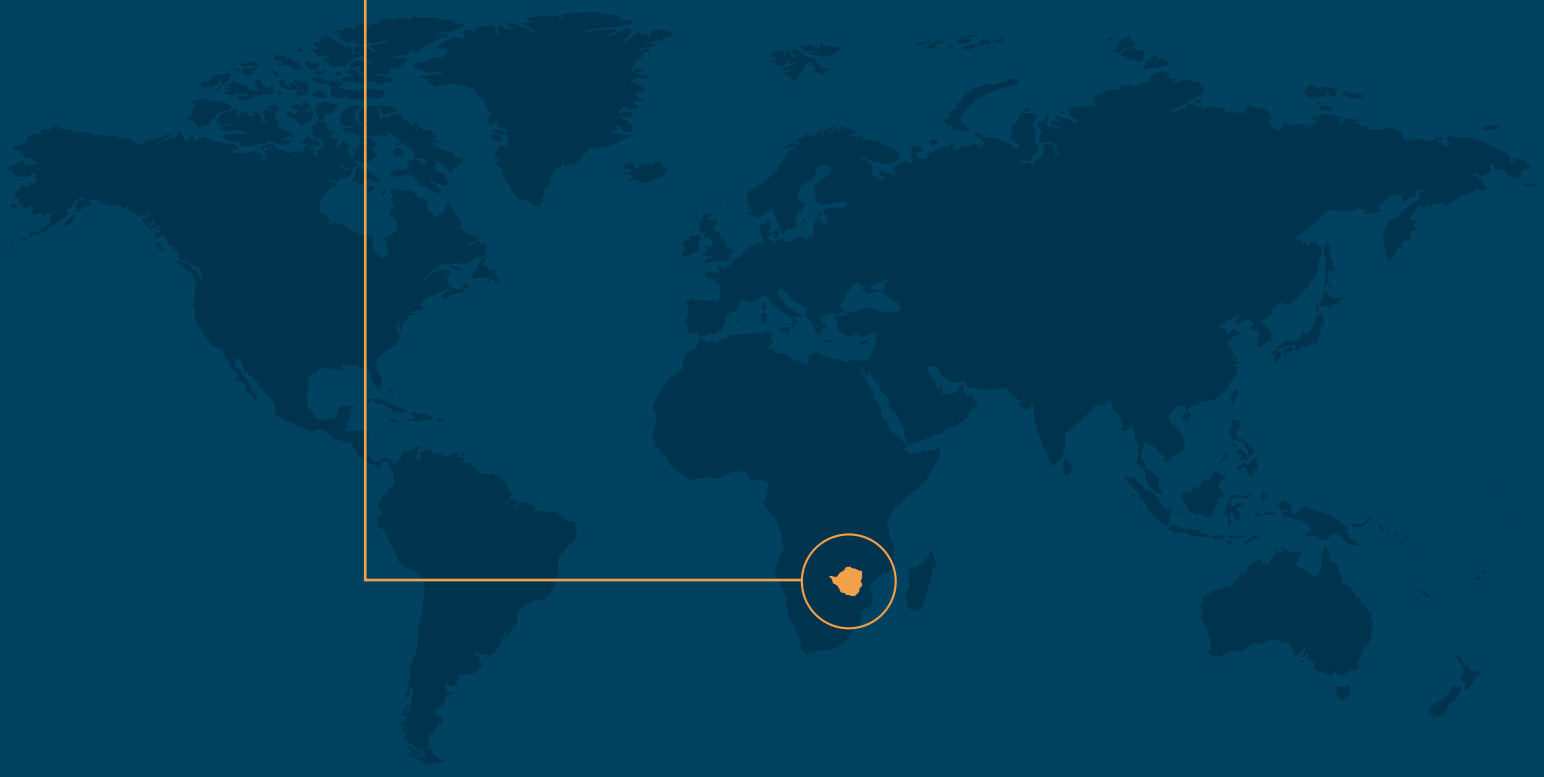
UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities

UNITED NATIONS
ZIMBABWE

SITUATIONAL ANALYSIS
OF THE RIGHTS OF PERSONS WITH DISABILITIES

ZIMBABWE



COUNTRY BRIEF

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November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

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ACRONYMS AND ABBREVIATIONS

CCA	Common Country Assessment
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
DDA	Department of Disability Affairs
DSO	Direct Service Organization
FoDPZ	Federation of Organisations of Disabled People in Zimbabwe
GBV	Gender-Based Violence
ICDS	Inter-Censual Demographic Survey
IMS	Information Management System
INGO	International Non-Governmental Organization
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MoPSLSD	Ministry of Public Service, Labour and Social Development
MPTF	Multi-Partner Trust Fund
NASCOH	National Association of Societies for the Care of the Handicapped
NDB	National Disability Board
NDP	National Disability Policy
NGO	Non-Governmental Organization
OPDs	Organizations of Persons with Disabilities
RCO	Resident Coordinators' Office
SRHR	Sexual and Reproductive Health Rights
UNDIS	United Nations Disability Inclusion Strategy
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
UNSDCF	United Nations Sustainable Development Cooperation Framework

