SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES IN ZIMBABWE

COUNTRY REPORT
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For Government Ministries, the Ministry of Public Service, Labour, and Social Development, 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, Simon Masanga for approving the study. Dr. Christine Peta, the Director of the Department of 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 as well as Government institutions, the National AIDS Council. Without the contributions of these ministries and institutions, the study would not have been comprehensive. We also take 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. The list of ministries that participated is indicated in Annex 1.

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Disclaimer:

The data and information presented in the report are based on the situational analyses conducted at the country level and were drafted by the UN country teams. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. The UNPRPD has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of the UNPRPD.
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<tr>
<td>AfDB</td>
<td>Africa Development Bank</td>
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<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with disabilities</td>
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<tr>
<td>CSA</td>
<td>Comprehensive Situation Analysis</td>
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<tr>
<td>DDA</td>
<td>Department of Disability Analysis</td>
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<tr>
<td>FAO</td>
<td>Food and Agricultural Organisation</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>FoDPZ</td>
<td>Federation of Organisations of Disabled People in Zimbabwe.</td>
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<tr>
<td>IAEA</td>
<td>International Atomic Energy Agency</td>
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<tr>
<td>ICDS</td>
<td>Inter-Censual Demographic Survey</td>
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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>ILO</td>
<td>International Labour Organisation</td>
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<td>IMS</td>
<td>Information Management System</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>ITU</td>
<td>International Telecommunication</td>
</tr>
<tr>
<td>MoPSLSD</td>
<td>Ministry of Public Service, Labour and Social Development</td>
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<tr>
<td>MPTF</td>
<td>Multi-Partner Trust Fund</td>
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<tr>
<td>NASCOH</td>
<td>National Association of Societies for the Care of the Handicapped</td>
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<tr>
<td>OHCHR</td>
<td>Office of the High Commissioner for Human Rights</td>
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<tr>
<td>OPD</td>
<td>Organisation of Persons with disabilities</td>
</tr>
<tr>
<td>UN RCO</td>
<td>United Nations Resident Coordinators’ Office</td>
</tr>
<tr>
<td>UN WOMEN</td>
<td>United Nations Women</td>
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<tr>
<td>UNCTAD</td>
<td>United Nations Conference on Trade and Development</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>United Nations Environmental Programme</td>
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<td>UNESCO</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCHR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNIC</td>
<td>United Nations Information Centre</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNIDO</td>
<td>United Nations Industrial Development Organisation</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>UNOPS</td>
<td>United Nations Office for Project Services</td>
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<td>UNPRPD</td>
<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 Situational 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. This framework provides an analysis of the legislative and policy contexts (including disability budget allocation, use of data on disability, and disability mainstreaming across critical sectors). It also informs recommendations on UNPRPD and other disability inclusion programming in Zimbabwe. Findings from the analysis will enable the identification of key funding priorities to accelerate CRPD implementation and enhance disability inclusion in broader development processes.

The analysis serves the following primary purposes:

i. To inform the design of future UNPRPD 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 disability inclusion gaps in ongoing national processes and programs and recommend further, in-depth analysis where needed.
iv. Build a base of mutual understanding and working relationships between UN agencies, government, OPDs (Organisations of Persons with Disabilities), 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 the above stakeholders to include and address the rights of persons with disabilities as outlined in the CRPD more effectively; and
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 ten Zimbabwean Provinces. The consultant collected data in collaboration with the Federation of Organisations of Disabled People in Zimbabwe, (FODPZ), one of Zimbabwe’s umbrella bodies) thereby leveraging on its country structures. A total of 610 persons with disabilities participated in a quantitative survey, while 387 persons with disabilities participated in the qualitative survey. 64 OPD leaders, and 103 caregivers attended the FODPZ led focus group discussions (FGDs). Key informant interviews (KIIs) were conducted in partnership with key stakeholders including Government Ministries and Departments, UN Agencies, Disability Service Organisations (DSOs) and Civil Society Organisations (CSOs), 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. The analysis of the gathered data is guided by the global UNPRPD Analysis Framework with a 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 presented focus 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 implementation of a joint UN programme on disability in Zimbabwe.

Stakeholder and coordination analysis: Challenges range from lack of disability friendly infrastructure in government departments and ministries to the absence of sign language or brail
conversant personnel at help desks. OPD Leaders also highlighted their own capacity deficiencies as a challenge in not only registering but also carrying out the work of OPDs. These challenges include a lack of capacity in corporate governance, accounting skills, grant proposal writing, research, and report writing skills as well as skills to mobilise membership. The country lacks OPD representation for vulnerable groups such as Deafblindness, learning disabilities, intellectual disabilities, psychosocial disabilities, those of short stature, and lesbian, gay, bisexual, trans and or intersex (LGBTI) persons with disabilities. As much as (56%) of survey respondents reported experiencing challenges registering OPDs. There is high fragmentation in disability service provision in the country which impedes service coordination efforts. There is a lack of disability structures in most government ministries and departments. Disability stakeholders such as UN agencies, DSO, CSO, OPD, and others lack engagement platforms and operate in silos. The study found that prior to the establishment of the UNPRPD there was no coordination of disability programming (within the UN as a whole and) between UN Agencies, resulting in duplication of roles among other challenges. In addition, the study also established that there is a general lack of awareness and understanding of the CRPD among most disability stakeholders including government ministries’ officials. This is a key impediment to the full realisation of disability rights as enshrined in the CRPD and SDGs.

**Key recommendations** would include i) the establishment of a permanent engagement platform for disability stakeholders; ii) capacity building for OPD leaders in corporate governance and other soft skills as well as 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; and iv) capacitate the Department of Disability Affairs (DDA) to improve its coordination capacity.

**Equality and non-discrimination:** Concerning legal and Policy Analysis; Legal provisions developed before the UNCRPD (2006), and ratification (2013) have some clauses addressing equality and non-discrimination. However, these clauses are not comprehensive to cover the range of provisions in the UNCRPD. Most legal provisions put in place before UNCRPD use negative derogative 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 pre-CRPD ratification policies and instruments. However, there are still some legislative and policy gaps as many of the instruments are not fully aligned to the CRPD such as the National Disability Act (NDA) and the Disaster Risk Reduction Act (DRRA). The National Disability Policy (2021) is aligned with the CRPD and has equality and non-discrimination as its guiding principles. The implementation of this policy is slow, and Zimbabwe is already lagging on UNCRPD reporting requirements. Eight years after the ratification of the CRPD the country is still to submit its first report which was expected by 2016. From the quantitative survey, as much as 80% of women with disabilities have no form of employment or access to any form of income compared to their male counterparts. Only, 19.6% of females with disabilities have access to employment compared to 52.8% of their male counterparts. The 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 persons 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). Persons with disabilities have not been able to acquire national registration documents (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 Persons with disabilities survey found that public buildings and infrastructure are not accessible to Persons with disabilities or disability friendly. The study also found that Persons with disabilities lack
information and other materials in accessible formats across all sectors (Education, Health, Disability Rights, SRHR). 34.2% of respondents indicated a lack of information in accessible formats as a barrier hindering them from accessing media information, SGBV services, disasters, and participatory decision-making processes.

**Key Recommendations:** i) the development of guidelines on the minimum standards needed to ensure access for persons with disabilities to facilities and buildings that provide services linked to their rights; ii) build government’s capacity to develop a national plan on accessibility; iii) bring disability stakeholders together to translate IEC materials and knowledge products into disability friendly and accessible formats; and iv) advocate for the training of all disability stakeholders across all sectors on disability related accessibility issues.

**Service Delivery:** Out of the three types of assessment available in Zimbabwe (Health, Educational, and Social) only health assessments have a clear structured referral path. The study has established that persons with disabilities are not given post-assessment disability cards. Provision of cards is in line with best practices and survey participants indicated the urgent need for the card as they feel the cards could enhance their access to services. **Key recommendations** i) strengthen government capacity to provide uninterrupted services across the country, especially assessments; ii) support the development of assessment linkages through a multi-disciplinary approach; and iii) support the Department of Disability affairs (DDA) and other responsible authorities to produce and issue disability cards in all the country’s districts.

**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, MoPSLSD has been funding several programs that benefit Persons with disabilities including Educational Assistance for academic and vocational skills. However, the national budget lacks disability lenses when it comes to outcomes for Persons with disabilities. The national budget is not guided by costed action plans and a 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. This is despite the National Disability Policy (2021) makes provision for disability funding through various modalities. OPDs have limited capacities to support disability-inclusion in development processes. **Key recommendations:** i) improve Persons with disabilities participation on consultative processes at the national and local levels by raising the awareness of OPDs; ii) strengthen OPDs capacities to support disability-inclusion in the budget and development processes; iii) strengthen the capacity of MoPSLSD; and iv) Build the capacity of 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 disability data instruments and approaches such as the Washington Group Set of Questions (WGQs) in the national census and 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. The Government has put in place a clear and robust institutional framework to guide the implementation of the SDGs in Zimbabwe. However, OPDs bemoan a lack of consultation and engagement. The Human Rights and Gender Commissions in the country lack capacity to implement an effective and coordinated monitoring framework for the implementation of the CRPD and persons with disabilities participation. **Key recommendations:** i) build ZIMSTAT’s capacity and provide training on the inclusion of disability questions in all national surveys; ii) support the rollout of a national disability survey covering all districts and collecting disaggregated data; iii) invest in the Information Management System (IMS) for the DDA and other key government 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 the National, Provincial, and District level. However, analysis shows that persons with disabilities are excluded from the decision-makers on COVID-related issues. 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. **Key recommendations;** i) support the production and distribution of IEC materials in audio, sign language, large print, augmentative and alternative forms of communication, among others; ii) support the design of education in emergencies package for learners with disabilities, particularly those who are most vulnerable such as, those with hearing impediments and those with psychosocial disabilities; and iii) support the development of an offline educational application for use by learners with disabilities.
Focus Group Discussion – People with Disabilities
This Comprehensive Situational 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 (SDG) Agenda 2030 which stresses “Leaving No One Behind”. The Zimbabwe persons with disabilities comprehensive situation analysis 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 inform the identification of key funding priorities to accelerate CRPD implementation and enhance disability inclusion in broader development processes. The analysis serves the following primary purposes.

A. To inform the design of future UNPRPD programs, if UNCTs are invited to develop a full-fledged proposal.

B. Serve as a baseline for future programs.

C. Inform UN country teams of disability inclusion gaps in ongoing national processes and programs and recommend further, in-depth analysis where needed.

D. Build a base of mutual understanding and working relationships between UN agencies, government, organisations of Persons with Disabilities (OPDs), and other civil society organisations, as well as the private sector and academia, as a basis for future co-design of joint programs.

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

F. 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 a great effort towards putting in place disability-specific laws and policies. The country’s February 2013 Constitution included disability issues and 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. The same year (2013) also saw Zimbabwe ratify the CRPD. However, the country has taken a 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 in 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). However, in the National Disability Policy (2021), the government of Zimbabwe recognises the 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%. Thus, there are 2 250,000 people with disabilities in Zimbabwe. The ICDS also indicated a 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.

![Disability Prevalence by Type](image)

**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 show 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

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also guided by the multi-stakeholder approach, committing to the value of national ownership. Study stakeholders were drawn from all disability stakeholders including line ministries, Organisations of Persons with Disabilities (OPDs), Disability Service Organisations (DSOs), underrepresented groups, disability advocates, and as well as UN Agencies.

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](image)

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 adhered to set COVID-19 Protocols as well as COVID-19 lockdown measures. Being pragmatic entails that the research team had the 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 Zimbabwe’s 10 Provinces. Research assistants, the 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:** In the first phase, 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 persons with disabilities
- **Key Informant Interviews (KII):** KII s were conducted with Disability Service Organisations (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.
- **Focus Group Discussions (FGDs) with OPDs:** These were the last to be conducted in all ten provinces.
- **UNPRPD Round 4 Induction Training on Cross-cutting Approaches and Preconditions for Disability Inclusive Development:** The training was conducted concurrently with the situational analysis. Training discussions by invited disability stakeholders gave invaluable insights used during data 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 is indicated in Annex 2.

**Focus Group Discussions (FGDs):** To ensure full participation of the analysis by persons with disabilities and to enhance ownership, FGDs were called for, organised, and conducted by FODPZ. Data collection and mobilisation of FGD participants in all the ten provinces was also led by FODPZ. In each FGD, a member of the consultancy team was available to co-facilitate discussions together with FODPZ leaders/representatives. After collecting data from each focus group, members of umbrella Disabled Persons Organisations (DPOs) consolidated their findings and gave the data sets to the consultant for further analysis.

**Key Informant Interviews (KIIs):** KIIs were held with representatives from key government ministries and departments, leaders of OPDs, leaders of DSOs, Heads of UN Agencies, disability advocate leaders of special groups, and the chairperson of the disability board. KIIs guides were customised based on types of organisation and disability service areas of interest. In line with the social distancing COVID-19 protocols, participants chose their most preferred data collection methods from the following:

- 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 the online, voice calls and face-to-face interviews were conducted, the most popular and preferred data collection method was the use of written responses.

**Survey:** A survey was conducted to complement 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 610 persons with disabilities, also drawn from Zimbabwe’s 10 Provinces. A quantitative questionnaire was designed to collect data from persons with disabilities, focussing on outcomes and lived experiences concerning the effectiveness of 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. Seven out of the 12 enumerators engaged for data collection were persons with disabilities. A stratification frame was given to enumerators before 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 figure 3.
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>
<thead>
<tr>
<th>Table 1: Sample of Study Respondents</th>
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<tr>
<td><strong>UN Agencies</strong></td>
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<td><strong>Umbrella OPDs</strong></td>
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<td><strong>Underrepresented groups</strong></td>
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<td><strong>Quantitative Survey</strong></td>
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<td><strong>Qualitative FGDs</strong></td>
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<td><strong>Government Ministries</strong></td>
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<td><strong>Government Departments</strong></td>
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<td><strong>Caregivers</strong></td>
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<td><strong>DSO/CSO</strong></td>
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<tr>
<td><strong>National Disability Board Members</strong></td>
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<td><strong>Disability Advocates</strong></td>
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<tr>
<td><strong>Academia</strong></td>
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2.7 Study Limitations

This study has a national focus and thrust, and data was 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, to facilitate the UN Programming process. It is not government-led research and does not necessarily seek to replace available official disability data and statistics. Also, readers should note that data was 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 a lack of mobility or communication capacity. There is also a possibility of a 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 is based on desk reviews and readers should be cautious in terms of what constitutes empirical findings of the study and literature survey findings. The UNPRPD is also advised that not all stakeholders could be reached through this study and there could be a need for further analysis disaggregated 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, e.g., due to COVID-19 lockdown measures, 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 was collected remotely (written responses) and the research team lost opportunities to probe and prompt respondents on some grey areas.

2.8 Ethical Considerations

The study was guided by the following principles:

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

2. 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. Written and verbal consent was sought and gained prior to interview commencement.

3. Confidentiality and Anonymity: The real names of persons with disabilities respondents and participants were replaced by pseudonyms. 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 which bound them 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 key findings of the situation analysis that directly speak to legal, structural, capacity and service gaps on preconditions. Other findings related to the respective preconditions are presented in Annex 2. The findings are presented in thematic areas as guided by the UNPRPD Situation Analysis global framework. In each section, findings mainly focus on 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\(^3\) highlights the need by all countries to implement inclusive SDGs acting in collaborative partnership with all stakeholders. The situation analysis looked at the capacity of OPDs, Government and Government Departments, CSO/DSOs, and UN Agencies to effectively contribute and participate in initiatives on disability inclusion. This section gives abridged descriptions of these stakeholders and associated capacity gaps.

3.1.1 Government: Department of Disability Affairs (DDA)

Disability inclusion issues cut across all sectors of society and government. However, the administration of the disability sector in Zimbabwe falls under the Department of Disability Affairs in the Ministry of Public Service, Labour, and Social Development (MoPSLSD). The administration mandate comes from the Private Voluntary Organisations Act, (Chapter 17:05)\(^4\). MoPSLSD, through the DDA, registers and coordinates programs and activities of institutions, associations, and organisations concerned with the welfare and rehabilitation of disabled persons in Zimbabwe. However, powers of the DDA are limited when it comes to supervising activities of organisations that are registered as Trusts as these are administered by the Registrar of Deeds. The DDA is the point of entry for all disability engagements with the government, but most government ministries and departments do not have a disability desk for coordination, and this is affecting disability services delivery within government. This looks to change as the government has begun recruiting 21 “Gender, Wellness, and Inclusivity” Directors for all the ministries. These Directors should facilitate the inclusion of underrepresented gender and persons with disabilities in the public sector, although the scope of work for these new Directors is 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 programs on the welfare of persons with disabilities. The successful execution of the initiative will improve the coordination of disability services in the country.

The Office of the President and Cabinet (OPC) plays an oversight role in the implementation of SDGs. The OPC assigned the mandate to coordinate the implementation of SDGs at a technical level to the Ministry of Public Service, Labour, and Social Development (under which is located the Department of Disability Affairs), who chairs the SDG Technical Committee. The latter is comprised of Permanent Secretaries from government ministries, representatives from UN agencies, Private Sector, CSO’s

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\(^3\) UN 2030 Agenda for Sustainable Development

\(^4\)
among other stakeholders. The situation analysis found that there is a lack of engagement of OPDs within the available SDG coordination mechanisms and this impedes service provision to persons with disabilities.

**Capacity Gaps**

The situation analysis established several capacity gaps within government systems.

**Despite having clear structures for the implementation of SDGs, the country lacks concrete and substantive measures for including OPDs.** As of the reporting period there is no official representation of OPDs in the SDG Implementation Committee. More detail is given under the accountability and governance section. One OPD leader lamented this through the following statement.

“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)

**There is a 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 a 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 the assessment of invisible impairments. This impedes service provision to persons with disabilities.

**Most government ministries and departments cannot effectively engage persons with disabilities.** Officials indicated a lack of skills such as sign language and other forms of communication and a lack of funds to provide services and information in accessible formats. Most of the government public information (laws, policies, and circulars) cannot be used by persons with sensory impairments. The situation analysis also established that there is a lack of capacity within the government to put disability-related products and information into accessible formats for use by persons with various disabilities.

Commenting on the coordination capacity 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 Development. 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)
3.1.2 National Disability Board

In its delivery of disability-related duties, the MoPSLSD works closely with the National Disability Board. The Board was established in terms of the Disabled Persons Act, Chapter, 17:01\(^5\). 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 disabilities in Zimbabwe. As it stands, the Disability Board is elected by members of (OPDs), and the Secretariat of the Board is the Department of Disability Affairs. The Disability Board acts more like the watchdog for disability issues in the country and makes 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 MoPSLSD and the Disability Board also organise commemorations for the International Day of Persons with Disability.

**Capacity Gap**

The main finding from the situation analysis is that the Board lacks funding for members to meet regularly and deliberate on issues affecting its constituency. One board member lamented 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.”

3.1.3 Disability Advisor to the President

Besides the MoPSLSD and the Disability Board, the Office of the President and Cabinet (OPC) created the post of Disability Advisor which is currently occupied by Mr. Joshua Malinga. The Advisor reports directly to the President and advises 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 holds an annual expo dubbed 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 the prerogative to work with all individuals, organisations concerned with disability issues in the country. Asked about his view on the CRPD implementation in the country, Mr. Malinga indicated that a lot still needs to be done, especially concerning domestication of the Convention. He also highlighted that his office is doing its best to engage authorities on the need to attend to CRPD and inclusive SDGs issues citing the current recruitment of 21 directors by the government who, among other duties will be responsible for coordinating disability inclusion issues within respective ministries.

**Capacity gap**

While persons with disabilities generally expressed happiness in respect of the creation of the disability advisor to the president on disability issues, they also expressed concern over lack of engagement by the office. They felt that the Advisor needed also to be advised by the OPDs on issues affecting them, for onward relaying of issues to the President but this was not happening.

3.1.4 Parliament of Zimbabwe and Disability Senators

The Parliament of Zimbabwe and the Senate are the custodians of all disability laws in the country. They are the key players in the ratification and domesticalizations 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. Two persons with disabilities are appointed as special disability representatives to the Senate of Zimbabwe as a means of amplifying the voice of persons with disabilities. The special disability representatives ensure that all discussions, laws, and policies of national interest are disability inclusive.

3.1.5 Organisations of Persons with Disabilities (OPDs)

The analysis established that the country has two umbrella OPDs which are the Federation of Organizations of Disabled People in Zimbabwe (FODPZ) and the 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. Historically NASCOH established in 1967 was developed by DSOs but opened later to OPDs. FODPZ following observations that they were not fairly represented formed an organization of OPDs in 2004. Their main difference is that NASCOH has a broader membership and leadership of and for organizations of persons with disabilities, while FODPZ leadership is exclusive to OPDs only. Since 2018 when the UNPRPD started, the two organizations have been provided a platform for continued dialogue and engagement, resulting in increasing synergies.

Capacity Gaps

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 discourages the formation of OPDs.

Leaders of OPDs indicated a 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 an inability to communicate in sign language and other augmentative and alternative methods of communication 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)

OPDs cannot 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 percent), 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 Deafblindness, 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 members.** OPD leaders bemoan the lack of ICT gadgets for the unavailability of such data.

Empirical evidence shows a lack of initiatives by OPDs for children and girls with disabilities. A UNESCO Survey (2020)⁶ 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 a 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 not have systematic programming as their activities are mainly donor driven.

There is a 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 is more visible than the former and generally attracts 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 grassroots level, whose living situations continue to be deplorable.” (OPD Leader)

**Other capacity gaps established concerning OPDs are as follows:**

i. Lack of partnerships and collaboration among OPDs affects their funding competitive advantage and their abilities to influence processes.

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

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

### 3.1.6 Civil Society Organisations (CSOs)

Zimbabwe has a vibrant civil society, DSOs, INGOs, and NGOs collaborating and engaging well with OPDs. 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.

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Christian Blind Mission; JF Kapnek Trust; Leonard Cheshire Disability Zimbabwe; Jairos 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 some residential special schools such as Emerald Hill School for the Deaf, Danhiko, St Giles, and King George VI among others.

