ADVANCING THE RIGHTS OF RURAL WOMEN WITH DISABILITIES IN ZIMBABWE:
CHALLENGES AND OPPORTUNITIES FOR THE TWENTY FIRST CENTURY

By

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DECLARATION

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I, COWEN DZIVA, author of this thesis, do hereby declare that the work presented in this document entitled: “ADVANCING THE RIGHTS OF RURAL WOMEN WITH DISABILITIES IN ZIMBABWE: CHALLENGES AND OPPORTUNITIES FOR THE 21ST CENTURY”, is a result of my own research and independent work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I hereby certify that the work embodied in this thesis has not already been submitted, either in whole or in part, for any other degree in this University or other institute of higher learning.

STUDENT SIGNATURE DATE

…………………………………… 01/02/2018

DEDICATION

To my mother, Munyaradzi Bhebhe, and all women with disabilities.

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ABSTRACT

Disability studies largely ignored or neglected the experiences of rural women with disabilities (WWD) in the Global South. This qualitative study documents the challenges faced by Zimbabwean rural WWD in the enjoyment of their fundamental rights and freedoms. Against the backdrop of various global, regional and national efforts to advance WWD's rights, the study examines possibilities for change. Utilising a phenomenological design, data were collected through in-depth interviews with women and girls with disabilities (WGWD), and semi-structured interviews with state and non-state actors in disability rights. Augmented by observations and extensive literature and policy reviews, the research findings revealed that the majority of rural WWD are not aware of their legal rights and have limited access to productive resources, information, employment, education and food. Rural WWD face mobility challenges and are largely discriminated against in health institutions and excluded from taking part in socio-economic and political activities. Girls with disabilities in inclusive schools battle against a myriad of attitudinal, environmental and administrative hurdles that limit their academic and social functioning. The results confirm the feminist disability theory's view that the functioning of WGWD is heavily determined by wider contextual, social, historic and gendered power relations. The findings support recommendations for an urgent alignment of liberal national disability instruments, policies and practices to international human rights norms. The 2013 Constitution effectuates a human rights approach to disability, yet in practice the exclusion of the disabled, rural, female 'other' continues unabated. Transformation in this regard must include a restructuring of financial resourcing of various state institutions for advancing disability rights. Various avenues to ensure for effective disability rights mainstreaming, lobbying, advocacy, awareness raising, and capacitation of rural communities are suggested. At the heart of it all is a change in mind-sets to embrace WWD as equal human beings with rights and dignity.

Keywords: *Disability studies, rural women with disabilities, rural girls with disabilities, Zimbabwean 2013 Constitution and disability rights, feminist disability theory, the rights of WWD in the Global South.*

ISISHWANKATHELO

Izifundo zobulwelwe azikhange ziyithathele ngqalelo imeko namava abantu basetyhini abayimilwelwe behlala emaphandleni kumazwe asemaZantsi. Esi sifundo somgangatho sibhala ngemingeni ejongene nabasetyhini abayimilwelwe basemaphandleni eZimbabwe xa befuna ukuxhamla amalungelo nenkululeko eyimfanelo yabo yemveli. Ngokuqwalasela imizamo eliqela yehlabathi jikelele, yezithili neyesizwe ekuphuhliseni amalungelo abasetyhini abayimilwelwe, esi sifundo sivavanya amathuba otshintsho. Ngokusebenzisa uyilo lwezifundo ngokwenzekayo, kwaqokelelwa iinkcukacha zolwazi ngokuqhuba udliwano ndlebe olunzulu namakhosikazi namantomabazana ayimilwelwe, kwaqhutywa nodliwano ndlebe lwemibuzo engenampendulo zithe ngqo (*semi structured interviews*) nemibutho yoburhulumente nengeyoyoburhulumente esebenza ngamalungelo emilwelwe. Uphando olwalukhatshwa kukuzibonela nokufunda nzulu okubhaliweyo ngemigaqo nkqubo, lwaveza ukuba uninzi lwabasetyhini abayimilwelwe basemaphandleni alwazi nto ngamalungelo alo asemthethweni kwaye alufikeleli ngokwaneleyo kwimithombo eluncedo, ulwazi, imisebenzi, imfundo nokutya. Abasetyhini abayimilwelwe basemaphandleni bajamelene nemingeni yokungakwazi ukuhamba kwaye bayacalucalulwa kakhulu kumaziko ezempilo. Ababandakanywa ekuthatheni inxaxheba kwimisebenzi yezentlalo, uqoqosho nezombuso/upolitiko. Amantombazana ayimilwelwe asezikolweni zikawonkewonke asedabini nemiqobo emininzi yendlela acingelwa ngayo, indawo ewangqongileyo nolawulo, zinto ezo zikuthibazayo ukusebenza kwawo kwezemfundo nasekuhlaleni. Iziphumo zophando ziyangqinelana nengcingane yezifundo zabasetyhini ethi indlela yokwenza izinto yabasetyhini abayimilwelwe ilawulwa ikakhulu lunxulumano lweemeko ezigqubayo, ezentlalo, ezembali nezesini. Iziphumo zophando zixhasa iingcebiso ezithi makukhawuleziswe kwenziwe ungqamano phakathi kwezixhobo, imigaqo nkqubo nemisebenzi yobulwelwe esizweni nezimiselo zamalungelo oluntu kwihlabathi ngokubanzi. UMgaqo Siseko wama-2013 ubeka elubala indlela yokujongana nobulwelwe, kodwa kuyaqhubeka kona ukujongelwa phantsi kwemilwelwe, yabasemaphandleni, yabasetyhini. Inguqu kulo mbandela kufuneka iquke ukuyilwa ngokutsha kwenkxaso mali kumaziko oburhulumente ahlukeneyo ukwenzela ukuba kuqhutyelwe phambili amalungelo emilwelwe. Kucetyiswa ngeendlela ezahlukeneyo zokuqinisekisa amalungelo emilwelwe njengokwenza iinkqubo ezifanelekileyo ezingundoqo, ngokuthethathethana nokuphembelela, ngokwazisa uluntu nokuxhobisa uluntu lwasemaphandleni. Esizikithini sako konke kufuneka utshintsho lwengqondo ukwenzela ukuba bamkelwe abasetyhini abayimilwelwe njengabantu abalingana nabanye benamalungelo nesidima.