1 BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC). The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden and the United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025 UNPRPD adopted a new programme design approach. The Framework moves towards proactive, results-oriented joint programming to drive implementation of the CRPD and disability-inclusive SDGs.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes with the objectives of advancing CRPD implementation and improving the implementation of disability-inclusive SDGs. The 26 selected teams (see Annex 1) were then allocated an initial budget to deliver an induction training, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

The 26 countries each conducted a comprehensive multistakeholder situational analysis to identify gaps and opportunities around preconditions to CRPD implementation and agree on a set of recommendations to address them.

From March to November 2021, the Zimbabwe UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

This brief provides a summary of the key gaps and opportunities presented in the full report. The full situational analysis report with additional background and context can be found here.

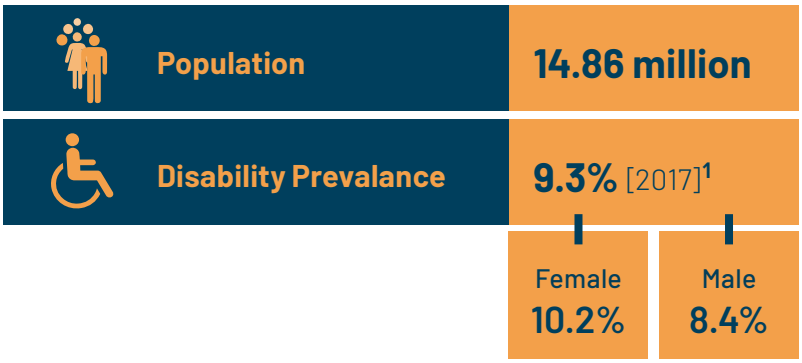
2 WHY A COUNTRY ANALYSIS?

Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situation analyses were designed to:

- Inform the design of future PRPD-funded programmes in the country and serve as a baseline for them;
- Inform UNCTs of gaps in achieving disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations, as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

3 INTRODUCTION TO DISABILITY CONTEXT IN ZIMBABWE



Zimbabwe is making significant efforts to establish disability-friendly laws and policies. The country's February 2013 Constitution includes provisions supporting the rights of persons with disabilities. Sections 22 and 83 of the Constitution are fully dedicated to the rights of persons with disabilities. Sign language is now recognized as an official language. Although Zimbabwe ratified the CRPD in 2013, it has not yet been fully implemented. Zimbabwe has not yet submitted its first State Report, which was due in 2016, as stipulated by the CRPD.

Disability prevalence in Zimbabwe stands at 9.3 percent. The latest statistics are derived from the 2017 Inter-Censual Demographic Survey (ICDS). However, in the 2021 National Disability Policy (NDP), the Government of Zimbabwe recognized the lack of precise and reliable data on disability and the need for the country to use the World Health Organization-World Bank (2011) disability prevalence of 15 percent until its own figures are more reliable. This provides a total of 2,250,000 people with disabilities in Zimbabwe. The ICDS also indicated a higher prevalence among females (10.2 percent) than males (8.4 percent). The 2013 Zimbabwe Living Conditions Survey conducted by the Ministry of Health and Child Care (MoHCC) and the United Nations Children's Fund used the Washington Group tool and noted that the most prevalent disabilities in Zimbabwe are physical (31 percent), visual (26 percent), multiple (13 percent), hearing (12 percent) and intellectual (8 percent).

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. A comprehensive list of stakeholders is included in the full report.

Government

- **The Department of Disability Affairs (DDA) under the Ministry of Public Service, Labour, and Social Development (MoPSLSD)** registers and coordinates programmes and activities of institutions, associations and organizations concerned with the welfare and rehabilitation of persons with disabilities in Zimbabwe. The DDA is the entry point for all disability engagements with the government. However, most government ministries and departments do not have a disability coordination desk.
- **The Office of the President and Cabinet (OPC)** plays an oversight role in SDG implementation. The OPC has delegated the responsibility to coordinate technical SDG implementation to the MoPSLSD. It still chairs the SDG Technical Committee, which is comprised of permanent secretaries from government ministries and representatives from UN agencies, the private sector, civil society organizations (CSOs) and other stakeholders.
- **The National Disability Board** (NDB) serves as the watchdog for disability issues and makes action recommendations to the DDA, in liaison with all concerned line ministries. The Disability Board is elected by members of OPDs and the DDA serves as its secretariat.
- **The Disability Advisor to the President** reports directly to the President and advises him on disability issues. Creating this post streamlined the bureaucratic processes normally associated with presenting disability issues to the Cabinet. The advisor has been the same individual for more than 25 years and the role is closely tied to him as an individual.
- **The Parliament of Zimbabwe and the Senate** are responsible for developing and enacting all disability laws in the country. They are the key players in ratifying and domesticating regional and international conventions, treaties, charters and

protocols on disability. For example, Zimbabwe ratified the UN CRPD in September 2013 and the Parliament is in the process of domesticating the Convention. Two persons with disabilities are appointed as special disability representatives to the Senate to amplify the voice of persons with disabilities. The special disability representatives ensure that all discussions, laws and policies of national interest are disability inclusive.

