.2 Implementation Analysis

From a Legal and Policy perspective Zimbabwe has made steps in implementing the UNCRPD: The first step was the ratification of the CRPD and its optional protocol by the Government in 2013. Other aspects of implementation include the development of disability friendly Constitution in 2013, the drafting of the Persons with disabilities Bill in 2019. However, the Constitution of Zimbabwe subjects disability service provision to availability of resources. While other citizens as war veterans have constitutional entitlements, persons with disabilities do not enjoy these when resources are not available. This is a great drawback that is likely to perpetuate discrimination on the basis of disability. Such provisions are against CRPD and SDGs.

In 2021, the government has shown great commitment towards domesticating the CRPD by launching the National Disability Policy that has clear provisions on equality and non-discrimination. Despite these milestone accomplishments, consultation with members of OPDs indicated that while they are involved in initial consultation of the development of legal and policy instruments such as the Persons with disabilities Bill 2020 and National Disability Policy, they are not involved in the final input to these provisions. Sometimes there are no validation processes so that the stakeholders are happy with final pieces that go through. One OPD leader had this to say:

When these things are pushed within the system, we are not really included. Some of the things we are not happy with. We were consulted for the disability Bill, but after making our inputs, we were not favoured with the draft that came out. It was not validated. The same happened with the Constitution, there was no validation. We have no quarter system. We are not happy with only two representatives in the Senate. (OPD Leader)

The Country is slow and behind reporting requirements for the UNCRPD: Reporting requirements for CRPD is the first report in the first two years and thereafter, every four years. Eight years after ratification of the CRPD the country is still to submit its first report which was expected by 2016. The major reasons for the delay identified by key informants include high staff turnover in line ministries and lack of funding. With the support of UNDP, the first CRPD report has now been submitted to Cabinet for consideration.

19 Ministry of Finance and Economic Development: National Development Strategy 1

Absence of a national strategy for implementation of the UNCRPD: The country does not have a strategy in place for implementing the UNCRPD and this is militating against disability service provision. For effective implementation of the National Disability Policy, there is in need to consider development of a comprehensive strategy involving all key stakeholders with clear outcome areas for a given period of time.

3.2.3 Outcome Analysis

A UNPRPD (UNESCO, 2020) study revealed that women and girls with disabilities in Zimbabwe continue to face multi-and intersecting forms of discrimination in communities due to the interface of their gender and disability in community. Another UNPRPD (UNESCO, 2020) study on the interface of disability, gender and culture in Zimbabwe revealed very negative community perspectives such as negative superstitions, religious, cultural beliefs as well as harmful sexual practices. These perpetuate stigma and discrimination on women and girls with disabilities.

The Zimbabwe Multiple Indicator Cluster Survey (2019) revealed that at least 1.4 % males and 1% of females (15-49 years) with disabilities have been harassed or discriminated against on the basis of their disability. The high percentage for males as compared to females is attribute to work-related discrimination as there are fewer women employed.

The study established lack of affirmative action on measures to address economic empowerment imbalances. For example, several OPDs indicated that they applied for land, and they are still to be responded to after 5-10 years of application.

A significant number of persons with disabilities are into street vending due to lack of employment opportunities. The study established that as much as 80% of women with disabilities have no independent means of livelihoods compared to their male counterparts. Equally, 19.6% of females with disabilities have access to employment compared to 52.8% of their male counterparts.21

One participant lamented. These days you find a lot of work adverts indicating that persons with disabilities are encouraged to apply, but very few of us are in formal employment. We are discriminated on selection because there are no quota systems in place for us to be. Until this is addressed, we will continue to loom the streets. (Participant with a physical impairment)

There is lack of reasonable accommodations in workplaces. Some employers have asked persons with disabilities to look after their personal assistants. One participant who is deaf reported being asked by his employer in Bulawayo industries to find his own sign language interpreter.

Persons with disabilities reported that most cases of SGBV happens within communities: Asked where most cases of SGBV happen, 57.1% reported it happens within community, 28.6% within victim’s house, 7.1% in homes of the perpetrators while 3.6% happened at the workplace and 3.6% was in other placed. As much as 80% of the SGBV perpetrators were male while 20 were reported to be female.

Women and girls with disabilities have limited access to justice and post violence assistance. There is very little accessible information on what to do after experiencing crime/GBV, not to mention that police stations and court houses are poorly equipped to handle persons with disabilities, because they have limited knowledge on dealing with disabled survivors and many resorts to victim blaming.22

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21 UNESCO, Amplifying the Voices of women & girls with disabilities in Zimbabwe: A Comprehensive Study, UNPRPD, 2020,

22 Ibid
Children with disabilities experience negative attitudes often rooted in social cultural beliefs as well as in social cultural dynamics of under reporting. They experience forms of abuse to include sexual abuse, physical, emotional, neglect and discrimination. Some caregivers lock children away from community for various reasons to include protection of children with disabilities hostility, negative treatments, and negative attitudes of community members. Female children with communication challenges (hearing and speech impairment) or mental and intellectual disabilities are most vulnerable especially to sexual abuse. Sexual abuse of children and young people with disabilities particularly female children present the greatest risk and fear.

Children with disabilities are often excluded from opportunities to participate fully in their communities including limited access to health, education, legal support, and other services. In the Zimbabwean context, children with disabilities are treated negatively and dehumanised. The birth of a child with disability is often associated with witchcraft, promiscuity of the mother during pregnancy or punishment by ancestral spirits.

Capacity to understand the provisions of UNCRPD remain low among all disability stakeholders (Government, UN, Civil Society): Majority (66.5%) of persons with disabilities were not aware of UNCRPD and its provisions. Only 33.3% had heard about it. Despite the great effort made by UNESCO on induction training on provisions of UNCRPD, the capacity on provisions of this protocol among all stakeholders remain low. Persons with disabilities in both urban and rural settings are not knowledgeable of the provisions of the UNCRPD, so that they can use it as an advocacy tool or demand their rights. Confirming this observation, one respondent had this to say:

**People with disabilities are not yet there with respect to knowledge provision of the UNCRPD. Our media fraternity in Zimbabwe still use derogative and negative language with referring to persons with disabilities. Surprisingly, even some UN leadership continues to use the wrong terminology when addressing public events on disability issues. (Participant with disability- Harare)**

Persons with disabilities experience stigma and discrimination with respect to relationships and marriage choices: As much as 83.1% reported negative attitudes from service providers which limited their access to services. Consultations with persons with disabilities indicated that majority of persons with physical disabilities often find it hard to have relationships or marry from across the other group. The stigma and negative attitudes are stronger against women. It is very hard for women with physical disability to marry with a person without disability. A phenomenon of “Night Husband” was described when a man without disability courts females with disabilities. Most will present with pregnancies, but male partners do not come out in the public during the day. The following are excerpts from persons with disabilities who experienced discrimination in their choices for marriage:

**My first marriage failed due to the family who did not accept my albinism condition ---- due to superstitious beliefs where some think marrying an albino will give children who have albinism, yet it is not automatic.” (Female PWD – FGD Information)**

**When I went to pay Lobola (bride price) for the love of my life, my father in-law rejected me at that public marriage gathering, when he learnt for the first time that his son-in-law to be was the one in clutches. After my disappointment, I then married a wife with similar disabilities to me. One of my aunts reiterated “wazororo wako chaye” {you have married the one that befits your disability}. (Male Participant- Harare)**

The stigma, discrimination, and negative attitudes that both males and females experience in making choices for marriages are also experienced by females who give birth to children with disabilities:

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24 UNICEF (unicef.org//zimbabwe.disability)

When I gave birth to a baby with albinism, my husband was furious, accusing me of having brought a curse to the family. He even accused me of cheating. He disappeared for over five years but eventually came to accept the child as a person.

### 3.2.4 Priority Areas for improvement and Investment

Against the discussion on Equality and Discrimination and the analysis on legislation, gaps and outcomes, the following are the priority areas for Improvement and Investment:

**Table 3: Priority Areas for improvement and Investment**

| Priority 1 | CRPD Domestication | Advocate for the domestication of the CRPD into the Persons with disabilities Bill. Support an advocacy platform for OPDs and CSOs. |
| Priority 2: CRPD Awareness | Support CRPD public awareness programs in the national print and broadcast media. Summarise the provision of the UNCRPD and translate into key local languages Ensure the CRPD and other laws such as the National Disability Policy are put in all accessible formats Summarise and translate into vernacular the key provision of the National Policy on Disability Advocate for the implementation of the provisions of the National Policy on Disability by all key stakeholders (Government, OPDs, Civil Society, UN Agencies, and Private Sector). Support the development of a disability awareness software application |
| Priority 3: Fighting stigma, Neglect, Discrimination and Negative attitudes against Persons with disabilities | Design a database for all disability laws and policies in Zimbabwe, including knowledge products. Mount awareness programmes at all levels national and sub national level to address high level of stigma and discrimination against persons with disabilities. Develop programmes addressing private and public sector aimed at enhancing reasonable accommodation to reduce barrier to access to services by persons with disabilities. Engage with families, communities, schools and teachers to combat stigma, negative cultural norms and perceptions. |
| Priority 4: Reasonable accommodation by service provider for disability inclusion | Support the development of standard operating procedures for the implementation of reasonable accommodation at various levels. Support the development of a Zimbabwean Handbook for Sector-based Reasonable Accommodations. Advocate for measures and incentives that enhance employment opportunities for persons with disabilities. |

### 3.3 Accessibility

Accessibility is the extent to which products, systems, services, environments, and facilities can be used by people with diverse requirements, needs, characteristics, and capabilities to achieve their goals in certain contexts. Various articles, of the CRPD and particularly article 9 requires States parties to take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public and to remove barriers and obstacles to accessibility. On the other hand, a number of SDGs speaks to accessibility issues (4, 10, 11) with SDG 10 calling for reduced
inequalities within states. This section presents findings on accessibility in respect of legal and policy analysis, implementation analysis and outcome analysis. Intervention priorities and recommendations are also given.

3.3.1 Legal and Policy Analysis

**The Constitution of Zimbabwe (2013):** Section 22 of the Constitution of Zimbabwe on ‘Persons with disabilities’ speaks of the need to consider the specific requirements of persons with all forms of disability as one of the priorities in development plans. Section 29 on ‘Health services’ subsection (1) provides that the State must take all practical measures to ensure the provision of basic, accessible and adequate health services throughout Zimbabwe. Section 28 provides for access to affordable shelter to every person. In addition, Section 81 is on the rights of children and speaks of the rights of every boy and girl under the age of eighteen years to education, health care services, nutrition, and shelter.

**Disabled Persons Act (1992)** Chapter 5 seeks achievement of equal opportunities for persons with disabilities by ensuring they are afforded full access to community and social services. Subsection (xi) of the same Act refers to access to “available information and technical assistance”, while Section 8 speaks of prohibition of denial to disabled persons of access to public premises, services, and amenities.

**Education Amendment Act (2019):** The Act has clauses on accessibility. Section 68B of the Act calls for every registered school to provide infrastructure suitable for use by pupils with disabilities. It further states that the Secretary for Education shall monitor and enter premises of every registered school for the purposes of ascertaining whether the rights of pupils with disabilities are considered during teaching and learning. The Ministry of Primary and Secondary Education, with the support of UN Agencies, is in the process of developing an inclusive education policy. The draft policy addresses most aspects of accessibility to education by learners with disabilities.

**Refugees Act 13/1978, 22/2001 [Chapter 4:03]** guarantees access by refugees, including those with disabilities to various essential services. These include public education on Article 21, Section 2, and access to the courts on Article 14, Sections 1 and 2. The Act is administered by the Ministry of Public Service Labour and Social Welfare.

**National Disability Policy 2021:** The Policy has very clear provisions on accessibility issues in respect of transport, information, education and public buildings and infrastructure. It also calls for the development of accessibility standards and a national accessibility plan with some benchmarks, budget, and timeframes. Through the policy, the country envisages full accessibility by 2030.

3.3.2 Implementation Analysis

**The country’s policies and laws mention accessibility as just a concept without any implementation or funding strategy.** Most key informants said that the laws are mainly cosmetic in nature since they are not prescriptive.

Key informants reported that persons with disabilities have not been able to acquire national registration documents such as birth certificates, national identification cards and passports. The Department of Civil Registry was reported to have been slow in the process of reaching out to marginalised communities and groups for mobile registration so that persons with disabilities can have access to civil documents.

Participants identified lack of Information and other materials in accessible formats across all sectors (Education, Health, Disability Rights, SRHR). The study also found that persons with disabilities are being left behind in accessing information pertaining to SGBV, disasters and decision-making processes. In most rural areas of Zimbabwe, digital expansion is still lagging and, in these areas, persons with disabilities face digital exclusion due to lack of access and affordability of the requisite Information Communication Technology (ICT) tools and equipment.
The country does not have accessibility standards, regulations, and enforcement mechanisms. Accessibility determination in the country is the prerogative of service providers in the absence of guiding documents. One participant gave the following account.

Service providers provide accessibility measures only when there is an advantage attached, for example to increase customers. This explains why you find many ramps in buildings are death traps for us. They were put in place without any measures and consultation with people like us who use wheelchairs. Otherwise, it seems no one is taking care of such issues, which is very regrettable. (Participant, Mutare.)

Assistive technologies and devices are beyond the reach of many persons with disabilities in Zimbabwe. Accessibility is inextricably intertwined with availability of assistive devices. The devices enhance accessibility to services. The Zimbabwe living conditions survey (2013) showed that 63.6% of persons with disabilities have never received required assistive devices. Thus, a significant number of persons with disabilities continue to experience accessibility problems.

Public buildings and infrastructure are inaccessible for persons with disabilities. The most inaccessible places identified are government offices (92%), schools (83%), council offices, (76%) and entertainment, (63%). Elevators at most public buildings including MoPSLSW, and the Office of the Advisor on Disability in the President’s Office are often not in working condition making even these important offices inaccessible.

A representative in the Ministry of Agriculture noted that procurement procedures currently do not necessary consider accessibility standards, universal design, and inclusive employment practices for suppliers. Instead, procurement standards are mostly based on the specifications given by the requesting unit or persons. Hence, if no specifications were given to certain inclusivity issues, then likely none is taken into consideration.

3.3.3 Outcome Analysis

A significant proportion of persons with disabilities ranging from 41.9% in Matabeleland South to 96.7% in Matabeleland North reported that they were experiencing problems in accessing essential services such as health, education, justice, etc. The provinces of Matabeleland North (96.7%); Masvingo (95.7%) are the worse off. These are followed by Mashonaland East and Manicaland both on (86.7%) and Mashonaland West (86.4%). Mashonaland Central on 46.7% is faring better relative to the rest. Generally, in the absence of social grants and targeted assistance persons with disabilities face challenges in accessing basic services such as education and health for their children.

Overall, 34.2% of participants noted that communication problems were a barrier hindering them from accessing media information, SGBV services, disasters, and decision-making processes. In addition, a 48.7% highlighted that COVID-19 related information availability was not inclusive and accessible. This was a major problem as reported in Mashonaland East province (76.9%); Manicaland (63.3%); Bulawayo (43.0%); Midlands (35.6%); and Harare (35.0%).

Support from the government through the Assisted Medical Treatment Orders (AMTO) has not been forthcoming, hence frequent appeals on television and radio by persons with disabilities needing help. Persons with disabilities are more often being assisted by well-wishers to access medical treatment, and yet by law this should be the responsibility of the government.

There is a severe shortage of teachers with the requisite special skills (braille, sign language and others) to make education more accessible for children with disabilities.

Refugees with disabilities reported facing challenges during distribution of food and other essential items as they are not given priority. They stand in the que for long hours and are subjected to pushing and shoving which further endangers them because of their disabilities.
3.3.4 Priority Areas for Improvement and Investment

Table 4: Priority Areas for improvement and Investment

<table>
<thead>
<tr>
<th>Priority</th>
<th>Area of Improvement</th>
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<tbody>
<tr>
<td>Priority 1</td>
<td>Development of sector specific accessibility Standards for the country</td>
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<td>Priority 2</td>
<td>Translation of available IEC materials into accessible formats.</td>
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<tr>
<td>Priority 3</td>
<td>Development of a teacher training module on universal design of instruction</td>
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<td>Priority 4</td>
<td>Procurement of assistive devices and technologies</td>
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<tr>
<td>Priority 5</td>
<td>Advocacy on accessibility within government ministries, departments, UN Agencies, CSOs, DSOs and OPDs</td>
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<tr>
<td>Priority 6</td>
<td>Strengthening the accessibility of OPDS by members</td>
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</table>

3.3.5 Specific Recommendations

**Priority 1 on accessibility Standards**

i) Support the development of guidelines for the development, promulgation, and monitoring of the implementation of minimum standards for the accessibility of facilities and services open or provided to the public.

ii) Provide capacity to government to develop a national plan on accessibility.