Amagama aphambili: *Izifundo zobulwelwe, abafazi basemaphandleni abayimilwelwe, amantombazana asemaphandleni ayimilwelwe, Umgaqo Siseko waseZimbabwe wama-2013 namalungelo emilwelwe, ingcingane yezifundo zabasetyhini abayimilwelwe, kumazwe asemaZantsi.*

INGQIKITHI YOCWANINGO

Izifundo ezimayelana nokukhubazeka zivame ukunganaki noma ukungabi nandaba nokwenzeka kubantu besifazane abakhubazekile (ama-WWD) abahlala emaphandleni emazweni angakathuthuki ngokwanele (aseGlobal South). Lolu cwaningo olubheka kabanzi imininingwane engamaqiniso luqopha izingqinamba ezikhungethe abesifazane baseZimbabwe abakhubazekile abahlala emaphandleni ngenkathi bethokozela amalungelo abo asemqoka kanye nenkululeko yabo. Phezu kwemizamo eyahlukahlukene yezinga lomhlaba, lezifunda nelikazwelonke, yokuthuthukisa amalungelo abesifazane abakhubazekile, lolu cwaningo lubheka amathuba akhona oguquko. Kwasetshenziswa uhlobo lokucwaninga olubheka okuthize ngokuhlola imibono yalabo abake baba sesimweni salokho okucwaningwa ngakho, ngokufaka imibuzo abesifazane kanye namantombazane akhubazekile, kanye nalabo abadlala indima kwezamalungelo abantu abakhubazekile abasebenzela umbuso nabangasebenzeli umbuso. Ngokufakazelwa kakhulu ngokubonakele kanye nokuhlaziywa kwemibhalo nenqubomgomo, imiphumela yocwaningo enohlonze iveze ukuthi iningi labesifazane abakhubazekile basemaphandleni abawazi amalungelo abo ezomthetho kanti futhi abafinyeleli ngokuphelele emithonjeni elusizo, kwimininingwane, kwimisebenzi, kwezemfundo kanye nasekudleni. Abesifazane abakhubazekile basemaphandleni babhekana nezingqinamba zokungakwazi ukuhamba kahle kanti futhi bayacwaswa ezikhungweni zezempilo, baphinde banganikwa ithuba lokubamba iqhaza kwezenhlalo-mnotho nezepolitiki. Amantombazane akhubazekile ezikoleni ezamukela zonke izinhlobo zabafundi babhekana nezimo eziningi eziyizingqinamba maqondana nendlela aphathwa ngayo, nesimo sendawo kanye nokwenziwa kwezinto okuba nomkhawulo ekwenzeni kwabo maqondana nezemfundo nezenhlalo. Imiphumela iqinisekisa umbono wenzululwazi elwela abesifazane abakhubazekile wokuthi ukusebenza kwabesifazane abakhubazekile, esikhathini esiningi, kuvame ukuvela ngenxa yengqikithi esabalele yobudlelwano bamandla maqondana nenhlalo, umlando kanye nobulili. Imiphumela yocwaningo yeseka izincomo zokuthi kumele kube khona ukulinganiswa okuphuthumayo kwempahla yokusebenza maqondana nokukhubazeka, izinqubomgomo kanye nezindlela zokusebenza ezingeni likazwelonke kanye nokuvamile ezingeni lomhlaba wonke kokuphathelene namalungelo abantu. UMthethosisekelo wonyaka we-2013 wenza kusebenze indlela yokubheka ukukhubazeka ngeso lamalungelo abantu, kodwa indlela okwenziwa ngayo iqhubeka kakhulu nokubandlulula abesifazane abakhubazekile basemaphandleni. Uguquko, maqondana nalokhu, kumele lufake ukuhlelwa kabusha kosizo lwezimali ezikhungweni ezahlukahlukene zombuso eziqhuba phambili amalungelo aba. Kuhlongozwa izindlela ezahlukahlukene zokuqinisekisa amalungelo abakhubazekile okufaka kukho ukufakwa kwemiphakathi yasemaphandleni ezinhlelweni, ukukhulumisana nayo ukuze ibambe iqhaza, ukuyilwela, ukwenza ukuba iqaphele okwenzekayo kanye nokuyinikeza amandla okwenza. Okuyiyona nto ebaluleke kakhulu, wuguquko ekucabangeni ukuze abesifazane abakhubazekile bathathwe njengabantu abalingana nabanye abanamalungelo nesithunzi.

Amagama asemqoka: *Disability studies, rural women with disabilities, rural girls with disabilities, Zimbabwean 2013 Constitution and disability rights, feminist disability theory, the rights of WWD in the Global South.*

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ACRONYMS AND ABBREVIATIONS

ACDEG	African Charter on Democracy, and Elections and Governance
ACHPR	African Charter on Human and Peoples’ Rights
ACRWC	African Charter on the Rights and Welfare of the Child
ARI	African Rehabilitation Institute
AYC	African Youth Charter
BEAM	Basic Education Assistance Module
CEDAW	Convention on the Elimination of Discrimination against Women
CWD	Children with Disabilities
DSS	Department of Social Services
DPA	Disability Persons Act
DPOs	Disabled Persons Organisations
FODPZ	Federation of Organisations of Disabled People in Zimbabwe
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRBA	Human Rights Based Approach
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICCPR	Internationa Covenant on Civil and Political Rights
ILO	International Labour Organisation
GWD	Girls with Disabilities
KNCHR	Kenya National Commission of Human Rights
MDGs	Millennium Development Goals
MHCW	Ministry of Health and Child Welfare
MPSLSW	Ministry of Public Service, Labour and Social Welfare
MPSE	Ministry of Primary and Secondary Education
NASCOH	National Association of Societies for the Care of the Handicapped
NCDPZ	National Council of Disabled Persons of Zimbabwe
NDB	National Disability Board
NGOs	Non Governemental Organisations
NGP	National Gender Policy

LCDZ	Leonard Cheshire Disability Zimbabwe
OHCHR	Office of the High Commissioner for Human Rights
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
STEM	Science, Technology, Engineering and Mathematics.
PWD	People with Disabilities
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UN ESCAP	Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WB	World Bank
WGWD	Women and Girls with Disabilities
WHO	World Health Organization
WWD	Women with Disabilities
ZAVHU	Zimbabwe Association for the Visually and Handicapped
ZEC	Zimbabwe Electoral Commission
ZHRC	Zimbabwe Human Rights Commission
ZGC	Zimbabwe Gender Commission
ZimAsset	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZimStats	Zimbabwe Statistics Office

CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

People with disabilities (PWD) can direct their lives and, above all, participate as active participants in development. Yet PWD, especially rural women with disabilities (WWD), remain marginalised, discriminated against, without basic needs, and are thus living in abject poverty and often at the mercy of charity. Advancing the welfare of PWD, particularly rural WWD is particularly important as this group comprises the poorest in the world. The World Report on Disability (WHO & World Bank 2011; United Nations 2006) notes that 82% of PWD are poor and reside in the Global South. Undeniably, PWD live at the margins in society, and constitute the world's poorest in the Global South. This is equally true in Zimbabwe where PWD are highly vulnerable to poverty (WHO 2013; UN & WHO 2011; NASCOH 2013a).