Organizations of persons with disabilities

The country has two umbrellas in the disability field: the **Federation of Organisations of Disabled People in Zimbabwe** (FODPZ) and the **National Association of Societies for the Care of the Handicapped** (NASCOH). Several OPDs are not represented by the umbrella bodies. NASCOH was developed by direct service organizations (DSOs) and established in 1967; membership was opened later to OPDs. When concerns arose that OPDs were not fairly represented, FODPZ was formed in 2004. The key difference between them is that FODPZ membership and leadership are restricted to OPDs, while NASCOH membership and leadership are not. Therefore, NASCOH is not an OPD, strictly speaking. The report highlights competition among OPDs for service provision and funding leading to a fragmentation, lack of meaningful collaboration and operational advocacy capacity.

Civil society and non-governmental organizations

Zimbabwe has a vibrant civil society. DSOs, international non-governmental organizations (INGOs) and NGOs collaborate and engage effectively with OPDs. The CSOs and DSOs provide a range of services to persons with disabilities, including in the areas of disability rights, advocacy, livelihoods, humanitarian action, disaster risk reduction (DRR), health and rehabilitation, provision of assistive technologies, gender-based violence (GBV), sexual and reproductive health rights (SRHR), governance, vocational training, capacity building, inclusive education, child protection, and development of information, education and communication materials. (The full report includes a list of the CSOs, INGOs and NGOs that are most active in providing disability services.)

UN System

The UN Resident Coordinator's Office (RCO) is making steady progress in promoting a coordinated disability inclusion approach within the system for effective support to government and civil society. The situational analysis found that prior to the establishment of UNPRPD structures and the Gender and Disability Advisor post, limited coordination of disability initiatives existed between and within UN agencies, resulting in service and role duplication.

These challenges are among the priority areas that are now being addressed through the UNPRPD structures and the RCO, which oversees and coordinates UN activities through initiatives such as the United Nations Disability Inclusion Strategy (UNDIS). For example, through the UNDIS, the RCO can help establish UN disability focal points, which systematically oversee implementation and monitoring and report on their agency's disability inclusion initiatives. The UN in Zimbabwe has developed an UNDIS Annual

Action Plan to coordinate its activities. In addition, in 2020 and 2021, the UNPRPD team coordinated its efforts in support of UNESCO's Common Country Assessment (CCA) and the development of the 2022-2026 UN Sustainable Development Cooperation Framework (UNSCDF) to achieve the UN's Deliver as One approach.

Summary of stakeholder coordination analysis

Over the years, the Government of Zimbabwe has made steady progress in establishing relevant structures to support implementation of the CRPD and promote inclusive SDGs. UN agencies, CSOs, OPDs, DSOs and NGOs are vibrant key stakeholders that have played a significant role in advancing disability rights and advocating for the domestication of the CRPD. Overall, stakeholders in Zimbabwe are implementing disability inclusion initiatives at different scales and with different capacities. However, OPDs continue to face significant operational challenges due to their limited organizational, human, financial and technical capacities, as well as the difficulties associated with operating in Zimbabwe's economic, social and political environment. In addition, although the two main independent commissions (Zimbabwe Human Rights Commission and the Zimbabwe Gender Commission) have been active in monitoring and reporting on human rights issues, their knowledge and capacities related to disability inclusion remain limited. In addition, Zimbabwe does not have standard operating procedures in place to mainstream disability as a cross-cutting issue in all economic sectors and coordination mechanisms are inadequate. There is a lack of coordination among government, donors, UN agencies, civil society and OPDs on disability issues, leading to inefficiencies and duplications. Although Zimbabwe established the DDA within the MoPSLSD, disability inclusion coordination still needs support across all sectors. At present, most government ministries display limited knowledge of the CRPD, its provisions and its application.

4.2 Preconditions for disability inclusion

In its Strategic Framework, UNPRPD identified five preconditions as foundational elements that must be in place to address the rights of persons with disabilities across sectors. The following findings focus on these preconditions in the Zimbabwe context.