**Priority 2 on Translation of IEC materials**

i. Support line ministries, teachers’ colleges, UN Agencies and OPDs to translate IEC materials and knowledge products into accessible formats.

ii. Support the training of government staff in sign language.

**Priority 3 on development of teacher training module**

i. Capacitate teacher-training institutions to come up with a module on universal design of instruction.

**Priority 4 on procurement of assistive devices and technologies**

i. Support government with information on procurement of low-cost assistive technologies

ii. Engage telecommunication companies to support persons with disabilities with low-cost data.

iii. Support the production of local assistive devices and technologies.

**Priority 5 on advocacy and training**

i. Support the training of stakeholders across all sectors on accessibility issues that are related to persons with disabilities.

**Priority 6 on accessibility of OPDs.**

i. Strengthen the capacity of OPDs to enhance accessibility of their offices, websites, and knowledge products by all their members.

3.4 Inclusive Service Delivery

Inclusive service delivery is a cross-cutting issue in the CRPD. The general principles (Article 3) calls for full and effective participation and inclusion in society. Creation of inclusive societies also underpins most SDGs such as 4, 8, 9, 11, 16. This section explores the Zimbabwean situation in respect of inclusivity in assessment for disability, disability support services, mainstream services such as health, education, justice, and employment.

3.4.1 Structural analysis

**Disability Assessment and Referral System:** Disability assessment and determination are critical processes to determine eligibility and referral to disability-related services and service providers. This section looks at the pertaining situation in Zimbabwe.
Zimbabwe has various referral systems in place for the identification of impairments. These include the Public and Private Health Institutions, Department of Rehabilitation under the Ministry of Health, the Department of Learner Welfare, Psychological Services and Special Needs Education under MoPSE and through rehabilitation services provided by DSO such as Leonard Cheshire, CBM, Council for the Blind and Jairos Jiri Association, and others. Through outreach programmes and Community Based Rehabilitation model employed by the MoHCC, impairments are also identified at community level by Child Care Workers and Village Health Workers. These refer cases to responsible departments and organisations as deemed necessary. The ministry of Social Welfare also conducts eligibility assessments for government benefits as described in the following statement.

“Disability Assessments are done mostly through our District offices. That is where people with disabilities undergo an assessment process. There are forms as they will be asked questions. From there that is when they can determine if one can get assistance or not. It applies to all ages (adults and children). It is also done for any other service” (DDA)

Persons with disabilities are not issued with certificates following assessment by the DDA.

“There is no certificate issued but that is also where the enrolment is done for assistance such as vocational or educational assistance” (DDA)

In amplification, the MoHCC had this to say in respect of assessment;

We do clinical assessments from district hospitals up to tertiary level. The assessments are mainly conducted by trained staff including rehabilitation technicians, doctors, physiotherapists and occupational therapists. A Multidisciplinary approach is normally employed to make in-depth determinations. (Key informants MoHCC)

Assessments for disability are done free of charge in Government institutions and children with disabilities in school receive assistive devices and technologies from the Department of Learner Welfare, Psychological Services and Special Needs education. However, these depend on availability. Furthermore, assessments for disability is associated with several barriers such as lack of assistance by persons by those in rural areas. The other barrier is lack of technical assistance within DDA for carrying out these assessments because of lack of capacity and know-how by some officers who are located at district level.

“Usually, the disabilities that we see are the ones that we can successfully assess on. But there are disabilities that we cannot see. So I think the gaps are in technical expertise. If we are very much equipped to understand all types of disabilities and then we have a tool which speaks to all types of disabilities, then we will be able to carry out successful assessments” (DDA Officer)

3.4.2 Implementation Analysis

Disability assessments are carried by various professionals and for various purposes and yet there seem to be lack of quality control mechanisms. MoPSE gave focus of its assessment focus as follows

“Assessments identify the nature severity of the disability as it relates to the requirements for effective teaching and learning and other aspects of the learner’s life. If there is need for health interventions referral is made to the health institutions” (Senior government official)

Out of the three types of assessment available in Zimbabwe (Health, Educational and Social) only clinical assessments have been reported to be more structured, with a clear referral path, as compared to other types of assessment. The study established that there is no platform for professionals to be able to share assessment data, which has an impact on decision making by persons with disabilities.

Following assessment, persons with disabilities are not given disability cards. Provision of cards is in line with best practices and most participants indicated the urgent need for the card as they feel it enhance their accessibility to services. One participant supported the disability card by giving the following statement.
The card can be a stigmatizing tool, but it gives me dignity. I don’t need to explain a lot of things about my disability, I need to be easily identified. The card has to be linked to service provision. However, the issuance of cards needs to go hand in hand with awareness raising. (Participant.)

3.4.3 Outcome Analysis

i. There is lack of a central database for all assessed persons with disabilities
ii. Lack of funding mechanism for disability assessments
iii. Lack of an M & E and quality control mechanism for disability assessments
iv. Lack of continuous assessments, most assessments are once-off
v. Most public educational assessments such as audiology are centralised
vi. Lack of assessments in rural areas
vii. Lack of capacity by social welfare officers to assess invisible disabilities.
viii. Lack of information on disability assessments
ix. Assessed children and adults are not given disability cards

3.4.4 Priority areas for improvement and investment

Table 5: Priority Areas for improvement and Investment

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Disability assessment and determination database</td>
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<tr>
<td>2</td>
<td>System for production of issuance of disability cards</td>
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<tr>
<td>3</td>
<td>Supporting accessibility of assessments</td>
</tr>
<tr>
<td>4</td>
<td>Capacity of social welfare officers</td>
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</tbody>
</table>

3.4.5 Specific Recommendations

Priority 1: on disability assessment and determination

i. Strengthen the capacity of the three-line ministries responsible for assessment to provide uninterrupted services across the country.
ii. Support the development of an e-database for all assessments conducted by various stakeholders.

Priority 2: on issuance of disability cards

i. Support the DDA and other responsible authorities to produce and issue disability card across all the country’s districts.
ii. Support a mechanism/framework for the issuance of disability cards

Priority 3 on accessibility of assessments

i. Support decentralised initiatives for disability assessment to cover remote and rural areas.
ii. Decentralisation of educational assessments, particularly audiological service

Priority 4 on capacity of social welfare officers

i. Train DDA staff on social assessments and related topical issues. Capacitation of social welfare officers
ii. Support the production of a handbook on disability assessment services for citizens

3.5 Disability Support services

Disability support services are critical for persons with disabilities to be able to fully access and benefit from policies and programmes on an equal basis with others. The 2013 Living Conditions survey among
persons with disabilities indicated that persons with disabilities\textsuperscript{26} in Zimbabwe generally lead a low life quality as compared to those without disabilities. This is mainly attributed to lack of disability support services. The current study established the following as examples of public support services.

### 3.5.1 Legal and Policy Analysis

**UNCRPD Article 26 on habilitation and rehabilitation** calls for State parties to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational abilities and full inclusion and participation in all aspects of life. The state should therefore provide support services for persons with disabilities.

Section 3.3.8 of the Zimbabwe National Disability Policy makes the provision for support services for persons with disabilities. It advocates that persons with disabilities must have access to a range of in-home, residential and other community support services, including personal assistance that is necessary to support living and inclusion in the community, and to prevent isolation and segregation from the community.

### 3.5.2 Implementation Analysis

Sixty six percent of persons with disabilities indicated they have no knowledge about the CRPD, and most of them and their caregivers are not aware of the public disability support services available to them.

Disability services are largely being offered from a welfarist rather than from a human rights perspective. Participants indicated the absence of a clear funding mechanism for support services thereby putting them in a situation where they had to run up and down for the same service all the time.

UN agencies, OPDs, and CSO generally exclude caregivers of persons with disabilities in their programming. Available public programmes do not target caregivers and yet they are critical stakeholders.

Persons with sensory impairments (Deaf, intellectual disabilities and visual impairments) experience more challenges in their quest to access disability support service compared to other types of impairments. The underlying factor is on communication challenges.

The study established that there is fragmentation in the distribution of assistive technologies and duplications are high. This has mainly been attributed to lack of knowledge sharing among service providers.

The analysis established that Community Based Rehabilitation (CBR) is a noble programme for persons with disabilities, but the services are not covering most districts in the country.

### 3.5.2 Outcome analysis

i. Most persons with disabilities and their caregivers are not aware of the public disability support services available to them.

ii. Persons who are deaf, with intellectual disabilities and visual impairments experience more challenges in their quest to access disability support service compared to others.

iii. Persons with disabilities indicated that the majority face delays and challenges towards accessing support services.

\textsuperscript{26}https://atinfomap.org/downloads/National_Survey_on_Disability_2013.pdf
iv. Many persons with disabilities are in serious need for assistive devices such as mobility devices, hearing aids, computers, and wheelchairs among others.

v. There is fragmentation in the distribution of assistive technologies and duplications are high.

3.5.3 Priority Intervention Areas

The following areas have been identified by the consultant as key for UNPRPD consideration.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Programs for persons with sensory impairments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>- Programs for persons with sensory impairments</td>
</tr>
<tr>
<td>Priority 2</td>
<td>- Awareness on disability support services</td>
</tr>
<tr>
<td>Priority 3</td>
<td>- Establishment of a sign language authority born from the National Disability Policy</td>
</tr>
<tr>
<td>Priority 4</td>
<td>- Establishment of disability friendly courts in all provinces</td>
</tr>
<tr>
<td>Priority 5</td>
<td>- Implementation of inclusive education in teachers’ colleges, universities, and other academic institutions</td>
</tr>
</tbody>
</table>

3.5.4 Specific Recommendations

**Priority 1 on programmes for persons with sensory impairments**

i. Make a deliberate effort to fund more programs for persons with sensory impairments to cover for the communication gap.

**Priority 2 on awareness of disability support services**

i. Increase awareness among OPDs and persons with disabilities

ii. Design and distribute flyers on disability services

**Priority 3 on Sign Language Authority**

i. Support the DDA to establish the government sign language authority

**Priority 4 on disability friendly courts**

i. Support the JSC to establish disability-friendly courts.

**Priority 5 on inclusive education in institutions of higher learning**

i. Support the implementation of inclusive education in all colleges, universities and other academic institutions.

3.6. Social Protection

Article 28 of the CRPD advocates for improved standards of living and social protection for persons living with disability. State parties are expected to recognise the rights of persons living with disability to an adequate standard of living for themselves, including adequate food, health, housing and continuous improvement of living conditions. Social Protection entails the public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society. Persons with disabilities face inequality in a range of areas warranting the need to access social protection. Many social protection schemes do not effectively include persons with disabilities.

3.6.1 Legal and Policy Analysis

Zimbabwe has a relatively strong policy framework that has to a larger extend included social protection. The 2013 Constitution in Section 22(3)(a) makes provision of developing of programmes for the welfare of persons with disabilities which are consistent with their capabilities and are also acceptable to them and their legal representatives. However, a noted gap is that this
section only refers to persons with physical and mental disability and is not inclusive of other impairments.

Government of Zimbabwe (2021) National Disability Policy is comprehensive on its provisions on social protection of persons with disabilities. It advocates for social protection programmes and poverty reduction; participation of persons with disabilities in planning, implementation, and monitoring programmes; access to disability related expenses for those living below the poverty datum line; consideration for extra costs borne by persons with disabilities in all social protection programmes. Against the backdrop that majority of persons with disabilities live in poverty, they too must dominate in their participation in social protection programmes. Furthermore, the disability policy makes provisions for retirement benefits for persons with disabilities where possible.

3.6.2 Implementation Analysis

As much as 17,000 persons with disabilities who are associated with war (war victims) were in the past under the responsibility of the Ministry of Public Service, Labour and Social Welfare. They are now under the Ministry of Defence, Department of Veteran Affairs. An on-going concern is that this subgroup does not have easy access to social protection services being offered to persons with disabilities who fall under the Ministry of Public Service.

The Ministry of Public Service, Labour and Social Welfare in partnership with development partners rolled out an emergency social cash transfer programme to reduce food security, improve dietary diversity and maternal and child health outcomes for vulnerable households to include persons with disabilities whose situation has deteriorated because of Covid 19.

3.6.3 Outcome Analysis

Non-involvement of persons with disabilities in planning, implementation and monitoring social protection programmes: Consultations with persons with disabilities and OPDs indicated limited involvement of persons with disabilities in planning, implementation and monitoring social protection programmes.

In Zimbabwe, an average of 94.4% of persons with disabilities reported not to have accessed disability allowances. The main reason being that there is limited resources set aside for disability by the government. From the possible global list of mainstream assistance, in Zimbabwe discount cards and free health services are not among the common services:

Table 7 presents proportion of respondents reported accessing different types of social assistance across the districts in Zimbabwe.

<table>
<thead>
<tr>
<th></th>
<th>Bulawayo</th>
<th>Harare</th>
<th>Manicaland</th>
<th>Mash Central</th>
<th>Mash East</th>
<th>Mash West</th>
<th>Masvingo</th>
<th>Mat North</th>
<th>Mat South</th>
<th>Midlands</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan subsidies</td>
<td>6.6</td>
<td>0.5</td>
<td>7.7</td>
<td>3.6</td>
<td>7.4</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>6.5</td>
<td>2.0</td>
<td>3.9</td>
</tr>
<tr>
<td>School feeding program</td>
<td>24.6</td>
<td>3.6</td>
<td>3.8</td>
<td>10.7</td>
<td>14.8</td>
<td>0.0</td>
<td>0.0</td>
<td>64.3</td>
<td>6.5</td>
<td>32.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Cash transfers</td>
<td>73.8</td>
<td>27.0</td>
<td>11.5</td>
<td>7.1</td>
<td>11.1</td>
<td>13.8</td>
<td>9.1</td>
<td>0.0</td>
<td>19.4</td>
<td>42.9</td>
<td>12.9</td>
</tr>
<tr>
<td>Discount cards</td>
<td>0.0</td>
<td>6.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Cash transfer is one of the commonly accessed services by persons with disabilities in Zimbabwe. It has a national coverage. At the time of the study, average amount for cash transfers ranged from ZWL$1,500 to ZWL$2,500 per household per month. Disbursement for cash transfers is electronic using Ecocash, One wallet or One money to the beneficiary mobile phones. On average 12.9% cash transfer for persons with disabilities was disbursed in Zimbabwe. Across all districts, access to food hampers recorded the highest percentage as a form of social assistance. On average, 36% food hampers were disbursed during the period of study. Access to other forms of social assistance had an average of 25.2% across all districts. These include in kind transfers and health fee waivers.

The survey noted that majority (97.1%) of persons with disabilities reported not to agree that caregiver allowance (allowance given to persons taking care of persons with disabilities) is easily accessible for persons with disabilities: Proportions ranging from 93% in Manicaland to 100% in Matabeleland North, Mashonaland Central, Mashonaland East and Masvingo disagreed with the suggestion that disability allowance is easily accessible for persons with disabilities in Zimbabwe. Furthermore, a very small insignificant proportion averaging 3.9% reported accessing loan subsidies across the districts: consultations with the relevant government ministries indicated that adult persons with disabilities can access disability revolving loans.

While there are several pro bono lawyers available, persons with disabilities are most vulnerable communities lack the necessary legal aid that may increase their access to justice: Access to justice is available to a limited number of persons with disabilities. Support is given as per individual case to help persons with disabilities navigate the judicial system for example transport to and from Court, interpretation as well as counselling. A respondent from the Ministry of Justice and Legal Affairs had this to say:

“There are procedural adjustments in place to provide for an enabling and accessible environment for persons with disabilities for example, the Judicial Service Commission outsources experts to assist with a particular case for example Sign Language, Interpreters and pays for their services.” Ministry of Justice and Legal Affairs

The Government has put in place measures for the reasonable accommodation of persons with disabilities for example, the Ministry of Justice, through its Justice, Law and Order Sector has carried out disability mainstreaming and Sign Language training for its Justice Law and Order Sector institutions which include, ZRP, NPA Legal Aid Directorate and the JSC so they are better equipped to accommodate and serve persons with disabilities.
Majority, averaging 91.7% of persons with disabilities reported absence of community based inclusive development (CBID) programmes in the country. CBID is an approach that brings change in the lives of people with disabilities at community level, working with and through local groups and institutions and addresses challenges experienced by people with disabilities, their families and communities in practical ways. Proportions ranging from 83% in Mashonaland Central to 100% in Manicaland, Masvingo and Matabeleland North disagreed with the suggestion that Community Based Inclusive Development Programmes are easily accessible in Zimbabwe.