**Capacity Gaps**

Participants with disabilities indicated a lack of knowledge on disability issues by most staff within Civil Society Organisations. The following quote was given by one female FGD participant:

……. I have seen that most civil society organisations, especially those that represent women do not have or have very little knowledge about disability. They do not have people with disabilities among them and yet they try hard to be disability sensitive. They should employ us to cover for the knowledge gaps. Otherwise, most of the services are cosmetic and we get sub-standard services…….

CSOs do not have a common engagement platform, which impedes service provision to persons with disabilities. Several key informants from CSOs revealed that there is a service duplication tendency in CSO programming districts instead of complementing each other to provide comprehensive services to persons with disabilities. CSO are competing to provide for the same services to a finite demographic.

**3.1.7 UN Agencies**

The UNRCO is making steady progress in promoting a coordinated disability inclusion approach, within the system for effective support to Government and civil society. The study found that prior the establishment of UNPRPD structures and the Gender and Disability Advisor post, there was limited coordination of disability initiatives between and within UN Agencies, resulting in service and role duplication. The Director of the DDA is on record sighting multiple instances of role/service overlap and duplication between UN Agencies through use of the adage “looks like the left hand does not know what the right hand is doing.” These challenges are among the priority areas that are now being addressed through the UNPRPD structures and the Resident Coordinator’s Office (RCO) which oversees and coordinates UN activities through initiatives such as the United Nations Disability Strategy (UNDIS). The establishment of UN Disability Focal Points (capacitated to systematically oversee the implementation, monitor, and report on their Agencies disability-inclusion initiatives) in Zimbabwe is an example of the work that RCO through UNDIS can achieve. The UN in Zimbabwe has developed an UNDIS Annual Action Plan to coordinate its activities. In addition, the UNPRPD Team in 2020 and 2021 coordinated their efforts in support of UNESCO’s Common Country Assessment and the development of the 2022-2026 UNSDCF to achieve the UN philosophy of “Delivering as One” approach.7

**Capacity Gaps**

The situation analysis established that there is limited UN key information in accessible formats such as audio, large print, sign language, alternative and augmentative methods, among others. This is even though UN Agencies in Zimbabwe such as UNESCO, UNICEF and, UNFPA and UNDP have made great efforts 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 use by persons with disabilities. The following example from WFP is an example,

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7 For more information on UN Initiatives in Zimbabwe please see Annex 2 on Supplementary Findings
“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 a disability.” (WFP Programme Policy Officer)

There is a need for the UN to strengthen its approach to disability inclusion. An example is that of the UNHCR as the reporting officer indicated in the statement below.

“Oh, 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)

3.1.8 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 a 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 implementation standards as deemed necessary.

Most university curricula are void of disability inclusion. Only 5/20 universities (Zimbabwe Open University, University of Zimbabwe, Midlands State University, Great Zimbabwe University, and Arrupe Jesuit University) are offering disability courses and other related services, including reasonable accommodations for students with disabilities. However, the study established that institutions of higher learning only enrol students with specific types of impairments (mainly visual and physical) and exclude other impairments (hearing, psycho-social/mental impairments).

Only 6/15 teachers’ colleges (Seke, UCE, Morgan, Morgenster, Mutare) have significant reasonable accommodations for students with disabilities. On the other hand, most polytechnic colleges lack the personnel capacity to handle students with disabilities.

3.1.9 Priority Areas and Recommendations for Investment by UNPRPD

Given the findings from the situation analysis, Primson Management Services deemed the following as critical areas for improvement and investment by UNPRPD.

Table 2: Priority Areas for improvement and Investment on stakeholder analysis

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations</th>
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<tr>
<td>Priority 1</td>
<td>1. Support the implementation of the National Disability Policy whose provisions are aligned to the CRPD. Supporting the implementation mechanisms entails improved realisation of rights by and of persons with disabilities.</td>
</tr>
<tr>
<td>Strengthening of coordination capacities of the Government Ministry mandated to coordinate the implementation of the CRPD and disability inclusion-the Ministry of Public Service, Labour &amp; Social Development, given</td>
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the recent launch of the National Disability Policy and review of the Disabled Persons Act

2. Support capacity building of the Department of Disability Affairs to allow it to effectively coordinate all disability activities in the country. This may include considerations for the establishment of an IMS for the department which is a critical tool in the managing of disability data and other related activities

3. Building the capacity of Government office bearers in the DDA and other senior officials in all ministries to enhance knowledge on disability, CRPD, and SDGs as well as efficiency and effectiveness in the coordination of disability services and issues as well disability

Priority 2
Train OPDs on the CRPD, corporate governance, effective engagement with Government stakeholders on disability-inclusion for a coordinated national response

1. OPDs capacity building through trainings on corporate governance and coordination mechanisms, CRPD, and SDGs. This will enhance their participation and engagement capacity with the government as well as other disability stakeholders on persons with disabilities rights and other issues

Priority 3
OPD basic technical capacities improved through the Provision of ICT gadgets and the development of websites for OPDs

1. Support the establishment of websites by OPDs to pave the way for effective documentation, coordination, and management of activities as well as engagement with the external world.

Priority 4
Coordinated Advocacy on the engagement of OPDs in SDG and CRPD platforms for Persons with disabilities views and more importantly the advocacy for the inclusion views of children, women, and girls with disabilities and other underrepresented groups (Intellectual/Psychosocial/Mental disability, learning disability, deaf-blindness, and persons with multiple impairments)

1. Help OPDs by training them on advocacy skills to enable effective participation in CRPD and SDG platforms as well as representation of marginalized groups such as psychosocial disabilities, those with multiple disabilities, and those with deaf blindness among others

Priority 5
UN capacity strengthening on disability inclusion in UNSDCF 2022-2026

1. For the UNCT to effectively deliver on disability inclusion as guided by UNSDCF (2022-2026), there is need to support the strengthening of country team members’ capacity.

3.10 Summary on Stakeholder and Coordination Analysis
The Government of Zimbabwe has over the years made steady progress in establishing relevant structures to support the implementation of the CRPD and promote inclusive SDGs. UN Agencies, Civil society organizations including OPDs, DSO & NGOs are vibrant key stakeholders that have played a significant role in advancing disability rights and advocating for the domestication of the CRPD. Overall, various stakeholders in Zimbabwe are implementing disability-inclusion initiatives at various scales and capacities. However, OPDs continue to face significant operational challenges due to their limited organizational, human, financial, 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 on disability inclusion remains limited. In addition, Zimbabwe does not have standard operating procedures in place for mainstreaming disability as a cross-cutting issue in all sectors of the
economy while available coordination mechanisms are inadequate. There is a lack of coordination between 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 remains an area requiring support across all sectors. At present, most of the government ministries have displayed limited knowledge of the CRPD, neither are they informed about its provisions and application.

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 is 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 focuses 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 before 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:

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 offense 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 the person and view persons with disabilities not as rights holders but as objects for clinical interventions.8

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 offenses.9 Sexual conduct involving a ‘mentally incompetent’ (Act using terminology not aligned to UNCRPD) adult is charged as rape, aggravated assault, or indecent assault 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 the 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.10

The Mental Health Act [Chapter 15:12]11: The Act provides a 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

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9 Ibid.
10 Ibid.
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 seems 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 vulnerable in Zimbabwe. It 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 its capacity to alleviate poverty and protect, promote, and fulfil the rights of persons with disabilities is severely limited.

**The War Victims Compensation Act (1980) [Chapter 11:06]**

Through this Act people who have been disabled because 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 before 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 Benefits 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.

Terms like (Imbecile, mentally disordered, intellectually handicapped) degrade, belittle, stigmatise, and devalue persons with disabilities.

**Legal and Policy Instruments post-CRPD ratification are slightly more inclusive than those developed before 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. Three other sections of the Constitution 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).

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12 State Services (Disability Benefits) Act [Chapter 16:05]  
https://pocketlaw.africanlii.org/zw/legislation/consolidated-act/1605

13 The Social Welfare Assistance Act [Chapter 17:06]  

14 The War Victims Compensation Act [Chapter 11:06]  
The ZHRC must visit and inspect places where persons with disabilities are kept or stay, checking for any human rights violations.

The local government’s 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 councilors with disabilities in the local governance. It offers 25% of special groups for inclusion as its ceiling. However, it does not specify 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.

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 ensures the availability of safe water and age-specific appropriate and adequate sanitation amenities (toilet, hand washing facilities, facilities for ensuring menstrual hygiene).

DRR and Emergency Management

(i) Zimbabwe does not have exclusive legal and policy requirements in place to ensure the persons with disabilities participation in preparedness activities, humanitarian needs assessments, related monitoring processes, and programs and projects related to situations of risk and humanitarian emergencies, climate-related hazards, and DRR. The study established a 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

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

3.2.2 Implementation Analysis

In terms of implementation of the CPRD provisions, and, those related to Non-discrimination, Zimbabwe is making some significant improvements in recent years, but the general knowledge about disability inclusion and Non-discrimination remains weak, with a particularly negative impact on gender equality.

As a result of the support from development partners, increased advocacy, and awareness of disability rights, the Persons with Disabilities Bill (2020) 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 before the UNCRPD and ratification of the protocol.

The National Disability Policy (2021), approved by the government and launched by the President of the Republic on the 9th of June 2021 is one of Zimbabwe’s most progressive policies to be instituted in the post-CRPD period and is greatly aligned to the provisions of the CRPD. The National Disability Policy addresses all persons with disabilities rights 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 aligned to the provisions therein the Acts.

The National Development Strategy 1 (January 2021 – December 2025) has very comprehensive clauses on disability, which are undermined by inadequate capacities to implement legal and policy frameworks that guarantee the protection of vulnerable groups. In general terms, the capacity to understand the provisions of UNCRPD on Non-discrimination remains low among all disability stakeholders (Government, UN, and Civil Society): Majority (66.5%) of persons with disabilities were not aware of the UNCRPD and its provisions. Only 33.3% had heard about it. Provisions related to non-discrimination make no exception in this general lack of awareness, which has several implications on the Government’s capacity to design and implement disability-inclusive policies and programs. Despite the great effort made by UNESCO on behalf of the UN through induction training on provisions of UNCRPD, the capacity on provisions of this protocol among all stakeholders remains low. On the persons with disabilities side (in both urban and rural settings), knowledge on the provisions of the UNCRPD is limited, which mitigates its use for and by Persons with disabilities as an advocacy tool to demand their rights. Confirming this observation, one respondent had this to say:

People with disabilities are not yet there concerning knowledge provision of the UNCRPD. Our media fraternity in Zimbabwe still uses 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)

The study also established a 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 get a response 5-10 years after applying.

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 against 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 physical impairment)

There is a lack of reasonable accommodations in workplaces, which, according to the CRPD, is discriminatory. Some employers have asked persons with disabilities to look after their assistants.

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17 Ministry of Finance and Economic Development: National Development Strategy 1
One participant who is deaf reported being asked by his employer in Bulawayo industries to use his own means to find a sign language interpreter for work. The Zimbabwe Multiple Indicator Cluster Survey (2019) revealed that at least 1.4% of males and 1% of females (15-49 years) with disabilities have been harassed or discriminated against based on their disability. The high percentage for males as compared to females is attributed to work-related discrimination as there are fewer women employed.

When applying the Equality and Non-discrimination principles to gender relations, there are many intersectional stigma and discrimination that remain prevalent, thus questioning the effectiveness of the implementation of the policies. 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 the community. This happens through shortcomings on the demand side and supply side. On the supply side, it is the design of infrastructure, negative attitudes towards persons with disabilities, limited skills of some service providers in communicating with persons with disabilities, and limited use of research evidence in the formulation of disability-specific policies and laws. On the demand side, poverty, poor access to education, overdependence on other people were found to perpetuate the vulnerability of girls and women with disabilities to exploitation, manipulation, and abuse. Limited knowledge of their rights to services is exacerbated by their limited education and exposure to the outside world, which in part explains the converse high rates of abuse of women and girls with disabilities, and low rates of reporting and registration of cases to relevant authorities.

3.2.3 Outcome Analysis

The Implementation analysis has clearly shown that among the most vulnerable and most affected groups, women and girls stand out as they experience several forms of intersectional discrimination. Therefore, this Outcome analysis is focusing essentially on this group to sketch out the forms of discrimination that exist, thus requiring specific attention.

The Situation Analysis noted that 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, Deaf-Blind, and multiple impairments still bear the greatest burden of the effects of stigma and discrimination in communities. Stigma and discrimination inevitably affect their ability to access critical services and participate in education, social, economic, political and development spaces. Women and girls with disabilities across the 10 Provinces further called for the acceleration and scale up of existing women with disabilities-led empowerment initiatives. The premise being that initiatives solely designed and implemented by women with disabilities might be the only way to reduce the stigma and discrimination they face. OPDs for their part have long lobbied for empowerment initiatives that will capacitate them to engage duty and office bearers (across all spheres of society) on the stigma and discrimination issues that affect them in communities as well as the barriers that impede their participation in society. Such women empowerment initiatives will build the capacities and confidence of women and girls with disabilities to advocate for their own issues rather than have other people try and articulate their lived realities.

A UNPRPD (UNESCO, 2020) study undertaken during the UNPRPD 3rd Round cycle 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 against women and girls with disabilities. Women and girls with disabilities experience:18

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18 For more insightful findings from the study please refer to Annex 2 on supplementary results.
• **Gender-Based Violence.** Women with disabilities are worse off than women without disabilities, being two times more susceptible to gender-based violence, divorce, and separation. They experienced a high proneness to sexual and gender-based violence, especially in the form of sexual abuse, exploitation, or manipulation of girls and women with albinism, intellectual, visual, hearing, and physical impairments. Girls and women with intellectual impairments are found to be the likeliest victims of sexual violence, as the sexual predators would exploit their inability to accurately recall events and to reason logically. When asked where most cases of sexual and gender-based violence (SGBV) happen, persons with disabilities reported that most (57.1%) cases of SGBV happen within communities; while 28.6% believe it happens within victim’s house; 7.1% argue that it occurs in the homes of the perpetrators; 3.6% believe it occurs within the workplace and 3.6% believe it occurs in other places. As much as 80% of the SGBV perpetrators were male while 20% were reported to be female. The situation analysis established that women and girls with disabilities bear a disproportionate burden of Gender-Based Violence, (GBV) compared to their none-disabled counterparts and other vulnerable groups.

• **Communication challenges at SRHR and Justice Service delivery sites.** Uniquely, women and girls with disabilities were viewed by communities as having complex needs on sexual and reproductive health issues. Caregivers reported that most girls and women with intellectual impairments did not know how to manage their menstrual hygiene, and someone had to monitor their cycle, avail sanitary wear for them, and help them to put on and dispose of their sanitary pads. On the other hand, communication challenges emerged as the most serious limitation of girls and women with hearing and speech impairments. Service-providers (schools, health facilities, police, and courts) do not have full-time sign language services support. As a result, it was reported that sexual predators deliberately targeted girls and women with hearing and speech impairments, exploiting their difficulty in screaming and challenges in communicating their ordeals. If sexual abuse cases involving girls and women with hearing impairments reach the courts, searches for sign language interpreters delayed the court procedures. When found, those who did not access an education would not understand the signs of the professional interpreters and vice-versa, resulting in denial of justice.

**Persons with disabilities experience stigma and discrimination concerning 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 most 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 a physical disability to marry a person without a 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 learned 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 aunties reiterated “wazoroora wako chaiye” (you have married the one that befits your disability). (Male Participant- Harare)

A heart striking statement recorded from a woman with a visual impairment below is indicative of very bad situations being experienced.
"I divorced at the beginning of 2020. My parents had arranged that I get married to a man without a disability. For the nine years in marriage I was seriously abused, I mean all forms of abuse. A month before I divorced, he seems to have arranged with his young brother to sleep with me, taking advantage of my blindness. On this day he came back from the beer hall around midnight and asked me to remove all my clothes in preparation for sex and I complied. We had sex in a position where I could not feel the weight of my husband. After the act, I tried to talk to him and he did not reply, which is very unusual for him. He stepped out and back after a minute. I then realised the scent of the person I had sex with was not that of my husband. I was convinced he sent someone to do that to me and it was his young brother because they were from the beer hall together. When I asked him that I sensed something sinister, he denied it. We never had sex thereafter and a week later he said he was no longer interested in me. One of the relatives told me he was heard telling others that he arranged for his brother to have sex with me. I confronted him and he said even if it was true, I don’t have any evidence to prove that. True to his word, I reported to the police, and up to this day, there has been no movement on the case due to lack of evidence. He was only taken for questioning. I feel very used and diminished as if the world has crumbled on me”.

(Woman with blindness).

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:

“My husband was furious with me accusing me of having brought a curse on him and his family. He even accused me of cheating on him since he claimed that in their clan no one had ever brought forth a child with albinism. He disappeared for five years but eventually came back to accept the child as a person. Initially, he used to refer to the baby as “Your thing”. The family members were also not willing to look after the child if I got busy with other activities.” (Female with a child with albinism).

Lastly, a significant number of persons with disabilities are into street vending due to a 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.19

3.2.4 Priority Areas and Recommendation for Investment by the UNPRPD

Against the discussion on Equality and Discrimination and the analysis on legislation, gaps, and outcomes, the following are the priority areas for possible Investment as well as the related recommendations

Table 3: Priority Areas and Recommendations for Investment by UNPRPD on Equality and Non-discrimination

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
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<tbody>
<tr>
<td>Priority 1</td>
<td>Build duty bearer capacities on CRPD, focusing on the principle of Equality and Non-Discrimination and intersectional discrimination to ensure that they could implement the National Disability Policy in a compliant way.</td>
</tr>
<tr>
<td>CRPD Awareness</td>
<td>Support the translation of the CRPD, other laws, and policies (e.g., the National Disability Policy) into all accessible formats for use by persons with sensory impairments.</td>
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<tr>
<td>Priority 2</td>
<td>Rollout awareness programs at all levels national and sub-national levels to address the high level of stigma and discrimination against persons with disabilities, with particular focus on girls and women with disabilities.</td>
</tr>
<tr>
<td>Fighting stigma, intersectional, discrimination,</td>
<td>Develop and support dedicated programs to engage with families, communities, schools, and teachers to combat intersectional stigma, negative cultural norms.</td>
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and negative attitudes and norms against Persons with disabilities, especially women and girls with disabilities and perceptions at the local level, building on the resources developed by UNPRPD 3rd Round Project.

3. Address gender-based violence by leveraging on Spotlight Initiative’s referral pathways, systems, and structures to increase access to and awareness of GBV and related services by persons with disabilities as well as drawing attention to the negative effects of discrimination. Potential focus areas of synergies include Improvement of access to GBV and SRHR services, Capacity-building of service providers, Review of referral pathways for more disability inclusion, Building synergies between OPDs and women’s movements, etc. Such an articulation between UNPRPD and Spotlight Initiative can ensure impact and cost-effectiveness.

<table>
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<tr>
<th>Priority 3</th>
<th>Reasonable accommodation by the service provider for disability inclusion</th>
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<tbody>
<tr>
<td>1.</td>
<td>Support the DDA to develop standard operating procedures for the implementation of reasonable accommodation at various levels in the private and public sectors.</td>
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<tr>
<td>2.</td>
<td>Support the DDA and OPDS to collectively develop a Zimbabwean Handbook for Sector-based Reasonable Accommodations.</td>
</tr>
<tr>
<td>3.</td>
<td>Support OPDs to effectively advocate for measures and incentives that enhance employment opportunities for persons with disabilities</td>
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</table>

3.2.5 The Voice of Special Groups

This section briefly looks at the voice of selected special groups, children, women, girls, and refugees with disabilities and those with psychosocial impairments. While the results analysed in other chapters are also representative of these groups, their rare voice must be heard, and they are usually underrepresented.

Children with Disabilities

Children with disabilities experience negative attitudes often rooted in social-cultural beliefs as well as in social-cultural dynamics of under-reporting.\(^{20}\) They experience forms of abuse to include sexual abuse, physical, emotional, neglect, and discrimination. Some caregivers lock children away from the community for various reasons (including protection from 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 presents 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.\(^{21}\) In the Zimbabwean context, children with disabilities are treated negatively and dehumanised. The birth of a child with a disability is often associated with witchcraft, promiscuity of the mother during pregnancy, or punishment by ancestral spirits.\(^{22}\)

Analysis of information from FGDs conducted with children across the provinces indicated a wide range of challenges that the children face. The problems include issues of mobility, communication,

\(^{21}\) UNICEF (unicef.org/zimbabwe.disability)
meme discrimination, and more. What follows are some of the voices of children who participated in the national study.

“I grew up watching Paralympic games at the international level and it has always been my desire to be an athlete with a disability and represent my country one day in wheelchair tennis. However, this opportunity never came to me because I attended inclusive schools. I am now in form 3 but I can tell you that I have never participated in any sports since school authorities would always tell me there are no numbers of persons with disabilities that constitute a team in the school. I think this is the problem with these inclusive schools, I think special schools are better, unfortunately, there are no special schools near our area.” (Boy child with a physical disability, Hwange).

“For us who learn at resource units our teachers who transcribe our work are overwhelmed by the workload and our books spend a long time without being marked. I wish there could be available machines that transcribe our work faster. Our teacher is overwhelmed because we are many. We are 10 and she is just one, we see her transcribing our work all the time. Our work is always behind as and those without disabilities are always ahead.” (Girl child with blindness, Gweru)

Children with disabilities experience high discrimination, stigma, and misconceptions in families, communities, and schools. According to caregivers of children with disabilities discrimination, stigma and myths are the main reasons behind the neglect, isolation, abuse, and marginalisation of children with disabilities within communities. Experiences shared by children show that some of their peers without disabilities see them like sub-humans and address them with a plethora of derogatory names. The following statements are an expression of discrimination.