The capacities of PWD, particularly WWD (skills and experiences); assets and entitlements are limited by a disability – especially where disability intersects with class, sexual orientation, race, gender, and level of education. While situations of PWD depend on the type of disability, and statuses: class, race and employment history, a majority of WWD in rural areas languish in poverty. For instance, the basic right to information and education is compromised for a majority of women and girld with disabilities (WGWD) in rural areas of the Global South. Challenges faced in accessing education includes limited resources including school fees, assistive devices and specialist services. For girls with disabilities (GWD) limited access to education limit their opportunity base and result in decreased productivity when they become adults (Filmer 2008; Burchardt 2005). Being uneducated means missed opportunities to acquire knowledge and professional skills, hence more difficulties in securing better employment opportunities when they grow up. Consequently, some commentators would regard disability as creating a vicious cycle of poverty and disability (Yeo 2005).

The plights of PWD are made worse by limited mainstreaming of disability issues in international and national development measures. While the Millennium Development Goals (MDGs) were a welcome move both locally and internationally, especially with the attention the framework directed to the needs of the poor in marginalised and remote communities, they failed to acknowledge the specific needs of PWD. The MDGs only referred to PWD in relation to education (Choruma 2007). The failure to mention disability in the MDGs means "*a lost opportunity to address the pressing social, educational, health and economic concerns of millions of the world's most marginalized citizens*" (Groce 2012:viii). Moreover, the 2012 Gender Inequality Index of the United Nations Development Programme (UNDP 2013), did not include disability as an explicit variable. Similarly, The Global Gender Gap Report 2012, released as an annual publication of the World Economic Forum, does not include disability as one of its economic indicators (Hausmann, Tysdon & Zahidi 2012). The failure to explicitly mention PWD, particularly rural WWD, reveals an inconsistent inclusion of disability in national policies and programmes, and above all the monitoring of disability related data.

The Sustainable Development Goals (SDGs) reference disability in relation to:

- Goal 4, regarding inclusive and equitable quality education
- Goal 8, regarding sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 10, regarding reducing inequality within and among countries by empowering and promoting the social, economic and political inclusion of all
- Goal 11, regarding making cities and human settlements inclusive, safe and sustainable
- Goal 17, regarding revitalizing global partnership for sustainable development, data collection, monitoring and accountability (UN Enable 2015).

The fact that the SDGs indicators contain explicit references to PWD, is of note. In this regard the SDGs are a powerful advocacy tool for PWD to argue for inclusion, especially in the Global South (Haslam 2015). This will go a long way to address government focus to disability issues.

In Zimbabwe, it is often argued that stakeholders who advocate the implementation of disability issues, including the government, have not fared well with this obligation even in the wake of a disability friendly Constitution of 2013. The Constitution marks an improvement for issues facing

PWD, as it regards this group as equal human beings with dignity and rights. This Constitution is hailed for its potential to regard the rights of PWD as inalienable, interdependent, universal, and indivisible. It contains provisions that directly address disability; such as Sections 22 and 83 which call upon the government and its agencies to take appropriate measures to recognise the rights of PWD.

Zimbabwe was hailed for being the first country in Southern Africa to design a disability law, namely the Disability Persons Act (DPA) of 1992. The Act was promulgated to advance PWD issues in Zimbabwe, yet it failed in aiding them to access basic needs and services including education, employment, and other crucial opportunities. This Act was not followed with necessary and concrete administrative measures for its effective implementation (Lang & Charowa 2007; Leonard Cheshire Disability 2013). After two decades in operation, many Zimbabweans view the Disability Persons Act as a useless piece of legislation that is cosmetic as far as the rights of PWD to basic needs and services are concerned (Mandipa 2013; Khupe 2010). PWD, especially WWD, require more attention in terms of schooling, training, and welfare to ensure individual access to income and opportunities for personal advancement. Despite this common knowledge, the DPA failed to provide for these rights. Thus, WWD continue to be marginalised and discriminated in the absence of sound legal guarantees.

The challenges of WWD are more pronounced in rural areas than urban areas. In rural areas, WWD grapple with limited services, and environmental and attitudinal factors. These challenges limit the inclusion and participation of rural WWD in matters shaping their lives. In most rural areas of the Global South, WWD have – to a greater degree – limited mobility, access to employment, health, formal education, information, and awareness of their rights and the various mechanisms in place to improve their welfare. This is unlike in urban areas where mobility across roads and terrain and proximity of public offices and services are advantages for WWD. Furthermore, the majority of urban WWD make a living through airtime vending and begging in streets and public places, something which is limited rural areas. Without access to opportunities, resources, and knowledge, rural WWD largely remain invisible and excluded from societal development (UN ECAP Workshop on Women and Disability 2003; UNICEF 2003).

Thus, the survival of rural WWD are heavily dependent on the help of family members, the church, and well-wishers.

In Zimbabwe, the majority of WWD live in rural areas. Choruma (2007) notes that 70% of PWD live in rural Zimbabwe. In rural areas PWD are commonly viewed in a charity model: helpless objects in need of constant financial and other forms of support from family members. To many rural societies, PWD have nothing to offer, hence limited investment into their education and well-being. Relatives tend to financially favour able-bodied children, whom they hope will grow up, find good employment and – in turn – look after them in their old age. In Zimbabwe, this situation is worsened by the severe political and economic crisis that the nation has found itself in in the first two decades of the 21st century. This instability and lack of growth resulted in limited resources being channelled towards the welfare of rural WWD.

There are few studies that have unearthed the challenges rural WGWD have to endure even though they face discrimination and marginalisation in rural areas. Generally, research on disability is fragmented and out-dated in Zimbabwe, as evidenced by the lack of updated statistics on the PWD population. There are limited efforts to mainstream disability issues in other national development surveys, including the national population census. Evidently, the recent national population census of 2012 did not delve deeper into aspects such as types of disability and gendered disability information (Mandipa 2013). This limited research focus on disability in Zimbabwe is partly a result of the government’s attention being diverted to economic recovery, empowerment, emerging social problems of HIV/AIDS, cancer, and marauding poverty.

The research gap identified is the need to integrate the study of disability and development to produce a more nuanced gendered understanding of human rights in the context of disability and rural residence.

1.2 DESCRIPTION OF THE STUDY PROBLEM

PWD face multi-layered forms of marginalisation and discrimination and have been unable to lead meaningful and sustainable lives (WHO & World Bank 2011; Grobbelaar-Du Plessis 2007). PWD rarely participate in socio-economic and political spheres (ILO 2007). Of all groups of PWD, rural WWD face widespread forms of discrimination and marginalization stemming from both the disability community and mainstream society. WGWD face discrimination, exploitation, violence, maltreatment, limited employment opportunities, and unequal access to productive resources such as land and capital (Neille & Penn 2015; Ngwena 2006; Women Watch 2012; Braimah 2009; CRPD 2006). The Preamble of the CRPD recognizes that "*WGWD are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation*" (CRPD 2006:2). The plight of rural WWD is worsened by dual barriers arising from gender and disability (WHO & World Bank 2011). For rural GWD of school-going age, their plight can be further compounded by negative attitudes from school staff or students, unfriendly infrastructures, lack of learning resources, sporting facilities, and inaccessible buildings (UNICEF 2013; Salend 2001; Lewis, Crawford & Sygall 2002).