1. Equality and non-discrimination
2. Accessibility
3. Inclusive service delivery
4. CRPD-compliant budgeting and financial management
5. Accountability and governance

Equality and non-discrimination

Certain legal provisions enacted prior to the CRPD's adoption in 2006 and its ratification in 2013 address equality and non-discrimination. However, these clauses do not encompass the full range of the CRPD's provisions. Most of the provisions established prior to the CRPD use negative and demeaning language to refer to persons with disabilities. Progress has been made in this regard as post-CRPD ratification legal and policy instruments are more inclusive compared to those that predate ratification. However, some legislative and policy gaps still exist, as many of the instruments are not fully aligned with the CRPD, including the National Disability Act and the Disaster Risk Reduction Act. The 2021 NDP is aligned with the CRPD; equality and non-discrimination are its guiding principles. However, implementation is slow and Zimbabwe lags on CRPD reporting requirements. Eight years after ratifying the CRPD, the country has yet to submit its first report, which was expected by 2016. The quantitative survey revealed that up to 80 percent of women with disabilities lack employment or access to income. Only 19.6 percent of females with disabilities have access to employment, compared to 52.8 percent of their male counterparts. The majority of persons with disabilities (66.5 percent) were not aware of the CRPD and its provisions.

Key findings

- Certain legal provisions developed before CRPD adoption and ratification address equality and non-discrimination. However, they do not encompass the full range of provisions in the CRPD.
- Zimbabwe has made significant improvements in terms of implementing CPRD policy provisions, specifically those related to non-discrimination. However, general knowledge of disability inclusion and non-discrimination remains low, which has a particularly negative impact on gender equality.
- Duty bearers lack awareness of the CRPD's principles and their meaning in practice.

- Workplaces lack reasonable accommodation, which is discriminatory under the CRPD. No enforcement or incentive mechanisms are in place.
- Intersectional stigma and many forms of discrimination are still in place, which poses challenges to effective implementation of the policies.
- Women and girls with disabilities from marginalized communities, across all ages, and particularly underrepresented groups, such as women and girls with mental/intellectual/psychosocial impairments and those who are deafblind and have multiple impairments, still bear the greatest burden of stigma and discrimination in communities.

Inclusive service delivery

Disability assessment and referral services

Zimbabwe has systems in place to identify and assess impairments. These include public and private health care institutions, the Department of Rehabilitation under the MoHCC, the Department of Learner Welfare, Psychological Services and Special Needs Education under the MoPSE, and through rehabilitation services provided by DSOs such as Leonard Cheshire Disability Zimbabwe, Christian Blind Mission, the Council for the Blind and the Jairos Jiri Association.

Childcare workers and village health workers also identify impairments at the community level through outreach programmes and the community-based rehabilitation model used by the MoHCC. They refer cases to the appropriate departments and organizations as necessary. The MoPSLSD also conducts eligibility assessments for government benefits, but does not issue disability cards.

Three types of assessments are thus available in Zimbabwe (health, educational and social). The assessments are performed free of charge in these government institutions. The quality of assessments varies. Only health assessments provide a clear structured referral path. The findings established that there is no platform for professionals to share assessment data. Also, persons with disabilities do not necessarily receive a disability card after assessment. Such cards provide (or should provide) benefits to cardholders. Most respondents expressed an urgent need for these cards to be provided in a systematic and predictable manner, as they feel it enhances their access to services.

Children with disabilities in school receive assistive devices and technologies from MoPSE's Department of Learner Welfare, Psychological Services and Special Needs Education. However, these free devices are distributed based on availability.

Disability support services

Disability services are based, and largely offered, on a social model rather than from a welfarist approach. Participants noted that there is no clear funding mechanism for support services, requiring them to seek services on an individual, case-by-case basis. UN agencies, OPDs and CSOs generally exclude caregivers of persons with disabilities from their programming. Available public programmes do not target caregivers, who are critical stakeholders. Persons with sensory impairments (those who are deaf, with

an intellectual disability or who are blind) experience more challenges in their efforts to access disability support services, compared to other types of impairments. This is mainly attributable to communication challenges between service providers and those seeking services. The findings showed fragmentation in the distribution of assistive technologies and a high level of duplication. This has been attributed mainly to a lack of knowledge sharing among service providers and a heavy focus on mobility aids.

Mainstream services

The situational analysis report provides an overview of disability inclusion mainstream services including social protection, education, health, employment, and access to justice. While the brief highlights key gaps, further details can be found in the full report.

Social protection

Zimbabwe has a relatively strong policy framework on social protection. The 2013 Constitution provides for the development of programmes for the welfare of persons with disabilities that are consistent with their capabilities and acceptable to them and their legal representatives. However, the Constitution refers only to persons with physical and intellectual disabilities and does not include other types of disabilities.