“People always tell me that I can’t walk straight, and I bump into them, both at school and in our home area. They say to me you look and walk drunk. Our neighbours and the landlord always shout at me and my mother for spoiling in the toilet. This usually happens when I use the toilet when my mother is not there. My mother has for many times been denied accommodation to rent because of me. She always tells me to be strong and ignore what people say since God loves us.” (Boy child with cerebral palsy, Mutare)

“When I don’t have lotion, I don’t go to school, especially in summer when it is very hot because my skin is affected. I spend most parts of the day inside the house or under the shade. In my area, people call me “Mrs. Buns” because my skin changes when burnt, like what happens when one is baking buns”. (Girl child with Albinism, Gwanda)

“I sometimes get cursed because of my disability. I get so frustrated and fail to eat. I get scolded even by teachers. Some scold me using obscene language saying my head is big because it has a lot of water not brains. My mother also scolds me, and this hurt me a lot. I’m asking the government to help me with food too.” (Boy child with intellectual disability, Gweru).

**Girls and women with disabilities**

The situation analysis established that women and girls with disabilities bear the brunt of Gender-Based Violence, (GBV) compared to their non-disabled counterparts and other vulnerable groups. Data gathered from the comprehensive literature survey and the empirical investigation establish the following.

1. **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 courts have limited capacity to handle
PWD cases, limited knowledge on dealing with disabled survivors, and many resort to victim-blaming.  

2. **GBV cases against women and girls with disabilities increased considerably under the COVID-19 pandemic.** The main reason being that the victims are always with the perpetrators at home hence there is more time for abuse.  
3. Emotional Violence emerged as the main type of GBV against women and girls with disabilities.  
4. Women and girls with disabilities face several challenges in accessing GBV services including limited access to services and representation. As a result, some GBV cases are going unreported.  
5. **Women and girls with intellectual impairments are the most affected** because they easily forget what happened and they are easily convinced not to talk about abuses and at times even if they talk it can easily be disregarded because of their mental condition. On the other hand, women and girls with visual impairments can be raped and not able to prove themselves in the court of law.  
6. There is a scarcity of information about the abuse of women with disabilities which suggests continued reluctance of society to acknowledge that violence toward this demographic is occurring. This is compounded by the overall devaluation of persons with disabilities, and the categorization of women with disabilities as dependent and asexual.  
7. **The severity of the disability is positively associated with abuse and discrimination among girls and women with disabilities.** The majority of those who reported being beaten or scolded, or discriminated against, had severe to profound impairments.  

A heart striking statement recorded from a woman with a visual impairment below is indicative of very bad situations being experienced.  

“I divorced at the beginning of 2020. My parents had arranged that I get married to a man without a disability. For the nine years in marriage I was seriously abused, I mean all forms of abuse. A month before I divorced, he seems to have arranged with his young brother to sleep with me, taking advantage of my blindness. On this day he came back from the beerhall around midnight and asked me to remove all my clothes in preparation for sex and I complied. We had sex in a position where I could not feel the weight of my husband. After the act, I tried to talk to him and he did not reply, which is very unusual for him. He stepped out and back after a minute. I then realised the scent of the person I had sex with was not that of my husband. I was convinced he sent someone to do that to me and it was his young brother because they were from the beer hall together. When I asked him that I sensed something sinister, he denied it. We never had sex thereafter and a week later he said he was no longer interested in me. One of the relatives told me he was heard telling others that he arranged for his brother to have sex with me. I confronted him and he said even if it was true, I don’t have any evidence to prove that. True to his word, I reported to the police, and up to this day, there has been no movement on the case due to lack of evidence. He was only taken for questioning. I feel very used and diminished as if the world has crumbled on me”.  
(Woman with blindness).  

Giving birth to a child with a disability is a source of abuse as indicated in the statement below.  

“My husband was furious with me accusing me of having brought a curse on him and his family. He even accused me of cheating on him since he claimed that in their clan no one had ever brought forth a child with albinism. He disappeared for five years but eventually came back to accept the child as a person. Initially, he used to refer to the baby as “Your thing”. The family members were also not willing to look after the child if I got busy with other activities.” (Female with a child with albinism).  

Another concern was raised as follows:  

23 Ibid
The first challenge as women with disabilities is that we are not getting sanitary wear, and we have nowhere where we can get it. The only sanitary wear we got is for children which they got from school.” A woman with a physical disability Tongogara

Refugees with disabilities

The study established that the rights of refugees are largely going unmet. Participating refugees indicated that they are discriminated against in several areas such as in education and employment. Most participants indicated their lack of knowledge and awareness of the UNCRPD, SDGs as well as national laws on disability. They indicated that Human Rights that apply to all other refugees are also the ones that affect them which entails a serious knowledge gap on their rights. Within Tongogara camp participants decried lack of disability-specific services and programs. The study established the following as the major challenges experienced by refugees with disabilities.

8. Lack of reasonable accommodations within the Tongogara camp in Chipinge
9. Surrounding communities abuse refugees with disabilities by paying them little wages for the hard labour they provide.
10. Lack of access to identity documents
11. Lack of inclusive access to education, an older refugee with disabilities who are interested in pursuing education are not afforded the opportunity.
12. Discrimination and bullying especially for learners with mental impairment
13. Lack of appropriate and accessible accommodation

The following are some of the statements recorded from refugees with disabilities.

“There are some other children with disabilities and their whole life they must wear pumpers, and during this covid -19, we have not received any pumpers. Others don’t eat this food we eat. We are having challenges” (Caregiver of a child with cerebral palsy).

“We are being discriminated against too much, you cannot have a friend with others, you cannot sit with others, even if you go and fetch water, some will kick your bucket. People laugh at us, even as we walk on the road. They say things that hurt us greatly. But as for myself I also once had a challenge, when I went to the team that was playing soccer, I was chased because I have a mental challenge. Is there a way you can assist me? (Male youth Intellectual disability).

“Our discrimination will never end. Even if you go to the taps to fetch water, we are supposed to be given priority to fetch 4 buckets, but we are made to stand in the queue. No one observes that, how can we be assisted to end this discrimination. Sometimes we leave without water” (Male participant with a physical disability).

Persons with Intellectual disabilities

The situation analysis found that persons with intellectual impairments face a plethora of challenges as compared to those with other types of impairments. This is attributed
to a lack of representation and capacity to articulate issues elaborately. Society usually takes advantage of them. The analysis noted an increase in cases of women with intellectual impairments being reported in the public media. The following direct verbatim from individuals with disabilities tells sad stories.

“People never take me seriously, from my home, community, and those who offer services. I am always labelled as a person with a mental illness. I know I have functional problems, but they always do things for me. Community members say I am half-mad. I told them I want to marry but they say I don’t marry because I don’t have money.” (Male with an intellectual challenge, Goromonzi)

“I am having a challenge at school; some come and start fights saying these are dumb headed and cannot understand.” (A child with an intellectual disability, Tongogara)

“In the community, some say this child from Rubatsiro Zimcare School cannot be a friend to anyone. I wish the government should assist children with disabilities.” (Girl with intellectual disability, Masvingo)

“Some children mock us because of our disabilities. We wish the government would do something about this. Others even go on to look down upon our teachers as well. I sometimes get cursed because of my disability. I get so frustrated and fail to eat. I get scolded even by teachers. Some scold me using obscene language. I then get relief at school where I get food. My mother also scolds me and these hurts. I’m asking the government to help me with food too. In the community, there are girls from other schools who say we do play with a child from a Zimcare school. This is a challenge in my community.” (Male with intellectual disability, Bulawayo)

3.2.6 Recommendations to the UNPRPD

1. Ensure the inclusion of special and underrepresented (marginalised) groups in all Round 4 interventions.
2. Support programs and activities that address intersectional stigma and discrimination experienced by special groups with disabilities.
3. Train OPDs to ensure the inclusion of special and underrepresented (marginalised) groups (including those with psychosocial disabilities, deaf-blindness, and multiple disabilities) in all OPD programs activities.
### 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 (particularly Article 9) require States parties to take appropriate measures to ensure 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 other facilities and services open or provided to the public and to remove barriers and obstacles to accessibility. On the other hand, several SDGs speak to accessibility issues (4, 10, and 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 the ‘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 access to affordable shelter for 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 the 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 the premises of every registered school to ascertain 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 MoPSLSMD.

**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, budgets, and timeframes. Through the policy, the country envisages full accessibility by 2030.

#### 3.3.2 Implementation and Outcome 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 since they are not prescriptive. This is a result of the laws being outdated with most of them having been promulgated in an era in which several issues affecting persons with disabilities were being taken for granted. There were also weak state and civil society institutional structures to ensure that there was the required willingness among the relevant stakeholders to effectively implement the relevant clauses in these policies. Lack of effective policy implementation has resulted in institutional and
systemic failures to ensure that persons with disabilities have got access to relevant products, systems, services, environments, and facilities.

**Participants identified a lack of information and other materials in accessible formats across all sectors (Education, Health, Disability Rights, and SRHR).** The study also found that persons with disabilities are being marginalised when it comes to accessing information about SGBV, disasters, and decision-making processes. In most rural areas of Zimbabwe, digital expansion is still lagging urban settlements 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. There has been little financial investment by relevant state and non-state institutions in providing persons with disabilities with the relevant materials, 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.)

**Access to assistive technologies and devices is beyond the reach of many persons with disabilities in Zimbabwe.** Inadequate resource provision, by both state and non-state stakeholders, has limited the availability of assistive technologies and devices to persons with disabilities. Accessibility is inextricably intertwined with the 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 MoPSLSD, and the Office of the Advisor on Disability in the President’s Office are often not in working condition rendering these important offices inaccessible. Structures and systems need to be put in place to raise red flags in the event of elevator breakdowns so that they are instantly attended to. In addition, adequate resources should be provided to cater for such repairs, with more effective enforcement systems needed to ensure that both the state and non-state actors comply with the law that ensures accessible environments for persons with disabilities.

**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.

### 3.3.3 Priority Areas and Recommendations for the UNPRPD.

The following are priority areas and recommendations suggested for the UNPRPD.

*Table 4: Priority Areas for investments and specific recommendation on Accessibility*
<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority 1</strong>&lt;br&gt;Development of sector-specific accessibility standards for the country</td>
<td>1. The UN should support the DDA to come up with accessibility guidelines for the implementation of minimum standards for the accessibility of facilities and services open or provided to the public across all the sectors</td>
</tr>
<tr>
<td><strong>Priority 2</strong>&lt;br&gt;Translation of available IEC materials into disability accessible formats.</td>
<td>1. The UN should raise awareness and build capacities of national stakeholders in government, OPDs, CSOs, DSOs, and others on accessibility to reduce barriers and improve service uptake by persons with disabilities&lt;br&gt;2. The UN in line with the United Nations Disability Inclusive Strategy should strengthen its capacity on Accessibility in programming and communication and further assist the Government to access and provide resources to support line ministries, teachers' colleges, and OPDs to translate IEC materials and knowledge products into accessible formats, particularly now during the COVID-19 pandemic and delivery of humanitarian programs</td>
</tr>
<tr>
<td><strong>Priority 3</strong>&lt;br&gt;Development of a teacher training module on universal design of instruction</td>
<td>1. The UN should support teacher training institutions to design and a module on universal design of instruction and promote its implementation. This will ensure improved access to education by learners with disabilities across all levels of education.</td>
</tr>
<tr>
<td><strong>Priority 4</strong>&lt;br&gt;Procurement of assistive devices and technologies</td>
<td>1. The UN should support the DDA and Ministry of Health and Child Care with information on the procurement and local production of low-cost assistive devices and technologies&lt;br&gt;2. The UN is recommended to facilitate the creation of a platform that brings together telecommunication companies, government, and OPDs for possible negotiations in respect of the reduced cost of data for use by persons with disabilities.</td>
</tr>
<tr>
<td><strong>Priority 5</strong>&lt;br&gt;Advocacy and capacity building on accessibility within government ministries, departments, UN Agencies, CSOs, DSOs, and OPDs</td>
<td>1. The UN should support OPD and CSO activities that focus on the accessibility of goods and services by persons with disabilities.&lt;br&gt;2. The UN should support the training of government officials across all ministries and departments, UN Agencies, CSOs, OPDs, and Caregivers of persons with disabilities on accessibility.</td>
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### 3.4 Inclusive Service Delivery

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

3.4.1.1 Structural analysis

Disability assessment and determination are critical processes in ascertaining eligibility and referral to disability-related services and service providers. This section looks at the disability assessment and referral 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 and Child Care (MoHCC), the Department of Learner Welfare, Psychological Services and Special Needs Education under the Ministry of Primary and Secondary Education (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 programs and Community Based Rehabilitation model employed by the MoHCC, impairments are also identified at a community level by Child Care Workers (CCWs) and Village Health Workers (VHWs). These refer cases to responsible departments and organisations as deemed necessary. The MoPSLSD 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 the 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 Learners Welfare, Psychological Services, and Special Needs education. However, the free assistive devices can only be distributed to children dependent on availability. Furthermore, assessments for disability are associated with several barriers such as lack of access to services by persons with disabilities in rural areas. The lack of technical assistance within DDA for carrying out these assessments is another barrier to disability assessments. This is mainly because of the lack of capacity and know-how by some officers who are located at the 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)

Persons with short stature experience challenges with assessment: The study established that persons with short stature are not aware of the need for assessment and the majority live without knowing their type of dwarfism. A participant with dwarfism indicated this in the following statement.

The main problem that is encountered by people with dwarfism is diagnosis itself there are over 60 types of dwarfism with the common type being Achondroplasia, but many of the people with dwarfism do not even know the type of dwarfism which they have and therefore go about their lives undiagnosed resulting in them not even considering themselves disabled because of this lack of diagnosis (Participant with dwarfism)


3.4.1.2 Implementation Analysis

Disability assessments are carried by various professionals and for various purposes and yet there seems to be a lack of quality control mechanisms. A Ministry of Primary and Secondary Education (MoPSE) representative outlined the focus of its assessment 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 assessments available in Zimbabwe (Health, Educational, and Social) only health assessments have a clear structured referral path. The study established that there is no platform for professionals 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 must be linked to service provision. However, the issuance of cards needs to go hand in hand with awareness-raising. (Participant.)

3.4.1.3 Gap Analysis on assessment

The situation analysis identified the following gaps in respect of assessment

i. There is a lack of a central database for all assessed persons with disabilities
ii. Lack of funding mechanism for national disability assessments
iii. Lack of a Monitoring & Evaluation and quality control mechanism for disability assessments
iv. Lack of continuous assessments for persons with disabilities, 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 non-physiological disabilities.
ix. Assessed children and adults are not given disability cards

3.4.1.4 Priority areas and Recommendations for possible investment by UNPRPD

Table 5: Priority Areas and Recommendations on disability assessment and determination

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| Priority 1                 | 1. Support capacity strengthening of the three-line ministries responsible for assessment to provide uninterrupted services to persons with disabilities across the country.  
2. Support the development of an e-database for all assessments conducted by various stakeholders, which act as a central repository |
| Disability assessment and determination |                                                                                              |
| Priority 2                 | 1. Support the DDA and other responsible authorities to produce and issue disability cards across all the country’s districts. Disability cards facilitate the provision of services  
2. Support a mechanism/framework for the issuance of disability cards |
| Issuance of disability cards |                                                                                               |
| Priority 3                 | 1. Support decentralised initiatives for disability assessment to cover remote and rural areas.  
2. Support the decentralisation of educational assessments, particularly audiological services to provincial and district level |
| Supporting accessibility of assessments |                                                                                              |
### Priority 4
The capacity of social welfare officers on disability assessments aligned to CRPD

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<tbody>
<tr>
<td>1.</td>
<td>Train DDA staff on social assessments and related topical issues.</td>
</tr>
<tr>
<td>2.</td>
<td>Support the DDA to produce a handbook on disability assessment services for citizens</td>
</tr>
</tbody>
</table>

### 3.4.2 Disability Support services

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

#### 3.4.2.1 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.

#### 3.4.2.2 Implementation and Gap Analysis

66% of quantitative survey participants reported lacking 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 social model rather than a welfarist approach. 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 from their programming.** Available public programs 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 services compared to other types of impairments. This is mainly attributable to communication challenges between service providers and would be service seekers.

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

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The analysis established that Community Based Rehabilitation (CBR) being implemented mainly by DSOs is a noble program for persons with disabilities, however, these programs are merely limited to the DSO’s implementation districts and do not cover most districts in the country. This leaves a large persons with disabilities population underserved.

The following is a list of the major gaps identified in disability support services:

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

ii. Persons with sensory impairments (deaf, intellectual disabilities and visual impairments) experience more challenges in their quest to access disability support services compared to others.

iii. The majority of persons with disabilities face delays and challenges in accessing support services.

iv. Many persons with disabilities are in serious need of 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.

3.4.2.4 Priority Areas and Recommendations for investment by UNPRPD

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

Table 6: Priority Areas and Recommendations for Investment on disability support services

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 Programs for persons with sensory impairments</td>
<td>1. Make a deliberate effort to fund programs that promote the well-being of persons with sensory impairments to cover existing development gaps</td>
</tr>
<tr>
<td>Priority 2 Awareness of disability support services</td>
<td>1. Support activities and campaigns increase awareness of the available disability support services among OPDs and persons with disabilities, including their caregivers.</td>
</tr>
<tr>
<td>Priority 3 Establishment of a sign language authority born from the National Disability Policy</td>
<td>1. To reduce gaps associated with the provision of sign language and interpretation services, support the DDA to establish Zimbabwe Sign Language Authority as provided for in the National Disability Policy</td>
</tr>
<tr>
<td>Priority 4 Establishment of disability-inclusive courts in all provinces</td>
<td>1. Support the JSC to establish at least one disability-friendly court per province.</td>
</tr>
<tr>
<td>Priority 5 Implementation of inclusive education in teachers’ colleges, universities, and other academic institutions.</td>
<td>1. Support the Ministry of Higher and Tertiary Education to come up with guidelines and a policy for the implementation of inclusive education in all colleges, universities, and other tertiary institutions.</td>
</tr>
</tbody>
</table>

3.4.3 Mainstream Services

3.4.3.1 Social Protection

Article 28 of the CRPD advocates for improved standards of living and social protection for persons with disabilities. State parties are expected to recognize the rights of persons with disabilities to an adequate standard of living for themselves, including adequate food, health, housing, and continuous improvement of living conditions. Social Protection includes 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 for
social protection, however, many social protection schemes do not effectively include persons with disabilities.

Legal and Policy Analysis: Zimbabwe has a relatively strong policy framework that has to a larger extent included social protection. The 2013 Constitution in Section 22(3)(a) makes provision of developing programs 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 disabilities and is not inclusive of other impairments.

The government of Zimbabwe’s (2021) National Disability Policy is comprehensive in its provisions on the social protection of persons with disabilities. It advocates for social protection programs and poverty reduction; participation of persons with disabilities in planning, implementation, and monitoring programs; 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 programs. Against the backdrop that the majority of persons with disabilities live in poverty, they too must dominate in their participation in social protection programs. Furthermore, the disability policy makes provisions for retirement benefits for persons with disabilities where possible.

Implementation and Outcome Analysis

The MoPSLSD, in partnership with development partners, has rolled out an emergency social cash transfer program 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-19.25

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

In Zimbabwe, an average of 94.4% of persons with disabilities reported not having accessed disability allowances. The main reason being that there are 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.26

While there are several pro bono lawyers available, persons with disabilities are the most vulnerable demographic that lacks 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 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.


26 For more findings on Cash Transfers refer to Annex 2
The majority of persons with disabilities (91.7%) reported absence of community-based inclusive development (CBID) programs in the country: CBID is an approach that brings a change in the lives of persons with disabilities at the 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 CBID Programmes are easily accessible to persons with disabilities in Zimbabwe.

**Priority Areas and Recommendation for Investment by UNPRPD**

Table 7: Priority Areas Recommendations for Investment on social protection

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1 Legal aid provisions</td>
<td>1. Support CSO that provide free legal service to be more disability-inclusive and to provide legal services to persons with disabilities in an effective way</td>
</tr>
<tr>
<td>Priority 2 Social protection for caregivers</td>
<td>1. Support advocacy activities that aim to influence the government to extend social protection measures to persons with disabilities caregivers.</td>
</tr>
<tr>
<td>Priority 3 Persons with disabilities Participation in planning, implementation, and monitoring social protection programs:</td>
<td>1. Capacitate OPDS to engage the government to increase persons with disabilities participation in the planning, implementation, and monitoring of social protection programs</td>
</tr>
</tbody>
</table>

**3.4.3.2 Health 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 effectively enjoy this right based on good health. Article 25 further buttresses this point, by stating 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 to develop, attain, and maintain the 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 is key to improving the health and welfare situation of persons with disabilities.

**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 references to the plight of persons with disabilities. These include the National Health Strategy (2009-2013), and The Zimbabwe National Nutrition Strategy.

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27 CBM Website: Community Based Inclusive Development (CBID)

28 More detail on Health legislation and Policies is in Annex 2
The National Health Strategy, 2009 – 2013: Equity and Quality in Health-A People’s Right\textsuperscript{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\textsuperscript{30} has two major objectives. The first and second objectives make provisions for the 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 under nutrition and or malnutrition 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.

Implementation and outcome analysis: Despite the existence of various legislation and strategies, persons with disabilities access to health remains a major constraint. Communication remains a major problem for persons with hearing impairment (and other sensory disabilities) and others who rely on sign language and other forms of communication because health personnel are not well versed with sign language and other forms of communication that persons with sensory disabilities are conversant in.

“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 creates another barrier to their ability to access such services. In addition, there is also a tendency for medical staff at public health providers 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 must 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 prevented persons with disabilities from accessing medication and the burden invariably falls on caregivers to provide resources to facilitate access to health services including medication. This has been especially the case in situations in which persons with disabilities have chronic diseases such as high blood pressure, HIV/AIDS, cancer, and others. This situation for both parties is exacerbated when the caregivers are of school-going age.

There is also a lack of effective communication between persons with disabilities and health care workers, to the detriment 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. Therefore, health workers will need to receive adequate training in the use of sign language and other relevant communication skills.

Available health policies on disability lack an 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 a need for prioritisation of aspects that should be funded, and this prioritisation may end up leaving out the interests of persons with disabilities.