WGWD face varied forms of discrimination and marginalisation yet there is a paucity of empirical research on WWD's experiences in Global South such as Zimbabwe. Attempts by emerging literature to explore the plight of PWD tend to examine PWD in general terms (Choruma 2007; Lang & Charowa 2007; Mugumbate 2016), basing on literature review and concentrated on single factors of gender and violence (Fernbrant, Essen, Ostergren, & Cantor-Graae 2011; Jewkes 2013), with minimal research into the complex interaction between multiple factors, such as gender and disability in a rural context. Meekosha (2011) states that flagrant violations of the rights of WWD have largely remained invisible in peripheral areas of Global South (Meekosha 2011). The experiences of rural WWD specifically remain a field that neither Development nor Gender Studies have focused on. Instead, such studies have focused on PWD or rural women in general, respectively. By focusing on disability and women as distinct fields, studies have denied the stories of rural WWD a chance to be heard, and to identify their needs and challenges. Grech (2009) says that the field of disability and development remains overlooked in research and policy making.

Vick (2007:2) declares that one area in need of further exploration, which falls within the purview of feminist disability scholarship, is to document the lived human experiences of WWD in remote areas. Saldana (2011), the WHO and the World Bank (2011) further called for qualitative narrative research with critical feminist lenses to examine the obstacles faced by WGWD, in order to contribute to this research genre and to inform policy. This is one study meant to integrate disability and development (considered different and largely separate traditions, discourses, and practices) to provide a feminist understanding of the WWD’s human rights context in remote areas of Zimbabwe. To be specific, the study investigates the interaction of gender and disability in rural Zimbabwe with a view to uncover the barriers to the empowerment of WWD to allow them to be active agents in their own development.

1.3 RESEARCH OBJECTIVES

The primary research objective is to unearth challenges faced by WWD in advancing their human rights in rural Zimbabwe. Stemming from the primary objective, the following secondary objectives will guide the research:

- Uncovering the challenges of rural WWD in advancing disability rights (internationally, the Global South, nationally and in the selected study site).
- Describing actions taken at the national level and in Mberengwa district of the Midlands province to integrate WWD into socio-economic development strategies in Zimbabwe.
- Describing possibilities for efforts at the level of individuals, households, and communities to address the problems of discrimination, poverty and health for rural WWD.

The study bridges the knowledge gap between the field of development studies and feminist disability studies by providing a gendered-disability understanding of the plight of rural WWD in the 21st century.

1.4 SCOPE OF THE STUDY

In demarcating the scope of the study, the researcher was guided by the human rights model of disability as explicated in Chapter 2 of this thesis. The inquiry was conducted in the Midlands province of Zimbabwe, the third largest province of the 10 provinces in terms of population size. Of the country's nearly 13 million people, Midlands has a share of 12.4%, of which (838 929) 52% are women (ZimStats 2012). As the 2012 Census failed to capture the total population of PWD, there are no recent statistics on the population of PWD in Zimbabwe.

The province is home to a Jairos Jiri Association school, one of the oldest rehabilitation homes for PWD in Zimbabwe. Most people in Midlands are based in rural areas, and they speak Shona (Karanga dialect), Ndebele and English, and have deep-rooted religious and cultural beliefs that views impairment differently. Here, disability is viewed as a punishment or a curse by angry ancestral spirits for sins committed by either the disabled person or their families (Choruma 2007). When a disabled baby is born in rural areas of Midlands province, the mother is often blamed for cursing the family. There are reported cases of rural parents children with disabilities (CWD) to evade shame when visitors arrive (ZHRC Baseline Report 2015).

Mberengwa district – found in the southern part of the Midlands province – is selected as a site for the recruitment of interviewees. According to the 2012 Census, Mberengwa has a population of 15 7865, of which 53.4% are women (ZimStats 2012). The district was purposively chosen as it is well-known to the researcher. Further, the district is home to mission schools housing CWD such as Chegato High School, Masase High School, Mnene High and Primary Schools, and Msume High and Primary Schools. In Mberengwa district, infrastructural development is good and schools and hospitals, some owned by government or churches, are of an acceptable standard. However, people walk long distances to access such facilities. The district is generally poor and has a poverty incidence level estimated at 72% (Zimbabwe Election Support Network 2008). Disability disproportionately affects vulnerable populations in such poverty-stricken areas (WHO & World Bank 2011). Households in Mberengwa are always food insecure as they are affected by vagaries of the climate (Dziva & Kusena 2013).

In Mberengwa, livelihoods are based on small scale artisanal mining, cattle rearing and subsistence farming (Dziva & Kusena 2013). With the closure of several mines due to economic crisis, most able-bodied men and women are jobless. They rely on mineral panning of mainly gold, emeralds, and tantalite. Illegal mining has caused concerns over the local environment and the health of people in the district due to resulting accidents. Impairments from mineral panning are a ‘social product’ of the dangerous working environments that miners are exposed to daily. In most cases, artisanal miners use poisonous chemicals that expose miners to contagious industrial diseases and injuries (Abberley 1987). Though remaining a major source of livelihood for many in Mberengwa, illegal mineral panning has continued to be a major health problem and environmental degrading factor in the district.

1.5 THEORETICAL FRAMEWORK

This research was informed by the feminist disability theory as propounded by Hall (2011) and Garland-Thomson (2000) and the intersectionality theory. The theory views disability beyond the impaired body parts of a person but rather in the wider environmental and attitudinal barriers that disables the functioning of people with impaired body parts. Thus, disability entails a socially constructed narrative of the impaired body of a person (Garland-Thomson 2000). The theory holds that gendered disability varies according to social context and culture (Devlin & Pothier 2006; Kisanji 1995).

It is the intersectionality of varied environmental and societal factors including gender, race, class, and disability which renders WWD useless persons, and makes them disadvantaged and suffer disproportionately especially in the Global South. In some instances, WWD’s daily challenges stem from societal perception of them augmented by their gender, sex, class and locality (Ereveless & Minear 2010; Garland-Thomson 2004). Specifically, Erevelles and Minear (2010:16) describe how *“… individuals located perilously at the interstices of race, class, gender, and disability are constituted as non-citizens and no-bodies by the very social institutions (legal, educational, and rehabilitation) that are designed to protect, nurture, and empower them*”.

Feminist disability theory builds on the social and human rights models which sought to explain disability and the problems of PWD beyond the politics of the impaired body to infuse a wider social dimension (Dewsbury, Clarke, Randall, Rouncefield & Sommerville 2004; Dowse 2001; Abberley 1987). Thus, the focus of the feminist disability theory beyond the impaired body makes it a utility thinking in explaining the challenges of rural WWD in Zimbabwe. In remote areas of the Global South, the potential of women with impaired body parts are negatively affected by inaccessible environments, and society's negative attitude towards them because of religious, cultural and patriarchal norms. These factors weigh heavy on WWD, affecting their enjoyment of the right to dignity, other rights and freedoms enjoyed by able-bodied persons.