The Government of Zimbabwe's 2021 NDP Policy includes comprehensive provisions regarding the social protection of persons with disabilities. This includes social protection programmes and poverty reduction initiatives for persons with disabilities; participation of persons with disabilities in planning, implementation and monitoring programmes; access to compensation for disability-related expenses for those living below the poverty line; and compensation for the extra costs borne by persons with disabilities in their efforts to earn a living and access public services.

In partnership with development partners, the MoPSLSD has rolled out an emergency social cash transfer programme to reduce food insecurity and 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.

Health

Several health-related laws, policies and strategies have been enacted and adopted that refer both specifically and generally to the situation of persons with disabilities. These include the 2009-2013 National Health Strategy and the Zimbabwe National Nutrition Strategy. Although laws and strategies exist, access to health remains limited for persons with disabilities. Communication remains a major problem for persons with hearing impairment (and other sensory disabilities) and those who rely on sign language and other forms of communication. Health personnel are not comfortable using sign language and other forms of communication that persons with sensory disabilities are conversant in. Lack of resources has prevented persons with disabilities from accessing the medication prescribed for them. The burden invariably falls on caregivers to provide resources to facilitate access to health services, including medication. This is particularly the case where persons with disabilities have chronic diseases, such as high blood pressure, HIV/AIDS and cancer.

Education

Lack of inclusive education policies has led to high levels of inaccessibility for learners with disabilities. Special schools are still the main education institutions for children with disabilities (who are lucky or have resourceful parents). The generally low quality of the public education system makes it difficult to envisage how and when inclusive education could become a reality. The lack of linkages between the MoPSE and the Ministry of Higher and Tertiary Education and the lack of a platform for knowledge sharing is a key challenge.

Employment

No incentives and/or affirmative actions exist for employers to improve employment and work opportunities for persons with disabilities. However, there have been calls to empower persons with disabilities through such initiatives. The study found that no targeted work programmes are in place for persons with disabilities, although general employment programmes target the general population. On average, 50.5 percent of survey respondents believe that the government's employment strategies have failed to incorporate the participation of youth with disabilities, while 55.6 percent believe that such policies and strategies have failed to incorporate women with disabilities. The lack of policy reforms in these areas has perpetuated these outcomes.

Key findings

- **Disability assessment:** The disability assessment process is characterized by several obstacles, including lack of DDA capacity to conduct assessments; lack of a central database and referral process for all assessed persons with disabilities; lack of funding mechanisms for a national disability assessment system with capacity and competency to assess the variety of disabilities; and lack of assessment services in rural areas.
- **Disability support services:** Persons with disabilities lack awareness about the support services that are available to them and face delays and challenges when seeking such services. Some types of disabilities lack corresponding services. There is a heavy focus on mobility, the process of distributing assistive technologies is fragmented and many gaps and duplications occur.
- **Mainstream services:**
  - Persons with disabilities are not involved in planning, implementing and monitoring social protection programmes.
  - Access to mainstream services such as social protection, health, education and livelihoods/employment remains a challenge although rather good legislation and strategies exist in most areas.
  - Available policies on disability lack an adequate funding framework for effective implementation.

Accessibility

The rights of persons with disabilities to accessibility are enshrined in the 2013 Constitution of Zimbabwe, Disabled Persons Act (1992), Refugee Act 13/1978, and the NDP (2021). However, persons with disabilities have been unable to acquire national registration documents (birth certificates, national identification cards and passports) due to systematic barriers. Assistive technologies and devices are beyond the reach of many persons with disabilities due to high costs or unavailability. A survey of persons with disabilities found that public buildings and infrastructure are not accessible or disability friendly. The study also found that persons with disabilities lack information and other materials in accessible formats across all sectors (including education, health, disability rights and SRHR).

Key findings

- **The country's policies and laws refer to the concept of accessibility but do not include an implementation or funding strategy.** The state and civil society institutional structures intended to enforce implementation are weak. Lack of effective policy implementation has led to institutional and systemic failures to ensure that persons with disabilities have access to relevant products, systems, services, environments and facilities.
- **Participants identified a lack of information and other materials in accessible formats across all sectors** (including education, health, disability rights and SRHR). Relevant state and non-state institutions have made minimal financial investments in providing persons with disabilities the relevant materials, tools and equipment.
- **Access to assistive technologies and devices is beyond the reach of many persons with disabilities in Zimbabwe.** Inadequate provision of resources by both State and non-State stakeholders has limited the availability of assistive technologies and devices to persons with disabilities. Accessibility is inextricably linked to the availability of assistive technologies and support services (including sign language interpretation and supported decision- making).
- **Public buildings and infrastructure are largely inaccessible to persons with disabilities.**
- **A significant proportion of persons with disabilities - ranging from 41.9 percent in Matabeleland South to 96.7 percent in Matabeleland North - reported that they experience problems in accessing essential services such as health, and education.** In the absence of social grants and targeted assistance, persons with disabilities face challenges overall in accessing basic services such as education and health for their children.
- **Access to justice is limited.** Section 3.22 of the NDP makes comprehensive provisions for persons with disabilities concerning access to justice and several initiatives are underway that enable access to justice for persons with disabilities. However, not all courts in Zimbabwe are accessible to persons with physical disabilities and the lack of legal aid limits their access to justice. The lack of access to education and sign language is another barrier for deaf persons from remote communities.