Priority areas for Improvement and investment by UNPRPD

Table 8: Priority Areas and Recommendations for Investment in health

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>1. Support programs that focus on the training health personnel in sign language and other forms of augmentative and alternative communication to improve access to health by persons with disabilities.</td>
</tr>
<tr>
<td>Priority 2</td>
<td>2. Strengthen the capacity of MoPSLSD to coordinate other 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</td>
</tr>
<tr>
<td>Priority 3</td>
<td>3. Support the MoPSLSD to provide health cards that are adequately funded and acceptable to all public health facilities to enable persons with disabilities to easily access health services</td>
</tr>
</tbody>
</table>

3.4.3.3. Education Legislation and Policies

Article 24 of the UNCRPD calls for States/Parties to recognize the right of persons with disabilities to education. To realize 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, in line with the global framework of analysis.

Legal and Policy Analysis

Zimbabwe has 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 realize 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 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 stakeholders for input. Some Ministry policies 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 complement available policies to influence the observation of the rights to inclusive education by learners with disabilities.

Implementation and outcome analysis

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.

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 impedes the achievement of Article 24 of the CRPD and SDG 4.

The following are the major gaps in terms of education provisions.

I. The country does not have an Education in Emergencies Plan for learners with disabilities.

II. Policies require MoPSE to provide quality inclusive education and yet the teachers for the ministry are trained by the Ministry of Tertiary and Higher Education where disability and the need for inclusive education is not yet a priority much less the production of inclusive teachers

III. Like in the Zimbabwean Constitution, statements like subject to availability of resources in policies are a barrier to the provision of inclusive education

IV. 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.

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

Priority areas and Recommendations for Investment by UNPRPD

Table 9: Priority Areas and Recommendations for Investment in education

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>1. Support the establishment of inclusive education structures in the Ministry of Higher and Tertiary Education to reduce barriers and enhance education access by students with disabilities</td>
</tr>
<tr>
<td>Inclusive education in the MHTESTD</td>
<td>2. Invest in a platform for inclusive education, involving stakeholders at all levels. The platform will be used to share lessons, challenges, and best practices.</td>
</tr>
<tr>
<td>Priority 2</td>
<td></td>
</tr>
</tbody>
</table>

32 Refer to Annex 2 for more findings
3.4.3.4 Employment and livelihood legislation and policies

Article 27 of CRPD addresses issues of work and employment and highlights that persons 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 to SDG 8 on decent work and economic growth and SDG 9 on the 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 percent, of the world’s population with about 80% of them being of working age33.

Legal and Policy Analysis

Manatsa (2015)34 points out that Zimbabwe has been among the first countries in Africa to enact disability legislation starting with the Disabled Persons 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 focuses 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 with such aspects as the advertisement of employment, the recruitment of persons, the introduction of prospective employees for jobs or posts, and any other matter relating 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) [NDSI] 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 persons with disabilities. 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 Development under the Labour Administration Department.

Implementation and outcome 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.

The study found that there were no segregated work programs in place for persons with disabilities in the country. Although general employment programs are targeting the general population. On average, 50.5% of survey respondents were of the view that employment strategies of the Government have failed to incorporate the participation of youth with disabilities, while 55.6% 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.

Priority Areas and Recommendations for Investment by UNPRPD

Table 10: Priority Areas for Improvement and Investment on Employment

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| Priority 1 Build the capacity of private and public sector employers to mainstream disability in work and employment-related issues | 1. Support the DDA and OPDs to raise awareness among the private and public sector employers on the need to develop workplace disability-related strategies  
2. Capacitate private and public employers with workplace disability mainstreaming strategies to enhance the employment of persons with disabilities.  
| Priority 2 Reasonable Accommodations at the workplace | 1. Support the DDA and OPDs to collectively develop operational guidelines on the integration of reasonable immediate and medium-term accommodation in the integral recruitment and employment cycle, to facilitate the employment of persons with disabilities. A framework to monitor and evaluate the implementation of the guidelines should be developed, adequately resourced, and implemented |

3.4.3.5 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 an 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 the administration of justice including police and prison staff.

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The rights of persons with disabilities are recognized in Section 22(1) of the Constitution of Zimbabwe. This section analyses the degree to which persons with disabilities have access to justice.

**Legal and Policy Analysis**

**Section 3.22 of the National Disability Policy on access to justice** makes comprehensive provisions for persons with disabilities concerning access to justice, which includes: Emphasis on non-denial of access to justice based on 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 an 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.

**Implementation and outcome Analysis**

The majority of Courts in Zimbabwe are deemed by the JSC as accessible to persons with physical disabilities while a few others are inaccessible because they are in composite buildings not owned by the Justice Service Commission of Zimbabwe, and construction of a new user-friendly court is in progress. Across the 10 provinces, most 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 several languages including braille. This is remarkable progress that helps people with visual impairment to understand the constitution.

Persons with hearing impairments are being denied Justice due to the nature of their impairment. This starts from the law enforcement, right to the Judiciary, because of the lack of personnel proficient in sign language. Though DSO’s like Nzeve Child Centre and Sunrise Sign language Academy can fill the gap, the fact that they do not have a wide network of personnel to ensure ubiquitous availability of sign language interpreters in every district means justice and or access to service is delayed.

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.36

While there are several pro-Borno lawyers available, persons with disabilities in the 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.

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Lack of access to education and 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.

Priority Areas and Recommendations for Investment by UNPRPD

Table 11: Priority Areas and Recommendations on justice

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| Priority 1 Build the capacity of Judicial Officers on disability issues | 1. Support the capacity building of judicial officers and court officials on disability inclusion within justice processes  
2. Support the training of court sign language interpreters in sign language and other forms of augmentative and alternative communication to enhance the conclusion of cases involving persons with communication difficulties. |

3.4.3.6 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 public affairs, as well as to vote and to be elected. This provision is also supporting provisions under SDG 5 on gender; SDG 10 on reduced inequalities and SDG 16 on peace, justice, and strong institutions.

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 of 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 persons with disabilities participation in politics and Public Life.

Implementation and outcome analysis

There are currently some provisions within the Constitution, electoral or civil legislation, and regulations that limit the rights of persons with disabilities to vote, be elected/hold office, and perform public functions based on 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. However, under the current

parliament, most 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 the 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 all persons with disabilities from across the country’s 10 Provinces.
FGD Mutare - Persons with Disabilities
There is currently no provision for template ballots or tactile ballots that voters who are blind 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 worse 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 conditions 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 to promote the election of persons with disabilities candidates.

35.5% of persons with disabilities have been hindered in exercising their political rights (voting and participating in other political activities). In addition, 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 members 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 with a visual impairment 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 the political campaign is another form of discrimination that deters the persons with disabilities participation in political matters or offering themselves up as candidates for political office. 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. Consequently, 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).

The following are major gaps in respect of the persons with disabilities participation disabilities in political life.

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

ii. There is a 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).

3.4.3.6.4 Priority areas and Recommendations for investment by UNPRPD

Table 12: Priority Areas and Recommendations on participation in public and political life
<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| **Priority 1**  
Participation in political and voting processes | 1. The UN and OPDs should capacitate the Zimbabwe Electoral Commission to be able to develop and implement strategies that facilitate the inclusion of persons with disabilities in the electoral processes at both the national and local government levels.  
2. The UN should facilitate the capacitation of individuals with disabilities and OPDs on their rights to participate in political and voting processes |
| **Priority 2**  
Representation of Persons with disabilities in political structures | 1. Support advocacy activities that aim at improving the proportional representation of persons with disabilities in the Senate  
2. Support candidates with disabilities who seek to stand as members of parliament |

### 3.5 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 (statistical and research data) to inform policies, national implementation, monitoring systems, effective coordination across sectors, and institutionalised platforms for engagement of OPDs. From 2021 onward, Accountability and Governance will be key in advancing the disability agenda in Zimbabwe because of several new developments, among which the approval and launch of the new National Disability Board, the launch of the National Development Strategy (2021-2025), as well as the implementation of the new generation of Government-UN cooperation framework – the UN Sustainable Development Cooperation Framework (UNSDCF, 2022-2026). These major commitments show strong political will and require efficient and comprehensive accountability and governance frameworks nationally.

#### 3.5.1 Legal and Policy Analysis

**National accountability mechanisms:** 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. Therefore, the country must 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; responsibilities for coordination between disability actors, review of national laws and policies, complaints mechanisms, monitoring, and reporting on CRPD implementation, and more.

**Such an independent monitoring mechanism is still lacking today, and the country is slow and behind reporting requirements for the UNCRPD.** CRPD Reporting requirements demand the first report within two years of Convention ratification and subsequently a report every four years. Eight years after the 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 and technical support from the UNPRPD, the first UNCRPD report has now been submitted to Cabinet for consideration.

**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 hindering effective service provision to persons with disabilities. In 2021, the Government launched the National Disability Policy, but the absence of an implementation strategy and a national monitoring mechanism will be the major challenges for the coming years. There is need for a comprehensive implementation strategy (with inputs from all key stakeholders) with clear outcome areas for a given period to ensure effective implementation of the National Disability Policy.
**Absence of a functioning consultative instance that ensures meaningful and effective participation of persons with disabilities and OPDs participation.** The National Disability Board (see 3.1.1) has not optimised its representative and advisory functions whereby it would have ensured systemic and meaningful participation of OPDs in the national process, such as the consultation and validation of the National Disability Policy, the elaboration of the NDS, the ongoing discussions on the Disability Bill. Consultations 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 the final pieces that go through. One OPD leader had this to say:

> When these things are pushed within the system, we are not 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)

Legislation relating to accountability and governance issues includes 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 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. 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.

In 2021, ZIMSTAT launched the process of the National Population Census that will unfold over 2022 and 2023. The WGQ Function questions have been included in the overall Questionnaire, but the technical capacities of officers to administer and analyse these questions remain low. In July 2021, the UNPRPD Team led by UNESCO started a capacity-building initiative to support ZIMSTAT staff in this regard, and this has ensured that the Functioning module is better understood and reviewed with the advice of the Washington-based Centre for Inclusive Policy (CIP). **Important capacity gaps remain in this national process, and particular needs exist in terms of capacitation of the enumerators and their leaders, as well as the ZIMSTAT officers who will be analysing the data.**

Another important gap that exists relates to the collection and management of administrative data. As it stands, the different line Ministries have been collecting data through their scopes, criteria, and mechanisms without any coherence or harmonization, for instance, around the WGQ. During the UNPRPD Training on disability data and statistics the Social Welfare Officers at the district levels shared their concern about the form they have been using to collect data from their clients, which has not systematic and comprehensive set of questions, and if filled in hard copies thus making their centralisation and utilisation difficult. The absence of harmonised data management system is a major obstacle in the implementation and monitoring of the National Disability Policy in the various sectors, making the DDA’s coordination role very difficult.

**Disability IMS**

The *situation analysis established that the country lacks an IMS for disability data*. The DDA does not have IMS despite it being the central point for coordinating disability issues in the country. The absence of an IMS is greatly mitigating against the making of informed decisions by disability stakeholders. A central repository for disability data would go a long way to address the situation. A good practice has been adopted by the Ministry of Primary and Secondary Education whose Education Management Information System (EMIS) collects disability disaggregated data. Unfortunately, the data
being collected is specifically for education purposes only and may not be used for other purposes like social programming.

The situation analysis established that a lot of research has been carried out on disability in Zimbabwe, but there is a lack of a central database for sharing. These include published and unpublished studies by students in higher and tertiary institutions, academics, Ph.D. thesis, Organisations of Persons with Disabilities (OPDs), Disability Service Organisations (DSO), and UN Agencies. However, the utility of the empirical evidence, especially 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.

3.5.2 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. The Inter-Ministerial Committee on Human Rights and Humanitarian Law, under the Ministry of Justice, is the only body ensuring State Party reporting to international Convention and Treaties, including the CRPD. However, the study established that the Committee has limited capacities in reporting 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, 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 were also marginalised in the monitoring and evaluation CRPD activities.

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 several Commissions responsible for human rights issues. However, the Commissions lack the capacity for disability inclusion. They all have some activities for persons with disabilities, 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 persons with disabilities participation. OPDs bemoan a 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 Development, 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 Development 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 shows 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 the 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

38 More data and information on Implementation analysis is obtainable in Annex 2 on Accountability and Governance section.
genuine but superficial and cosmetic. Going forward, a genuine inclusion mechanism must be put in place where OPDs share information as genuine partners in development. (OPD, leader)

Zimbabwe does not have an Independent Monitoring Mechanism in line with Article 33 of the CRPD. The Article requires Government to set up an independent monitoring mechanism that oversees the implementation of the CRPD, that should be separate from the Government’s National level coordination and should involve persons with disabilities. Such an absence shows the Government’s a lack of accountability.

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

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

iii. Lack of a clear and functioning coordination mechanism of the National Disability Policy launched June 2021. The DDA is assigned with the functional responsibility of inter-ministerial coordination, but its capacity remains limited, no system is in place so far to ensure inter-ministerial coordination and central-local communication and coordination, and there is no clarity how the OPDs will be taking part formally in this process.

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

v. There is a lack of OPDs participation and consultation (by government) on SDG and CRPD processes; and the reporting mechanisms on SDG and CRPD are not organically linked, which makes the national reporting on LNOB difficult.

vi. Disability data is fragmented due to the lack of a central repository or database – this included both the statistics and the administrative data. 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. There is a lack of linkage between ministries and ZIMSTAT which affects 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 or dedicated disability focal persons.

 ix. The UN staff’s capacities need to be enhanced to effectively implement and monitor the UNSDCF, and consultation with OPDs must be integrated into the UNSDCF Outcome monitoring mechanisms.

### 3.5.4 Priority Areas and Recommendations for Investment by UNPRPD

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| Priority 1 Monitoring and coordination mechanism | 1. Set up a national monitoring and coordination mechanism of the National Disability Policy in a way that allows its effective implementation, inter-sectoral communication and synergies, evidence-based reporting, and consultation with the OPDs.  
2. Establish a national mechanism/instrument that ensures a continuous dialogue and consultations between the government and the OPDs on national development agendas. |
| Priority 2 CRPD & SDG mechanisms | 1. Clarify and institutionalise an independent reporting mechanism on the CRPD that ensures multisectoral, transparent, participatory, and evidence-based reporting of Zimbabwe. |
2. Ensure the linkages between the CRPD and the SDG reporting at the national level, to make sure that the country can integrate evidence-based reporting on disability into the national report on the SDGs and the principle of LNOB.

## Priority 3

**Disability data**

1. Harmonise the disability data management system in a way that functionally assists the implementation and coordination of the National Disability Policy.
2. Invest in the IMS on disability data for the DDA and other key line ministries.
3. Conduct training with disability stakeholders on the application and use of WGQ in disability research.
4. Support the development of standard disability data collection tools, and support the execution of a national disability living conditions survey.
5. Collaborate with academic institutions on disability research.
6. Develop a database for OPDs that allow a clear mapping of the existing organisations, information sharing and OPDs, coalition building and collective advocacy, mutual capacity building of OPDs, linkage with other CSOs, etc.

### 3.6 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 on social protection from the point of view of the public treasury and the national budget. The implementation of disability-inclusive legislation, policies, programs, and services significantly relies on the allocation of resources to cover the costs of disability inclusion. While CRPD compliant budgeting and financial management are closely tied to SDG Goal 17 that aims to strengthen the means of implementation and revitalize the global partnership for sustainable development.

#### 3.6.1 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 to 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.
3.6.2 Implementation Analysis

The Macro-Budgeting Process: The social welfare budget component under the MoPSLSD 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 to the total allocation for the ministry and the overall Government annual budget. The allocation for 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 MoPSLSD. Family, social protection, and repatriation services consume 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 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 Development

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</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>
</tbody>
</table>

39 Estimates of expenditures towards social welfare for the Ministry of Public Service and Social Development, 2021 National Budget
### 3.6.3 Outcome Analysis

#### The national budget lacks disability lenses.
It is not guided by costed action plans and a 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.

#### The government uses public funds on specialized institutions
for persons with disabilities such as the three MoPSLSD-run TVET colleges. This is against provisions of the UNCRPD which calls for inclusive institutions.

#### Persons with disabilities interests 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 MoPSLSD. As a result, of this arrangement, the issues impacting persons with disabilities get inadequate attention and, consequently, persons with disabilities programs get inadequate funds/resources. (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 needs, especially those with hearing impairment who contribute through sign language. 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 prepared food for their children. As a result, only men will end up attending such meetings, 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”, *(male OPD representative in Gwanda)*

Non-accommodative logistical arrangements during consultative meetings, therefore, lead to the exclusion of persons with disabilities in budget inputs. The situation is compounded by the fact that the venues at which the meetings are held are not conducive to nor disability-friendly hindering persons with disabilities' attendance.

#### Persons with disabilities have not effectively participated in monitoring budget implementation processes due to lack of transparency in the budgets at both the national and local levels.
In Gwanda, OPDs highlighted that there is a 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 Persons with disabilities budget allocations.

The study established the following gaps in respect of CRPD compliant programming and budgeting:

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

ii. OPDs have limited capacities to support disability inclusion in development processes. Limited capacities are fundamentally a result of a lack of adequate funding from both donor and government sources.
iii. There is very limited technical capacities and know-how within the public sector and among the donors including UN agencies to budget for inclusion. Not all programs and services are receiving budgets for inclusion and reasonable accommodation. The lack of mainstreaming of matters that affect persons with disabilities in the national budget has resulted in a 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 has rarely been discussion of disability-friendly budgeting.

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

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

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

### 3.6.4 Priority Areas and Recommendations for Investment by UNPRPD

*Table 13: Priority Areas for Improvement and Investment on budgeting*

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| **Priority 1**  
Advocacy on improved budget consultative processes | 1. Support OPD capacity building to raise awareness among members to enhance the participation of persons with disabilities in budget consultative processes at the national and local levels.  
2. Strengthen OPD capacities to support disability inclusion in the budget-related engagements and development processes. This should include the development of an effective monitoring and evaluation framework to track and report on outcomes and impacts.  
3. Support OPDs to set up and lead a model of consensus building and elaboration of memorandum/policy briefs on CRPD-compliant budgeting |
| **Priority 2**  
Costed Plan for the National Disability Policy | 1. Support the DDA to come up with a costed implementation Plan for the National Disability Policy (NDP) |
| **Priority 3**  
Capacity building of duty bearers on inclusive budgeting | 1. Support the training of duty bearers from all Government ministries and departments to ensure disability-sensitive budgeting within Government (all ministries and departments) to cater to the persons with disabilities needs. This should include the development of an effective monitoring and evaluation framework to track and report on outcomes and impacts |
| **Priority 4**  
Inclusion of refugees with disabilities and other underrepresented groups in programming. | 1. The UN should support OPDs to include refugees and other underrepresented groups in their programming such that they attain economic independence. This should include the development of an effective monitoring and evaluation framework to track and report on outcomes and impacts |
Chapter 4: Covid-19 Analysis

**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 is 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 in the wake of the COVID-19 pandemic.

### 4.1 Legal and Policy Analysis

Zimbabwe has a comprehensive response strategy for COVID-19 at the National, Provincial, and District level. However, the analysis showed that persons with disabilities are excluded from COVID-19 related decision-making processes. Leaders of OPDs highlighted that they are mainly engaged when they are getting protective equipment. To emphasise their marginalisation and exclusion 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 months. We were highly exposed largely due to a lack of information in accessible formats. As a Deaf person, I was shocked at 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 a lack of commitment by the State to provide inclusive emergency services as stipulated by CRPD and SDGs.

The situation analysis also indicated a lack of consultation and engagement in COVID-19 response and mitigation strategies. The generality of persons with disabilities across the country feels 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 a 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 the government towards COVID-19 enabled several 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.

### 4.2 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 50%. The majority of persons with disabilities resorted to begging at the community level and this exposed them more to COVID-19.
The study also found that the implementation of various preventative and cushioning measures by the Government did not benefit the majority of persons with disabilities due to operational challenges. Lack of livelihoods, especially during the COVID-19 pandemic, caused severe distress among persons with disabilities. The restrictions on gathering also had some impact on 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 persons with disabilities and ordinary vulnerable individuals and households.

55.9% of persons with disabilities lack 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 illustrates that the dream of disability-inclusive services is far from being realised as well as reaching all persons with disabilities at the community 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, e.g., being forced to live with their abusers for prolonged periods due to the lockdown, service provision delays, increasing the likelihood of more abuse, absence of isolation centres and the closure of courts. The findings on the high prevalence of GBV cases among women girls with disabilities are 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 of the nature of the injuries he sustained whilst still in DRC, which caused his disability. The services were difficult to access during the 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.

### 4.4 Priority Areas and Recommendations for Investment by UNPRPD

The following are key priorities and recommendations worth investment by UNPRPD.

**Table 14: Priority Areas for Improvement and Investment on COVID-19**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Recommendations for the UNPRPD</th>
</tr>
</thead>
</table>
| **Priority 1** Production of COVID-19 IEC materials | 1. Support the production and distribution of COVID-19 IEC materials in audio, sign language, and large print and other formats that are disability inclusive.  
2. Support the development and maintenance of websites of OPDs to enhance information sharing with membership during COVID-19 and other pandemics |
<p>| <strong>Priority 2</strong> Education in emergencies    | 1. Support the design of education in emergencies package for learners with disabilities, particularly those who are most vulnerable such as, Deaf and those with psychosocial disabilities. |</p>
<table>
<thead>
<tr>
<th>Priority 3</th>
<th>Telephone and online support services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Capacitate the Civil Protection Unit to provide disability-friendly remote services during emergencies such as through telephone and other online platforms such as social media.</td>
</tr>
<tr>
<td>2.</td>
<td>Support the development of an offline educational application for use by learners with disabilities during emergencies</td>
</tr>
</tbody>
</table>
Chapter 5: Major Recommendations and Priorities

This section outlines the major recommendations and priorities for consideration by the UNPRPD during the 4th Round. An abridged conclusion of the situation analysis is also given.

5.1 Recommendations and Priorities

5.1.1 Support the Government to set up a comprehensive and operational coordination governance mechanism that can ensure accountability in the implementation of the National Disability Policy and accelerate the implementation of the CRPD.