3.6.4 Priority Areas for Improvement and Investment

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Designing inclusive community-based programmes targeting persons with disabilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 2</td>
<td>Broadening range of services for disability allowances</td>
</tr>
<tr>
<td>Priority 3</td>
<td>Revisiting arrangements for war victim persons with disabilities to access social protection services under the responsibility of the Ministry of Public Service, Labour and Social Welfare.</td>
</tr>
</tbody>
</table>

3.6.5 Specific Recommendations

Priority 1:

i. Design of community based inclusive development programmes: Against the backdrop of glaring gaps or glaring absence of community based inclusive development programmes, there is need to consider up-scaling of present (INGO funded) initiatives targeted at Persons with disabilities.

Priority 2:

In line with the provisions of the UNCRPD and the Zimbabwe National Policy 2021, the government and development partners should consider broadening social protection services for persons with disabilities to include.

ii. Consideration for extra costs borne by persons with disabilities in all social protection programmes.

iii. Issuance of disability identification cards for use especially in social protection services.

iv. Access to retirement benefits.

v. Targeted cash transfers for persons with disabilities.

3.7 Legislation and Policies

This section looks at the legal framework for health provision in the country and the extent to which the legal framework promotes inclusiveness in access to health for persons with disabilities. Article 10 of the CRPD is on the right to life, and persons with disabilities can only be able to effectively enjoy this right based on good health. Article 25 further buttresses this point, which highlights that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination. A third related clause is Article 26 on habitation and rehabilitation to enable persons with disabilities develop, attain, and maintain maximum ability. The approach to health under the CRPD is also consistent with various SDGs, particularly SDG 3 on good health and wellbeing; SDG 5 on gender equality and SDG 6 on clean water and sanitation. The effective implementation of the health legislation and policies would be key to improving the health and welfare situation of persons with disabilities.

28 CBM Website: Community Based Inclusive Development (CBID)
3.7.1 Legal and Policy Analysis

There are several pieces of legislation, policies, and strategies around health issues in the country that have been enacted over several years with both overt and covert reference to the plight of persons with disabilities.

The National Health Strategy, 2009 – 2013: Equity and Quality in Health-A People's Right\(^\text{29}\) is a successor to the National Health Strategy, 1997 – 2007: Working for Quality and Equity in Health, whose major thrust was to improve the quality of life of Zimbabweans.

The Zimbabwe National Nutrition Strategy\(^\text{30}\) has two major objectives. The first and second objectives make provisions for operationalization of Commitment of the Food and Nutrition Security Policy and contributing towards making further progress against scaling up Nutrition (SUN) targets. The Zimbabwe National Nutrition Strategy (page 11) recognizes strong international evidence that eliminating undernutrition saves lives, prevents more than one-third of child deaths per year, and reduces the burden of disability for children under five by more than half.

On 6 June 2018 Zimbabwe launched the School Health Policy\(^\text{31}\) in order to promote positive health determinants while preventing and mitigating health risks among learners. It aims to lead to “A primary and secondary education system with an enabling environment for the provision of equitable, sustainable and quality health services for all learners.” The vision resonates well with the agenda for Universal Health Coverage. Through promoting health in schools, Zimbabwe can be sure that they are contributing to the aspiration of “leaving no one behind.”

Under the National Health Strategy, priority is placed on revitalizing the Health Care delivery system based on Primary Health Care including an effective, efficient, referral system and Emergency Services. The health care system covers issues such as the management of common illnesses, disability and rehabilitation services amongst other health services. The strategy ensures inter-sectoral coordination and collaboration and addresses major contributors to illness, disability, and death. Furthermore, the strategy makes strides to categorise impairment groups, life stages of disability and genders. It also promotes the prevention and early identification and referral of children and persons with disabilities. Coupled with early intervention for conditions such as birth asphyxia, this is intended to avoid the development of permanent complications and remain central to care. It alludes to changes in epidemiology of disability, from those arising as a result of polio, leprosy, and land mines for example, to those related to birth trauma including cerebral palsy, road traffic accidents, spinal cord injuries, amputations, mental illnesses, age related impairments, multiple disabilities and home accidents, especially among children. The strategy further alludes to the need to provide Information, Education and Communication (IEC) to meet the needs of specific disabilities including Braille material. It refers to the need for comprehensively addressing the needs of persons with disabilities, using a human rights' approach.

3.7.2 Implementation analysis

Despite the existence of various legislation and strategies, access to health for persons with disabilities remains a major constraint. Communication remains a major problem for

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persons who are deaf and others who rely on sign language because health personnel is not well versed with sign language.

“Even in Hospitals Nurses are not able to communicate with me, and by the time they engage Nzeve or whoever my health will have deteriorated”, (FGD Participant in Bulawayo)

“These laws are written but little to no efforts have been made to implement them. For example, in hospitals there are no workers who can attend and communicate with a person with hearing impairment”, (OPD Representative in Bulawayo)

FDG participants highlighted that even though their being less privileged hinders them from accessing health facilities, they are still expected to pay consultation fees at health facilities. This severely limits their ability to access such services. In addition, there is also a tendency for medical staff at public health services to take for granted the special needs of persons with disabilities. In many instances, their situation is not given the serious attention that it requires to the extent that support is not provided even if they have the relevant documents that entitle them to receive such health services.

“When you are given Assisted Medical Treatment Order (AMTO) and you go to the Hospital with it, you will be tossed around from one department/Office to another, but this AMTO is from the same government and you wonder why. Let me give you an example of what I went through at Parirenyatwa, I ended up crying saying but I have AMTO what do you want me to do. Only after I cried, did I get assistance; and the AMTO was accepted. I don’t know why it has to be like that, when it’s a government service/document which is supposed to work. They end up saying you have to pay, when you have the AMTO”. (OPD Leader in Harare)

Lack of resources has resulted in the inability of persons with disabilities from accessing medication and the burden has fallen on the shoulders of the care givers. This has been especially the case in situation in which persons with disabilities have chronic diseases such as high blood pressure, HIV/AIDS, cancer, and others. This situation can also be direr in situations in which the care givers are of school-going age.

3.7.3 Outcome Analysis

There is a lack of effective communication between persons with disabilities and health care workers, which compromises the health of the former. The obvious need for interpreters in such situations also compromises on the principles of secrecy as is the general practice relating to medical treatment.

Available health policies on disability lack adequate funding framework for effective implementation. For example, the National Health Strategy’s full implementation requires resources upwards of ZWL 23 billion over five years, but these resources are beyond the capacity of the country to generate from domestic sources. There will therefore be need for prioritisation of aspects that should be funded and this prioritisation may end up leaving out the interests of persons with disabilities.

3.7.4 Priority areas for Improvement and investment

Table 9: Priority Areas for improvement and Investment

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>- Sign language training for health professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 2</td>
<td>- Coordination of health services</td>
</tr>
<tr>
<td>Priority 3</td>
<td>- Provision of health cards that may be used by persons with disabilities to access services such as medication at pharmacies, treatment, surgery, or diagnostic bills.</td>
</tr>
</tbody>
</table>

32 “Health Strategy to Cost $23 bln”, [https://www.herald.co.zw/health-strategy-to-cost-23bn/](https://www.herald.co.zw/health-strategy-to-cost-23bn/)
3.7.5 Specific recommendations

Priority 1:
   i. People who offer medical services should be trained in basic sign language and use of braille so that they are able to communicate with persons with hearing impairment.

Priority 2:
   i. There is need for coordination of government ministries so that there is synergy between the various entities, to avoid the inconveniences of one ministry providing AMTO and the other ministry (Health) refusing to honour it.

Priority 3:
   i. Provide health cards that are adequately funded and acceptable to all public health facilities to enable persons with disabilities to easily access health services.

3.8 Education Legislation and Policies

Article 24 of the UNCRPD calls for States Parties to recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and based on equal opportunity, countries are expected to ensure an inclusive education system at all levels and lifelong learning. Similarly, SDG number 4 calls for States to ensure inclusive, equitable and quality education that promotes lifelong learning and opportunities for all. Sub-section (4a) requires States to build and upgrade education facilities that are child, disability, and gender sensitive. The learning environments are also expected to be non-violent and inclusive. The section briefly looks at the provision of education with a particular focus on laws and policies, which is in line with the global framework of analysis.

3.8.1 Legal and Policy analysis

Zimbabwe has a rich Constitutional, legislative and policy frameworks capable to enable the achievement of CRP and SDG provisions on education.

Section 83 of the Constitution Amendment Number 20 (2013) stipulates that the State must take appropriate measures, within the limits of the resources available, to ensure that persons with disabilities realise their full mental and physical potential, including measures to provide special facilities for their education; and to provide State-funded education and training where they need it. The Education Amendment Act (2020) has specific inclusive provisions for learners with disabilities. Section 68B on Pupil with disability specifically states that every registered school shall provide infrastructure, subject to availability of resources, suitable for use by pupils with disabilities.

The National Disability Policy, Section 3.9 clearly states that an inclusive education system of appropriate standards, at all levels, as well as lifelong learning for persons with disabilities of all gender affiliations, must be ensured reasonable accommodation of everyone’s requirements must be provided including in relation to preferred language, physical infrastructure, schedule, staffing, assistive technology, teaching and learning methods, information and materials.

Inclusive Education Policy Draft: the MoPSE, with the aid of UN Agencies, has developed an inclusive education policy that is currently circulating among stakeholder for input. There are also number of Ministry policies that guide and promote inclusive education and a budget for learners with special needs such as Secretary’s Circular 7 of 2014, the Zimbabwe School Health Policy and the Zimbabwe National CSTL Model.

Persons with disabilities Bill: When signed into law the Bill will compliment available polices to influence the observation of the rights to inclusive education by learners with disabilities.
Lack of inclusiveness in the education policies has resulted in high levels of inaccessibility among persons and learners with disabilities. Inclusive education can be defined as the placement of a child with special needs in an ordinary classroom with extra support, be it human or otherwise, which allows the learners to benefit from that environment. Moreover, inclusive education also means that all children attend and are included in their local schools in age-appropriate ordinary classes. These learners should be supported fully in their classes so that they can participate in the full spectrum of their classroom’s activities.

Overall, 36.8% of respondents highlighted that schools were not accessible, while 43.3% indicated that they were only partially accessible. Table 10 shows that a proportion ranging from 7% in Mashonaland Central to 77% in Matabeleland North perceived that schools in their communities were not accessible.

Table 10: Extent of Accessibility of Schools in the Communities by Children with Disabilities

<table>
<thead>
<tr>
<th>Province</th>
<th>Not accessible (%)</th>
<th>Partially accessible (%)</th>
<th>Accessible (%)</th>
<th>Highly accessible (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulawayo</td>
<td>73.0</td>
<td>17.0</td>
<td>10.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Harare</td>
<td>46.1</td>
<td>29.1</td>
<td>23.0</td>
<td>1.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Manicaland</td>
<td>40.0</td>
<td>60.0</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mash Central</td>
<td>6.7</td>
<td>36.7</td>
<td>53.3</td>
<td>3.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Mash East</td>
<td>30.0</td>
<td>63.3</td>
<td>6.7</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mash West</td>
<td>16.7</td>
<td>70.0</td>
<td>13.3</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Masvingo</td>
<td>12.9</td>
<td>61.3</td>
<td>25.8</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mat North</td>
<td>76.7</td>
<td>20.0</td>
<td>3.3</td>
<td>0.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Mat South</td>
<td>35.5</td>
<td>41.9</td>
<td>19.4</td>
<td>3.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Midlands</td>
<td>30.0</td>
<td>36.7</td>
<td>31.7</td>
<td>1.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td><strong>36.8</strong></td>
<td><strong>43.6</strong></td>
<td><strong>18.7</strong></td>
<td><strong>0.99</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

The reasons for exclusion pertain to communication breakdown due to most teachers’ inability to use sign language. Interviews with children also highlighted challenges in transportation as schools are quite distant from their places of residence. Schools also still use the traditional approach of designating special classes for children with disabilities, leading to learners feeling segregated and left out. For learners with physical impairment, of great concern are also pathways to access the classrooms and to ablution facilities that are not designed to accommodate their conditions. School-going children and youth with disabilities are also exposed to different types of abuse – in the form of physical abuses including rape – on their way to school.33

Zimbabwe provides education to children and young persons with disabilities using 4 main models, knowingly Mainstream Education, Special Schools, Resource Units, and Special Classes and hospital schools. Mainstream education is an inclusive education model where all learners, including those with disabilities are enrolled in schools nearest their home, in the same classrooms with their peers without disability and taught by the same teacher, following the main school curriculum. In the absence of reliable statistics and considering limited special facilities, it is generally believed that most children and young person with disabilities are within the mainstream. The second highest number of leaners

33 FGD participants in Hwange District
with disabilities are educated in **special classes**. These are classes within the mainstream schools where learners are taught by specially trained teachers. Curriculum is adapted to suit the learning levels of learners with disabilities. In some curriculum respects, such as core curricula activities and practical subjects, the learners can participate together with their non-disabled counterparts. Teachers in **resource units** provide support such as braille transcriptions and sign language to learners who attend mainstream classes and those who are in special classes. **Resource units** provide support services to learners with disabilities to learn effectively. A significant number of children and young persons with disabilities are also enrolled in **special schools**. These are schools specially designed to cater for the needs of learners with disabilities in respect of infrastructure, teachers, and all related facilities. The schools mainly cater for those who have severe to profound impairments. Some special schools enrol children with one disability while others take in diversified disabilities. Some of the special schools are practising **reverse inclusion** whereby they also enrol learners without disabilities to learn with their disabled counterparts.

Lastly, **hospital schools** like St Francis in Bulawayo enrol those with serious health conditions that require continuous life-support systems. The schools are both medical and educational institutions. Table 10 below shows the number of education facilities in Zimbabwe based on multiple data sources.

**Zimbabwe has a number of discriminating educational facilities such as special schools, special classes and vocational training colleges, which is against provision of the UNCRPD and SDGs.** Table 11 below give an abridged of available learning facilities.

**Table 11: Number of Selected Educational Institutions in Zimbabwe**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of special schools</td>
<td>40</td>
</tr>
<tr>
<td>Number of resource units for Special Classes</td>
<td>1650</td>
</tr>
<tr>
<td>Number of resource units for learners with visual impairments</td>
<td>26</td>
</tr>
<tr>
<td>Number of mainstream primary schools</td>
<td>6 671</td>
</tr>
<tr>
<td>Number of mainstream secondary schools</td>
<td>2954</td>
</tr>
<tr>
<td>Number of Government Rehabilitation Centres</td>
<td>3</td>
</tr>
<tr>
<td>Number of teachers’ colleges</td>
<td>16</td>
</tr>
<tr>
<td>Number of Teachers colleges providing training in special needs</td>
<td>1</td>
</tr>
<tr>
<td><em>(United College of Education)</em></td>
<td></td>
</tr>
<tr>
<td>Number of Universities providing training in special needs</td>
<td>5</td>
</tr>
<tr>
<td><em>(ZOU, UZ, GZU, RCU, WUA)</em></td>
<td></td>
</tr>
<tr>
<td>Number of Vocational Training Centres</td>
<td>17</td>
</tr>
<tr>
<td>Number of polytechnical colleges</td>
<td>8</td>
</tr>
<tr>
<td>Number of universities providing pre-service teacher training programs</td>
<td>2</td>
</tr>
</tbody>
</table>

**Sources: (National Documents; MoPSE documents, Websites)**

The country does not have a database and statistics on the number of teachers who have skills to handle inclusive classes. This makes educational planning and programming difficult. Available empirical evidence shows that parents and guardians of learners with disabilities prefer education in specialised entities than in inclusive schools as they lack confidence in teacher competencies.

**Lack of linkages between the two ministries of education.** The study established that there is no platform for knowledge sharing between the two ministries. This is detrimental to the provision of inclusive education. MHTESTD is training a teacher who is not in harmony with the expectations of MoPSE in terms of disability skills and competencies. This militates against achieving Article 24 of the CRPD and SDG 4.
The country does not have an Education in Emergencies Plan for learners with disabilities.