1.6 SIGNIFICANCE OF THE STUDY

Although considerable research has been devoted to disability and development in Zimbabwe, less focus was devoted to rights of rural WWD. Choruma (2007) surveyed data on PWD in Zimbabwe entitled '*The forgotten Tribe: People with Disability in Zimbabwe*' which provided a snap shot on the prevalence, causes, and impact of disability in the country. Many general studies of the rights of PWD recognise disability as inexorably linked to alleviating poverty, extension of human rights and citizenship (Lang & Charowa 2007). However, there is a paucity of in-depth inquiries into the rights of PWD, let alone the lived experiences of WWD in rural Zimbabwe. There remain scant data on the most appropriate and sustainable strategies for advancing the rights of PWD in peripheral areas of Global South. This has been further exacerbated by disability studies that maintain an exclusive attention on PWD in the Global North, even though a majority of this disadvantaged group are found in the Global South (Meekosha 2011; Grech 2009). In low and middle-income countries of the Global South, people are disabled by poverty, processes of colonisation, and wars of independence, neo-colonialism, globalisation, poverty, and emerging diseases (Meekosha 2011; Hall 2011). Quinn and Degener (2002) challenge researchers to document the lived human rights realities of PWD in remote areas, and to let PWD themselves devise strategies and innovative solutions for their situation.

This study goes beyond disability studies in general to discuss the link between disability, gender, and vulnerability to human rights violations that comes with poverty and societal variables in rural Zimbabwe. Social development is a broad subject which looks at the ability of human beings to satisfy their basic needs to improve their quality of life. In many instances, the disability factor intersects with varied factors to generate situations that make PWD, especially CWD and WWD, vulnerable and susceptible to discrimination and multiple disadvantages (UN Enable 2015; Council of Europe 2005; WHO 2010; World Bank 2010; United Nations 2006; WHO & UNFPA 2009; Lansdowne 2009; Maulik & Darmstadt 2009). Many studies show an extricable link between the disability and vulnerability of WWD and CWD to diseases such as Sexually Transmitted Inefections; including HIV/AIDS (Groce & Trasi 2004; Monaghan 2006; Hanass-Hancock & Nixon 2010; Gerntholtz, Grant & Hanass-Hancock 2010; Shome & Tataryn 2008; Wilcher & Cates 2009; UNAIDS 2009; Taegtmeyer, Henderson, Angala & Ngare 2006). PWD's vulnerability is pronounced in accessing rehabilitation and health support services as revealed in a survey conducted in four Southern African countries. The survey further revealed that 26-55% of people who wanted medical rehabilitation received it, 17-37% of people who required assistive devices received them, 5-23% received vocational and professional training; and 5-24% received the welfare services they needed (Eide & Loeb 2006).

Accordingly, this thesis attempts to fill this gap in the nexus between the concerns of disability studies and development studies. This is an attempt to add perspectives on disability from a peripheral society. In exploring these issues, the thesis will seek to lay the groundwork for the understanding lived human rights experiences of African WWD in rural areas.

1.7 METHODOLOGY

The purpose of this qualitative study is to explore the lived human rights experiences of rural WWD in Zimbabwe. The study explored the efforts made at international, national and community level to integrate WWD into socio-economic development. This informed an examination of the ways in which WWD articulate the meaning of living with a disability, and envisages opportunities at individual, household, and community level to advance their rights. To accomplish this purpose, qualitative research as informed by a phenomenological design was adopted.

Specific details on the research design, sampling techniques, data-generation and data analysis strategies are discussed in Chapter 3 of the thesis.

1.8 CLARIFICATION OF TERMS

1.8.1 Disability

According to Akinsola (2006:344), disability is: "*any restriction or lack of (resulting from impairment) ability to perform an activity in the manner or within the range considered normal for a human being.*" However, this study conceptualizes disability to mean any limitation or restriction that is placed upon somebody with a physical and visual impairment. Disability is viewed as a social construct by society, used to disenfranchise women with physical and visually impairments.

1.8.2 Discrimination against PWD

The act of discrimination entails the practice and act that unfairly hinders or precludes persons or persons with physical and visual impairment from full participation in society. This act or practice of discrimination has the effect of limiting PWD's enjoyment of human rights and freedoms, especially with respect to WWD's effective participation, dignity, equality and self-worth in society. In the case of WWD, this continuing discrimination is exacerbated by all the disadvantages resulting from societal norms and their disability which, in turn, vary in accordance with its nature and seriousness (Mandipa 2013).

1.8.3 Feminist disability theory

The theory places the disability challenge as emanating from both the politics of the body and social constructions which work together to hinder the inclusion of WWD, participation and functioning in society. The theory therefore transforms both fields of gender and disability and is crucial for documentation of the lived human rights experiences of WWD in face of socio-economic and political variables in rural Zimbabwe.

1.8.4 The health of PWD

PWD are viewed by society as having a medical condition that requires medical attention rather than individuals in need of recognition as equal human beings with health needs beyond those related to their physical condition. Indeed, PWD are at odds with inaccessible structures, and widespread discrimination by health care workers in their quest to access health care services. In rural areas of the Global South, the challenge of accessing healthcare services is worsened by long distances WWD are required to travel. This is exacerbated by the limited number of health care centre and limited medical and specialist services. PWD, especially WWD, face challenges in accessing reproductive health care information, education, and services. Health care workers often ridicule, despise, and view WWD as asexual.

1.8.5 Impairment

Impairment is understood as an abnormality or loss in a person’s physiological function or body structure (WHO 2011). This may entail the mental function of a person. For this thesis, impairment refers to any physiological, psychological, or anatomical defect possessed or acquired by a woman in rural Zimbabwe. However, this study limits its focus to physical and visual defects.

1.8.6 People with disabilities

This study adopts the CRPD’s conceptualization of PWD. The Convention refers to PWD to *“…include those who have a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers that may hinder their full and effective participation in society on an equal basis with others*” (CRPD 2006). This is an inclusive definition of PWD, which takes the fact that disability is a result of both individual impairments, attitudinal and environmental factors into consideration.

1.8.7 Phenomenology

Phenomenology studies seeks to uncover and understand the broad lived experiences of subjects through "*gaining a deeper understanding of the nature or meaning of our everyday experiences*" (van Manen 1990:9).

1.8.8 Poverty of PWD

This refers to the inability and incapacity of PWD to command basic needs. Disability and various societal norms erode or nullifies economic performance of PWD thereby limiting their potential to be employed, access quality food, adequate housing and safe water, and the right to education.