CRPD compliant budgeting and financial management

Financial Planning and monitoring

Through national budget allocations, MoPSLSD has been funding several programmes that benefit persons with disabilities, including educational assistance for academic and vocational skills for some individuals. However, the national budget lacks a disability lens with regard to outcomes for persons with disabilities. The national budget is not guided by costed action plans and a budget allocation framework for disability inclusion. In addition, the government still expends public funds on specialized institutions for persons with disabilities, contrary to the CRPD.

Although the 2021 NDP Policy provides for disability funding through various modalities, the interests of persons with disabilities are significantly underrepresented and under-expressed in the budget process at the national level. OPDs have limited capacity to support disability inclusion in development and budget processes.

Key findings

- **The national budget lacks a disability lens.** It is not guided by costed action plans and an allocation framework. National laws and policies, such as the new NDP, lack prescriptive budgetary support. Thus, the national budget takes a welfarist perspective in allocating funding.
- **The government allocates public funds to specialized institutions** for persons with disabilities, such as the three MoPSLSD-run technical and vocational education and training colleges. This contradicts provisions of the CRPD, which calls for inclusive institutions.
- **The interests of persons with disabilities are significantly underrepresented and under-expressed in the national budget process because they are combined with those of other 'vulnerable' groups, such as low-income households, the chronically ill, refugees and the elderly.** All of these groups fall under the responsibility of the MoPSLSD. As a result, the issues impacting persons with disabilities do not receive adequate attention and programmes for persons with disabilities do not receive adequate funds/resources.
- **In budget consultative meetings at the local level, facilitators do not provide relevant communication equipment to meet the needs of persons with disabilities, especially those with hearing impairment who participate through sign language.** In addition, most meetings are held late in the afternoon, which disadvantages women participants with child care responsibilities, particularly those with disabilities. Furthermore, consultations are based on the assumption that participants have read and understood complex documents. Preparatory meetings with vulnerable groups and persons with disabilities, explaining what are at stake, are not held.
- **Persons with disabilities do not participate effectively in monitoring budget implementation processes because of a lack of transparency in the processes at both the national and local levels.** OPDs highlighted a lack of explicit budget lines to address the specific needs of persons with disabilities. Public officials also tend not to respond to requests for clarification of budget allocations benefiting persons with disabilities.

Accountability and governance

Inclusive evidence and data gathering systems

Different line ministries collect data on an ad hoc, non-harmonized basis based on the scope of their activities and using their own criteria and mechanisms. During the UNPRPD training on disability data and statistics, social welfare officers from the district level shared their concern about the form they use to collect data from their clients, which does not include a systematic, comprehensive set of questions. If completed as a hard copy, it is difficult to centralize and use the information.

The situational analysis established that the country lacks an information management system (IMS) for disability data. Although the DDA is the central coordination point for disability issues nationally, it does not have an IMS. The MoPSE adopted a good practice by establishing an education management information system to collect disability-disaggregated data. Unfortunately, that is used for education purposes only and may not be used for other purposes, such as social programming.

The situational analysis established that significant research has been conducted on disability in Zimbabwe, but the country lacks a central database that would enable information sharing. This research includes published and unpublished studies by students in higher and tertiary institutions, academics, doctoral candidates (Ph.D. theses), OPDs, DSOs, and UN agencies. However, the utility of the empirical evidence, particularly to inform the provision of public services, is very limited. Most of the available information and data seem to be used for academic or institutional purposes only.

National accountability mechanisms

Zimbabwe has taken steps to implement the CRPD. First, the government ratified the Convention and its optional protocol in 2013. This required Zimbabwe to designate one or more focal points within government for matters relating to CRPD implementation and an independent mechanism to promote, protect and monitor its implementation. National government and independent monitoring mechanisms play a critical role in ensuring progress in promoting the CRPD. These mechanisms are also responsible for coordinating among disability actors, reviewing national laws and policies, managing complaint mechanisms, monitoring, and reporting on CRPD implementation.

Such an independent monitoring mechanism is still lacking, and the country has not met its CRPD reporting obligations. Under the Convention, countries must submit their first report within two years following ratification and, subsequently, every four years. Eight years after ratifying the CRPD, Zimbabwe has yet to submit its first report, which was due by 2016. Key informants cite high staff turnover within ministries and lack of funding as the major reasons for the delay. With support from UNDP and technical support from the UNPRPD, the first CRPD report was submitted to the Cabinet in 2022.