3.8.3 Outcome analysis

i. Policies require MoPSE to provide quality inclusive education and yet the teachers for the ministry are trained by the Ministry of Higher Education where little is happening towards production of inclusive teachers

ii. Like in the Zimbabwean Constitution, statements like subject to availability of resources in policies militates against the provision of inclusive education

iii. The ministry of higher education does not have an inclusive education policy, neither are there structures for the implementation of inclusive education in institutions of higher education.

iv. Mainstream teachers lack the requisite competencies and skills to handle diversity of disability

3.8.4 Priority areas for Improvement and Investment

Table 12: Priority Areas for Improvement and Investment

| Priority 1 | Advance the adoption and implementation of the Inclusive education by the ministry of higher education |
| Priority 2 | All Stakeholder inclusive education platform |
| Priority 3 | Creation of Inclusive Education Structures in Higher and Tertiary Education |
| Priority 4 | Teacher skills and competencies |

3.8.5 Specific Recommendations

UNPRPD is advised to consider the following capacity areas going into round 4 process.

Priority 1 on Inclusive education in adoption in higher education

i. Support the MHTESITD for the swift adoption of the Persons with Disabilities Bill and the Inclusive Education Policy.

ii. Support the development of a collection of inclusive education and other policies for Zimbabwe.

Priority 2 Inclusive education platform

i. Invest in coming up with a platform for inclusive education, involving stakeholders at all levels. The platform will be used to share lessons, challenges, and best practices.

Priority 3 on inclusive education structures in higher education

i. Support the creation of inclusive education structures in the MHTESITD, in the likes of MoPSE.

Priority 4 on teacher skills and competencies.

i. Support the development of inclusive education knowledge products for use in colleges and universities.

ii. Train teachers on inclusive education

iii. Invest in the creation of a database of teachers, lecturers, and individuals with competencies on inclusive education.

3.9 Employment and livelihood legislation and policies

Article 27 of CRPD addresses issues of work and employment and highlights that person with disabilities have the right to work, including the right to work in an environment that is open, inclusive and accessible. This is also closely related with SDG 8 on decent work and economic growth and SDG 9 on industry, innovation, and infrastructure. These international provisions as well as national legislation and policies are very important given that, according to the ILO, persons with disabilities
make up an estimated one billion, or 15 per cent, of the world’s population with about 80% of them being of working age\(^\text{34}\).

### 3.9.1 Legal and Policy Analysis

Manatsa (2015)\(^\text{35}\) points out that Zimbabwe has been among the first countries in Africa to enact disability legislation starting with the **Disability Person Act (DPA) in 1992**. Section 9 of the Disabled Persons Act prohibits discrimination against disabled persons in employment. The Act broadened the horizons of disability rights activism in Zimbabwe in which disability organizations began to advocate opportunities for persons with disabilities on an equal footing with all citizens.

**Chapter 5 of the Labour Act focusses on the protection of employees against discrimination including on the grounds of disability.** Under Section (2), no person shall discriminate against any employee or prospective employee on the grounds of race, tribe, place of origin, political opinion, colour, creed, gender, pregnancy, HIV/AIDS status or, subject to the Disabled Persons Act [Chapter 17:01], any disability referred to in the definition of “disabled person” in that Act. This is in relation to such aspects as the advertisement of employment, the recruitment of persons, the introduction of prospective employees for jobs or posts, and any other matter related to employment. The Act further provides that remedies should be sought for the aggrieved persons as contained under Section 4 of the Act.

**The National Development Strategy (2021-2025) [NDS1]** aims to reduce extreme poverty. Section 799 highlights that the Government will implement measures to improve livelihoods for the poor and vulnerable pledging to increase the number of people with improved resilience (adaptive, absorptive, transformative) and disaggregated by gender, age and disability from 2% to 10%.

**The Labour (National Employment Code of Conduct) Regulations, 2006**, makes provisions for the government and its social partners (the employers and worker organisations), to make employment accessible to PWDs.\(^\text{36}\) The priorities that were agreed on aim to Promote Productive Employment and Decent Jobs; Improve the application and implementation of International Labour Standards; Strengthen Social Dialogue capacities and processes for sustainable socio-economic development.

**Section 5-10 of The Labour Act Chapter 28.01 addresses issues of discrimination and unfair labour practices of workers on various grounds including disabilities.** The Act is administered by the Ministry of Public Service, Labour and Social Welfare under the Labour Administration Department.

### 3.9.2 Implementation Analysis

There are currently no incentives for employers and/or affirmative actions to improve employment and work opportunities for persons with disabilities. However, there have been calls for the empowerment of persons with disabilities through such initiatives. Njema (2016)\(^\text{37}\) has highlighted that person with disabilities regard economic and political empowerment as important because it enables them to live productive and dignified lives. In one ministry the respondent indicated that reasonable accommodation is given to persons with disabilities giving the example of some


disabled officials who have been provided with personal assistants. The provision of appropriate furniture and equipment such as laptops for their use has also been done.\textsuperscript{38} Another official in a different Ministry indicated that regarding assistive devices and technology these have been availed to some extent, examples being in the Department of Civil Registry and National Archives of Zimbabwe. According to the UNHCR, qualified refugees that were able to flee with educational and identification documents that can be recognised as their own are given the opportunity to work by the Government. But many are employed in the informal sector.

3.9.3 Outcome Analysis

Overall, only 20.6\% of persons with disabilities highlighted that there existed an official complaint mechanism against discrimination in employment and work (see Figure 2). Complaint mechanisms were reported to be higher in Matabeleland South (58.1\%); and Bulawayo (41.3\%) and were least reported in Harare (7.5\%) and Mashonaland East (9.5\%).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure4}
\caption{Existence of Official Complaints Mechanism Against Discrimination in Employment and Work}
\end{figure}

The low level of official complaints mechanisms against discrimination in employment and work could be related to the informal nature of the Zimbabwean economy. It was also reported that where the complaints mechanisms were in place they have not been very effective in reducing discrimination and other ill practices against persons with disabilities.

The study found that there were no segregated work programmes in place for persons with disabilities in the country. Although there are general employment programme targeting the general population. On average, 50.5\% of survey respondents were of the view that employment strategies of the government have not at all incorporated participation of youth with disabilities, while 55.6\% were of the view that such policies and strategies have not at all incorporated women with disabilities.

\textsuperscript{38} He indicated that the detailed information is available, on request.
3.9.4 Priority Areas for Improvement and Investment

Table 13: Priority Areas for improvement and Investment

<table>
<thead>
<tr>
<th>Priority</th>
<th>Capacity for private and public sector employers to mainstream work and employment disability related issues.</th>
</tr>
</thead>
</table>

3.9.5 Specific Recommendations

The following are the key recommendations.

Priority 1:

i. Raise awareness among the private and public sector employers in order that they develop disability related strategies at the workplace.

ii. Facilitate the development and tracking of disability related indicators for national development programmes such as the NDS 1.

iii. Develop operational guidelines on reasonable accommodation that can be put in place in the immediate and medium terms in the integral recruitment and employment cycle, to facilitate the employment of persons with disabilities.

iv. Provide incentives for employers to recruit persons with disabilities.

3.10. Access to justice

Article 13 of the UNCRPD makes provisions to access to justice for persons with disabilities: It mandates State parties to ensure effective access to justice for persons with disabilities on equal basis with others. It makes provision for procedural and age/appropriate accommodation in all matters involving investigations or participation as witnesses. State parties are expected to promote appropriate training for those working in fields of administration of justice including police and prison staff. The rights of persons with disabilities are recognised in Section 22(1) of the Constitution of Zimbabwe. Access to justice is meant for everyone. This section analyses the degree to which persons with disabilities have access to justice.

3.10.1 Legal and Policy Analysis

Section 3.22 of the National Disability Policy on access to justice makes comprehensive provisions for persons with disabilities with respect to access to justice, which includes: Emphasis on non-denial of access to justice on the basis of disability, disability friendly infrastructure, provision of appropriate procedural accommodations; Access to legal notices and information in a timely and accessible manner; Access to free and legal assistance; Participation in the administration of justice on equal basis with others; The right to report human rights violations perpetrated against them. Furthermore, the policy makes provision of training of personnel in the legal services in skills that will enable them to provide adequate services for persons with disabilities.

3.10.2 Implementation Analysis

Overall, the majority of courts in Zimbabwe are deemed by the JSC as accessible to persons with physical disabilities while fewer others are inaccessible because they are in composite buildings not owned by Justice Service Commission of Zimbabwe and construction of a new user friendly court is in progress. Across the 10 provinces, majority of the courts have ramps.

On the government side, the JSC partnered with the United Partnership for the UNPRPD Project to come up with a sign language manual. Its purpose is to guide the JSC staff and other court officials on how to assist the deaf, and to apply best practices when dealing with them in court. Furthermore, the Constitution of Zimbabwe has been translated into a number of
languages including braille. This is a remarkable progress that help people with visual impairment to understand the constitution.

The Ministry has 3 personnel that look into issues of disability to ensure implementation of the provisions of the CRPD.

3.10.3 Outcome Analysis

Persons with hearing impairments are being denied Justice due to the nature if their impairment. This starts from the law enforcement, right to the Judiciary, because of lack of officers who are able to communicate effectively in the language. Even though in the end they might run to Nzve, to Sunrise, but justice delayed is justice denied.

With funding from the UN Trust funding to end violence against women, Leonard Cheshire Disability Zimbabwe provided a service to enable women and girls especially those that are sexually abused to access justice. One survivor who had access to this service had this to say;

“I was assisted by LCDZ after my grandfather raped me. They assisted me to visit a hospital. I was accompanied by someone who knew sign language. At the court I was accompanied by a sign language interpreter. My grandfather is now in jail.” (A girl living with a disability who survived abuse.)

Leonard Cheshire Disability Zimbabwe (LCDZ) is providing specialist services to 738 girls and women with disabilities who are survivors of violence. The assistance includes legal advice, sign language classes and interpretation, food, transport and accommodation.39

While there are several pro bono lawyers available, persons with disabilities in most vulnerable communities lack the necessary legal aid that may increase their access to justice: Access to justice is available to a limited number of persons with disabilities.

Lack of access to education on sign language by most deaf persons in rural communities compounded by their lack of appreciation of sign language in courts contributes to limited access to justice especially for girls and women who would have experienced rape and other forms of abuse.

3.10.4 Priority Areas for Improvement and Investment

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Capacity for caregivers, educators, and persons with hearing impairment on sign language for improved communication.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 2</td>
<td>Capacity of personnel and judiciary services on sign language in order to improve communication with persons with disabilities with hearing impairment when they interact with the justice system.</td>
</tr>
</tbody>
</table>

3.10.5 Specific Recommendations

The following are the key recommendations.

**Priority 1: on capacity caregivers, educators and persons with hearing impairments**

i. Develop innovative programmes for capacity in sign language for the following groups in both rural and urban settings; parents and guardians for children with hearing impairment, teachers that communicate with children with hearing impairment.

ii. Stakeholders in the disability sector should provide services in communities and schools to allow deaf children to learn and use sign language as a form of communication. This will enhance their participation in general development processes as well as communication with respect to justice systems.

iii. Consider including in the curriculum of teacher training colleges sign language as a subject.

**Priority 2: Capacity of judicial officers**

i. Develop training programmes and refresher courses for sign language targeting strategic personnel in the justice system.

ii. Stakeholders in the disability sector should consider providing support services to increase knowledge and use of sign language by judicial services institutions to include police and legal personnel. This would enhance increased access to justice for Persons with disabilities and participation in the justice system.
3.11 Participation in Political and Public Life

Article 29 on CRPD touches on participation in political and public life and prescribes that persons with disabilities have the right to participate in politics and in public affairs, as well as to vote and to be elected. This provision is also supports provisions under SDG 5 on gender; SDG 10 on reduced inequalities and SDG 16 on peace, justice and strong institutions.

3.11.1 Legal and Policy Analysis

Section 67 of the Zimbabwe Constitution speaks of political rights. It alludes to issues of free, fair and regular elections, freedom to make political choices freely, the right to form, to join and to participate in the activities of a political party or organisation of choice, and other related provisions. These provisions are mainly implemented through the Electoral Act [Chapter 2:13] which governs how elections are conducted and gave birth to the formation of the Zimbabwe Electoral Commission (ZEC) that is mandated to independently manage and supervise the conduct of all elections in the country. In addition, the Constitution also provides for the establishment and functioning of various independent Commissions that should enable and facilitate the participation persons with disabilities in political and public life such as the Gender Commission; Zimbabwe Human Rights Commission; National Peace and Reconciliation Commission; Zimbabwe Media Commission and the Zimbabwe Anti-Corruption Commission. This section presents the status of participation of PWDs in politics and Public Life.

3.11.2 Implementation analysis

There are currently some provisions within the Constitution, electoral or civil legislation and regulations which limit the rights of persons with disabilities to vote, be elected/hold office and perform public functions on the basis of disability. The Electoral Act currently discriminates against persons with disabilities including under Section 239(f) in which ZEC conducts and supervises voter education. The Commission has not factored in special interest groups such as persons with disabilities in the provision of voter education materials.40 However, under the current parliament, the majority of Board members who choose Senators to represent persons with disabilities were appointed by the Minister of Public Service. This was tantamount to executive control and influence which had a bearing on the outcome. This provision results in the nomination for persons with disabilities to office being exclusionary as others who are not registered in such organisations cannot be involved in the nomination process; hence it violates the right to freedom of association stipulated in section 58 of the Constitution. In addition, persons with disabilities feel that only 2 senators at the national level will not have the capability to adequately represent persons with disabilities across all the 10 provinces of the country.

There is currently no provision for template ballots or tactile ballots that blind voters can use to vote by themselves, unassisted in line with the progressive realisation of the rights of the disabled in section 83 of the Constitution. The situation is even more compounded for persons with other conditions such as psychosocial disabilities who are currently not provided with special arrangements as voters. Also lacking are reasonable voting arrangements for persons with physical impairments and pregnant women with disabilities. Special arrangements will allow those who are not able to go to their polling stations because of physical condition to vote. The votes will then be sent to the respective polling stations on election day for counting.

The Constitution incentivises the participation of women by providing for a quota system in the representation of women in Parliament. However, this provision does not specifically call for the nomination of women with disabilities to be included on the list. This is left to the political

parties concerned to decide. There are also no measures in place aimed at promoting candidates of persons with disabilities to elected positions.

A proportion of 35.5% of persons with disabilities indicated that they have not been able to exercise their political rights such as voting and participating in other political activities. Related to political rights are issues around legal rights, in which 42.4% of the respondents highlighted that their legal claims were not being valued at all. Coupled with the above is the fact that access to legal aid is very limited for persons with disabilities with 38.3% highlighting that they do not have access to legal aid at all.

Candidates for positions such as ward councillor and member of Parliament who have disabilities face stigma and discrimination in the communities. This is especially pronounced if the potential candidate is a woman. In a Zvishavane FGD, for example, a female participant who is blind highlighted that she had faced discrimination whenever she had offered her name as a potential ward council representative.

“They will not vote for us the disabled, especially me as a blind person. You hear them say she is unable to go anywhere to represent us. Also we lack campaigning resources given that during campaigns the prospective voters demand to be fed and offered drinks”, a female FGD participant in Zvishavane.

Lack of access to resources for political campaign also discriminates against the participation of persons with disabilities as political party candidates. The potential voters often demand that potential candidates provide them with food and drinks, and sometimes transport refunds and this makes it very expensive and unaffordable for persons with disabilities. As a result, persons with disabilities lack adequate political representation at the national level (senatorial) and completely lack such representation at the local levels (parliament and local government).

3.11.3 Outcome analysis

i. There is lack of effective measures that should facilitate the participation of persons with disabilities in secretly casting their votes during elections, especially so for those who are blind and those persons with psychosocial disabilities.

ii. There is general lack of awareness among the communities and voters on the potential benefits that communities can derive from skills and knowledge that can be offered by persons with disabilities if they elect them as their political representatives.

iii. Persons with disabilities lack adequate political representation at the national level (senatorial) and completely lack such representation at the local levels (parliament and local government).