1.8.9 Rights of WWD

Like all human beings, WWD have rights as enshrined in international, regional and national instruments. Often, women, especially WWD, have their rights violated due to societal values and beliefs which relegate this group to the periphery of society. Nevertheless, WWD have rights, most importantly to access basic needs and services such as proper sanitation, access to health, water, education, participation and the right to development for them to live meaningful lives.

1.8.10 Rural Zimbabwe

Most countries of the Global South are divided into urban and rural areas. Urban areas entail cities and towns whereas rural areas are geographical areas outside of such sites. These areas are often characterized by poor road networks and limited service centres. In cases where services are present, they are sparsely placed, and people travel a considerable distance to access them. Rural areas are mainly administered by local authorities and traditional leaders who are the custodians of culture and religious values. Most rural areas are mother to dogmatic religious and traditional beliefs that view disability as punishment from God and ancestors. Mberengwa district is one such area, where disability is viewed as a punishment or a curse by angry ancestral spirits for sins committed by either the disabled person or their families (Choruma 2007). The residents of rural Zimbabwe believe that PWD are unproductive individuals who must be recipients of aid and hand-outs. Amid socio-economic challenges that Zimbabwe found itself in the 21st century, PWD especially WWD and CWD bear the brunt of inequalities.

1.8.11 Socio-economic development strategies in Zimbabwe

This refers to national policies and strategies employed by the government of Zimbabwe to improve the livelihoods and welfare of the poor since independence in 1980. As Zimbabwe gained independence, the government employed socialist, egalitarian, and democratic policies for inclusive development. In the 21st century, the government's policies were meant to achieve economic transformation, black empowerment, and growth. Such policies include the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimAsset policy 2003), Indigenization and Empowerment policy (2007), and the Fast Land Reform Programme (2000). Mitigation strategies have included introduction of cash disbursements to PWD and other vulnerable groups under the management of the Department of Social Services in the Ministry of Public Service. Even though the policies and strategies are meant to emancipate the poor, they are criticized for failing to mainstream the needs of the marginalized and bring meaningful change to the vulnerable groups of the society such as PWD.

1.18.12 Global South and Global North

The Global South and Global North terminology references complex inequalities between rich-industrialised countries versus poor, raw material producers. Many of the countries in the Global North were the previous colonisers of the Global South, who to some extent caused poverty and disability of many through wars of colonisation and decolonisation (Meekosha 2011). This asymmetric relationship continued after the end of colonisation (Meekosha 2011).

1.8.13 Feminist-gender perspectives

The feminist-gender perspective views WWD in terms of biological and anatomical features and in terms of interchanging societal roles, positions and behaviours. Thus, it attempts to explain deep-rooted biological, social constructed and interconnected experiences of WWD in society.

1.9 CHAPTER LAYOUT

Chapter 1: This chapter is the introductory section of this thesis. It presents the background of the study, research problem, and objectives, scope of the study, brief theory and methodology used in the study, the study's significance, definition of key terms used in the thesis and chapter layout.

Chapter 2: This chapter reviewed literature related to the topic under study to have a corpus view of the contemporary debates of the topic, and to identify research gaps on the advancement of rural WWD's rights.

Chapter 3: Presents a detailed description of the research process to be undertaken, design and methodology to be used in the study.

Chapter 4: Analysing of international and national mechanisms for advancing the rights of women with disabilities in Zimbabwe.

Chapter 5: In this chapter, the researcher presents, analyses and discusses results of the study in relation to key themes identified during the analysis process.

Chapter 6: This study synthesises the entire thesis in which conclusions and recommendations are articulated. This chapter is followed with a synthesis of all literature used in developing the thesis under the reference section. The thesis ends by annexures which includes all pertinent documents and information used during data collection and in the body of this thesis.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the researcher reviews literature to uncover the knowledge gap in relation to the intersection of disability, gender, and vulnerability in the Global South. Specifically, this review focused on identifying and revealing research debates and gaps in relation to the disability concept and feminist disability thinking, intersectionality of disability, gender and vulnerability, and the challenges of rural WGWD in peripheral areas of the Global South. The review was intended to reveal current debates and research gaps in the opportunities for WWD to advance their rights at all levels of the society. Regarding the challenges faced by PWD in society, this study focused mainly on PWD's access to basic needs including health, education, information, inputs, protection against abuse and violence and the challenges in the enjoyment of these rights.

2.2 HISTORICAL TRAJECTORY OF DISABILITY

As early as 355BC, disability has been recorded as the basis for discrimination and marginalisation. Around 355BC, Aristotle said, "*those who are born deaf become senseless and incapable of reason*" (Hladek, G. 2009:1). In the 16th century, Martin Luther (1463 – 1546) claimed that he saw a devil in a profoundly disabled child, and Luther recommended that the child be killed (Barnes 1991). The comments by Aristotle and Luther portrayed disability as an unfortunate situation that any person found to be impaired was deemed an unworthy human being and incapable of reason and unworthy being subject to equality, the right to dignity, and life in society. The viewpoints of these great thinkers were not only unfortunate but rather a cause for concern in the fight against the segregation, marginalisation, and discrimination of PWD. Indeed, society tends to follow the viewpoints of their respected leaders and great thinkers in according rights to various disadvantaged groups of the society.

Studies conducted in the 1950s revealed how society viewed PWD negatively. During this time many parts of society, including community leaders, policy makers, and able-bodied persons, viewed disability as a medical condition that required specialist health support services. These studies saw only the impaired body parts of PWD, thereby proposing medical treatment, rendering them nothing more than a problem to be solved. This limited conceptualisation of disability during the 1950s ensured continued challenges for PWD. The United Kingdom Disabled Peoples' Council (UKPC 2011a) notes that the rampant violation of the rights of PWD during the 1950s mainly took the form of resentment, persecution, discrimination, stigmatisation, indignity, and denial of human rights.

The societal discrimination and marginalization of PWD continues to be a challenge to the achievement of equality and social justice in the 21st century. In many societies of the Global South, PWD are viewed as objects of medical and charity attention which should not be consulted nor allowed to participate in matters shaping their lives (Hall 2011; CRPD 2006). PWD continue to be side-lined in national and community policy making circles that even deliberate on their welfare and rights without the presence of a representative. This viewing of PWD as objects is contrary to the best contemporary human rights practices and norms, which emphasise the equality, dignity and capabilities of every person to make enormous socio-economic and political decisions and contributions to the society. For instance, the CRPD (2006) under its article 29 (a) calls upon State parties to ensure that PWD participate effectively and fully in political and public life on the equal basis with others.