The situation analysis established systematic gaps within the Government in terms of operational coordination on disability inclusion. The historic disability policy launched in 2021 is a major milestone for Zimbabwe to advance the CRPD and further push the agenda for the National Disability Act, which is currently being reformulated to align to the CRPD by the Ministry of Justice, Legal and Parliamentary Affairs. The MoPSLSD’s Department of Disability Affairs (DDA) established in 2018 has a clear mandate to coordinate and govern disability inclusion initiatives in Zimbabwe and is well-positioned to bring together all stakeholders. This Ministry requires institutional strengthening to fulfil its mandate. The SDG coordination mechanism, at present, does not track the implementation of the CRPD. If the UNPRPD provides support to the government to strengthen dialogue and implementation of the recently launched Disability policy, this could be used as a key entry point for capacitating both the Government and OPDs as a foundation for a coalition building on disability inclusion. More importantly, capacitating the DDA on CRPD-compliant budgeting for implementation of the National Development Strategy 1 (NDS) 2021-2025 and the National Disability Policy will contribute to strengthening disability inclusion coordination and governance in Zimbabwe.

5.1.2 Support programs and activities that address the intersectional forms of stigma and discrimination, due to religious and cultural beliefs, particularly towards marginalized women and girls with disabilities: Main findings from the situation analysis indicated that gaps at the policy level and in communities still exist in recognizing and addressing stigma and discrimination issues towards persons with disabilities. The intersecting forms of discrimination towards women and girls with disabilities is an issue of major concern as it reflects society’s limited knowledge on disability rights; negative religious, cultural beliefs; social norms and harmful practices. The Situation Analysis noted that 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, Deaf-Blind, and multiple impairments still bear the greatest burden of stigma and discrimination in communities. Stigma and discrimination inevitably affect their ability to access critical services and participate in education, social, economic, and political spaces. OPDs suggest that while it is known by development partners and communities that women and girls with disabilities experience high levels of GBV in comparison to women and girls without disabilities, there is a need for more evidence-based knowledge and capacity building of service providers to improve inclusive justice and SRH services delivery for this vulnerable demographic.

Women and girls with disabilities across the country’s 10 Provinces further recommended the scaling up of existing women with disabilities-led empowerment initiatives that are solely designed and implemented by themselves. Such inclusive women empowerment initiatives will build the capacities
and confidence of women and girls with disabilities to become self-advocates on the various issues that affect them.

Overall, as a key strategy for reducing stigma and discrimination towards women and girls with disabilities, there is a need for empowerment initiatives that will capacitate them. There is also a need to sensitize duty bearers on stigma and discrimination issues that affect persons with disabilities in communities as well as the barriers that impede women and girls from accessing inclusive GBV and justice services.

5.1.3 The need to influence the national SDG coordination mechanism to ensure disability mainstreaming: From the situational analysis findings, it can be deduced that the country’s SDG coordination mechanism (also located within MoPSLSD) lacks meaningful persons with disabilities engagement and participation as well as that of their representative organizations. From the empirical evidence gathered, persons with disabilities noted exclusion and marginalisation from the national SDG coordination mechanisms which are mainly open to UN Agencies and civil society partners. As persons with disabilities constitute a significant 15% of the entire Zimbabwean population, OPDs need to be capacitated first and invited to sit in this platform for effective and meaningful engagement and support to an inclusive national SDG implementation process.

5.1.4 Advance the UNCT’s mechanisms to ensure disability mainstreaming and reporting within the framework of UNSDCF 2022-2026: The situation analysis established that the UN has made steady progress in strengthening coordination on disability inclusion within the system. Programs such as the UNPRPD introduced in 2018 and the new United Nations Resident Coordination position on Gender and Disability introduced in 2020 have promoted joint efforts on coordination of disability inclusion. There still exist gaps within and between the agencies in respect of the operational framework and procedures. The study also found out the physical infrastructure at some UN agency buildings is not accessible to persons with disabilities. Inaccessibility is also found in the websites and IEC materials produced by UN Agencies. Since the UN is taking the lead in respect of disability inclusion, the UN through its United Nations Disability Inclusion Strategy (UNDIS) must lead from the front by walking the talk and become a best practice example for other organisations.

5.2 Conclusion

Overall, Zimbabwe is making strides towards the implementation of the CRPD since its ratification in 2013. The country’s progressive legislature and policy frameworks, through the recently launched National Disability Policy 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 the two National umbrella bodies NASCOH and FODPZ as well as 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, including the joint UNPRPD 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 Agenda 2030 and raising-awareness and capacitating stakeholders on the CRPD and marginalized and commonly left-behind groups such as women and girls with disabilities, persons with intellectual/psychosocial/mental impairments.
Annex 1 Supplementary Findings

The comprehensive situation analysis gathered diverse data on all the preconditions. This section presents findings from the situation analysis that do not directly point to gaps in service delivery but critical to inform disability-related programming.

3.1 Stakeholder and Coordination Analysis

UN Initiatives in Zimbabwe
Through its UNDIS Initiative, the UNRCO in partnership with the UNPRPD team has recently undertaken a comprehensive assessment on the UN’s Zimbabwe level of disability inclusion through the UNDIS Framework. The UNDIS Assessment will be used as the key guiding document to promote coordinated disability-inclusion approaches as well as on strengthening accountability with regards to the advancement of disability rights.

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

The UN in Zimbabwe is implementing several Joint Programs or initiatives in partnership with the 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) UNPRPD MTPF funded Round 3 project on Advancing the Rights of Women and Girls with Disabilities in Zimbabwe, 2018-2021

The recently ended project sought to complement the Government of Zimbabwe’s efforts in implementing the CRPD through specifically focusing on advancing the rights of Women and Girls with Disabilities in Zimbabwe. It is the first joint-UN initiative implemented by UNESCO (lead), UNDP, and UNFPA in collaboration with technical partners UNICEF, UN Women, and with the support of the Resident Coordinator’s Office (RCO). The focus areas have been Knowledge production and capacitating women and girls with disabilities as well as communities on understanding the interface between disability, gender, and culture as well as addressing negative social, cultural religious perceptions and fighting stigma and discrimination towards women and girls with disabilities; The project has also focused on facilitating access to inclusive SRH; and Justice for marginalized women and girls with disabilities.

(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 programs, 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 with many outcomes both in a targeted and mainstreamed manner.

(iii) Interventions to strengthen the disability data system in Zimbabwe

40 https://en.unesco.org/fieldoffice/harare/unprpddisabilityrights
Within the framework of the Zimbabwe United Nations Partnership on the Rights of persons with Disabilities (UNPRPD) Project Extension Phase, the UNPRPD team 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 and the UN Partnership Project, 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 implementing inclusive access to justice initiative, 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.

3.2 Equality and Non-Discrimination

A UNPRPD (UNESCO, 2020) study undertaken during the UNPRPD 3rd Round cycle 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 against women and girls with disabilities. Women and girls with disabilities experience:

- **Misconception, and Superstition.** Women and girls born with disabilities felt they had suffered more stigmatisation and discrimination right from the day they were born. Their caregivers had also suffered as members of their communities had made them the subjects of gossip, with talk of superstitious speculations such as foul play/witchcraft/maternal infidelity, etc.

- **Abandonment and Husband Flight Phenomenon.** Many women and girls with disabilities across the districts reported they neither knew nor had ever met their biological fathers. Inevitably some did not have birth registration documents. Researchers coined this the husband flight phenomenon, whereby spouses of women who bore children with disabilities reportedly initiated divorce by simply disappearing to a different location where no one related to their estranged former wives could locate them again.

- **Dismissal at Work.** Stereotypes emerged as a central factor responsible for the gender differences in access to economic opportunities. The research showed that whereas boys are seen as future breadwinners, girls were perceived as future homemakers, mothers, caregivers, and maids. Their femininity seemed to prompt families and community to overprotect them more than they would protect boys with disabilities. As a result, more than 80% of women with disabilities have no independent means of livelihood and are dependent on others. Employment rates are 52.8% for men with disabilities and only 19.6% for women with disabilities. Discrimination in workplaces based on disabilities has also been reported, as a clear violation of fundamental rights. People would lose their jobs after having incurred

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disabilities through workplace accidents, even in cases where their disabilities did not affect their abilities to perform their expected tasks.

- **Access to assistive devices.** Across all sample districts, women and girls with disabilities and caregivers noted the difficulty in accessing assistive devices. This was an impediment for women and girls with disabilities to fully enjoy their rights and access SRHR and justice services. Some women and girls with disabilities found to have mild hearing impairments reported difficulties in accessing hearing aids, notable because of the high cost. In addition, delays in seeking an early diagnosis or reaching out to traditional/spiritual healing alternatives have resulted in permanent hearing impairments for some women and girls with disabilities.

- **Caregiver burnout and access to psycho-social support networks.** The research showed that caregivers of persons with disabilities have a range of needs and aspirations that sometimes go unnoticed. The caregivers reportedly endured heavy economic dependency loads. The nature of caregivers of women and girls with disabilities emerged to be a major source of vulnerability in communities. The caregiver’s responsibility was found to be predominantly a women's preserve, with elderly and economically inactive grandmothers taking over parenting responsibilities for their grandchildren with disabilities. Children with intellectual disabilities were found to be the most challenging to look after as the caregivers could not find relevant psycho-social support networks in communities.

### 3.3 Accessibility

**Implementation and Outcome analysis**

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 reaching out to marginalised communities and groups for mobile registration so that persons with disabilities can have access to civil documents. The lack of access to national registration documents continues to marginalise persons with disabilities and impede them from enjoying certain fundamental rights such as traveling, political participation including exercising their right to vote, accessing employment opportunities, enrolling in educational institutions, getting access to medical services, and accessing many other fundamental rights.

A representative in the Ministry of Agriculture noted that procurement procedures currently do not necessarily 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. There is a need for awareness-raising campaigns to promote the mainstreaming of issues impacting persons with disabilities including procurement. In recent years we have seen the successful mainstreaming of gender-related issues and the same model should be replicated to ensure the successful mainstreaming of persons with disabilities issues.

An average 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, 48.7% highlighted that COVID-19 related information availability was not inclusive and accessible. This was a major problem as reported in 50% of study provinces as follows: 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. The Government will need to assume its responsibilities by ensuring that adequate resources are channelled towards the AMTO scheme.

There is a severe shortage of teachers with the requisite special skills (braille, sign language, and other augmentative and alternative methods of communication) to make education more accessible for children with disabilities. The need to have more teachers trained in these relevant skills therefore cannot be overemphasized. This will also require the implementation of relevant incentive structures for teachers by both the state and non-state actors to further promote this aspect.

Refugees with disabilities reported facing challenges during the distribution of food and other essential items as they are not given priority. They stand in the queue for long hours and are subjected to pushing and shoving which further endangers them because of their disabilities. There is a need for both state and non-state actors to establish a system that identifies persons with disabilities and quantifies the extent of their needs before the distribution of food and other essential items. This should enable proper and effective prioritisation of persons with disabilities at the refugee camps and other places to ensure that they are never excluded or left behind.

3.4 Inclusive Service Delivery
3.4.3 Mainstream Services
3.4.3.1 Social Protection

Implementation and Outcome analysis.

As many as 17,000 persons with disabilities who are associated with war (war victims) were in the past under the responsibility of the MoPSLSD but are now under the Ministry of Defence, Department of Veteran Affairs (MoDDVA). An ongoing concern is that this subgroup does not have easy access to social protection services being offered to persons with disabilities who fall under the MoPSLSD.

In Zimbabwe, an average of 94.4% of persons with disabilities reported not having accessed disability allowances. The main reason being that there are 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 the proportion of respondents who reported accessing different types of social assistance across the districts in Zimbabwe.

Table 15: Social assistance access by district

<table>
<thead>
<tr>
<th>Loan subsidies</th>
<th>Harare</th>
<th>Manicala</th>
<th>Mash Central</th>
<th>Mash East</th>
<th>Mash West</th>
<th>Masvingo</th>
<th>Mat E</th>
<th>Mat W</th>
<th>Mat S</th>
<th>Midlands</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>14.0</td>
<td>0.0</td>
<td>0.0</td>
<td>64.0</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>11.1</td>
<td>7.1</td>
<td>11.1</td>
<td>13.9</td>
<td>9.1</td>
<td>0.0</td>
<td>19.0</td>
<td>4</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 service by persons with disabilities in Zimbabwe. It has national coverage. At the time of the study, the 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 while 36% of persons with disabilities were received food hampers recording this as the highest percentage for a form of social assistance. On average, 36% of food hampers were disbursed during the period of study. Access to other forms of social assistance had an average reach 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 believe that caregiver allowance (allowance given to persons taking care of Persons with disabilities) is not 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.

### 3.4.3.2 Health Legislation and Policies

On 6 June 2018 Zimbabwe launched the School Health Policy 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. By 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 the 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, the National Health Strategy is pivotal in the prevention of the development of permanent complications and remains a key pillar to care. It identifies changes in the epidemiology of disability, from those arising because 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 recognises the need to provide Information, Education, and Communication (IEC) to meet the needs of specific disabilities including Braille material. It refers to the need to comprehensively address the needs of persons with disabilities, using a human rights approach.

3.4.3.3 Education Policies and Legislation

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 16: 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>36.8</td>
<td>43.6</td>
<td>18.7</td>
<td>0.99</td>
<td>100.0</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 far 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. The pathways that learner use to access the classrooms and ablution facilities are not designed to accommodate learners with disabilities, especially physical impairment. School-going children and youth with disabilities are also exposed to different types of abuse – including rape – on their way to school.44

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 people with disabilities are within the mainstream. The second-highest number of learners

44 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. The 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 to the needs of learners with disabilities in respect of infrastructure, teachers, and all related facilities. The schools mainly cater to those who have severe to profound impairments. Some special schools enroll children with one disability while others take in diversified disabilities. Some of the special schools are practicing **reverse inclusion** whereby they also enroll learners without disabilities to learn with their disabled counterparts.

Lastly, **hospital schools** like St Francis in Bulawayo enroll those with serious health conditions that require continuous life-support systems. The schools are both medical and educational institutions. Table 12 below shows the number of education facilities in Zimbabwe based on multiple data sources.

**Zimbabwe has some discriminating educational facilities such as special schools, special classes, and vocational training colleges, which is against the provision of the UNCRPD and SDGs.** Table 12 below gives an abridged of available learning facilities.

<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 polytechnic 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, Web sites)

The country does not have a database and statistics on the number of teachers who have the 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.

### 3.4.3.4 Employment and livelihood legislation and policies
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)\(^{45}\) has highlighted that persons 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.\(^{46}\) Another official in a different Ministry indicated that assistive devices and technology have been availed e.g., 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 allowed to work by the Government. But many are employed in the informal sector.

Only 20.6\% of persons with disabilities are aware of the 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\%).

![Figure 5: Existence of Official Complaints Mechanism against Discrimination in Employment and Work](https://i.imgur.com/2.png)

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 because no punitive or deterrent penalties are attached to violations of the law.

3.5 Accountability and Governance

Implementation Analysis


\(^{46}\) He indicated that the detailed information is available, on request.
The CCA and UNSDCF (2022-2026) are disability analysis and planning inclusive. For the first time in Zimbabwe, the strategic planning exercise of the UNCT has been systematically integrating 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. Firstly, from the onset, the UNPRPD Team led by UNESCO (under 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 and highlights the major gaps that could be addressed by the UN. Secondly, UNESCO was asked by the RCO and UNCT to lead a national consultation with the disability fraternity on the first draft of UNSDCF, which allowed OPDs to express their concerns and advise on the four Outcome areas. Lastly, the consolidated UNSDCF draft includes disability analysis at the level of theory of change and the general narrative (33 occurrences of the word “disability”), mainstreams disability inclusion in the Outcome narrative, and result frameworks (baseline, targets, etc.). The UNCT’s Configuration matrix also identifies the disability expertise that is available within the UNCT to support the implementation of the UNSDCF as well as the national stakeholders’ development work.

The UNCT has begun the process of implementing the United Nations Disability Inclusion Strategy (UNDIS). This is an accountability framework that is expected to make the UN more persons with disabilities inclusive at all levels. The accountability framework has 15 common-system indicators that focus on four areas namely leadership, strategic planning, and management; inclusiveness; programming; and organizational culture. The full implementation of UNDIS is expected to improve the persons with disabilities situation in Zimbabwe. In 2020/2021, the UNCT has made major progress in conducting the first Baseline analysis of the UNCT’s level of disability inclusion (with the financial support from the UNPRPD MPTF), and in developing and approving a UNDIS Action Plan. The Baseline Analysis has been a very positive initiative because the UNCT has entrusted an OPD (Zimbabwe Albinism Association, accompanied by CBM Zimbabwe) with the assignment, to ensure OPD’s lead in this exercise and promote dialogue between the UN and the OPDs.

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.

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 a great need for improvement.

**Other Disability Surveys conducted in Zimbabwe:** Zimbabwe began to collect disability data in 1981 when the first disability survey was conducted. The 1981 survey, conducted by the Ministry of Public Service, Labour, and Social Development 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 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%.

### 3.6 CRPD-Compliant Budgeting & Financial Management

**Implementation Analysis**

**The National Budget and Social Protection:** Through the national budget allocations, the MoPSLSD has been funding several programs that benefit 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 program range between ZWL$1,500-00 (US$18) and ZWL$2,500-00 (US$30) per month with payment being affected electronically through Ecocash or One Wallet/Money to mobile phones of the persons assisted. These amounts are considered significantly inadequate to cater to 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 needs to be significantly improved with reports from key informants pointing out that government has failed to deliver the assistance for appreciable periods at a time.** It should also be noted that persons with disabilities needs differ with the type of disability and that the needs are higher for women and children than for men and the current system of allocation fails to make equity considerations, instead allocating a blanket amount across the age and gender divide. The mode of payment of using mobile money further discriminates against those persons with disabilities living in remote rural areas and those who might not have access to a telephone for various reasons.

As part of the mainstream assistance, the MoPSLSD 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 nationwide program in which application for assistance is done at MoPSLSD district offices. 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 service provision. During the survey for this study, a significant number of persons with disabilities reported a lack of access to Government provided health services. Most persons with disabilities do not know about the existence of this facility and more awareness-raising on its existence and modalities for access is required. In addition, the low funding levels at government health facilities have resulted in persons with disabilities failing to access any such services because there are very few medical personnel to attend to them timeously.
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 the 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 payslip of guarantor). The amounts distributed would amount to ZWL$8,000 (US$96), a once-off payment deposited into the supplier’s account. While this is well-intended assistance provided by the government, from an analysis of the results of the survey for this study 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 in which most instances is not the case.

The MoPSLSD has also provided assistive technologies to persons with disabilities through the national budget nationwide. Like in the other interventions by the MoPSLSD applications are made at the 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 is usually allocated on a competitive basis though there are some exceptions. Funds are deposited into the selected service provider’s account. 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 MoPSLSD, also provides Educational Assistance covering academic and vocational skills for learners including 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 the 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 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 educational 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 made at the district level in the respective Ministry where the concerned employee works/worked and is submitted to H/O Disability Affairs Department. Payments are made depending on the degree of disability/injury. Some rates 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 a 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 MoPSLSD, the study found that in the other ministries and departments there were no allocations explicitly provided to cater specifically for them. The Ministry of Primary and Secondary Education has an outcome relating to learners with a disability enrolled, but in the budget allocations, there is no explicit allocation that goes towards these learners. The Ministry of Home Affairs has revealed there has been no persons with disabilities budget allocation in the past five years. Similar sentiments have been echoed in several other government ministries including MoESC and Ministry of Defence. A representative from the one ministry posits that budget allocations are more Ministry of Finance “dictates” than reflection of consultative processes with officials from other ministries hence the failure to have persons with disabilities budget allocations. 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 a need to do the same for allocations supporting persons with disabilities.
Annex 2 List of Participants

• Organisations of Persons with Disabilities

Manicaland
1. Nzeve Child Centre
2. Diocese of Mutare Community Care Programme
3. Freedom to Disabled People of Zimbabwe
4. Family Aids Support Organisation
5. Epilepsy Support Network

Mashonaland West
1. Jairos Jiri Association
2. Rubatsiro Zimcare Trust
3. Devine Gate
4. National Disability Empowerment Trust of Zimbabwe
5. Tariro HIV

Mashonaland Central
1. Chiveso DPO
2. ZIMELE
3. Good Vision Organisation
4. Zvimiririre
5. Good Vision

Mashonaland East
1. International Disability Organisation
2. Post Care for Disabled People of Zimbabwe Trust
3. Global Talent Disability Organisation

Matabeleland South
1. Nkomwa Foundation Trust
2. Educational Foundation Trust
3. Chase Disability Empowerment

Matabeleland North
1. Vostile Creative Trust
2. Hopeview Zimbabwe
3. Greater Hwange Residents Trust
4. Shangano Arts Trust
5. Lions Club International
6. Disability Agenda Forum
7. Legal Resource Foundation
Midlands
1. Brave Foundation (Zvishavane)
2. National Association for the Protection of the Rights and welfare of the Blind
3. Midlands Child with disability
4. Jairos Jiri Naran Center School for the Deaf
5. ST David Rehabilitation Centre
6. Integrated Albino Association

- **Underrepresented Groups**
  - Refugees with disabilities in at Tongogara Refugee Camp and Waterfalls Transit Camp
  - Deaf Women Included,
  - Centre for Children with Disabilities
  - Women and Law in Southern Africa
  - Caregivers of persons with disabilities

- **Government Ministries**
  - Defence and War Veterans Affairs
  - Health and Child Care
  - Higher and Tertiary Education, Innovation, Science and Technology Development
  - Home Affairs and Cultural Heritage
  - Justice, Legal and Parliamentary Affairs
  - Lands, Agriculture, Water, and Rural Development
  - Local Government and Public Works
  - Primary and Secondary Education
  - Public Service, Labour, and Social Development
  - Women Affairs, Community, Small and Medium Enterprise Development
  - Youth, Sport, Arts, and Recreation

- **UN Agencies**
  - 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.