3.11.4 Priority areas of improvement and investment

The following are the key priorities.

| Priority 1 | - Improvements are required in the level of participation of persons with disabilities in the political and voting processes focussing at women and persons with other previously neglected disabilities such as psychosocial disabilities. |
| Priority 2 | - The levels of representation of persons with disabilities in political and public life can be improved to include at the parliamentary level and local government level. In addition, the number of representatives of persons with disabilities should be improved both at the national and local levels to ensure effective representation of their interests. |
3.11.5 Specific recommendations

Priority 1 on participation in political and voting processes

1. Capacitate the Zimbabwe Electoral Commission on the inclusion of persons with disabilities
2. Capacitate individuals with disabilities and OPDs on their rights to participate in political and voting processes

Priority 2: on representation of people with disabilities in political structures

i. Support potential candidates with disabilities financially or through affirmative action by DPOs to ease the constraints they face in seeking office.

ii. Advocate for the inclusion of more persons with disabilities in Senate and Parliament

3.12 Accountability and Governance

Governments are obliged to ensure that they have the appropriate governance and accountability systems in place to implement the CRPD. This includes systems to collect information including statistical and research data to inform policies, national implementation, monitoring systems and effective coordination across sectors. According to Article 31 of the CRPD “Statistics and data collection”, States Parties are expected to collect appropriate information, including statistical and disability research data, to enable them to formulate and implement policies to give effect to the Convention.

3.12.1 Legal and Policy Analysis

**National accountability mechanisms:** States are obliged to designate one or more focal points within government for matters relating to the implementation of the CRPD as well as an independent mechanism to promote, protect and monitor the implementation of the CRPD. National Government and independent monitoring mechanisms play a critical role in progressing and promoting the CRPD and may carry out a range of responsibilities, such as coordination between disability actors, review of national laws and policies, complaints mechanisms, monitoring and reporting on CRPD implementation, and more. The subsequent sections present findings on the national accountability mechanisms in Zimbabwe.

Legislation relating to accountability and governance issues include the **Census and Statistics Act** [Chapter 10:29] that provided for the establishment of the Zimbabwe National Statistics Agency (ZIMSTAT) which replaced the Central Statistical Office and for the for the collection and processing of statistics. The Board of the agency is responsible for promoting and protecting the credibility, integrity and impartiality of official statistics monitor compliance with best practices and international recommendations on the production of official statistics; and promote and safeguard the professional independence of the Agency; among other functions. ZIMSTAT has been at the forefront of implementing various surveys, including those that relate to persons with disabilities over the years. The Constitution also provides for some accountability and complaints mechanism particularly through the Zimbabwe Human Rights Commission. There are also accountability mechanisms via the UN system in which Zimbabwe is a member through the UN Human Rights Monitoring Mechanisms, such as UN Treaty Bodies (including the CRPD Committee), UN Special Procedures, and the Human Rights Council, as well as the monitoring and reporting mechanism of the SDGs.

**Educational Management Information Systems:** Zimbabwe began to collect disability data in 1981 when the first disability survey was conducted. The 1981 survey, conducted by Ministry of Social Welfare in conjunction with UNICEF, had several disability variables. The 1992 and 2002 national censuses did not collect any meaningful data on disability. Between 2001 and 2003 a second disability survey was conducted by SINTEF (Stiftelsen for Industriell og Teknisk Forskning) and the University of Zimbabwe, Department of Psychiatry. The survey provided a lot of missing baseline data on disability at that time. The major limitation of the survey was that it covered only three provinces of Manicaland, Midlands and Matabeleland. The last population census, 2012 was the major stride by the country
towards collecting disability data. A few questions were asked on disability, but they were not based on the Washington Group Set of Questions. The major finding of the survey was the establishment of a disability prevalence of 6.9%.

**Use of reliable data collection tools and inclusion of disability indicators in national surveys**

Following the ratification of the CRPD on 23 September 2013, a more comprehensive study was conducted in 2013 by the Ministry of Health and Child Care in partnership with UNICEF. The Living Conditions among Persons with Disabilities Survey covered all the country’s ten provinces. The final sample for analysis comprises 7,505 case households and 7,477 control households, giving a total of 14,982 households. A total of 64,300 individuals were reached by the survey in both case and control households. The final sample for analysis for the individual-level interviews was 7,944 and 7,493 for cases and controls, respectively. The Living Conditions among Persons with Disabilities Survey provided the country with greatly improved disability disaggregated data. It is also important to note that the survey was the first major countrywide disability survey which was based on the six questions of the **Washington Group on Disability Statistics**. An additional question was included to find out whether there were any members of the household with albinism and an important statistic of 0.3% prevalence was established.

**Disability (EMIS) Data**

The Ministry of Primary and Secondary Education (MoPSE) collects more comprehensive disability disaggregated data through EMIS, as compared to the Ministry of Higher and Tertiary Education, Science and Technology Development. An EMIS is a system for the collection, integration, processing, maintenance and dissemination of data and information to support decision-making, policy-analysis and formulation, planning, monitoring, and management at all levels of an education system. The two ministries adopted EMIS systems for efficiency in data management. A 2019 peer evaluation of the two EMIS systems showed that both ministries conduct Annual Censuses and data is processed and circulated widely (including electronically) in good time; and that there are good methodological processes aligned to national and international standards for data collection, processing, publication, and dissemination. Specialised surveys are conducted in collaboration with partners/stakeholders to supplement data sourced from the school census are conducted periodically. The 2019 EMIS report for the MoPSE has disability data disaggregated by various parameters such as age, sex, type of impairment, location and so forth. Data on disability is therefore readily available, though there is still room for improvement of the system. On the other hand, the Ministry of Higher and Tertiary Education has not done much in terms of including disability in its data system. Questionnaires that are distributed to colleges and universities have very little information on disability and there is great need for improvement.

The situation analysis established that a lot of research has been carried out on disability in Zimbabwe, but there is lack of a central database for sharing. These include published and unpublished studies by students in higher and tertiary institutions, academics, PhD thesis, Organisations of Persons with disabilities (OPDs), Disability Service Organisations (DSO) and UN Agencies. However, the utility of the empirical evidence, especially to inform provision of public services is very limited. Most of the available information and data seem to be used for academic or institutional purposes only.

### 3.12.2 Implementation Analysis

The country does not have a functioning coordinated and centralised framework for the implementation of the CRPD and participation of persons with disabilities. A committee on CRPD reporting was constituted in the Ministry of Justice, working in conjunction with the DDA. However, the study established that the Committee is no longer functional due to lack of resources and high staff turnover. This affected the delivery of the first country report on the CRPD. In addition, the country does not have a tool and consultation mechanism in place for the monitoring and evaluation of disability service provision and implementation of the CRPD. OPD leaders indicated that they were not consulted in the development of the national CRPD report, neither were they...
meaningfully involved in the development of the national shadow report by CSO and DSOs. OPDs also reported non-involvement in monitoring and evaluation activities in respect of CRPD implementation.

**Human Rights Commissions:** The Zimbabwe Human Rights Commission (ZHRC) has a Thematic Working Group for Special Interest Groups, including those with disabilities. The group monitors and inspects residential institutions where people with disabilities live and recommend improvements. (ZHRC Commissioner). Zimbabwe has a number of Commissions responsible for human rights issues. However, the Commissions lack capacity for disability inclusion. They all have some activities for persons with disability, they lack disability lenses and expertise in their programming which affect the full realisation of rights by persons with disabilities.

The situation analysis established that the available SDG framework is not sensitive to disability issues and the participation of persons with disabilities. OPDs bemoan lack of consultation and engagement. The framework consists of the following (i) A Steering Committee, chaired by the Chief Secretary to the President and Cabinet and represented by all line ministry Permanent Secretaries and the heads of the UN agencies, to provide overall guidance and strategic leadership to the process. (ii) A Technical Committee, chaired by the Permanent Secretary in the Ministry of Public Service, Labour, and Social Welfare, and represented by SDG focal persons from line ministries and representatives from UN agencies, development partners, the private sector, civil society and the Office of the President and Cabinet, to spearhead the coordination, technical processes as well as providing technical backstopping. (iii) Thematic clusters for mainstreaming and localising the SDGs. (iv) A monitoring and evaluation policy including prioritised SDGs targets and indicators. (v) Coordination mechanism led by the Ministry of Public Service, Labour, and Social Welfare under the guidance and supervision of OPC, for SDG implementation. The structure clearly shows that persons with disabilities are not primary. One OPD leader clearly show this in the statement below

*I think we have never been considered as a key constituency in respect of SDGs. Sometimes we are called to meetings to rubber stamp things that we were not involved in at design stage. When you give input, you are told that it will be considered and that is that. Therefore, I feel our inclusion is not genuine but superficial and cosmetic. Going forward, it’s imperative that a genuine inclusion mechanism be put in place where OPDs share information as genuine partners in development.*

(OPD, leader)

### 3.12.3 Outcome Analysis

The following is a summarised list of the major gaps in respect of accountability and governance issues.

i. The CRPD reporting mechanism is not clear and does not have a functional operation framework.

ii. There is lack of participation and consultation with OPDs in government SDG and CRPD processes

iii. Disability data is fragmented due to lack of a central repository or database.

iv. Available disability data lacks disaggregation by several variables that are missing in the current data, for example, distribution by comorbidity such as Deaf-Blind. Also missing is data on underrepresented groups such as those with psychosocial disabilities.

v. Zimbabwe lacks standard instruments used to collect disability data

vi. There is lack of linkage between ministries and ZIMSTAT which affect the adoption of disability indicators in surveys

vii. Most public and private institutions lack disability expertise thereby failing to conduct inclusive research with disability indicators.

viii. Most ministries do not have disability desks and dedicated focal persons.
3.12.4 Priority Areas for Improvement and Investment

The following priority areas are critical for improvement and consideration for investment by the UNPRPD.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disability Statistics, disaggregation of data</td>
</tr>
<tr>
<td>2</td>
<td>Development of EMIS for disability data</td>
</tr>
<tr>
<td>3</td>
<td>Development of a database for OPDs</td>
</tr>
<tr>
<td>4</td>
<td>Framework for CRPD implementation and monitoring</td>
</tr>
</tbody>
</table>

3.12.5 Specific Recommendations

The following recommendations are made for UNPRPD to consider going into round 4 process.

**Priority 1 on Disability Statistics, disaggregation of data**

i. Conduct training with disability stakeholders on the application and use of WGQ in disability research.
ii. Support the development of standard disability data collection tools
iii. Invest in the development of a disability database.
iv. Support the execution of a national disability living conditions survey
v. Collaborate with academic institutions on disability research.

**Priority 2 on Development of EMIS for disability data**

i. Invest in the EMIS for the DDA and other key line ministries.

**Priority 3 on Development of a database for OPDs**

i. Increase coordination capacity of OPDs through design and development of a database of OPDs.

**Priority 4 on Framework for CRPD implementation and monitoring.**

i. Capacity DDA to strengthen the coordination framework for the CRPD.
ii. Support the DDA to put in place a CRPD reporting mechanism.
iii. Train OPDs and CSOs on shadow reporting.

3.13 CRPD-Compliant Budgeting & Financial Management

The CRPD cannot be effectively implemented without CRPD-compliant financial planning, regulation and support for the extra costs of disability. This section looks at the macro budgeting process before focusing at social protection from the point of view of public treasury and the national budget. The implementation of disability inclusive legislation, policies, programs, and services significantly depends on the allocation of resources to cover the costs of disability inclusion. While CRPD compliant budgeting and financial management, it is closely tied to SDG Goal 17 that aims to strengthen the means of implementation and revitalize the global partnership for sustainable development.
3.13.1 Legal and Policy Analysis

Constitution of Zimbabwe Amendment No. 20 (2013), Section 22 (3) (b) requires that consideration be given to the specific requirements of persons with all forms of disability as one of the priorities in development plans. Subsection (d) further adds the need to foster social organisations aimed at improving the quality of life of persons with all forms of disability. This implies that the State, through the national budget is mandated to provide resources to cater for the needs of all persons living with disabilities.

Section 4.1 of the National Disability Policy (2021) provides for funding for persons with disabilities: Funding comes through four main channels: i) Direct allocation of funds from the national fiscal basket; ii) National Social Security Authority (NSSA) disability fund; iii) Disability levy against every litre of fuel sold; and iv) Partnership with development agencies. The policy stresses the development of a disability marker to track allocation and spending which contributes to the implementation of the National Disability Policy.

The Public Finance Management Act [Chapter 22:19] is the main legislation through which the State implements these constitutional provisions including the development, implementation, and monitoring of the national budget process. However, the Public Finance Management Act does not have explicit provisions that speak about the need to explicitly cater for persons with disabilities.

3.13.2 Implementation Analysis

The Macro-Budgeting Process: The social welfare budget component under the MoPSLSW is the main instrument through which the government provides direct funding towards the accommodation of persons with disabilities. Table 14 summarizes the proportion of this allocation in relation to the total allocation for the ministry and the overall Government annual budget. The allocation towards persons with disabilities has been very low, well below 4% of the total national budget.

Table 14: Proportion of this allocation in relation to the total location for the ministry

<table>
<thead>
<tr>
<th>Item</th>
<th>2020 Revised Estimate</th>
<th>2020 Unaudited expenditure</th>
<th>2021 allocation</th>
<th>2022 Proposed allocation</th>
<th>2023 Proposed allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall budget (ZWL Million)</td>
<td>$70,548</td>
<td>$87,538</td>
<td>$429,341</td>
<td>$564,622</td>
<td>$697,635</td>
</tr>
<tr>
<td>Programme 3: Social Welfare (ZWL Million)</td>
<td>$2,195</td>
<td>$1,304</td>
<td>6,080</td>
<td>7,493</td>
<td>10,343</td>
</tr>
<tr>
<td>Social welfare as % of overall budget</td>
<td>3.1%</td>
<td>1.5%</td>
<td>1.4%</td>
<td>1.3%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Given the huge resource requirements for the accommodation of persons with disabilities, the 1.5% allocation to Social Welfare in general appears largely insufficient to address these requirements and close the resource gaps.

Table 15 shows estimates of expenditures towards social welfare by the MoPSLSW. Family, social protection and repatriation services consumes the largest proportion of 83.4% in 2021 and 57.1% in 2021. The second largest allocation goes towards child welfare that received 12.7% up to September 2020 and is expected to rise to 38.7% in 2021. Disability and

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41 Estimates of expenditures towards social welfare for the Ministry of Public Service and Social Welfare, 2021 National Budget
rehabilitation services, refugees and PVOs received only 1.2% of the total budget up to September 2020 and is expected to rise marginally to 3.9% in 2021.

Table 15: Estimates of expenditures towards social welfare for the Ministry of Public Service and Social Welfare

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Sub-programme 1: Leadership and Management</td>
<td>0.3%</td>
<td>2.7%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sub-programme 2: Child Welfare</td>
<td>23.0%</td>
<td>12.7%</td>
<td>38.7%</td>
<td>41.9%</td>
<td>43.8%</td>
</tr>
<tr>
<td>Sub-programme 3: Disability and Rehabilitation Services, Refugees and PVOs</td>
<td>1.4%</td>
<td>1.2%</td>
<td>3.9%</td>
<td>4.2%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Sub-programme 4: Family, Social Protection and Repatriation Services</td>
<td>75.3%</td>
<td>83.4%</td>
<td>57.1%</td>
<td>53.6%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The National Budget and Social Protection: Through the national budget allocations, the MoPSLSW has been funding several programmes for the benefit of persons with disabilities. Under mainstream assistance, the cash transfer/grain at the national level targets the aged, persons with disabilities, child headed households, the chronically ill and households with high dependency ratios. These are households that are labour constrained and food insecure. The amounts being paid out per household under the programme range between ZWL$1,500-00 (US$18) and ZWL$2,500-00\(^{42}\) (US$30) per month with payment being effected electronically through Ecocash or One Wallet/Money to mobile phones of the persons assisted. These amounts are considered significantly inadequate to cater for the various needs of persons with disabilities and their families. In the case of grain support, each household receives 1x 50 kg bag of grain every month.

While it is commendable that the Government has established such schemes for persons with disabilities, the consistency in providing the funding still need to be significantly improved with reports from key informants pointing out that in some of the months the government has failed to deliver the assistance. It should also be noted that the needs of persons with disabilities differ with the type of disability and also the needs are higher for women and children than for men and the current system of allocation fails to consider these differences by allocating a blanket amount. The mode of payment of using mobile money further discriminates against those persons with disabilities living in remote rural areas and also those who might not have access to a telephone for various reasons.