The existence of negative perceptions against PWD has made the task of defining disability an elusive one. Dube (2007:7) states that defining disability remains as "*elusive as finding the legendary needle in a haystack*". The WHO and the World Bank (2011:3) further note that defining disability is difficult as the phenomenon is "*complex, dynamic, multidimensional and contested*". Historically, the term has been used synonymously with inability, denoting that being disabled was equal to being weak, useless, and powerless. Disability is commonly defined in terms of the observed or inferred characteristics such as being deaf, dumb, blind, and lame amongst other challenges that limit mobility and being of poor health. This narrow conceptualisation of disability contradicts best human rights norms and practices, as spelt out in international instruments including the UDHR and the CRPD which emphasise on human dignity of each human being on earth by being human.

All the above expositions of disability are narrow and unconvincing in the 21st century as they do not consider PWD in the realms of human rights. The absence of an encompassing and convincing explanation of disability stems from diverging views and perceptions as influenced by varied and pervasive religious and cultural norms. Pervasive societal norms and values place the challenge of disability on the individual, looking at it from either moral, expert and charity perspective. This inadequate conceptualisation of disability based on biological features of body parts results in uninformed and piecemeal intervention strategies, programs, policies and laws for PWD that fail to provide sustainable human rights solutions to the plight of these individuals. A comprehensive understanding of disability is crucial to empowering PWD to claim their rights, and in directing actors towards total emancipation and creation of independent and sustainable development for PWD.

The *Disabled Persons Act of Zimbabwe* (1992) under section 2 defines a PWD as:

> *"A person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society."*

Again, the Act's definition of disability is not in tandem with accepted human rights norms and practices as it ignores the honest and important point that being disabled is by far beyond having visible impairments by the so-called disabled person. The Act's conceptualisation of disability is premised on the old-fashioned medical view of disability which locates disability within the person with impaired body parts. Thus, individualising disability and viewing it in the essence of inability of a person to perform at an equal footing with an able-bodied person. By so doing, the Act fails to appreciate that impairments found on human beings resemble human diversity, meaning PWD are diverse human beings, with dignity, and who are affected by environmental and attitudinal barriers in society.

The CRPD provides a convincing and inclusive definition of disability. Under Article 1, the CRPD does not openly provide a definition of PWD but instead shows that PWD are part of an inclusive group. The clause in question stated that:

> *"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"* (CRPD 2006).

The CRPD definition draws attention to two important but often misconstrued terms: disability and impairment. In the African context, various sections of the society often confuse and use the terms interchangeably. Body impairment is conceptualised as disability and inability of one to live independently, which is wrong. This narrow conceptual narration of disability is to blame for inadequate intervention strategies that have increased instead of reducing poverty and misery amongst PWD. The CRPD however shows that having an impairment is an indication of human diversity, and an impaired person can only be disabled by the unsupporting society and environment.

In line with the above, the WHO (2011) argues that even if disability and impairment are used interchangeably, they are different even though both terms speak to of crucial issues for consideration in policy formulation and devising of responses the problems of people who require rehabilitation facilities, medical services, and social welfare. According to Schulze (2010:27), *"[a]n impairment on its own would not lead to disability should there be a completely inclusive and comprehensively accessible environment",* such as the provision of aids and devices to all PWD in need of them, having accessible environments, favourable and supportive laws and policies, and, above all, embracing this disadvantaged group of the society. For this reason, the CRPD resembles a paradigm shift from the narrow conceptualisation of disability to the desired human rights-based approach. The human rights-based concept of disability, as seconded by the CRPD, is exhaustive and inclusive of the critical variables of bodily impairment and its interaction with wider society. The CRPD's conceptualisation of disability is therefore transformative, and both a development and human rights instrument with the potential to drive a new understanding and sustainable approaches to the challenges of PWD in the 21st century.

This is the adopted definition of PWD for this study for it adequately helps in understanding the lived experiences of WWD in rural areas, and above all, informs the formulation of better and inclusive policies, laws and programmes emancipating PWD.

2.3 DISABILITY MODELS

Disability is conceptualized by various models including the religious, charity, medical, economic, empowering, the inclusive, and more flexible human rights approach. The approaches reveal ways in which society limits or provides access to employment, ensures participation and access to basic needs and services for PWD. An exposition of these models is important in understanding issues and experiences faced by WWD in rural Zimbabwe. The sub-sections below explain the models reviewed for this study.

2.3.1 The moral or religious model of disability

This approach is heavily influenced by religious and cultural norms and values that are infused to explain and dictate roles and responsibilities to people with impaired body parts. Conceptualized in this way, the challenge of disability is normally placed upon the person with a deformed body. By placing disability within the person, the model gives various explanations as to why an individual has an impairment, including that he/she got it as a form of a punishment of some sort from angry ancestors or God. The model views PWD as victims of ancestors or God's displeasure for their sins and that of their relatives. The Historical Outline (2007:1) reveals how PWD "w*ere not only ridiculed and viewed as people who are paying for their past sins (karmic justice) but were perceived as witches and wizards*". Previous scholars noted how people with deformed body parts were often viewed as outcasts, devil's substitutes for human beings or changelings that result from moral and religious models of disability (Munyi 2012; Barnes 1991). Many religious and cultural groups or societies of the Global South still hold onto this model. In some instances, the model is perpetuated by "*myths, legend, folklores and literature; even modern films, television programmes, children's comics and cartoons portray these negative stereotyping"* (Kenya Projects Organisation KENPRO 2010:4).

The detrimental effect of using this model is that it breeds ridicule, stigmatization, and exclusion of PWD. The rejection and exclusion of PWD by the society further reduces the confidence PWD have in seeking participation in socio-economic and political development. In some instances, the discrimination and ridicule against PWD includes their families. This was aptly captured by previous scholars who noted that the shame that comes with having a disability sometimes transcends to the entire family unit (Atshan 1997; Fahd, Marji, Myfti, Masri & Makaran 1997). For these reasons, the approach is limited in scope, as it contradicts the best human rights principles of equality, inclusion and non-discrimination.

Although some religious societies are beginning to abandon this approach to embrace PWD as equal human beings, the model is still evident in rural Zimbabwe, where reports are often made of CWD being strangled after birth, or hidden away when visitors arrive to evade shame (Nilsson 2011; Zimbabwe Human Rights Report 2011). In such instances, the model continues to deny PWD the enjoyment of rights and freedoms in the 21st century. Against such incidences, the model remains an important approach for analysing experiences of WGWD in remote areas where disabled people face various forms of stigmatization and have received various explanations for their various forms of impairments.

2.3.2 The charity model of disability

Related to the moral approach to disability is the charity model. With this model, PWD are positioned as tragic and helpless victims of circumstances, deserving pity, care, and protection (Gabel & Peters 2004). The charity model inspired many benevolent and charitable fund-raising and care efforts in the past, such as Children in Need. The medical model notion of disability is ultimately patronizing, disenabling, and champions the institutionalized care of PWD and may lead to discrimination. This benevolent way of viewing PWD creates dependence on the part of the disabled population. The model is incomplete and encourages narrow thinking about PWD. As such, it has no room in contemporary human rights praxis which focuses on justice and equality, rather than the creation of an army of powerless and helpless impaired individuals who are dependent on the benevolent individuals, churches, the state, and other well-wishers. The approach has seen the mushrooming of donor sponsored special homes and schools for PWD.