- **Disability Service and Civil Society Organisations**
Leonard Cheshire Disability Zimbabwe
Sightsavers Zimbabwe
SAVE the Children
JF Kapnek Trust
Christian Blind Mission
Development Aid from People to People
Zimbabwe Council of Churches
Zimcare Trust
Lawyers with Disabilities Association of Zimbabwe

- **Government Departments**

Zimbabwe Electoral Commission
Zimbabwe Human Rights Commission
Zimbabwe Gender Commission
National Aids Council
National Disability Board
University of Zimbabwe
Zimbabwe Open University
### Individuals with Disabilities: Qualitative Data, N= 387

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### Distribution of Survey Participants by Type of Impairment

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**Distribution of respondents by province**

- Bulawayo: 16.7
- Harare: 38.1
- Masvingo: 5.0
- Mat North: 5.0
- Mash Central: 5.0
- Mash East: 5.0
- Midlands: 5.0
Annex 3: Interview Questions for Selected Key Informants

A. Questions for Organizations of Persons with Disabilities

1. Stakeholder and coordination analysis, with focus on capacity of rights holders and duty bearers

**Capacity of OPDs and environment for their participation:**
- What are the relevant regulations and measures regarding registration of civil society organisations, and how does this impact on OPDs? What are OPDs’ major sources of funding? What partnerships have they developed between themselves and with INGOs/NGOs, other human rights defenders, the UN, or academic partners? What is the general operational and advocacy capacity of OPDs compared to other civil society groups?
- What representative organisations of persons with disabilities exist (OPDs)? Which groups are represented and is there gender and age equality in representation? Is there one or more national umbrella/peak organisation? If yes, which groups are represented within the umbrella, are they impairment based or cross-disability?
- Are there any groups with less representation and/or excluded or not members of any umbrella groups? Are there organisations of under-represented groups such as persons with Deafblindness, persons with intellectual disabilities, persons with albinism, persons with psychosocial disabilities, persons of short stature or organisations representing intersecting identities such as women with disabilities, LGBTI persons with disabilities or indigenous persons with disabilities?
- How are OPDs involved in policymaking and decision-making? What are the experiences of OPDs regarding participation in policymaking and programming? How inclusive and wide-reaching is participation (e.g., are some groups excluded or under-represented)?
- To what extent is there an enabling environment for meaningful participation in policymaking and decision-making (including conducive attitudes, accessibility of the environment including information and communication, provision of reasonable accommodation)? How regularly and how formally (established mechanisms or ad-hoc) are OPDs invited to take part in decision-making? On which issues are OPDs consulted (disability-specific, other areas of policy)? To what extent are their views effectively included?
- What are key demands, priorities, and advocacy messages of organisations of persons with disabilities both pre-COVID-19 and for COVID-19 recovery? What are the different priorities among different groups? What are the major activities of OPDs relating to COVID-19 response/recovery?
- What are the key areas of improvement for OPDs to make their engagement with duty bearers and development partners more effective? According to ODPs and according to others?

**COVID-19 and stakeholder analysis:**
- Are there critical or new coalitions or networks of stakeholders influencing for a disability-inclusive COVID-19 response and recovery? Who is critical to influence and provide information on persons with disabilities to ensure a disability-inclusive recovery?
- Are there any disability specific impact assessments/rapid needs assessments/surveys etc.?

a. Equality and non-discrimination
• Which national laws and policies speak of disability and non-discrimination and what are the key gaps.
• To what extent are Zimbabwean laws harmonised in line with CRPD.
• What efforts are available to ensure implementation of the CRPD and the national legislation in practice and what are the key obstacles?
• To what extent are persons with disabilities visible in national SDG processes and programs, national human rights monitoring processes and humanitarian or emergency coordination and programming? What are the available gaps?
• What efforts have been taken to identify and include marginalised groups within the disability community (women, ethnic groups, certain disabilities). Which groups are still excluded or left behind?

COVID-19
• Were any legislative reforms undertaken because of the COVID-19 crisis? If so, did they ensure that rights of persons with disabilities were respected and included, and did they align with the CRPD principles and relevant Articles? Have there been any reports, including from OPDs, on discrimination of persons with disabilities in access to health, education, vaccination, recovery and support measures, employment and livelihood support and cash assistance or social protection during the COVID-19 crisis and recovery?
• Have any legal or policy measures introduced during the crisis led to unintentional or disproportionate effects on persons with disabilities?

b. Accessibility
• What legislative, policy and programming measures are in place to ensure accessibility of the physical environment, transportation, services, information, and communications, including ICTs and other facilities and services open or provided to the public? E.g., have national accessibility standards and implementing regulations been adopted, and what are the application and enforcement mechanisms for these? Are there any data demonstrating how standards are applied in practice?
• How is accessibility mainstreamed into public procurement to ensure that new infrastructure, goods, and services do not create additional barriers for persons with disabilities?
• What measures are in place for accessibility of information and communications, including for telecommunications, media, and related information services? For example, are there a sign language interpretation system, relay services, digital accessibility measures and/or live captioning capability? Do early warning systems for emergencies provide information and communication in alternative formats and are emergency call numbers accessible?
• What formal data (enforcement of standards) and informal monitoring data (access audits by OPDs or NGOs) on accessibility are there?
• What are the key gaps in accessibility presently in terms of accessibility according to ODPs? Is there a strong demand for accessibility (e.g., consider accessibility-related advocacy, monitoring and accountability work)?

COVID-19
• What accessibility measures supported equality of persons with disabilities during the crisis?
• How are accessibility barriers (of ICT, transportation, physical environment, health, and prevention measures) leading to disproportionate impacts on different groups of persons with disabilities (persons with different impairment types, genders, age, rural/urban etc.) throughout the ongoing crisis?
• How are accessibility measures being prioritised in COVID-19 recovery planning and programs?
c. **Inclusive service delivery**

- **Assessment**
  - What referral systems are in place to identify persons with impairment and refer to a disability assessment service? Is there an early identification and intervention mechanism available? If so, how effective, and accessible is it and is it functioning across the country, including in rural areas? If not, what are the main challenges and barriers?
  - Is there one entity responsible to assess disability or several? What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?
  - What are the steps and documentation requirements of the disability assessment process? Noting there may be different assessment processes for different benefits/services, for each assessment process document whether the assessment focuses on:
    - Health conditions and the level and severity of impairment associated with them (impairment/medical approach)
    - The extent to which people’s functions or daily living activities are restricted by health conditions and impairments, e.g., walking, lifting, standing, hearing, seeing, communicating, concentrating, etc. (functional limitations approach)
    - Support requirements to participate in daily activities
    - The social and environmental factors which also affect people’s capacity to undertake activities of daily life and participation (including work and education).
  - Where is the information from assessments and determination processes stored – e.g., is there a national/state registry or data base etc.? Is there any legislation or policy to ensure the privacy of such information? Is this information used for policy or service development planning and budgeting?
  - Is disability assessment and determination associated with a disability card/registration? If so, what does the status provide access to – or is it just one step in different processes to determine access to various benefits and services? Is the disability status effectively recognised across ministries, service providers and levels of government?
  - Are the assessment and determination processes fully accessible and affordable for all (in terms of services, information, and assessment processes for all types of disabilities)?
  - Is disability assessment and determination used in some ways that can potentially restrict the rights of persons with disabilities (e.g., exclusion of children with disabilities from mainstream education, denial of legal capacity, placement in residential institutions, denial of rights to adoption, etc.)?
  - Is there one entity responsible to assess disability or several? What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?
  - What are the experiences of persons with disabilities with the assessment process? Identify any barriers for different groups of persons with disabilities in accessing assessment (e.g., distance to assessment centre and related costs, costs of medical tests, stigma and discrimination, inaccessibility of assessment centre, communication inaccessibility, lack of support, etc., considering perspectives of different impairment groups, gender, age, and geographic location).
  - Is there a functioning, accessible complaints mechanism available to persons with disabilities?

**COVID-19 and disability assessment**

- How were existing disability assessment and determination systems, processes, and databases as well as referral systems used to provide fast and effective support to persons with disabilities and their families during the COVID-19 crisis and recovery?
• What were the strengths and challenges of this (e.g., provided a mechanism to channel cash assistance to large number of persons with disabilities, or database of assessment not able to be used to support persons with disabilities due to system issues or incomplete data)?

• Disability support service

• Which types of disability support services are available, and to whom? What services are missing (consider gender, age, impairment groups and particularly under-represented persons with disabilities, and geographic distribution)? How are the services funded and provided? Provide a brief assessment of affordability of each type of support service.

• How many persons, including professionals, have been certified to provide support services per 1000 persons with disabilities (disaggregated by type of certification and/or service/profession)? How are they geographically distributed (e.g., concentrated in urban areas)?

• How are disability-support services sensitive to gender, age and the most marginalised, including through consideration of protection issues?

• What is the number and proportion (relative to the total population) of persons with disabilities currently residing in institutionalised care services (e.g., psychiatric inpatient settings, residences for persons with intellectual disabilities, etc., ranging from large scale facilities to group homes), disaggregated by sex, age, disability, and type of institution/facility?

• Where residential and segregated institutionalised services exist, is there a plan and timeline to transition to community-based support (as per the CRPD)?

• What is the proportion of government budget spent on institutionalised care vs community-based support for persons with disabilities?

• Have OPDs been consulted and engaged in the design and implementation of service measures and programs? What are the perspectives of persons with disabilities, including from under-represented groups, on their access to disability support services?

COVID-19 and disability support services:
1. How were support services impacted and/or disrupted by COVID-19? How did that impact on persons with disabilities?
2. What were the experiences of persons, including persons with disabilities, living in institutions in the COVID-19 pandemic?

• Education legislation and policies

a. Is there a legal and policy framework that defines inclusive education, including for learners with disabilities? Does the inclusive education policy call for one mainstream education system to be inclusive of all learners or does it create a separate or subcomponent of the education system for learners with disabilities (or certain groups of learners with disabilities)? Is there a strategy with indicators and budget?

b. Does the Ministry of Education regulate and oversee all schools whether private or public (in some contexts, segregated schools for learners with disabilities are under the purview of Ministry of Public Service, Labour and Social Development)?

c. What evidence is available on the inequalities in education faced by persons with disabilities (the numbering corresponds to the OHCHR CRPD-SDG indicators):

• Employment and work

a. Are there affirmative action measures included to support the access of persons with disabilities to employment (i.e., quota or other incentives)? What kind of specific, targeted
restrictions are in place that limit the opportunities of a person with a particular disability to take a job?

b. What are the references to persons with disabilities in the labour codes and general legislation around employment or other livelihood measures?

What evidence is available on the inequalities in decent work and income faced by persons with disabilities

- **Access to justice**

3.0 How are persons with disabilities restricted when trying to access to justice? Assess if laws and policies prevent them from appearing in court or performing as witnesses due to restrictions to their legal capacity, discriminatory attitudes that they cannot be credible witnesses based on their disability, or failure to prosecute cases of rights violations—particularly for women with disabilities—, and if there are accessibility restrictions—both physical and communicational.

4.0 How are persons with disabilities denied or restricted in their exercise of legal capacity? For example, is there total/partial guardianship/curatorship for adults with disabilities or other third-party representation which was not granted with their consent? Any limitations in inheritance rights or right to own property or assets?

d. **Accountability and governance**

  **National accountability mechanisms**

a. What government or multi-stakeholder mechanisms are in place to monitor implementation of policies and plans relating to the rights of persons with disabilities? Is there a national focal point overseeing the implementation of the CRPD (see chapter on stakeholder analysis)? How have these contributed to change? Are OPDs engaged as members or stakeholders of such mechanisms, e.g., is there a national disability council in place?

b. What are the experiences of OPDs regarding monitoring policy implementation?

c. To what extent is there an enabling environment for effective and constructive OPD monitoring of policymaking and programming? Has OPD monitoring or reporting translated into changes in policy or programming?

d. To what extent do OPDs use accountability mechanisms to progress their agendas? E.g., have OPDs participated in CRPD State or shadow reporting? How has this contributed to change?

e. Has the country completed CRPD State reporting? Is reporting regular, adequate and on time? What have been the major findings or changes because of this process?

f. How is disability represented within national development efforts and rights monitoring and reporting (e.g., SDG monitoring such a Voluntary National Reviews, Universal Periodic Reviews, National Development Frameworks, CEDAW reporting, CRC reporting etc.)?

g. What independent monitoring mechanisms are in place, such as National Human Rights Institutions, to provide ongoing accountability and receive complaints about the rights of persons with disabilities?

h. Are complaints mechanisms in administrative, civil, and criminal processes accessible? Is procedural accommodation provided to allow all persons to access them?

**COVID-19 and accountability and monitoring**

6.0 How have OPDs been involved in COVID-19 impact analysis, planning, response, and recovery decision making? Has participation been effective and meaningful?
B. Questions for Umbrella OPDs and the National Disability Board

1.0 Introduction
Primson Consultancy Services on behalf of the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) project Team and in partnership with the UN Resident Country Office and the Ministry of Public Service, Labour and Social Development / Department of Disability Affairs, is conducting a Comprehensive Situation Analysis of Persons with Disabilities in Zimbabwe. The overall objective of this Situation Analysis is to provide up-to-date and broad perspective information about persons with disabilities in Zimbabwe. Findings from this report will be used primarily to inform the Round 4 UNPRPD-MTPF proposal writing processes, as well as inform the UN on its disability-inclusion strengthening processes.

Please kindly complete the questions below. Please send completed to Primson Consulting Firm’s Team Leader Prof. Lincoln Hlatywayo at hlatwayol@zou.ac.zw

2.0 Questions

2.1 Stakeholder and coordination analysis – with focus on capacity of rights holders and duty bearers
How effective are the coordination mechanisms and processes for coordination on disability rights in government and other disability service providers?
How effective is the legal framework for civil society engagement and consultation? Identify the associated obstacles and gaps.
How effective are OPDs in engagement and involvement with different stakeholders and gaps observed in OPDs capacity in terms of cooperation/networking, coverage/legitimacy, representativity of underrepresented groups, management/accountability, agency/advocacy/communication? Suggest key areas of improvement.
What is the level of participation of OPDs in important processes, including SDG processes, CRPD monitoring, climate change responses and DDR and emergency management?

2.2 Equality and Non discrimination
Which national laws and policies speaks of disability and non-discrimination and what are the key gaps.
To what extent are Zimbabwean laws harmonised in line with CRPD.
What efforts are available to ensure implementation of the CRPD and the national legislation in practice and what are the key obstacles?
To what extent are persons with disabilities visible in national SDG processes and programs, national human rights monitoring processes and humanitarian or emergency coordination and programming?
What are the available gaps?
What efforts have been taken to identify and include marginalised groups within the disability community (women, ethnic groups, certain disabilities). Which groups are still excluded or left behind?

2.3 Accessibility
Comment on the existence of accessibility legislative framework, standards, regulations, and enforcement mechanisms. Progress in implementation and compliance, especially within government, UN agencies and key development partners. Do they practice what they preach in terms of e.g., access to information, sign language interpretation and physical accessibility?

2.4 Inclusive Service Delivery
Does Zimbabwe have a legal framework for access to disability support services and for access to mainstream services. Existence of legal framework for deinstitutionalisation and access to justice for all (legal capacity)? What are the key gaps and priorities according to OPDs?
What progress has been made on the availability, accessibility and quality of essential services including: Disability specific support services, social protection/assistance/social support, Health, Education, Employment, Justice, DRR and emergency management. What are the key gaps and priorities?

2.5 CRPD-compliant budgeting and financial management

Comment on the national ministerial/sectorial and international cooperation budgetary contribution to furthering the rights of persons with disabilities - both disability specific budget allocations and budget allocations within mainstream budgets. Share of total budgets going to disability.

2.6 Accountability and governance

To what extent are persons with disabilities included in human rights monitoring institutions and related legal framework?
To what extent are disability indicators included within standard data collection processes of surveys, census, administrative data?
Comment on CRPD reporting, oversight mechanism, quality of report and process, frequency and follow up of implementation of recommendations.
Are persons with disabilities engaged in SDG Voluntary reviews?
To what extent do persons with disabilities and their representative organisations participate in monitoring and accountability measure?
C. Question for the Department of Disability Affairs

i. Introduction

Ministry
Department
Designation of Reporting Officer/S
Number of Employees in the Ministry/Unit
Mandate of the Ministry in terms of Disability issues
Number of persons with disabilities employed within the ministry

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Date:

ii. Stakeholder Analysis

Representative organisations of persons with disabilities (OPDs):

a. How are organisations registered and organised? What are the relevant regulations and measures regarding registration of civil society organisations, how does this impact on the organisations of persons with disabilities? Roughly how many OPDs do we have? In terms of levels. At what levels is the registration done?

Civil society and NGOs:

b. What are the local civil society and International NGOs that are working with your ministry on disability rights, (including those providing disability support services)? How do they collaborate with OPDs?

UN:

c. Which UN agencies are engaging in disability in the country, and what are their focal areas? From your experience to what extent do the UN agencies work together on disability matters?

High level outcomes for persons with disability

Have you had any opportunities to see any studies that have captured indicators around Disability that are within the SDGs?

Which SDGSs is the Ministry are we supposed to be tracking and is there any data?

Government stakeholders:

d. Besides your Ministry, which are the lead ministries in ensuring the rights of persons with disabilities?

e. Are there focal points in place within government (all branches, levels, ministries) with sufficient authority to mainstream the rights of persons with disabilities? Which of these are the most active?

f. What coordination mechanisms exist to facilitate related action in different sectors and levels?

g. How is disability represented within national development discourse and rights monitoring and reporting? (E.g., SDG monitoring, Universal Periodic Review, National Development Frameworks etc.)
International cooperation:
  h. How does international cooperation support disability inclusion and rights of persons with disabilities in the country – who are the key donors, INGOs, foundations/others working on disability?
  Is there room for the Government to be proactive to call donors for a round table meeting to invite them to harmonise the approach to dealing with issues of disability?
  Can you share the final National Disability Policy?

  i. What sectors/focus areas do they have? What coordination mechanisms are in place?

DRR and Humanitarian action:
  j. How effectively is disability considered within the humanitarian system and who is playing which role in relation to disability inclusive DRR and humanitarian action?

iii. Legal and Policy Issues
Following the ratification of the UCRPD in Zimbabwe
  a. Has reporting been completed as per obligations under Article 35? What other international human rights treaties have been ratified?
  b. Is there a national strategy and/or action plan for implementation of the CRPD in place? Does it have an implementation framework, indicators, and a budget?
     Are you in a position to share the Bill?
  c. What legislation has been enacted on the rights of persons with disabilities – how aligned is this with the purpose, definitions, principles, and general obligations of the CRPD?
  d. What is the available information and analysis on the current harmonization of legislation with the CRPD? Are there national plans/strategies in place to address legal harmonization? Are there stand out issues noted (e.g., existing discriminatory laws)?
  e. Non-discrimination: What legal, policy and budgetary measures are in place that recognise the right to equality and non-discrimination of persons with disabilities, including the right to be provided with reasonable accommodation?
  f. International cooperation and humanitarian action: How are disability incorporated into national development plans, processes and SDG reporting, Sendai DRR reporting, or for example country emergency response plans if relevant?

COVID-19
  g. Were any legislative reforms undertaken because of the crisis? If so, to what extent did this effect (i.e., increase or decrease) CRPD compliance?
     To what extent have any legal or policy measures introduced during the crisis lead to unintentional or disproportionate effects on persons with disabilities?

iv. Disability assessment and determination
  a. Which ministries conduct disability assessment? What purposes do the assessments serve? Is there an age limit to persons to be assessed?
b. What are the steps and documentation requirements of the disability assessment process for children? Are there any referrals to services associated with disability assessment(s)?

c. Are there different processes for disability assessment and/or determination and access to different benefits? What are these?

d. Do you think the disability assessment/determination used covers all children and students with disabilities across the country? Is there any potential for restricting the rights of persons with disabilities (exclusion of children with disabilities from mainstream education, denial of legal capacity, placement in residential institutions, denial of right to adoption...)?

e. Is disability assessment and determination used to grant a disability ‘status’ which could be associated to a disability card/registration? If so, what does the status provide access to, or is it just one step in different processes to determine access to various benefits and services? Is the disability status effectively recognised across ministries, service providers and level of government?

Do they receive a Certificate of Assessment?

Are there any gaps that you can point that can be for improving the whole process?

Do you think the issue of certificates would be able to help?

f. Is there a functioning, accessible complaints mechanism available to persons with disabilities? How does it function?

v. Economic and social rights

5.1 Social Protection

Social assistance programmes available for persons with disabilities (please complete the following table)

<table>
<thead>
<tr>
<th>Type of Scheme</th>
<th>Target group</th>
<th>Eligibility Assessment</th>
<th>Funding source</th>
<th>Coverage &amp; Adequacy</th>
<th>Registration process</th>
<th>Payment’s size, frequency, method of payment</th>
<th>Other information</th>
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carer allowance, disability specific scholarships and stipends, discount cards etc.).

i. How accessible are these programmes, especially for disability specific schemes? And their linkages to other services/programmes e.g., employment programmes, supported community living, such as Community Based Inclusive Development programmes (CBID) or CBR.

**COVID-19 and Social Assistance**

ii. How disability inclusive is general social assistance (cash transfer, fee waivers, public works) measures introduced during the crisis?

iii. What specific measures for women, men and children with disabilities and their families have been introduced?

5.2 Disability social support services

**Examples**

- In home/residential & community support including personal assistance
- Non-coercive support for persons experiencing psychological distress
- Services focused on assistive devices and technology provision and training
- Supported decision making
- Communications support, such as sign language interpretation

5.2.1 What is the policy context for provision of disability support services- (is there relevant legislation, a national policy/action plan to increase the access, availability and diversity of support allowances and services)? Reference and extend on broader policy analysis.

5.2.2 Which types of services are available, and to whom? What services are missing?

- Do the services consider gender, age, impairment groups, and geographic distribution?
- What is the coverage of each type of service?
- How are the services funded and provided?
- How affordable are the services?

5.5.7 How are services regulated (including needs assessment and access criteria, monitoring, accountability, quality, and coordination), and by whom?