As part of the mainstream assistance, the MoPSLSW also provides health assistance targeted at vulnerable households/persons who cannot afford medical fees such as persons with disabilities, children and adults above 65 years. It is also a nation-wide programme in which application for assistance is done at district offices of the Ministry. Those assessed and found to be eligible are issued with an Assisted Medical Treatment Order/Voucher to access medication at Government or Mission Hospitals. This is a commendable intervention by the government through the national budget. However, the major challenge has been in the consistency of provision of the service. During the survey for this study, a significant number of persons with

\(^{42}\) Key Informant Interview with MoPSLSW officials
disabilities alluded to the fact that they do not have access to Government provided health services. Most of the persons with disabilities do not know about the existence of this facility and more awareness raising would be required on its existence and modalities for access. In addition, the low funding levels at government health facilities has resulted in persons with disabilities failing to access any such services because there are very few medical personnel to attend to them timely.

**Under the disability specific assistance, the Ministry runs the Disability Revolving loan (Disability Fund) targeted at adults with disabilities who are labour constrained, vulnerable and food poor.** It is also at the national level and application is done at district level and submitted to Head Office-Disability Department through the Provincial Office (application form, project proposal, cash flow, ID, 3 quotations for suppliers of materials and pay slip of guarantor). The amounts distributed would amount to ZWL$8,000\(^43\) (US$96), once-off payment deposited into supplier’s account. While this is a well-intended assistance provided by the government, from an analysis of the results of the survey for this study it would appear that persons with disabilities are not aware of this facility. In addition, the value of the amount in real terms is very small in which case some persons with disabilities may not want to be bothered to go through all the application procedures as they may think it is not worth the effort. In addition, persons with disabilities are required to pay back the money and this assumes that they are engaged in meaningful economic and income generating activities which in most instances is not the case.

The MoPSLSW has also provided assistive technologies to persons with disabilities through the national budget to persons with disabilities nationwide. Like in the other interventions by the MoPSLSW applications are done at district level to Head Office through the Provincial Office (assessment form, at least 3 quotations from different service providers). Payment size differs from supplier to supplier but usually allocated on a competitive basis though there are some exceptions. Funds are deposited into the selected service provider’s account\(^44\). During the survey for this study persons with disabilities did not mention this facility, implying that they are not aware of its existence. The Ministry should therefore consider more awareness raising on this service so that the intended beneficiaries can get access.

The government through the MoPSLSW also provides the Educational Assistance covering academic and vocational skills including for persons with disabilities. This facility is targeted at adult persons with disabilities who face financial challenges in paying fees and children with disabilities whose parents have difficulties in paying their fees. Applications are submitted at district Social Development Department through the province (offer letter, confirmation letter of disability from a Medical officer, fees quotation from tertiary institution). A selection committee enrolls eligible children for primary/secondary education be it in mainstream or special class schools. Basic Education Assisted Module (BEAM) forms are also submitted to H/O Social Development Department through the MoPSE. The total fees charged are paid to the school/institution and the payment usually covers the whole year. Persons with disabilities who participated in the study highlighted that the amount that is being provided under the BEAM arrangement has become very small in real terms because of increases in the cost of education materials and services.

State Service (Disability) Benefits are also provided at the national level to government employees who become injured or died on duty. Applications are done at the district level in the respective Ministry where the concerned employee works/worked and submitted to H/O Disability Affairs Department. Payments are made depending on the degree of disability/injury. There are also rates that are specific to those that would have died and would cover items such as clothing, medical services and educational allowances. It is imperative to note that the employment market in Zimbabwe has become highly informal. There is need to devise strategies to cater for support to be provided to those who get injuries or die in this important sub-sector of the economy.

Apart from the specific allocations towards persons with disabilities under the MoPSLSW, the study found that in the other ministries and departments there were no

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\(^{43}\) Key Informant Interview with MoPSLSW officials

\(^{44}\) ibid
allocations explicitly provided to cater specifically for persons with disabilities. The Ministry of Primary and Secondary Education has an outcome relating to learners with disability enrolled, but in the budget allocations there is no explicit allocation that goes towards these learners. The Ministry of Home Affairs highlighted that there has been no budget allocation made for the past 5 years to the Ministry specifically for persons with disabilities. The same was also highlighted in the MoESC with an official noting that the budget caters for all students and not specifically persons with disabilities. A representative from the MoD highlighted that the allocations in the budget reflect more on the inputs by MoF officials than officials from other ministries hence the failure to have budget allocations to ministries that clearly have allocations for persons with disabilities. This is unlike what has become standard practice with uplifting the status of women and girls where specific budget allocations are made in all respective Government ministries and departments (Gender-sensitive Budgeting). There is need to do the same for allocations supporting persons with disabilities.

3.13.2 Outcome Analysis

The national budget lacks disability lenses. It is not guided by costed action plans and founding framework. National laws and policies such as the new National Disability Policy lack prescriptive budgetary support. Hence, consideration of disability allocation from a welfarist perspective.

Government uses public funds on specialized institutions for persons with disabilities such as the three TVET colleges run by the Ministry of Social Welfare. This is against provisions of the UNCRPD which calls for inclusive institutions.

The interests of persons with disabilities are significantly underrepresented and under expressed in the budget process at the national level because they are lumped together with other “vulnerable” groups such as low-income households, the chronically ill, refugees, the elderly, and so on. All these segments fall under one Ministry, the MoPSLSW. As a result, of this arrangement the issues impacting persons with disabilities fail to get the attention that they deserve and level of resources that programmes for persons with disabilities end up getting are inadequate. (Quotes from FGDs).

In budget consultative meetings at the local level, the facilitators do not provide relevant communication equipment to cater for persons with disabilities, especially those with hearing impairment who use sign language so that they can also contribute. In addition, most of the meetings are held late in the afternoons and this disadvantages women participants especially those with disabilities.

“Budget consultative meetings are held at 3 pm, and this is the time when women are supposed to go a prepare food for their children. As a result, only men will end up attending such meeting, so contributions from women get left out. Also, on policy implementation, whenever you raise your voice to request for clarifications you are accused of becoming ‘political’ but you will be asking a genuine question”, (A male OPD representative in Gwanda)

Non-accommodative logistical arrangements during consultative meetings therefore lead to the exclusion of inputs from persons with disabilities on the budget. The situation is compounded by the fact that the venues at which the meetings are held are not conducive and not user-friendly for persons with disabilities which makes people with disabilities not to attend.

In terms of monitoring budget implementation, persons with disabilities have not effectively participated in these processes for various reasons including lack of transparency in the budgets at both the national and local levels. In Gwanda, OPDs highlighted that there is lack of explicit budget lines through which allocations to cater for persons with disabilities are specifically provided for. There is also a tendency for public officials not to be forthcoming with information upon requests for clarifications of budget allocations for persons with disabilities.

The study established the following gaps in respect of CRPD compliant programming and budgeting:
i. There is still limited knowledge/understanding on the Convention on the Rights of Persons with disabilities ratified by Zimbabwe in 2013. This limited knowledge results in low understanding on disability rights/inclusive approaches, for example, ensuring reasonable accommodation, budgeting for disability inclusion, disability data collection.

ii. Organizations of persons with disabilities have limited capacities to support disability-inclusion in development processes. Limited capacities are fundamentally a result of lack of adequate funding from both donor and government sources.

iii. There are very limited technical capacities and knowhow within the public sector and among the donors including UN agencies to budget for inclusion. Not all programmes and services being provided budget for inclusion and reasonable accommodation. The lack of mainstreaming of matters that affect persons with disabilities in the national budget has resulted in lack of access to certain constitutionally mandated services by persons with disabilities.

iv. While there have been notions on child friendly budgeting, gender sensitive budgeting, and citizens budgeting in both public sector and civic society platforms, there have rarely been talk of disability-friendly budgeting.

v. Monitoring and evaluation systems for development programmes in both the public and donor community spheres often lack indicators with disaggregation focusing at inputs, outputs, outcomes and impacts on persons with disabilities.

vi. There is low representation of the interests of persons with disabilities in the budget consultation, formulation, implementation and monitoring and evaluation processes. One major reason identified for this situation is that the MoPSLSW also has many other social responsibilities to address.

vii. Apart from the MoPSLSW, the various government ministries lack specific budgetary allocations that should provide resources to cater for persons with disabilities in their own areas of focus. This includes the Ministry responsible for War Veterans Affairs that also sends requests for support for disabled war veterans to the MoPSLSW.

3.13.3 Priority Areas for improvement and Investment

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Advocate for improved budget consultative processes at the national and local levels in order to accommodate the concerns of persons with disabilities in a more effective manner.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 2</td>
<td>Capacitate government ministries to consider disability issues on their budget votes.</td>
</tr>
<tr>
<td>Priority 3</td>
<td>Support government programs that focus on improving the rights of persons with disabilities.</td>
</tr>
<tr>
<td>Priority 4</td>
<td>Compliment government efforts in funding programmes for refugees with disabilities.</td>
</tr>
</tbody>
</table>
3.13.4 Specific Recommendations

Priority 1:

i. Raise awareness on OPDs to improve participation of persons with disabilities on consultative processes at the national and local levels.

ii. Strengthen the capacities of OPDs to support disability-inclusion in the budget and development processes.

Priority 2:

i. Advocate for specific budget allocations in all respective Government ministries and departments that provide resources to cater for the needs of persons with disabilities.

Priority 3:

i. Support the establishment of a separate Ministry to cater for the specific issues that impact on persons with disabilities, including ensuring that there is adequate national budget support and resource mobilisation efforts to address their needs. There are already some precedents on this in light of the existence of ministries catering for the specific needs of groups such as war veterans, youth and women.

Priority 4:

i. Capacitate OPDs to include refugees in their programming.
Chapter 4: Critical Gaps & Opportunities

4.1. Critical Gaps

This section identifies critical gaps in disability service provision and existing opportunities that can be leveraged upon.

4.1.1. Stakeholder Analysis

i. Government ministries lack capacity to implement the CRPD and inclusive SDGs

ii. There is lack of a communication framework and platform among the main disability actors. These are providing service in silos leading to duplications and wastage of resources.

iii. The registration of OPDs is PVOs is taking long, up to 4 years in some cases due to lack of knowledge and information by persons with disabilities as well as bureaucratic issues as indicated by OPDs. This militates against representation of persons with disabilities.

iv. OPDs are largely not being engaged and consulted by the government on most issues affecting them, including the implementation, monitoring and evaluation of the CRPD and SDGs as well as in COVID-19 planning mitigation and recovery plans.

v. OPDs lack capacity to form partnerships, they mainly compete among themselves for resources and can’t not speak with one voice on several issues affecting them.

vi. Most OPDs lack sustainable financial and managerial capacity to sustain and develop their operations.

vii. There is lack of representation of vulnerable persons with disabilities particularly those with intellectual/psychosocial impairments.

viii. A significant number of OPDs do not fall under umbrella OPDs and these risks being left out of available interventions.

ix. Zimbabwe lacks support services for caregivers of persons with disabilities. The caregivers are also excluded on most issues affecting their children and relatives with disabilities.

4.1.2. Equality and non-discrimination

i. Persons with disabilities and their OPDs generally lack capacity to take action against violations and to make complaints as a unified force.

ii. Zimbabwe has taken long to complete the process of domestication the CRPD.

iii. Delays in the adoption of the inclusive education policy is affecting access to quality education by learners with disabilities.

iv. Women and girls with disabilities remain invisible in all spheres of society and face challenges in accessing health care, jobs and education. They have limited access to justice and post violence assistance.

v. Persons with disabilities experience high levels of stigma and discrimination.

4.1.3. Accessibility

i. Absence of accessibility standards and operating procedures and the related implementation framework.
ii. Inaccessibility of infrastructure in public places (workplace, schools, courts, churches), transport and information are seriously affecting the full enjoyment of rights by persons with disabilities.

iii. The majority of schools in Zimbabwe are inaccessible to children and particularly girls with disabilities due to lack of infrastructural and information adaptations.

iv. Persons with disabilities lack information that is in accessible formats (Educational, SRHR, SGBV, DRR and climate change).

v. There is lack of reasonable accommodations for students with disabilities at secondary school, tertiary, and higher education levels.

vi. Teachers and college lecturers seriously lack skills to handle learners and students with disabilities, for example sign language.

vii. The high cost of assistive devices and technologies militate against the accessibility to services by persons with disabilities.

4.1.4. Inclusive Service Delivery

i. Persons with disabilities, particularly those in rural areas experience difficulties in accessing disability assessment services.

ii. Disability services are largely being offered from a welfarist rather than from a human rights perspective.

iii. There are no public programmes in place targeting caregivers of persons with disabilities. For example, most caregivers of children and persons with Deafness cannot communicate with them, they only use home-based sign language of convenience.

iv. Women and girls with disabilities experience high levels of GBV, particularly during emergencies and yet available services such as one-stop centres lack inclusivity. COVID-19 increased their vulnerability to GBV and poverty.

v. The cost of assistive technologies remains beyond the reach of most persons with disabilities.

vi. The majority of persons with disabilities in Zimbabwe are not receiving disability allowances because of lack of knowledge on registration procedures and this is affecting their quality of life.

vii. Persons with disabilities in most vulnerable communities lack legal aid that may increase access to justice. Lack of access to education on sign language by most deaf persons in rural communities compounded their lack of appreciation of sign in courts thereby contributing to limited access to justice especially for girls and women who have experienced rape and other forms of abuse.

viii. Zimbabwe has lack of employment opportunities for persons with disabilities.

ix. Most schoolteachers in inclusive schools lack the capacity and knowledge to handle the diversity of learners with disabilities. On the other hand, most teachers’ colleges lack capacity to prepare teachers who will competently handle learners with disabilities.

4.1.5. Accountability and Governance

i. There is lack of coordination between government ministries on disability issues and this is seriously affecting service provision.

ii. There is also a lack of coordination between donors/UN agencies and the government leading to inefficiencies and duplications.

iii. The country lacks disaggregated disability data, and this is seriously affecting programming and service provision.

iv. Persons with disabilities their OPDs bemoan lack of consultations, engagement and participation and genuine efforts on all issues that affect them.
v. The country does not have a functional and inclusive mechanism in place for the coordinating, monitoring and evaluation of disability service provision, as well as the implementation of the CRPD and the SDGs.

vi. Zimbabwe is yet to submit the first State Report on the CRPD and OPDs consider this as lack of seriousness.

vii. There is notable lack of engagement of persons with disabilities in SDG Voluntary reviews

4.1.6. CRPD-compliant programming and budgeting

i. There is still limited knowledge/understanding on the Convention on the Rights of Persons with disabilities ratified by Zimbabwe in 2013. This limited knowledge results in low understanding on disability rights/inclusive approaches, for example, ensuring reasonable accommodation, budgeting for disability inclusion, disability data collection.

ii. Organizations of Persons with disabilities have limited capacities to support disability-inclusion in development processes. Limited capacities are fundamentally a result of lack of adequate funding from both donor and government sources.

iii. There is very limited capacity within the public sector and among the donors and UN agencies to budget for disability inclusion and programming. Not all programmes and services being provided budget for inclusion and reasonable accommodation. That lack of mainstreaming of matters that affect persons with disabilities in the national budget has resulted in lack of access to certain constitutionally mandated services by persons with disabilities.

4.2. Opportunities

The country has several existing opportunities for the improvement of its disability rights commitments.

i. The country has a rich constitutional, legislative and policy framework, particularly the National Disability Policy that is aligned to the CRPD. In addition, the National Development Strategy (NDS1, 2021-2025) is very clear on services to be provided to persons with disabilities.

ii. The successful inclusion of disability disaggregated data by ZIMSTAT in national surveys is a very positive development. The Statistical Agency needs to be supported to ensure that research officers in various ministries are trained to use WGQ and other disability indicators in all research activities.

iii. The successful inclusion of disability disaggregated data in EMIS by the Ministry of Primary and Secondary Education is also a great opportunity that can be employed by other ministries.

iv. The country now has a dedicated Department of Disability that is the Department of Disability Affairs with a Director, under the Ministry of Public Service, Labour and Social Welfare. Through the recently adopted National Disability Policy, the Department for Disability Affairs is mandated to ensure well-coordinated disability services. The Public Service Commission has also recently advertised for the post of Chief Director who shall be responsible for Disability Affairs and Social Development, an indication that there could be improved coordination of disability services in government.

v. The Public Service Commission has recently advertised 21 posts for Directors responsible for gender mainstreaming, inclusivity, and wellness (Sunday Mail newspaper, 14/03/21). These will be deployed to every ministry and one of their responsibilities is coordination of disability issues. This is a great opportunity that can be used to ensure improved service delivery.

vi. The Office of the Advisor to the President on disability issues as well as the availability of two senators representing persons with disabilities are strategic structures for enhancing advocacy and a number of issues affecting persons with disabilities.
vii. The availability of two umbrella OPDs is a positive development towards engagement of OPDs.

viii. Zimbabwe has one teachers’ college (United College of Education) and four universities (Zimbabwe Open University, University of Zimbabwe, Great Zimbabwe University and Reformed Church University) with manpower and skills to train disability service providers.
COVID-19 and Disability Services Provision: Provision of services to persons with disabilities during emergencies is a human rights issue. Article 11 of the CRPD states the obligations of the State to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. Provision during emergencies is also lamented in Article 9. In this regard, this section briefly explores the situation of persons with disabilities in Zimbabwe considering the COVID-19 pandemic.