The country lacks a strategy to implement the CRPD, which hampers effective service provision to persons with disabilities. The government launched the NDP in 2021, but the absence of an implementation strategy, a designated budget and a national monitoring

mechanism will be the major challenges for the coming years. A comprehensive implementation strategy with inputs from all key stakeholders that includes clear outcome areas and annual targets is needed to ensure that the policy is implemented effectively. The NDB (see 3.1.1) has not optimized its representative and advisory functions, which would have ensured the systemic and meaningful participation of OPDs in national processes Consultations with OPD members indicated that while they are consulted initially on the development of legal and policy instruments, such as the 2020 persons with disabilities bill and the NDP, they are not involved in making final inputs as there are no validation processes.

Key findings

- **The lack of a harmonized data management system** is a major obstacle in implementing and monitoring the NDP in the various sectors, making the DDA's coordination role very difficult.
- Zimbabwe **lacks an independent monitoring** system, a national strategy and budget for CRPD implementation and an OPD participation mechanism.

4.3 Cross-cutting approaches: Participation, gender, inequalities

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities.

Participation:
Enabling full and effective participation of persons with disabilities

Inequalities:
Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities

Gender:
Addressing gender inequality and advancing the rights of women and girls with disabilities

Participation

Zimbabwe does not have a functioning, coordinated and centralized framework for implementation of the CRPD and participation of persons with disabilities. The study established that the Ministerial Committee on Human Rights and Humanitarian Law (under the Ministry of Justice) has limited capacities to report on the CRPD due to limited expertise, lack of resources and high staff turnover. This affected the delivery of the first country report on the CRPD. In addition, Zimbabwe lacks a tool and consultation mechanism to monitor and evaluate disability service provision and CRPD implementation. OPD leaders noted that they were not consulted in the development of the national CRPD report or meaningfully involved in the development of the CSOs' and DSOs' national shadow report.

The NDB has not optimized its representative and advisory functions, which would have ensured the systemic and meaningful participation of OPDs in national processes, as noted above. Sometimes there are no validation processes to ensure that the stakeholders are satisfied with the final product.

Gender

The situational analysis established that women and girls with disabilities bear the brunt of GBV compared to their non-disabled counterparts and other vulnerable groups. Data from the comprehensive literature survey and the empirical investigation establish the following:

- 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. Further, the police and courts have limited capacity to handle cases in which the victim is a person with disabilities and limited knowledge on how to deal with disabled survivors. Many resort to victim-blaming.

- The number of GBV incidents against women and girls with disabilities increased considerably during the COVID-19 pandemic and the response measures. With lockdowns in place, victims are at home with perpetrators for extended periods, which leads to more opportunities for abuse. Emotional violence emerged as the main type of GBV against women and girls with disabilities.
- Women and girls with disabilities face several challenges in accessing GBV services, including limited access to services and representation. As a result, some incidents of GBV are unreported.
- Women and girls with intellectual impairments are the most affected because they are easily convinced not to talk about abuse. If they do speak up, they can be dismissed because of their impairments. On the other hand, women and girls with visual impairments who are raped and may be unable to provide proof in court.
- Information is lacking regarding the abuse of women with disabilities. This suggests that society remains reluctant to acknowledge the violence directed at this group. This is compounded by the overall devaluation of persons with disabilities and the categorization of women with disabilities as dependent and asexual.
- The severity of disability is positively associated with abuse and discrimination among girls and women with disabilities. The majority of those who reported being beaten, scolded or discriminated against, had severe to profound impairments.

Inequalities

The report highlights the marginalization of underrepresented groups of persons with disabilities, including children and women with disabilities, refugees with disabilities, and those with intellectual and psychosocial impairments. These groups experience additional stigma and discrimination and challenges in accessing support and services. Recommendations to ensure their inclusion include supporting programs and activities that address intersectional stigma and discrimination experienced by underrepresented groups and training OPDs to ensure inclusion of these groups in all program activities.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National development plans

The CCA and 2022-2026 United Nations Sustainable Development Cooperation Framework (UNSDCF) are inclusive in terms of disability analysis and planning. For the first time in Zimbabwe, the UNCT's strategic planning exercise has systematically integrated disability analysis across its cycle, from the development of the CCA, consultations with the national stakeholders, and design of the UNSDCF narrative and result framework. From the outset, the UNPRPD team (led by UNESCO with specific funding from the UNPRPD MPTF) worked closely with the RCO to train the consultant team in charge of conducting the CCA. The latter now includes a specific and dedicated section on disability analysis at the national level and highlights the major gaps that the UN could address. The RCO and UNCT asked UNESCO to lead a national consultation with the disability community on the first draft of the UNSDCF. This allowed OPDs to express their concerns and advise on the four outcome areas. Last, the consolidated UNSDCF draft includes disability analysis at the theory of change level and in the general narrative (the word 'disability' appears 33 times) and mainstreams disability inclusion in the outcome narrative and result frameworks (including in the baseline and targets). The UNCT's configuration matrix also identifies the disability expertise available within the UNCT to support implementation of the UNSDCF and national stakeholders' development work.