5.2.8 How many persons, including professionals, have been certified to provide support services per 1000 persons with disabilities? (Disaggregated by type of certification and/or service/profession.)

i. How are services sensitive to gender, age, protection and the most marginalised?

ii. What is the number and proportion of persons with disabilities currently residing in institutionalised care services (e.g., psychiatric inpatient settings, residences for persons with intellectual disabilities, etc. from large scale facilities to group homes), disaggregated by sex, age, disability, and type of institution/facility?

iii. For those getting institutionalised services, is there a plan and timeline to transition to community-based support (as per the CRPD)?
iv. What is the proportion of government budget spent on institutionalised care vs community-based support for persons with disabilities?

**COVID-19 and disability support services:**

v. How were support services impacted and/or disrupted by COVID-19? How did that impact on persons with disabilities?

vi. How has the COVID-19 crisis magnified challenges faced by persons with disabilities due to a lack of available support services?

vii. What were the experiences of persons, including persons with disabilities living in institutions in the COVID-19 pandemic?

viii. What is the proportion of deaths from persons living in institutions, compared to overall COVID-19 deaths?

**5.3 Community (mainstream) social support services**

5.3.1 How disability inclusive (non-discriminatory – provide reasonable accommodation, accessible) is programs focused on responding to the needs and rights of victims/survivors of violence, abuse, and exploitation, (recovery, rehabilitation, and social reintegration)?

5.3.2 How disability inclusive (non-discriminatory – provide reasonable accommodation, accessible) are essential services such as shelters, helplines, health response including sexual and reproductive health, psycho-social support, housing programs, access to justice and safe reporting, and other services for those experiencing violence, abuse, and exploitation?

5.3.3 How disability inclusive and accessible are public housing schemes and homelessness services?

**COVID-19 and social support services:**

5.3.4 During the COVID-19 crisis, how disability inclusive (non-discriminatory – provide reasonable accommodation, accessible) are the measures being put into place for prevention (communication) and response (essential services) for victims and survivors of violence, abuse, and exploitation?

5.3.5 Have additional social support measures been implemented at community level during COVID-19, and if so, to what extent have they been inclusive and accessible to persons with disabilities in-kind assistance, teleservices and hotlines, psychosocial support, etc.?

**vi. Employment and work**

a. Is there an official complaint mechanism for discrimination of workers with disabilities within the Ministry/Unit? Kindly shed some light.

b. Have employment measures by government, such as skills development/vocational training/apprenticeship schemes, job-creation, business development services, public employment services, public works, employment-intensive infrastructure programmes or other forms of labour market activation ensured inclusion of persons with disabilities (reasonable accommodation, accessibility, assistive devices, and technology etc.)? Is there any information available on actual numbers of persons with disabilities who have benefited from these?

c. Have persons with disabilities in Zimbabwe faced additional challenges to work during COVID-19 because of restriction? If so, why? Have persons with disabilities been disproportionally affected by layoff and redundancies during the COVID-19?

d. Has government support for employment during the COVID-19 crisis, formal and informal, been inclusive and accessible to women and men with disabilities?

e. Has reasonable accommodation been provided to persons with disabilities that must telework (necessary equipment, flexible working hours, psychosocial support etc.)?
vii. **High-level outcome for persons with Disabilities**

*Can you please provide available data on the following?*

a. Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (SDG indicator 1.1.1) and disability.

b. Proportion of persons with disabilities living below the US$ 1.90 (PPP) per day international poverty line compared to the proportion of the overall population, by sex and age.

c. Proportion of population living below the national poverty line by sex and age (SDG indicator 1.2.1) and disability.

d. Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2) disaggregated by disability, before and after social transfers.

e. Proportion of people living below 50 per cent of median income, by age, sex, and persons with disabilities (SDG indicator 10.2.1).

f. Percentage of persons with disabilities employed as compared to other persons and to overall employment rate, disaggregated by type of employment (public, private, self-employed), age, sex, and disability

g. Average hourly earnings of female and male employees, by occupation, age, and persons with disabilities (SDG indicator 8.5.1).

viii. **Budget allocation**

a. What are the overall budget allocations over the last 5 years allocated to your Ministry/Unit for the inclusion of persons with disabilities?

b. Which public expenditures in your Ministry/Unit clearly contribute to inclusion of persons with disability?

ix. **Gaps and Recommendations**

a. What challenges does your Ministry/Unit experience in its quest to include persons with disabilities and to provide disability friendly services?

b. What areas does your Ministry/Unit consider as priority to enhance disability inclusion?

c. Provide recommendations for the improvement of disability inclusion in the provision of public services.
D. Questions for Refugees with Disabilities

1. What are the challenges that you face as refugees with disabilities?
   Probe:
   · Particularly so during the COVID-19 era?

2. What are the challenges faced by women with disabilities in Refugee camps/communities versus male refugees with disabilities?

3. Who are the most visible NGOs, civil society organizations, UN agencies or other partners that provide services or support to refugees with disabilities?

4. As a Refugee with a disability can you share your experience in accessing different services?
   Probe:
   · How easy has it been for you access services from different stakeholders e.g., individual Registration, Social Services, Health Care services, Education Services, WASH Services, GBV services and Incentive positions with Agencies working in Refugee Camps or communities
   · As a Refugee with a disability, what kind of support have you received during this COVID-19 pandemic from
     (a) Government
     (b) UNHCR
     c) Civil Society organisations.

5. Are you participating in Refugee Camp programs and activities?
   Probe:
   · Are refugees with disabilities represented in the Camp leadership structures?
   · Are women with disabilities also part of the Leadership structure?

6. What do you recommend the following stakeholders to do to respond to the needs of refugees with disabilities in Zimbabwe?
   (a) Government
   (b) UNHCR
   (c) Civil Society organisations
E. Questions for the Ministry of Primary and Secondary Education

i. Introduction

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<tr>
<td>Number of persons with disabilities employed within the ministry</td>
<td>Males</td>
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ii. Stakeholder Analysis

a. Which organisations (OPDs, UN Agencies, CSO, etc.) does your Ministry/Unit work with, in disability inclusion and mainstreaming? –

b. What type of support does your ministry receive from these organizations?

c. Does your Ministry have a disability desk or focal point?

d. If NO, how are disability issues coordinated within the Ministry/Unit

e. How has your Ministry accommodated workers and leaners/students with disabilities before, during and post COVID-19? –

iii. Legal and Policy

a. What is the policy context for disability and inclusive education within the education system (is there relevant legislation, an inclusive education policy and strategy with indicators and budget)?

b. Which disability legislation and policies guide the delivery of educational services in your Ministry?

c. Does your Ministry have a customized disability policy? (If yes, provide copy/link)

d. To what extent does your Ministry regulate all schools/colleges/universities/whether private or public?

e. Do schools/colleges/universities have non-discrimination and zero rejection measures for children and students with disabilities in all geographical areas?

f. Does the inclusive education policy focus on removing barriers for both access to education (considering all levels of education, from early childhood education to higher education) and educational achievements for children with different impairments and with particular focus on girls with disabilities, students with multiple disabilities and others that experience compounded marginalisation?

g. Does the policy promote partnership for achieving inclusive education, across communities and ensuring the children and families are active participants?

iv. Disability assessment and determination

a. Does your Ministry conduct disability assessment? What purposes do the assessments serve? Is there an age limit to persons to be assessed?

b. What are the steps and documentation requirements of the disability assessment process for children? Are there any referrals to services associated with disability assessment(s)?
c. Are there different processes for disability assessment and/or determination and access to different benefits? What are these?

d. Do you think the disability assessment/determination used covers all children and students with disabilities across the country? Is there any potential for restricting the rights of persons with disabilities (exclusion of children with disabilities from mainstream education, denial of legal capacity, placement in residential institutions, denial of right to adoption…)?

e. Is disability assessment and determination used to grant a disability 'status' which could be associated to a disability card/registration? If so, what does the status provide access to, or is it just one step in different processes to determine access to various benefits and services? Is the disability status effectively recognised across ministries, service providers and level of government?

f. What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?

g. Which other entities conduct disability assessments in the country?

h. To what extent does your ministerial assessment focus on the following:

   i. Health conditions and the level and severity of impairment associated with them (impairment/medical approach).

   ii. The extent of which people's functions or daily living activities are restricted by health conditions and impairments, e.g., walking, lifting, standing, hearing, seeing, communicating, concentrating etc. (functional limitations approach)?

    c. Support requirements to participate in daily activities?

    d. The social and environmental factors which also affect people’s capacity to undertake activities of daily life and participation (including in the workforce)?

4.9 Disability determination process: what is the process of using the assessment information to make an official determination of disability? Is it done all at once or by different ministries/bodies? What is the information collected during the assessment that are used for disability determination?

4.10 Where is the information from assessments and determination processes stored (e.g., is there a national/state registry or data base? Who accesses the stored data and for what purpose? Is this information used for policy or service development planning and budgeting?

4.11 Is there a functioning, accessible complaints mechanism available to persons with disabilities?

v. Institutional organisation

   a. Accessibility: What measures are in place to improve accessibility of educational facilities? And teaching and learning materials? (e.g., accessibility standards, budget allocation, building accessibility rehabilitation scheme.

   b. What support service systems are in place to support schools, colleges and universities to provide inclusive education, including during times of transition for students (from home to school, between stages of schooling and school to work, (such as provision of support staff, teachers assistants, early childhood development services such as: rehabilitation; support to develop specific skills such as sign language, mobility training, braille training etc., provision of assistive devices and technology, social protection schemes and transport support?). Are there measures in place to increase coverage of these services where they are limited to certain geographical areas?
c. Under what type of educational settings and environments are learners and students with disabilities educated? What measures are in place to progressively transition special institutions to support inclusive education within the mainstream system (e.g., re-direct resources from these schools to efforts to improve inclusion within the whole education system, utilise teacher skills and expertise, learning resources and tools, transition students, Schools for the Deaf transitioned to bilingual schools etc)

d. What are the main barriers that children with different types of impairments experience in accessing and progressing within education?

e. Are social protection measures that support families to send children to school inclusive of families that have children with disabilities, and do they take into consideration disability related additional costs and other barriers?

f. What measures are in place to disaggregate educational information management system data by disability and use this to inform policy, budgeting, and programming?

g. What measures are in place to review assessment methods, so learners with disabilities can be supported and accompanied throughout their learning journey?

h. What formal (enforcement of standards) and informal monitoring data (access audits by OPDs or NGOs) on accessibility are there?

i. How has your Ministry been sensitive to gender, age, protection and the most marginalised?

vi. Teacher's education and professional development

a. What measures are in place to support teachers to provide inclusive, learner centric designed teaching (including understanding about diversity, requirements, and capabilities of learners with disabilities, differentiating curriculums; multi-level teaching, flexible classroom management, support teachers etc.)? Inservice trainings, workshops, policies, interventions, and other programmes

b. Is there investment in developing transformational leadership, i.e., measures to train and support school/college/university Heads?

vii. COVID-19 and education

a. Have the closure of education facilities and shifting to distance teaching and learning had additional negative impacts on children with disabilities (e.g., drop-out, access to technology, absence of personal assistance and special teacher support impact on learning, mental health, risk of violence and abuse, malnutrition among others.

b. To what extent are the needs of learners with disabilities considered in the back-to-school/college/university policies.

viii. DRR in schools/colleges and Universities

a. Is there relevant legislation or policies pertaining to the planning and provision of educational services in situations of risk and humanitarian emergencies (including Pandemics, climate-related hazards, conflict, and other emergencies) explicitly reference persons with disabilities? What measures are in place to ensure accessibility of environments, communications, information, and services at all phases: prevention and preparedness, response, recovery, reconstruction, and reconciliation?

b. Do humanitarian response plans describe the needs and priorities of learners with disabilities and measures to be taken to ensure that humanitarian assistance is inclusive and responsive to these needs and priorities

c. What are the available gaps and opportunities?

ix. Employment and work

a. Is there an official complaint mechanism for discrimination of workers with disabilities within the Ministry? Kindly shed some light.

b. Do ministerial procurement procedures consider accessibility standards, Universal Design, and inclusive employment practices for suppliers?
c. Have employment measures by government, such as skills development/vocational
training/apprenticeship schemes, job-creation, business development services, public
employment services, public works, employment-intensive infrastructure programmes
or other forms of labour market activation ensured inclusion of persons with
disabilities (reasonable accommodation, accessibility, assistive devices, and technology
etc.)? Is there any information available on actual numbers of persons with disabilities
who have benefited from these?
d. Have persons with disabilities in your Ministry faced additional challenges to work
during COVID-19 because of restriction? If so, why? Have persons with disabilities
been disproportionately affected by layoff and redundancies during the COVID-19?
e. Has government support for employment during the COVID-19 crisis, formal and
informal, been inclusive and accessible to women and men with disabilities?
f. Has reasonable accommodation been provided to workers with disabilities that must
telework (necessary equipment, flexible working hours, psychosocial support etc.)?

x. **Budget allocation**
a. What are the overall budget allocations over the last 5 years allocated to your Ministry
for the inclusion of persons with disabilities?
b. Which public expenditures in your Ministry clearly contribute to inclusion of persons
with disability?

xi. **High Level outcome analysis for persons with disabilities**
a. What are the rates of children with disabilities out of school, rate of enrolment,
attendance, promotion by grade, completion, and drop out in mainstream primary,
secondary, tertiary educational institutions, vocational training, lifelong learning
courses, as compared to others, disaggregated by sex, age, disability?
b. What percentage and proportion of children and young people with disability: (a) in
grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving
at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG
indicator 4.1.1), age and disability

xii. **Gaps and Recommendations**
a. What challenges does your ministry in its quest to include learners with disabilities
and to provide disability friendly services?
b. What areas does your ministry consider as priority to enhance disability inclusion?
Access to quality education, schools that are easily accessible,
c. Provide recommendations for the improvement of disability inclusion in the provision
of education services.
F. Questions for the Ministry of Health and Child Care

i. **Introduction**

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**Designation of Reporting Officer/s**

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**Stakeholder Analysis**

a. Which organisations (OPDs, UN Agencies, CSO) does your Ministry/Unit work within the area of disability inclusion and mainstreaming?
b. What type of support does your Ministry/Unit receive from these organizations?
c. Does your Ministry/Unit have a disability desk or focal point?
d. If NO, how are disability issues coordinated within the Ministry/Unit?
e. How has your Ministry/Unit accommodated workers and clients with disabilities during COVID-19?

**Health legislation and policies**

f. What policies are available for persons with disabilities within the health system?
g. To what extent do general health policies, strategies, plans, and legislation include persons with disabilities and address specific barriers they might face? Do available policies consider all impairment groups, and persons with disabilities at different life stages and sex/genders? Does the legislative/policy context promote and protect the right to free and informed consent, confidentiality, and the right to refuse treatment, and uphold rights to family? Are rights preserved regardless of legal capacity status, condition of liberty and in situations of mental distress? Does it provide for supported decision-making measures?

h. Are health strategies and plans inclusive of persons with disabilities (health insurance policy, rehabilitation and/or assistive devices and technology, sexual and reproductive health, maternal and child health, HIV and Non-Communicable Diseases, or mental health)? Are they including key inclusive measures and principles, such as accessibility, participation, reasonable accommodation, free and informed consent to treatment, confidentiality, disaggregation of data on sex, age, and disability (at the minima)? Please provide the policies.

i. Do we have national disability strategy? If existing, does it include a section on access to health services? Are there any plans to increase the access of quality health services to persons with disabilities? Does the strategy look at strengthening health information systems and collection of health data disaggregated for disability?

j. Does the country have a mental health strategy/action plan? Is it aligned with principles of informed and free consent CRPD (Article 25 (d), legal capacity CRPD Article 12),
and rights-based disability support? What is the proportion of investment in inpatient services compared with community mental health investments?

k. Is there a community based mental health system, or a plan of developing such system? Are complementary or alternative therapies available and promoted as part of an integrated health system (e.g., psychologically based dialogue therapy, peer support etc.)?

l. How are health services funded and what are the contributory mechanisms (if any)? Does the contribution create additional barriers to access for some groups of the population, and particularly for persons with disabilities?

m. Does the country have a Universal Health Coverage and if so, to what extent is it implemented and monitored for all population groups? What are the essential health services and medicines that are included? Are rehabilitation, assistive devices and technologies, mental health included as essential services? What type of public and private health insurance schemes is available? If not, what are the barriers to access?

n. Are there institutionalized mechanisms to consult and involve persons with disabilities and their representative organisations in planning, design and monitoring of health policies and services, in particular mental health, rehabilitation, and sexual and reproductive health services? Are there functioning accessible complaints mechanism for health and health insurance providers? Are persons with disabilities using these mechanisms?

o. Are persons with disabilities equally accessing health care services at community and primary health care levels (including sexual and reproductive health)? If not, identify the main barriers and gaps, considering physical and environmental barriers, economic barriers, attitudes and stigma, acceptability of services provided, confidentiality risks, and accessible information and communication, living in rural areas, etc.)

p. Are national accessibility standards applied and monitored in public and private health settings and across geographic areas? Are people residing in detention/social care settings able to access physical and mental health and rehabilitation services?

q. Do persons with disabilities equally access information and programmes on community health promotion and prevention? If not, what are the main barriers and challenges and the impact on this? Are there any health inequalities of health outcomes for persons with disabilities, where access to prevention and promotion is a strong factor?

r. Does primary health care provide basic rehabilitation and community mental health support, and is there a referral system for more specialised rehabilitation and mental health services when needed?

s. Do the primary and secondary health care facilities have well-functioning early identification and referral mechanisms that facilitate early interventions, treatment, discharge follow up and cross sectoral referral for people with health problems and impairments?

t. Do persons with disabilities have access to adequate diagnosis and treatment for their health-related issues, including rehabilitation, to support their management of their health conditions (where required) and prevent any secondary complications? Are there any differences in access to health care among persons with different types of impairments?

u. Do persons with disabilities have equal access to tertiary health care as compared to other population groups? If not, what are the barriers, including accessibility barriers?
v. Are rehabilitation services and assistive products available and accessible for all population groups and geographically across urban and rural regions? Identify the gaps and strengths, which can be built upon to identify strategies to address the challenges.

w. Who are the main providers of rehabilitation and assistive products? How are they funded? How do they coordinate with health and disability support providers?

x. How are public, private and NGO providers of rehabilitation services regulated (including needs assessment and access criteria, monitoring, accountability, quality, and coordination) and by whom?

iv. **Health workforce**

y. Is there sufficient qualified health workforce at all levels, including in mental health, sexual and reproductive health, and rehabilitation? Identify gaps and what impact this has on persons with disabilities access to health.

z. Are health professionals working in public and private health sector and those involved in the delivery of health programmes and services, trained on the right to health of persons with disabilities and free and informed consent and confidentiality?

v. **COVID-19 and Health**

aa. Has health information, awareness campaigns and preventive measures on COVID-19 been provided in accessible communication formats, and addressed the different situations for persons with different types of disabilities and needs, so that all persons with disabilities have been able to protect themselves during the pandemic?

bb. Has there been discrimination towards persons with disabilities accessing COVID-19 related health care (including triage protocols), or other necessary health care because of the measures and restrictions implemented in response to the COVID-19 crisis (triage protocols, treatment suspended for dialysis or planned surgery, mental health support and counselling, rehabilitation services suspended, aged care protocols, etc.)?

cc. Are clinics and services providing testing or other COVID-19 related services accessible and affordable for persons with disabilities? Have additional support measures, (such as home support for testing) been provided when necessary?

vi. **Disability assessment and determination**

dd. Does your ministry conduct disability assessment? What purposes do the assessments serve? Is there an age limit to persons to be assessed?

ee. What are the steps and documentation requirements of the disability assessment process for children? There any referrals to services associated with disability assessment(s)?

ff. Are there different processes for disability assessment and/or determination and access to different benefits? What are these?

gg. Do you think the disability assessment/determination used covers all children and students with disabilities across the country? Is there any potential for restricting the rights of persons with disabilities (exclusion of children with disabilities from mainstream education, denial of legal capacity, placement in residential institutions, denial of right to adoption...)?

hh. Is disability assessment and determination used to grant a disability 'status' which could be associated to a disability card/registration? If so, what does the status provide access to, or is it just one step in different processes to determine access to various benefits and services? Is the disability status effectively recognised across ministries, service providers and level of government?
ii. What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?

jj. Which other entities conduct disability assessments in the country?

kk. Do your ministerial assessment focus on the following:

i. Health conditions and the level and severity of impairment associated with them (impairment/medical approach)?

ii. The extent of which people’s functions or daily living activities are restricted by health conditions and impairments, e.g., walking, lifting, standing, hearing, seeing, communicating, concentrating etc. (functional limitations approach)?

iii. Support requirements to participate in daily activities.

iv. The social and environmental factors which also affect people’s capacity to undertake activities of daily life and participation (including in the workforce)?

II. Disability determination process: what is the process of using the assessment information to make an official determination of disability? Is it done all at once or by different ministries/bodies? In Zimbabwe, disability assessment for the purposes of legal proceedings and for the purposes of compensation, is done by the Ministry of Health and Child Care. What is the information collected during the assessment that are used for disability determination?

mm. Where is the information from assessments and determination processes stored (e.g., is there a national/state registry or database? Hospital assessment forms for 10 years, then sent to national Archives. Who accesses the stored data and for what purpose? Is this information used for policy or service development planning and budgeting?

nn. Is there a functioning, accessible complaints mechanism available to persons with disabilities?

vii. Employment and work

oo. Is there an official complaint mechanism for discrimination of workers with disabilities within the Ministry/Unit? Kindly shed some light.

pp. Do Ministerial/Unit procurement procedures consider accessibility standards, Universal Design, and inclusive employment practices for suppliers?

qq. Have employment measures by government, such as skills development/vocational training/apprenticeship schemes, job-creation, business development services, public employment services, public works, employment-intensive infrastructure programmes or other forms of labour market activation ensured inclusion of persons with disabilities (reasonable accommodation, accessibility, assistive devices, and technology etc.)? Is there any information available on actual numbers of persons with disabilities who have benefited from these?

rr. Have persons with disabilities in your Ministry/Unit faced additional challenges to work during COVID-19 because of restriction? If so, why? Have persons with disabilities been disproportionally affected by layoff and redundancies during the COVID-19?

ss. Has government support for employment during the COVID-19 crisis, formal and informal, been inclusive and accessible to women and men with disabilities?

tt. Has reasonable accommodation been provided to persons with disabilities that must telework (necessary equipment, flexible working hours, psychosocial support etc.)?