5.1 Legal and Policy Analysis

Zimbabwe has a comprehensive response strategy for COVID-19 at National, Provincial and District level. However, the analysis showed that persons with disabilities are largely not part of decision makers on COVID related issues. Leaders of OPDs highlighted that they are mainly engaged when they are getting protective equipment. To buttress the lack of involvement one of the OPD leaders had this to say;

COVID-19 caught the country unaware, and no one remembered the existence of persons with disabilities in the first 2-3 month. We were highly exposed largely due to lack of information in accessible formats. As a Deaf person I was shocked on what was happening and would rely on secondary information. It took the courage of Deaf Zimbabwe Trust to go to court to demand coverage of disability issues during COVID-19 as well as the production of IEC materials in accessible formats. Otherwise, if it was not for the litigation our knowledge gap would have been extremely huge.

(Participant with Deafness)

This statement shows lack of commitment of by the State to provide inclusive emergency services as stipulated by CRPD and SDGs.

The situation analysis also indicated lack of consultation and engagement in COVID-19 response and mitigation strategies. The generality of persons with disabilities across the country feel that very little is being done to safeguard them from the pandemic. A UNESCO study on Rapid Impact Assessment of COVID-19 on Persons with disabilities in Zimbabwe (2020) also established lack of consultation of OPDs and individuals with disabilities particularly on the formulation, development, and implementation of the national COVID-19 response strategy.

The multisectoral response approach employed by government towards COVID-19 enabled number of players to come to the rescue of persons with disabilities. Persons with disabilities expressed gratitude to the role played by UN Agencies, DSO, CSO and the National Aids Council in complementing government efforts in fighting the pandemic.

5.2 Implementation Analysis

The UNESCO Rapid Impact Assessment of COVID-19 on Persons with disabilities also revealed that livelihoods were seriously affected with monthly income reduced by about
The majority of persons with disabilities resorted to begging at community level and this exposed them more to COVID-19.

The study also found that the implementation of various curtailing measures by government did not benefit many people with disabilities due to operational challenges. Lack of livelihoods caused distress among persons with disabilities. The restrictions on gathering also had some impact to those in need as it was difficult to gather people due to the COVID-19 regulations. In the end, even some NGOs had to suspend some of their activities in the communities a development, which affected both the persons with disabilities and the ordinary vulnerable individuals and households.

**5.3 Outcome Analysis**

Overall, 55.9% of persons with disabilities indicated that there have no inclusive and accessible COVID-19 related services in their communities. The adverse situation was more pronounced in the provinces of Masvingo (100%); Matabeleland North (100%); Mashonaland Central (100%) and Mashonaland East (93.3%); Bulawayo (81.0%); and Midlands (80.0%). This entails that disability inclusive services are far from reaching all persons with disabilities at grassroots level.

A Deaf Women Included study (2020) established that COVID-19 has affected more women and girls with disabilities than their non-disabled counterparts. The Stopping Abuse and Female Exploitation (SAFE) Zimbabwe study established that women and girls face many challenges during COVID-19, such as being forced to live with their abusers for prolonged periods due to lockdown delays in services, increasing the likelihood of more abuse, absence of isolation centres and the closure of courts, thus cases were prolonged. The findings on high prevalence of GBV cases among women girls with disabilities is confirmed by the UNESCO impact study.

Refugees with disabilities experiences challenges during the COVID-19 induced lockdown. One refugee had this to say.

> **During Covid 19 lockdown, every system was blocked, did not have access to required essential services. For instance, one of the respondents needed constant and urgent treatment because to the nature of the injuries he sustained whilst still in DRC, which caused his disability. The services were difficult to access during covid lockdown** *(Refugee with a disability)*

Reasonable accommodations were largely not provided to persons with disabilities working from home during COVID-19. The proportion of respondents who reported that reasonable accommodation had not been provided at all to persons with disabilities that must telework ranged, from 14% in Bulawayo to 97% in Matabeleland North. The proportion of respondents who reported that reasonable accommodation had been provided to persons with disabilities that must telework to a very small or small extent ranged from 5% in Bulawayo to 21% in Harare.

**5.4 Priority Areas for Improvement and Investment**

The following are key priorities for worth investment by UNPRPD.

| Priority 1 | - Produce COVID-19 IEC materials |
| Priority 2 | - Livelihoods projects |
| Priority 3 | - Education in emergencies program for learners with disabilities |
5.5 Specific recommendations

Priority 1 on IEC materials
- Support the production and distribution of IEC materials in audio, sign language and large print among others.
- Support Websites of OPDs to enhance information sharing

Priority 2 on livelihoods
- Support innovative and sustainable livelihoods projects.

Priority 3 on Education in Emergencies
- Support the design of an education in emergencies package for learners with disabilities, particularly those who are most vulnerable such as, Deaf and those with psychosocial disabilities.

Priority 4 on support services
- Support the development of offline educational application for use by learners with disabilities.
Chapter 6: Conclusions & Key Recommendations

6.1. Conclusions

The comprehensive situation analysis is based in consultations made with persons with disabilities, their representative OPD as drawn from all the provinces, government officials, UN Agencies, disability activists and caregivers of persons with disabilities. The analysis is based on the six preconditions for disability inclusion as guided by the Global UNPRPD Analysis framework.

It has been established that while Zimbabwe has made great strides towards the realisation of rights for persons with disabilities, gaps still exist, and these militates against the full enjoyment by rights holders. The following conclusions are made on the Zimbabwean situation of persons with disabilities based on the preconditions for inclusion.

i. A number of stakeholders, including UN Agencies are complimenting government efforts in the provision of disability services. These are often implemented without coordination due to lack of disability desks in government ministries and departments and UN agencies. In addition, structures such as National Disability Board and the Department of Disability affairs lack financial capacity to monitor and coordinate activities.

ii. OPDs are concerned about lack of consultations by most stakeholders, especially at programme design stage. They felt that most programmes are prescribed on them and they usually do not have choice considering their status due to negative attitudes on their capabilities and lack of incriminating policies. The analysis also noted lack of representation of vulnerable groups within the disability fraternity.

iii. Zimbabwe has ratified the UNCRPD and is in the process of domesticating the Convention as seen the National Disability Policy. The country also has a robust constitutional, legal and policy framework that addresses equality and discrimination issues. However, persons with disabilities, particularly women and girls experience widespread stigma and discrimination. There are also laws that have not been amended to accommodate disability provisions.

iv. Many persons with disabilities in Zimbabwe are experiencing barriers of access to public infrastructures and services such education, transport systems and information. The problem mainly affects those with sensory impairments such as persons who are Deaf, Deaf-blind as well as those with Intellectual and Psychosocial impairments.

v. A number of barriers need to be addressed for persons with disabilities to access basic services on an equal basis. Persons with disabilities identified a number of obstacles associated with services that are not universally designed. They remain a vulnerable group irrespective of the available disability support services and social protection measures. The majority do not have assistive technologies and devices that facilitates their functionality.

vi. Lack of disability service coordination within government ministries and departments works against provisions of the CRPD and inclusive SDGs.

vii. Funding from treasury (1.2% of the total budget), disability service providers and civil societies is low to cover all CRPD provisions.
6.2. Key Recommendations

The analysis made section-based recommendations on areas in need of improvement and possible funding. The following recommendations are priority areas in guiding UNPRPD round 4 process on a joint project on disability in Zimbabwe.

Persons with disabilities need to be more visible and taking a central role in decision-making, ensuring that Zimbabwe’s development policies and programmes are shaped to better take account of their requirements.

6.2.1. Strengthening of coordination and monitoring mechanisms

i. Create a platform for UN Agencies, disability service providers and civil service organisations and OPDs. The platform will ensure sharing of information on gaps, activities, geographical coverage of interventions and possible partnerships.

ii. Support inclusive monitoring and evaluation of disability services.

iii. Support the establishment of disability desks in key human rights issues.

6.2.2. Capacity strengthening of OPDs

i. Supporting, capacitating, and training caregivers of persons with disabilities.

ii. Identification and capacitation of dormant OPDs to enhance representation

iii. Supporting the development of accessible websites for OPDs.

iv. Capacitating OPDs to engage in the production of low-cost assistive devices.

v. Capacitating the Sign Language Interpreters Association of Zimbabwe to ensure provision of quality sign language services in the country

vi. Capacitating OPDs representing vulnerable and underrepresented groups such as those with intellectual/psychosocial disabilities, learning disabilities, women, and girls, as well as children

vii. Strengthen collaboration between OPDs given that they are fragmented and there is poor coordination and lack of synergies in promoting disability rights. OPDs are already overworked, under-resourced and often marginalised from mainstream development discussions and policymaking.

viii. Capacitate OPDs to:

(a) create detailed database of all members including those in rural areas.

(b) include underrepresented vulnerable groups with disabilities (psychosocial, LGBT, Deaf, women and children).

Opportunities for self-employment, entrepreneurship, development of co-operatives and acquisition of funding by persons with disabilities must be created.

6.2.3. Development of laws, policies

i. Capacitate the government by funding the implementation of the National Disability Policy such as funding the establishment of the Zimbabwe Sign Language Authority

ii. Raise awareness on the national Disability Policy

iii. Advocate for the domestication of the UNCRPD in various sectors of the economy.

iv. Advocate for the finalisation of the Persons with disabilities’ Bill.

v. Advocate for the repeal of discriminating laws and amendment of sector specific laws in line with the UNCRPD and SDGs.

6.2.4. Development of tools, knowledge

i. Design and development of disability standard operating procedures for the different Ministries in conjunction with DDA and other stakeholders.
ii. Design general and sectoral guidance on how to concretely take measures and implement reasonable accommodations.

iii. Design and development of a disability accessibility matrix handbook/guidelines for service providers.


v. Invest in promoting awareness on disability issues at organizational and community level to address issues of discrimination and stigmatization.

vi. Collaborating with mobile networks on the provision of disability friendly ICT products and services.

6.2.5. Capacity Strengthening of Government

i. Supporting the DDA establish a Sign Language Authority for the country in line with the National Disability Policy.

ii. Supporting subsidies on all assistive technologies.

iii. Supporting the establishment of inclusive education structures within the Ministry of Higher and Tertiary Education, Science Innovation and Technology Development.

iv. Supporting MoPSE and OPDs produce IEC materials in accessible formats.

v. Supporting the two Ministries of Education embark on In-service and Preservice teacher training on inclusive education skills and production of relevant teaching and learning materials.

vi. Enhancing the capacity of 3 vocational centres that enrol persons with disabilities under the Ministry of Public Service, Labour and Social Welfare.

vii. Strengthening of disability data collection in Zimbabwe, including the design of standard questions and tools in line with international best practices.

viii. Supporting the DDA develop a disability database.

ix. Supporting training of DDA officers on disability assessment.

x. Supporting MoPSE to decentralise Audiological and Braille transcription services to provincial levels.

xi. Supporting DDA create a system for the production and issuance of disability cards to all persons with disabilities in Zimbabwe.

xii. Supporting an M&E matrix on the implementation of the CRPD and SDGs.

xiii. Supporting vulnerable groups such as schoolchildren to acquire assistive devices.

6.2.6. Development of UN Policy and Practice

i. Ensuring accessibility of all UN Agency buildings, services, websites, products, public meetings and IEC materials.

ii. Produce a guiding document on the UN One Approach on Disability Inclusion.

iii. Design disability inclusion and programming monitoring and evaluation tools for UN agencies.

iv. Raise disability awareness among all staff in UN agencies.

v. Create a database of all disability knowledge products produced by UN agencies.
A deaf interpreter interpreting during data collection
# Proposed Logframe for UNPRPD 4th Round

## LOGFRAME: Comprehensive Situational Analysis on Persons with Disabilities in Zimbabwe

## I. Stakeholder & Coordination Analysis

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>INDICATORS</th>
<th>MEANS OF VERIFICATION</th>
<th>RISKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong> Improve partnerships and capacity of DPOs and better coordination of the disability rights in Zimbabwe.</td>
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<td></td>
</tr>
</tbody>
</table>

**Outcome 1:** Improved disability information exchange

**Output 1.1** A disability exchange platform for all stakeholders is created

| # (number) of meetings held per year | Participating Government Ministries and Departments, OPDS, CSOs, Academic institutions, NGOs and INGOs, and UN Agencies, etc online and physical meetings conducted | Lack of participation by vulnerable persons with disabilities e.g., psychosocial impairments |
| # of participating stakeholders | | Lack of participation by OPDs in rural areas |

**Output 1.2:** A one stop platform for sharing of all disability knowledge products is created

| # of knowledge products deposited | Deposited knowledge products from various stakeholders | Continuity of management and Maintenance |
### Output 1.3: Key disability documents such as the national disability policy and the UNCRPD are produced in accessible formats and vernacular.

<table>
<thead>
<tr>
<th>Activities:</th>
<th>Inputs/Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Development of communication and information sharing platforms</td>
<td>Funding of periodic physical meetings, webinars, social media platforms</td>
</tr>
<tr>
<td>ii. Translation and interpretation of key disability documents</td>
<td>Funding consultant</td>
</tr>
</tbody>
</table>

### Outcome 2: Improved coordination of disability rights in Zimbabwe

#### Output 2.1 DDA is capacitated to enhance disability coordination

<table>
<thead>
<tr>
<th># of staff trainings conducted</th>
<th># of disability technocrats seconded to the department</th>
<th># of computers donated</th>
<th>Type of disability data collected</th>
<th>Created Disability EMIS for the DDA</th>
<th>Created database of all OPDS and disability actors</th>
<th>DDA UNPRPD Capacity development documents</th>
<th>EMIS created</th>
<th>Seconded staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureaucracy within government</td>
<td>Lack of data on OPDs</td>
<td>Lack of manpower within DDA</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes
- Lack of disability disaggregated data
- DDA
- UNPRPD
- Capacity development documents
- EMIS
- Seconded staff
- Bureaucracy within government
- Lack of data on OPDs
- Lack of manpower within DDA
### Output 2.2 Disability Desks established, and key staff trained in all government ministries and key departments

<table>
<thead>
<tr>
<th># of advocacy meetings with ministries</th>
<th>% of trained staff in ministries</th>
<th># of ministries with disability desks</th>
<th>Trained ministry officials</th>
<th>Reports on meeting with officials in various Government ministries</th>
<th>COVID-19 related restrictions which may affect training in public sector.</th>
</tr>
</thead>
</table>

#### Activities

1. **Training of DDA officials and others from various ministries**
   - Training venue, materials and trainers

2. **Recruitment and secondment of technocrats to the DDA**
   - Funding

3. **Design and Development of databases and EMIS**
   - Funding Consultant

4. **Collection of OPD data and disability actors across the country**
   - Call for registration
   - Data sets
   - COVID-19
     - Hard to reach PWD data may be missed

### Outcome 3: Improved administrative capacity of OPDs

#### Output 3.1 OPDs Management trained in corporate governance, ICT, accounting, research, records and data management, and sign language

<table>
<thead>
<tr>
<th># of OPD leaders trained</th>
<th># of ICT gadgets donated to OPDs</th>
<th>Service provision at OPDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency of trained OPD leads</td>
<td>Training reports and records</td>
<td>OPD leaders differ in level of education</td>
</tr>
<tr>
<td>Lack of training materials in accessible formats</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Output 3.2 OPDs (particularly for women and children with disabilities) are capacitated to improve membership drive