Implementation of the new UNSDCF will start in 2022. The UNCT will need the appropriate capacities and expertise in monitoring implementation, advising on sectoral interventions, and ensuring continuous, cross-sectoral dialogue and consultations. Therefore, systematic capacity-building provisions for UN staff, coordination mechanisms and consultation systems with OPDs will need to be in place.

Zimbabwe presented its second Voluntary National Review in 2021 at the High-level Political Forum for Sustainable Development. The report highlights significant progress in mainstreaming disability inclusion across the SDGs through the country's NDP.

However, the situational analysis findings reveal that the country's SDG coordination mechanism (also located the within the MoPSLSD) lacks meaningful engagement and participation of persons with disabilities and their representative organizations. Persons with disabilities noted that they are excluded and marginalized from the national SDG coordination mechanisms, which are open primarily to UN agencies and civil society partners. The UN needs to address this concern.

Climate change, disaster risk reduction and humanitarian action

Zimbabwe does not have specific legal and policy requirements in place to ensure the participation of persons with disabilities in preparedness activities, humanitarian needs assessments, related monitoring processes, and programmes and projects related to risk and humanitarian emergencies, climate-related hazards, and DRR. A draft Disaster Risk Management Bill (2011) has been under development since the early 2000s to update and

eventually supersede the Civil Protection Act. The DRM Bill has been revised three times but has not been approved. It still offers little coverage for disability inclusive disaster risk management.

The Civil Protection Act is currently the most cited legislative instrument governing disaster risk management and humanitarian action in Zimbabwe. Under the Director of Civil Protection, the Act governs the organization and management of all disaster risk reduction processes through the Civil Protection Unit. However, the Act's Chapter 10:06 does not provide comprehensive coverage of disability inclusion. Its Section 26 fails to articulate how persons with disabilities will obtain inclusive humanitarian aid in crisis, emergency and disaster situations.

COVID-19

Zimbabwe developed a comprehensive COVID-19 response strategy at the national, provincial and district levels. A 2020 UNESCO rapid impact assessment of COVID-19 on persons with disabilities in Zimbabwe found that OPDs and persons with disabilities were not consulted in the formulation, development and implementation of these COVID-19 response strategies. The UNESCO assessment also revealed that livelihoods were seriously affected, with monthly income reduced by about 50 percent. More than half of persons with disabilities (55.9 percent) lack inclusive and accessible COVID-19-related services in their communities. This illustrates that the vision of disability-inclusive services is far from being realized and that all persons with disabilities are not being reached at the community level. Reasonable accommodations were not provided to most persons with disabilities working from home during COVID-19.

The analysis concludes that persons with disabilities were excluded from COVID-19-related decision-making processes. OPD leaders noted that they are engaged primarily when they receive protective equipment. The majority of persons with disabilities across the country feel that very little is being done to safeguard them from the pandemic.

5 CONCLUSIONS

Overall, Zimbabwe is making strides towards implementation of the CRPD since its ratification in 2013. The country's progressive legislation and policy frameworks, including the recently launched NDP and the current review of the National Disability Act, indicate the country's willingness to advance the rights of persons with disabilities. The MoPSLSD's DDA plays a crucial role in coordinating disability inclusion initiatives and overseeing the implementation of disability legislation and policies. The country's vibrant and committed civil society sector, including the two national umbrella bodies, NASCOH and FODPZ, and OPDs, DSOs, and NGOs, have continued to play a crucial role in complementing and advocating for accelerated implementation of the CRPD in Zimbabwe. Various initiatives on advancing disability inclusion have created a platform for joint dialogue and implementation of initiatives by the UN, government, civil society, human rights commissions, academia and others to promote a disability-inclusive 2030 Agenda, raise awareness and build capacity of stakeholders on the CRPD.

Based on the findings of the situational analysis, the Zimbabwe UNCT developed the following key recommendations:

- Support the government to set up a comprehensive and operational coordination governance mechanism that can ensure accountability in the implementation of the NDP Policy and accelerate implementation of the CRPD.
- Support programs and activities that address intersectional forms of stigma and discrimination, due to religious and cultural beliefs, particularly towards marginalized women and girls with disabilities.
- Strengthen and influence the national SDG coordination mechanism to ensure disability mainstreaming.
- Advance the UNCT's mechanisms to ensure disability mainstreaming and reporting within the framework of UNSDCF 2022-2026.

ANNEX 1:
26 SELECTED COUNTRIES

ENDNOTES

1 2017 Inter-Censual Demographic Survey

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