Yes.

viii. Budget allocation
uu. What are the overall budget allocations over the last 5 years allocated to your Ministry/Unit for the inclusion of persons with disabilities?

vv. Which public expenditures in your Ministry/Unit clearly contribute to inclusion of persons with disability.

ix. **High Level Outcome analysis for persons with disabilities**

*Indicate the following numbers, figures, percentages, and proportions*

ww. Number and proportion of persons with disabilities who have access to rehabilitation services (based on WHO and IDDC indicator), [i] disaggregated by sex, age, disability, type, and sector of service, and geographical location.

xx. Number and proportion of persons with disabilities who have access to assistive devices and technologies appropriate to their needs, disaggregated by sex, age, disability, type of product, and geographical location (based on WHO and IDDC indicator).

yy. Proportion of women and girls who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care (based on SDG indicator 5.6.1) by age and disability.

zz. Maternal mortality ratio (SDG indicator 3.1.1) disaggregated by age and disability of the person.

aaa. Number of new HIV infections per 1,000 uninfected population, by sex, age, and key population (SDG indicator 3.3.1) and disability.

bbb. Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight) (SDG indicator 2.2.2) and by sex, age, and disability.

ccc. Tuberculosis, malaria, and hepatitis B incidence per 1,000 population (SDG indicators 3.3.2, 3.3.3, and 3.3.4) among population of persons with disabilities compared to others

x. **Gaps and Recommendations**

ddd. What challenges does your Ministry/Unit experience in its quest to include workers with disabilities and to provide disability friendly services?

eee. What areas does your Ministry/Unit consider as priority to enhance disability inclusion?

Provide recommendations or the improvement of disability inclusion in the provision of public services.
G. Questions for Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development

Introduction

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<tr>
<th>Ministry</th>
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<td>Department</td>
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<td>Designation of Reporting Officer</td>
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<td>Number of Employees in the Ministry</td>
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<td>Mandate of the Ministry</td>
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<tr>
<td>Number of persons with disabilities employed within the ministry</td>
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i. Stakeholder Analysis
Which organisations (OPDs, UN Agencies, CSO, etc.) does your Ministry/Unit work with, in disability inclusion and mainstreaming?

i. What type of support does your ministry receive from these organizations?

ii. Does your Ministry have a disability desk or focal point?

iii. If NO, how are disability issues coordinated within the Ministry/Unit

iv. How has your Ministry accommodated workers and learners/students with disabilities before, during and post COVID-19?

Legal and Policy

i. What is the policy context for disability and inclusive education within the education system (is there relevant legislation, an inclusive education policy and strategy with indicators and budget)?

ii. Which disability legislation and policies guide the delivery of educational services in your Ministry?

iii. Does your Ministry have a customized disability policy? (If yes, provide copy/link)

iv. To what extent does your Ministry regulate all schools,colleges/universities/whether private or public?

v. Do schools,colleges/universities have non-discrimination and zero rejection measures for children and students with disabilities in all geographical areas?

vi. Does the inclusive education policy focus on removing barriers for both access to education (considering all levels of education, from early childhood education to higher education) and educational achievements for children with different impairments and with particular focus on girls with disabilities, students with multiple disabilities and others that experience compounded marginalisation?

vii. Does the policy promote partnership for achieving inclusive education, across communities and ensuring the children and families are active participants?

Disability assessment and determination

i. Does your Ministry conduct disability assessment? What purposes do the assessments serve? Is there an age limit to persons to be assessed?

ii. What are the steps and documentation requirements of the disability assessment process for children? Are there any referrals to services associated with disability assessment(s)?
iii. Are there different processes for disability assessment and/or determination and access to different benefits? What are these?

iv. Do you think the disability assessment/determination used covers all children and students with disabilities across the country? Is there any potential for restricting the rights of persons with disabilities (exclusion of children with disabilities from mainstream education, denial of legal capacity, placement in residential institutions, denial of right to adoption...)?

v. Is disability assessment and determination used to grant a disability 'status' which could be associated to a disability card/registration? If so, what does the status provide access to, or is it just one step in different processes to determine access to various benefits and services? Is the disability status effectively recognised across ministries, service providers and levels of government?

i. What personnel/workforce are used to carry out individual assessments? What are their qualifications, and do they receive initial and ongoing training? What regulation and quality control mechanisms are there within the assessment system?

ii. Which other entities conduct disability assessments in the country?

iii. To what extent does your ministerial assessment focus on the following:

i. Health conditions and the level and severity of impairment associated with them (impairment/medical approach)?

ii. The extent of which people's functions or daily living activities are restricted by health conditions and impairments, e.g., walking, lifting, standing, hearing, seeing, communicating, concentrating etc. (functional limitations approach)?

   c. Support requirements to participate in daily activities?

   d. The social and environmental factors which also affect people's capacity to undertake activities of daily life and participation (including in the workforce)?

- Disability determination process: what is the process of using the assessment information to make an official determination of disability? Is it done all at once or by different ministries/bodies? What is the information collected during the assessment that are used for disability determination?

- Where is the information from assessments and determination processes stored (e.g., is there a national/state registry or database? Who accesses the stored data and for what purpose? Is this information used for policy or service development planning and budgeting?

- Is there a functioning, accessible complaints mechanism available to persons with disabilities?

Institutional organisation

ii. Accessibility: What measures are in place to improve accessibility of educational facilities? And teaching and learning materials? (e.g., accessibility standards, budget allocation, building accessibility rehabilitation schemes etc.)

iii. What support service systems are in place to support schools, colleges and universities to provide inclusive education, including during times of transition for students (from home to school, between stages of schooling and school to work, (such as provision of support staff, teachers assistants, early childhood development services such as: rehabilitation; support to develop specific skills such as sign language and other augmentative and alternative methods of communication, mobility training, braille training etc., provision of assistive devices and technology, social protection schemes and transport support?) Are there measures in place to increase coverage of these services where they are limited to certain geographical areas?

iv. Under what type of educational settings and environments are learners and students with disabilities educated? What measures are in place to progressively transition special institutions to support inclusive education within the mainstream system (e.g., re-direct resources from these schools to efforts to improve inclusion within the whole education...?
system, utilise teacher skills and expertise, learning resources and tools, transition students, Schools for the Deaf transitioned to bilingual schools etc)?

v. What are the main barriers that children with different types of impairments experience in accessing and progressing within education?

vi. Are social protection measures that support families to send children to school inclusive of families that have children with disabilities, and do they take into consideration disability related additional costs and other barriers?

I. What measures are in place to disaggregate educational information management system data by disability and use this to inform policy, budgeting, and programming?

II. What measures are in place to review assessment methods, so learners with disabilities can be supported and accompanied throughout their learning journey?

III. What formal (enforcement of standards) and informal monitoring data (access audits by OPDs or NGOs) on accessibility are there?

IV. How has your Ministry been sensitive to gender, age, protection and the most marginalised?

Teacher's education and professional development

2. What measures are in place to support teachers to provide inclusive, learner centric designed teaching (including understanding about diversity, requirements, and capabilities of learners with disabilities, differentiating curriculums; multi-level teaching, flexible classroom management, support teachers etc.)?

3. Is there investment in developing transformational leadership, i.e., measures to train and support school/college/university Heads?

COVID-19 and education

• Have the closure of education facilities and shifting to distance teaching and learning had additional negative impacts on children with disabilities (e.g., drop-out, access to technology, absence of personal assistance and special teacher support impact on learning, mental health, risk of violence and abuse, malnutrition among others)?

• To what extent are the needs of learners with disabilities considered in the back-to-school/college/university policies.

DRR in schools/colleges and Universities

• Is there relevant legislation or policies pertaining to the planning and provision of educational services in situations of risk and humanitarian emergencies (including Pandemics, climate-related hazards, conflict, and other emergencies) explicitly reference persons with disabilities? What measures are in place to ensure accessibility of environments, communications, information, and services at all phases: prevention and preparedness, response, recovery, reconstruction, and reconciliation?

• Do humanitarian response plans describe the needs and priorities of learners with disabilities and measures to be taken to ensure that humanitarian assistance is inclusive and responsive to these needs and priorities?

• What are the available gaps and opportunities?

Employment and work

• Is there an official complaint mechanism for discrimination of workers with disabilities within the Ministry? Kindly shed some light.

• Do ministerial procurement procedures consider accessibility standards, Universal Design, and inclusive employment practices for suppliers?

• Have employment measures by government, such as skills development/vocational training/apprenticeship schemes, job-creation, business development services, public employment services, public works, employment-intensive infrastructure programmes or other forms of labour market activation ensured inclusion of persons with disabilities (reasonable accommodation, accessibility, assistive devices, and technology etc.)? Is there any
information available on actual numbers of persons with disabilities who have benefited from these?

- Have persons with disabilities in your Ministry faced additional challenges to work during COVID-19 because of restriction? If so, why? Have persons with disabilities been disproportionately affected by layoff and redundancies during the COVID-19?
- Has government support for employment during the COVID-19 crisis, formal and informal, been inclusive and accessible to women and men with disabilities?
- Has reasonable accommodation been provided to workers with disabilities that must telework (necessary equipment, flexible working hours, psychosocial support etc.)?

**Budget allocation**

- What are the overall budget allocations over the last 5 years allocated to your Ministry for the inclusion of persons with disabilities?
- Which public expenditures in your Ministry clearly contribute to inclusion of persons with disability?

**High Level outcome analysis for Persons with disabilities**

- What are the rates of children with disabilities out of school, rate of enrolment, attendance, promotion by grade, completion, and drop out in mainstream primary, secondary, tertiary educational institutions, vocational training, lifelong learning courses, as compared to others, disaggregated by sex, age, disability?
- What percentage and proportion of children and young people with disability: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG indicator 4.1.1), age and disability?

**Gaps and Recommendations**

- What challenges does your ministry in its quest to include learners with disabilities and to provide disability friendly services?
- What areas does your ministry consider as priority to enhance disability inclusion?
- Provide recommendations for the improvement of disability inclusion in the provision of education services.
**H. Questions for the Judiciary Service Commission on Access to Justice**

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<th>Capacity of respondent</th>
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<tr>
<td>Name of organisation</td>
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<td>Type of organisation e.g., Trust, NGO, Gvt Dpt</td>
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<td>Years in Zimbabwe</td>
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<td>Services provided to children with disabilities</td>
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<td>Type/s of disabilities catered for</td>
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<tr>
<td>Geographical operation areas</td>
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**Civil and Political Rights**

- How disability inclusive are access to justice services for persons with disabilities?
- How are persons with disabilities denied or restricted when trying to access justice?
- How do you compare restrictions to justice for children, women, and men with disabilities?
- Do persons with disabilities have (i) access to free and accessible legal aid, and (ii) procedural adjustments that provide for accessibility and an enabling environment to stand in trial that is age and gender sensitive?
- Which type of disabilities are most affected in terms of access to justice?
- From your experience what do you consider as the main barriers experienced by persons with disabilities in their quest to access justice?
- Identify reasonable accommodations available for people with disabilities within the Zimbabwean justice system.

**COVID-19 and Justice**

1. Questions for UN Agencies

1.0 Introduction
Primson Consultancy Services on behalf of the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) project Team and in partnership with the UNRCO and the Ministry of Public Service, Labour and Social Development / Department of Disability Affairs, is conducting a Comprehensive Situation Analysis of Persons with Disabilities in Zimbabwe.

The overall objective of this Situation Analysis is to provide up-to-date and broad perspective information about persons with disabilities in Zimbabwe. Finding from this report will be used primarily to inform the Round 4 UNPRPD-MTPF proposal writing processes, as well as inform the UN on its disability-inclusion strengthening processes (Please refer to the attached Information Note for more details). Please complete the questions below or advise on whether you would prefer an interview to discuss the questions on a date suitable for your Agency? Please send completed to Primson Consulting Firm’s leader Prof. Lincoln Hlatywayo at hlatywayol@zou.ac.zw

2.0 Agency Information on Disability Inclusion

<table>
<thead>
<tr>
<th>Name of UN Agency</th>
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<tr>
<td>Date</td>
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<td>Period in Zimbabwe</td>
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<td>Name &amp; Designation of Reporting Officer/s</td>
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<td>Target Disability Categories/Population Groups in Disability Inclusion Programming E.g., children with Disabilities</td>
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<tr>
<td>Areas of intervention of the Agency in promoting Disability-Inclusion (Please list) Disability inclusion Interventions supported by Agency E.g., CRPD implementation &amp; Advocacy, Awareness, Raising, Disability legislation and Policy, Women and Girls with Disabilities, Disability Inclusive Service-Delivery (inclusive GBV, SRH, Justice, Health, Humanitarian. e.tc)</td>
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1. Stakeholder Mapping/ UN Agency’s Disability Inclusion Programmes

a. Do you have clearly defined disability-inclusion focus on your programming as UN an Agency?

b. To what extent is the One UN approach being adhered to in the provision of disability services by UN actors?

c. What is your level of engagement with disability civil society in promoting disability-inclusion over the past 5-years e.g., Organizations of Persons with Disabilities (OPDs), Disability Service Organizations DSOs, and NGOs? State the areas of collaboration and support/Information from your disability-inclusion programming experiences (Please share any relevant reports):

d. Which disability inclusion knowledge products have you produced in the last 3 years? Please provide copies/links

<table>
<thead>
<tr>
<th>No.</th>
<th>Name/title of product</th>
<th>Purpose</th>
<th>Target group</th>
<th>Year published</th>
<th>Link or provide copy</th>
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e. Which Government ministries have you supported on disability inclusion in the last 5 years?

105
f. What are the areas your Agency is currently supporting on disability inclusion in the COVID-19 response processes?

### 4.0 Areas of Disability Inclusion Work in Zimbabwe

- What is your organisation doing (programmes activities) to ensure disability is mainstreamed in a systemic manner?
- In the table below, describe the type of disability inclusion support you have rendered in the last 10 years (where applicable please give disaggregated data e.g., gender, age, geographical dispersion, type of disability)

<table>
<thead>
<tr>
<th>Area of support</th>
<th>Ministry or OPD</th>
<th>Total Funding (USD)</th>
<th>Name of programme and Expected impact</th>
<th>Geographic coverage</th>
<th>Disaggregated data of beneficiaries (Where applicable)</th>
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<td>Legal and Policy</td>
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<td>Disability assessment and determination</td>
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<td>Accessibility E.g., Reasonable Accommodation, Information Produced in accessible formats, purchase of Accessible ICT Technologies etc</td>
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<td>Social protection</td>
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<td>Disaster risk reduction and humanitarian action</td>
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<td>High level outcome analysis of persons with disabilities</td>
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<td>Civil and political rights</td>
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<td>Budget analysis</td>
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</table>
Area of support | Ministry or OPD | Total Funding (USD) | Name of programme and Expected impact | Geographic coverage | Disaggregated data of beneficiaries (Where applicable)
---|---|---|---|---|---
Disability Data/Statistics and information on persons with disabilities |  |  |  |  |  

5.0 Lessons Learnt

1. Can you please share key lessons learnt by your organization in the provision of disability services over past 5 years?

1. **Gaps and Recommendations for Strengthening Disability-Inclusion in Zimbabwe**
   1. What are the Gaps/main challenges still being faced by Persons with Disabilities in Zimbabwe?
   2. What are the 5 main areas your Agency considers as priority to advance the implementation of the UNCRPD in Zimbabwe?
   3. Provide any recommendations on how best UN Agencies in Zimbabwe can strengthen disability-inclusion across development in Zimbabwe?
## Annex 4: List of Key Documents Consulted

<table>
<thead>
<tr>
<th>Key Document</th>
<th>Link</th>
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<tbody>
<tr>
<td><strong>UNPRPD (2020)</strong> Interface of Disability, Gender and Culture in Zimbabwe: Perspectives of Communities, Harare: UNESCO Regional Office for Southern Africa</td>
<td><a href="https://drive.google.com/file/d/1X8ebKtch8yHrOj0M78yVcmBlgG2y3eHE/view?usp=sharing">https://drive.google.com/file/d/1X8ebKtch8yHrOj0M78yVcmBlgG2y3eHE/view?usp=sharing</a></td>
</tr>
<tr>
<td><strong>Rugoho, T. &amp; Maphosa, F., 2017, ‘Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town’, African Journal of Disability 6(0), a252.</strong></td>
<td><a href="https://doi.org/10.4102/ajod.v6i0.252">https://doi.org/10.4102/ajod.v6i0.252</a></td>
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<td>Title</td>
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<tr>
<td>The Zimbabwe School Health Policy (ZSHP), 2018</td>
<td><a href="https://www.bing.com/search?q=zimbabwe+school+health+policy&amp;FORM=EDGENA&amp;refig=ebe9b23872784ba6a631e1b1e1492e9a">https://www.bing.com/search?q=zimbabwe+school+health+policy&amp;FORM=EDGENA&amp;refig=ebe9b23872784ba6a631e1b1e1492e9a</a></td>
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<tr>
<td>Zimbabwe Gender Commission Annual Report 2019</td>
<td><a href="https://zgc.co.zw/annual-reports/">https://zgc.co.zw/annual-reports/</a></td>
</tr>
<tr>
<td>UNESCO; Towards an effective and meaningful participation of persons with disabilities in Zimbabwe: survey findings report on the roles and capacities of organizations 'for and of' persons with disabilities in Zimbabwe; Provides an overview on the OPDs’ status, capacities, and roles; 2020, under the Joint UNPRPD Project Round 3.</td>
<td><a href="https://en.unesco.org/news/dpos-key-advancing-rights-persons-disabilities">https://en.unesco.org/news/dpos-key-advancing-rights-persons-disabilities</a></td>
</tr>
<tr>
<td>Africa Community Development and Research Center (ACDRC), Leonard Cheshire Disability Zimbabwe (LCDZ), and UNESCO; Aspirations, needs and concerns of women and girls with disabilities in Zimbabwe. Abridged Qualitative Study: Exploration of first-hand needs and aspirations of 261 women and girls with disabilities in marginalized areas; 2019, under the Joint UNPRPD Project Round 3.</td>
<td><a href="https://en.unesco.org/fieldoffice/harare/unprpddisabilityrights">https://en.unesco.org/fieldoffice/harare/unprpddisabilityrights</a></td>
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<tr>
<td>Musasa and Leonard Cheshire Disability Zimbabwe, the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMED) jointly with the Ministry of Public Service Labour Social Development with support of UNFPA; Report: Disability Assessment of Two Shelters and One Stop Centre the for Gender-Based Violence Service Provision; Explores the exact nature of barriers faced by women and girls with disabilities and determines the actions necessary to equalize participation and access to services; 2019, under the Joint UNPRPD Project Round 3.</td>
<td><a href="https://www.google.com/search/client=ms-google&amp;q=%E2%97%8F+Musasa+and+Leonard+Cheshire+Disability+Zimbabwe%2C+the+Ministry+of+Women+Affairs%2C+Communit">https://www.google.com/search/client=ms-google&amp;q=%E2%97%8F+Musasa+and+Leonard+Cheshire+Disability+Zimbabwe%2C+the+Ministry+of+Women+Affairs%2C+Communit</a></td>
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Rapid review on how persons with disabilities have been integrated (or not) in the reconstruction plans and process after the cyclone (using WFP Zimbabwe’s date collected during its operations). This review is the result of field visits, captured in a documentary video: 2019.
Implementation Analysis

The National Budget and Social Protection: Through the national budget allocations, the MoPSLSD has been funding several programs that benefit 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 program range between ZWL$1,500-00 (US$18) and ZWL$2,500-00 (US$30) per month with payment being affected electronically through Ecocash or One Wallet/Money to mobile phones of the persons assisted. These amounts are considered significantly inadequate to cater to 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 needs to be significantly improved with reports from key informants pointing out that government has failed to deliver the assistance for appreciable periods at a time.

It should also be noted that persons with disabilities needs differ with the type of disability and that the needs are higher for women and children than for men and the current system of allocation fails to make equity considerations, instead allocating a blanket amount across the age and gender divide. The mode of payment of using mobile money further discriminates against those persons with disabilities living in remote rural areas and those who might not have access to a telephone for various reasons.

As part of the mainstream assistance, the MoPSLSD 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 nationwide program in which application for assistance is done at MoPSLSD district offices. 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 service provision. During the survey for this study, a significant number of persons with disabilities reported a lack of access to Government provided health services. Most persons with disabilities do not know about the existence of this facility and more awareness-raising on its existence and modalities for access is required. In addition, the low funding levels at government health facilities have resulted in persons with disabilities failing to access any such services because there are very few medical personnel to attend to them timeously.

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 the 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 payslip of guarantor). The amounts distributed would amount to ZWL$8,000 (US$96), a once-off payment deposited into the supplier's account. While this is well-intended assistance provided by the government, from an analysis of the results of the survey for this study 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 MoPSLSD has also provided assistive technologies to persons with disabilities through the national budget nationwide. Like in the other interventions by the MoPSLSD applications are made at the 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 is usually allocated on a competitive basis though there are some exceptions. Funds are deposited into the selected service provider’s account. 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 MoPSLSD, also provides Educational Assistance covering academic and vocational skills for learners including 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 the 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 enrols 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 educational 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 made at the district level in the respective Ministry where the concerned employee works/worked and is submitted to H/O Disability Affairs Department. Payments are made depending on the degree of disability/injury. Some rates 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 a 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 MoPSLSD, the study found that in the other ministries and departments there were no allocations explicitly provided to cater specifically for them. The Ministry of Primary and Secondary Education has an outcome relating to learners with a disability enrolled, but in the budget allocations, there is no explicit allocation that goes towards these learners. The Ministry of Home Affairs has revealed there has been no persons with disabilities budget allocation in the past five years. Similar sentiments have been echoed in several other government ministries including MoESC and Ministry of Defence. A representative from the one ministry posits that budget allocations are more Ministry of Finance “dictates” than reflection of consultative processes with officials from other ministries hence the failure to have persons with disabilities budget allocations. 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 a need to do the same for allocations supporting persons with disabilities.