<table>
<thead>
<tr>
<th># of OPDs capacitated</th>
<th># of new members in OPDs</th>
<th>OPDs records</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Inaccessible remote areas</td>
<td></td>
</tr>
<tr>
<td><strong>Output 3.3</strong> OPDs for persons with psychosocial impairments and refugees are formed</td>
<td># of OPDs formed</td>
<td>Registration documents</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Inputs/Resources</strong></td>
<td></td>
</tr>
<tr>
<td>i. Training of leaders of OPDs</td>
<td>Training venues, materials and trainers</td>
<td></td>
</tr>
<tr>
<td>ii. Purchase and provision of ICT gadgets to OPDs</td>
<td>Funding</td>
<td></td>
</tr>
<tr>
<td>iii. Facilitate and support the formation of OPDs for refugees and persons with psychosocial impairment</td>
<td>Funding, registration support based on reasonable accommodations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 4: Improved coordination of disability programs between UN Agencies</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 4.1</strong> Disability desk in all UN Agencies</td>
<td># of disability desks established</td>
<td>UN Staff responsible for disability issues</td>
<td>Lack of staff</td>
</tr>
<tr>
<td><strong>Output 4.2</strong> Training of UN Staff on disability issues and UNDIS</td>
<td>% of UN staff trained</td>
<td>Training reports</td>
<td></td>
</tr>
<tr>
<td><strong>Output 4.3:</strong> Collective disability project planning and design</td>
<td># of projects collectively planned and designed</td>
<td>Repository for shared information</td>
<td>Individual UN agencies still raising their agency flags. Reporting at HQ affecting joint work</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Inputs/Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Training of UN Staff, including the use of sign language</td>
<td>Trainers and training materials</td>
<td></td>
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<tr>
<td>----</td>
<td>----------------------------------------------------------</td>
<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td>Establishment of disability desks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 1.3 Research on discriminating laws is conducted</td>
<td>Research reports produced</td>
<td>Research reports; Publications in journals</td>
<td>Relatively long time in publication in journals.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Activities:</td>
<td>Inputs/Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Conducting various advocacy activities</td>
<td>Advocacy materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Meetings with OPDs on identification of discriminating laws</td>
<td>Funding meetings with OPDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Documentation of discriminating laws</td>
<td>Funding consultant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 2: Improved disability awareness in society</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 2.1: Disability awareness IEC materials are produced and distributed in all formats</td>
<td># of IEC materials produced and distributed</td>
<td>OPDs, UN Agencies, beneficiaries</td>
<td>High cost of publication in all languages. Lack of disability disaggregated data Persons with disabilities who have not been to school</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Output 2.2: Disability awareness radio and television programs are aired.</td>
<td># of TV and Radio programmes supported</td>
<td>ZBC, ZTN, radio stations</td>
<td>Lack of data on consumption of the electronic media by persons with disabilities</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Output 2.3 OPDs are capitated to produce drama on disability awareness</td>
<td># of recorded dramas</td>
<td>OPDs, UN Agencies, DVDs</td>
<td>Long time needed to produce good scripts.</td>
</tr>
<tr>
<td>Activities</td>
<td>Inputs/Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Design and production of IEC materials in all formats</td>
<td>Funding consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Engaging with radio and TV stations on disability programmes</td>
<td>Funding radio and TV programs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### iii. Production of dramas by OPDs

<table>
<thead>
<tr>
<th><strong>Outcome 3:</strong> The Persons with Disabilities Bill and the Inclusive Education Policy are adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 3.1:</strong> Advocacy activities focusing on the adoption of the Persons with Disabilities Bill and the MoPSE Inclusive Education Policy</td>
</tr>
<tr>
<td>Activities</td>
</tr>
<tr>
<td>OPDs capacitated to conduct advocacy activities</td>
</tr>
</tbody>
</table>

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**LOGFRAME: Comprehensive Situational Analysis on Persons with Disabilities in Zimbabwe**

#### 3: Service Delivery

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>INDICATORS</th>
<th>MEANS OF VERIFICATION</th>
<th>RISKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong> Reduce barriers experienced by persons with disabilities through improved service delivery</td>
<td></td>
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</tr>
<tr>
<td><strong>Outcome 1:</strong> Improved disability assessment and determination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 1.1:</strong> Disability assessment and determination system is strengthened</td>
<td># of staff trained</td>
<td>Training materials, Trained DDA and MoPSE staff, assessment equipment procured</td>
<td>Bureaucracy and red-tape in Government ministries and departments</td>
</tr>
<tr>
<td></td>
<td>% of persons with disabilities assessed</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 1.2:</strong> Persons with disabilities are issued with identification cards</td>
<td><strong>Records of persons with disabilities issued with cards</strong></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Output 1.3:</strong> Centralised Assessment database is established for line ministries</td>
<td><strong>Potential Stigma associated with Cards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activities:</strong></td>
<td><strong>Inputs/Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Training of assessment staff in the DDA and MoPSE</td>
<td>Funding of consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Design and production of identification and for persons with disabilities</td>
<td>Funding of consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Issuance of disability cards</td>
<td></td>
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<tr>
<td>iv. Establishment of an assessment database for 3-line ministries involved in assessment.</td>
<td>Funding consultant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 2:** Improved sign language provision through support of the Zimbabwe Sign Language Authority

<table>
<thead>
<tr>
<th><strong>Output 2.1:</strong> Zimbabwe Sign Language Authority is established</th>
<th><strong>Establishment of the authority by 2022</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 2.2:</strong> Teachers, nurses, parents, and guardians are trained in sign language</td>
<td><strong>MoPSE, MoHCC, OPDs, Training documents</strong></td>
</tr>
<tr>
<td><strong>Outcome 2.2:</strong> Teachers, nurses, parents, and guardians are trained in sign language</td>
<td><strong>Lack of qualified personnel in sign language</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong># of persons with disabilities issued with identification cards</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong># of assessment equipment purchased</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>% Teachers trained</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>% nurses trained</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong># of parents/ guardians trained.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>DDA, Authority operational documents</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Time taken to master sign language</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>i.  Facilitating establishment of the Zim Sign Language Authority</td>
</tr>
<tr>
<td>ii. Training public officials in sign language</td>
</tr>
</tbody>
</table>

**Outcome 3: Inclusive Education Structures are established within the MHTEISTD**

<table>
<thead>
<tr>
<th>Output 3.1 Inclusive education structure is established at HQ</th>
<th>Establishment of IE structure by 2022.</th>
<th>Inclusive education structure (personnel and offices), MHTEISTD</th>
<th>Lack of Qualified Staff in inclusive education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 3.2 Teacher colleges, Polytechnic Colleges and Universities implement inclusive education</td>
<td># of colleges and universities with inclusive education policies</td>
<td>Teachers’ colleges, Universities, Polytechnic colleges</td>
<td>Absence of a national inclusive education policy</td>
</tr>
<tr>
<td></td>
<td>% staff trained in teachers colleges and universities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of curriculum adaptations in teachers colleges and universities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% Infrastructure adapted in colleges and universities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activities**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Inputs/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.  Supporting the ministry establish a structure for the implementation of inclusive education</td>
<td>Staff secondment</td>
</tr>
<tr>
<td>ii. Advocacy for universal design of instruction and infrastructure in colleges and universities</td>
<td>Advocacy materials</td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>INDICATORS</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Goal:</strong> Reduce environmental barriers and restrictions that affect independent living and enjoyment of life on an equal basis with others</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 1:</strong> Enhanced access to the environment and services</td>
<td></td>
</tr>
<tr>
<td><strong>Output 1.1</strong> Accessibility standards for Health, Education, transport, and the environment are developed</td>
<td># of accessibility standards produced</td>
</tr>
<tr>
<td><strong>Output 1.2</strong> ECD and primary level education materials are put into accessible formats</td>
<td># of education materials in accessible format.</td>
</tr>
<tr>
<td><strong>Output 1.3</strong> Physical environment in public places is adapted</td>
<td># of physical places adapted</td>
</tr>
<tr>
<td><strong>Output 1.4:</strong> More persons with disabilities are employed in various sectors</td>
<td># of persons with disabilities employed</td>
</tr>
<tr>
<td>Output 1.5</td>
<td>Government, UN Agencies and OPD buildings and services are accessible.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>Output 1.6:</strong> Accessibility advocacy capacity of OPDs is enhanced</td>
<td># of advocacy activities conducted</td>
</tr>
<tr>
<td>Activities:</td>
<td>Inputs/resources</td>
</tr>
<tr>
<td>i. Development of Accessibility Standards</td>
<td>Funding OPDs to develop the standards</td>
</tr>
<tr>
<td>ii. Translation of materials and knowledge products into accessible into accessible formats</td>
<td>Funding consultants</td>
</tr>
<tr>
<td>iii. Supporting organisations with accessible standards for physical adaptations</td>
<td>Provision of lists with acceptable standards</td>
</tr>
<tr>
<td>iv. Advocacy activities on accessibility, employment</td>
<td>Production of IEC materials</td>
</tr>
</tbody>
</table>
### Outcome 2 Improved access to Information

| **Output 2.1** Children with disabilities receive assistive devices | % of children with assistive devices | Distribution records, MoPSE, DDA, MoHCC | COVID-19 import restrictions
Price instability in Zimbabwe
Lack of locally produced products |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 2.2</strong> CRPD is translated into all accessible formats</td>
<td>% of copies of UNCRPD translated</td>
<td>DDA, copies in accessible formats and local languages</td>
<td>Persons with disabilities who are not or who are underrepresented</td>
</tr>
<tr>
<td><strong>Output 2.3</strong> ZBC TV and other broadcast media produces and shows more programs in accessible formats</td>
<td># of accessible new programs</td>
<td>ZBC, DDA, recorded programs</td>
<td>High cost of air space</td>
</tr>
<tr>
<td><strong>Output 2.4</strong> Information on COVID-19, Climate change and DRR is put into accessible formats</td>
<td># of knowledge products put in accessible formats</td>
<td>DCP, MoHCC, DDA, MoPSE</td>
<td>Reaching out to rural setting and also relatively low literacy levels for PWDs.</td>
</tr>
<tr>
<td><strong>Output 2.5:</strong> Handbook for the education sector on inclusive design of instruction is produced</td>
<td>Handbook produced by 2022</td>
<td>MoPSE, MHTEISTD, Colleges and Universities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Activities</strong></th>
<th><strong>Inputs/resources</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Purchase and distribution of assistive devices</td>
<td>Funding</td>
</tr>
<tr>
<td>ii. Translation of the CRPD into accessible formats</td>
<td>Funding consultants</td>
</tr>
<tr>
<td>iii. Translation of DRR, climate change and COVID-19 knowledge products into accessible formats</td>
<td>Funding consultants</td>
</tr>
<tr>
<td>iv. Engaging ZBC and other broadcast media</td>
<td>Facilitating engagement meetings</td>
</tr>
<tr>
<td>Goal: Removal of stumbling blocks in resource allocation for the implementation of disability inclusive legislation, policies, programs, and services.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Output 1.1</strong> Budgeting decisions are made in close consultation with persons with disabilities</td>
<td># of meetings between UNPRPD, ministry of finance and other line ministries</td>
</tr>
<tr>
<td></td>
<td># of meeting between government ministries, and OPDs</td>
</tr>
<tr>
<td></td>
<td># Consultative meetings held by PPC on Budgeting and OPDs</td>
</tr>
<tr>
<td>Output 1.2 Adequate public resources are allocated and used to ensure universal access to services</td>
<td># of combined advocacy meetings by OPDs, CSO, NGOs, UN Agencies</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td># of advocacy activities by OPDs</td>
</tr>
<tr>
<td>Output 1.3 Central and local public spending foster accessibility and non-discrimination across sectors</td>
<td># Disability provisions in public spending</td>
</tr>
<tr>
<td>Activities:</td>
<td>Inputs/Resources</td>
</tr>
<tr>
<td>i. Advocacy activities with various stakeholders such as Parliament, Ministry of Finance</td>
<td>Capacitating OPDs for advocacy</td>
</tr>
<tr>
<td>ii. Production of IEC materials for advocacy</td>
<td>Funding</td>
</tr>
<tr>
<td>iii. Capacitating OPDs for advocacy</td>
<td>Capacitating OPDs for advocacy</td>
</tr>
<tr>
<td>Outcome 2 Improved support for the additional costs of disability</td>
<td></td>
</tr>
<tr>
<td>Output 2.1 Additional disability costs are regulated and factored into policy, programs, and planning.</td>
<td># of disability costs regulated and factored in policies and programs</td>
</tr>
<tr>
<td>Output 2.2 Reasonable accommodations standards are developed.</td>
<td>#list of reasonable accommodations for various sectors</td>
</tr>
<tr>
<td>Output 2.3 Better self-protection measures for persons with disabilities</td>
<td># of new and improved self-protection measure.</td>
</tr>
<tr>
<td>Activities</td>
<td>Inputs/Resources</td>
</tr>
<tr>
<td>i. Production of reasonable accommodation standards</td>
<td>Funding consultant</td>
</tr>
</tbody>
</table>


<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ii.</td>
<td>Advocacy activities with various stakeholders such as Parliament, government departments and all ministries</td>
</tr>
<tr>
<td></td>
<td>Funding OPDs to conduct advocacy activities</td>
</tr>
<tr>
<td>iii.</td>
<td>Production of IEC materials for advocacy</td>
</tr>
<tr>
<td></td>
<td>Funding</td>
</tr>
<tr>
<td>iv.</td>
<td>Capacitating OPDs for advocacy</td>
</tr>
<tr>
<td></td>
<td>Funding of trainings</td>
</tr>
</tbody>
</table>

---

**LOGFRAME: Comprehensive Situational Analysis on Persons with Disabilities in Zimbabwe**

### 6: Accountability and Governance

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>INDICATORS</th>
<th>MEANS OF VERIFICATION</th>
<th>RISKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Strengthened governance and accountability systems to implement the CRPD and inclusive SDGs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome 1 Improved Disability Research and Data**

<table>
<thead>
<tr>
<th>Output 1.1</th>
<th>National Disability Survey is conducted</th>
<th>Survey report</th>
<th>Survey report</th>
<th>Research restrictions associated with COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1.2</td>
<td>State institutions and disability actors capacitated on disability data disaggregation</td>
<td># meetings with ZIMSTAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># meetings with government ministries and departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of WGQ in research products, minutes of meetings, ZIMSTAT, DDA, line ministries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Output 1.3 Disability EMIS is produced by the DDA

**Activities:**

1. Planning, designing and execution of the national disability survey in conjunction with ZIMSTAT, line ministries OPDS, Academia
   - **Inputs/resources:** Funding the survey

2. Training of state institutions and all disability actors on disability data disaggregation and use of WGQ on disability statistics.
   - **Inputs/resources:** Facilitating and funding the trainings

3. Design and development of Disability EMIS
   - **Inputs/resources:** Funding a consultant

### Outcome 2 Improved National Implementation and Monitoring Mechanisms

#### Output 2.1 Functional CRPD implementation structure is established

<table>
<thead>
<tr>
<th># of meetings conducted by the CRPD structure</th>
<th>Participants with disabilities and OPDs</th>
<th>Minutes of the CRPD structure, DDA, Min of Justice</th>
<th>Lack of representation of vulnerable groups with disabilities</th>
</tr>
</thead>
</table>

#### Output 2.2 More OPDs participate in SDG implementation structures

<table>
<thead>
<tr>
<th># of meetings conducted by SDG structures</th>
<th>Participants with disabilities and OPDs</th>
<th>Minutes of SGD structures, Parliament of Zimbabwe</th>
<th>Lack of representation of vulnerable groups with disabilities</th>
</tr>
</thead>
</table>
**Output 2.3** DDA has capacity to effectively coordinate disability affairs

<table>
<thead>
<tr>
<th># meetings and activities conducted by DDA</th>
<th>DDA, OPDs</th>
</tr>
</thead>
</table>

**Output 2.4** National Disability Board is capacitated to deliver its mandate

<table>
<thead>
<tr>
<th># of board meetings held</th>
<th>NDB, minutes of board DDA</th>
</tr>
</thead>
</table>

**Activities**

<table>
<thead>
<tr>
<th>Inputs/resources</th>
</tr>
</thead>
</table>

1. **Supporting and training of the CRPD structure**
   - Funding meetings, training materials

2. **Training of OPDs on CRPD and SDGs**
   - Funding of training activities

3. **Capacitating of all DDA staff on sign language, CRPD and SDGs**
   - Funding training consultant for sign language, sign language materials production. Funding OPDs to cascade training on SDGs and CRPD to members

4. **Supporting the NDB execute its mandate**
   - Funding meetings