It is important for this study to analyse this model as it provides the basis upon which the researcher can analyse efforts by stakeholders to advance disability issues in Zimbabwe.

2.3.3 The empowering model of disability

This model is the opposite of the medical model where experts/professionals are viewed as service providers to the clients, who happen to be PWD and their families. The power rests on the service provider to decide on the services he or she believes are suitable for the client. Within the empowering model, information about PWD is canvassed from PWD community, who decide on what they value and want to see happen in their community or lives. The resources are put before PWD, who then control and decide on their preferred use. The empowerment of PWD is central to the dictates of the CRPD, and many other international and regional human rights instruments that emphasise on inclusion and participation of PWD in decision making.

2.3.4 The medical model of disability

The medical model is one of the most widely used approaches for social policy and conceptualization of the plight of PWD in Global South. The approach views disability in the narrow frames of an abnormality, a sickness, or a defect to be cured through medicine (Kaplan 2007; Boorse 2010). An impaired individual is viewed by the medical model *"as being in the sick role or as being sick*" with "a *condition (a deficit) which is totally unwante*d" (Pfeiffer 2001:30). With the medical model, PWD are categorized in accordance with their impairments, and then referred to specialised medical practitioners to rectify their unwanted features (Lang 2009:268). For this reason, the medical approach is deficit-based, defining disability from the perspective of people who do not live with disability and focusing on an apparent lack of ability and diagnostic categorization of impairment to create a parallel track of differences (Melish 2007; Linton 1998; Lord 2009; Crow 1996). PWD are disempowered based on medical results, and the diagnosis is normally used to control and regulate PWD's choice of food, leisure, access to social benefits, education and employment. This kind of thinking lead to the disabled population being systematically excluded from and discriminated against in society.

The medical model has been widely criticized (Rimmerman 2013) for ignoring the roles of socio-environmental barriers that hinder people with impairments. The model works against human rights perspective of the CRPD and other instruments which views disability as not a condition that relegates one to a state of uselessness. An important aspect in human rights discourse is that which embraces each human being as a right bearer on an equal basis irrespective of being impaired, or being a woman or a man.

2.3.5 The economic model of disability

This model emphasizes the inability of PWD to participate in economic activities and the degree to which disability affects productivity. Used in public policy, this model looks at disability benefits, state welfare payments, and claims for social security benefits. Based on this approach, some PWD in Zimbabwe are recipients of a US$17 per month allowance from the government (Dhemba 2013; Mandipa & Manyatera 2014). They are given this allowance as they were believed to be uncompetitive in labour market, and in order for them to satisfy their basic needs. Looking at the allowance from the UN standard of $US1 per day per person, the grant cannot wean PWD from poverty; neither can beneficiaries bank on it for self-fulfilment.

In most cases, the model works in conjunction with the medical model which is used to classify disability to counter fraudulent benefit claims. At the centre of this model is the difficult balance of the rights of PWD to self-fulfilment and social participation through work, and efficient productivity. Macroeconomic factors (internal and external to national contexts) may hamper state ability to distribute resources to all beneficiaries, including to PWD.

Just like other models, the economic model is limited in its conceptualization of disability. It views PWD as people who are labour constrained and therefore unproductive. Policy makers need to balance efficiency and equity, which is the right to social participation and employment for PWD. However, the model provides the basis upon which the researcher can analyse protection measures in place for PWD in Zimbabwe.

2.3.6 The social model of disability

The social model of disability is an antithesis to the damaging medical model and views disability as normal for any population. Importantly, this approach, just like the feminist disability theory, equates disability to a social construct used to disenfranchise people with impaired body parts. Stereotyping of impaired persons is one way that disadvantages them in society. The restricting variables include gender norms, persistent cultural and attitudinal assumptions, environmental barriers, including laws and policies, services, and structures which enables the marginalization of PWD (Woodburn 2013; Albert 2004; Yee & Breslin 2002; Al Ju'beh 2015).

In a way the social model of disability differentiates impairment and disability, where the former refers to the deformed and malfunctioning body parts, whereas the later goes beyond the looking at the body parts to reimagine the role of the wider societal norms and the environment in disempowering PWD. Thus, to say, people with impairments are largely restricted by pervasive social and environmental and attitudinal barriers that despise and exclude those with impaired bodies (Ransom 2009; Albert 2004; Brunton & Gibson 2009).

The social model of disability is in line with the definitions of the CRPD which conceptualizes disability as based on the ability by those impaired to command access to critical needs in society, including education, health, employment, and their participation in matters shaping their lives. The social model of disability calls for the removal of all legal and policy inconsistences, environmental, cultural and religious barriers for PWD (McClain-Nhlapo 2010). The social model is therefore applauded for putting PWD as "*the central actors in their own lives as decision makers, citizens and rights holders*" (Al Ju'beh 2015:20).

The social model of disability opposes the medical and charity models of disability by looking at WWD as rights bearers like any other human beings (Lord 2009). For these reasons, the social model of disability remains one of the best approaches for describing the experiences of discrimination, inequality, and injustice against WWD.

Of late, the social model has faced a large amount of criticism for ignoring types of impairments and how this approach deals with other social factors that inhibit capabilities of PWD. This neglect of inhibiting traits can be seen as another way in which PWD are discriminated against and marginalized in society. The model overlooks the need and role of support services including assistive devices or technology for PWD to live independently. Overlooking assistive requirements like braces, wheelchairs, may be the biggest limitation for a disabled person to live independently and genuinely participate in societal life.

Furthermore, the social model was developed in the Global North, and suits that region where cultural context is biased towards individual rights, as opposed to family-based and/or communal situation that is dominant in the Global South (Lang 2008). Similarly, PWD may require preferential treatments and support with access to basic needs in countries of the Global South due to poorly performing economies and limited opportunities. Moreover, the model is blamed for ignoring the varied forms of impairments of PWD, and the existence of an impairment class and gender hierarchy (wheelchair-using, middle-class men being dominant) within the disability movement (Seddon, Lang & Danes 2001). Until these insidious attributes of the model are understood and dealt with, it will be impossible to effectively advance the welfare and rights of PWD in the Global South.

2.3.7 Human Rights Based Approach

PWD have long been relegated to the medical and charity models, where they are viewed as passive, useless, and sick human beings with impairments in need of medical attention, moral and material support. These models of disability were challenged by- the CRPD, which recognizes PWD as equal human beings with dignity and active subjects with legal claims (Al Ju'beh 2015; Armstrong & Barton 1999). Some of the human rights principles of the HRBA include equality and non-discrimination; inclusion, participation and empowerment; and transparency and accountability. Thus, human rights are inherent, fundamental, indivisible, and universal principles by which everyone by being a human being is entitled to. This is to say that every person in society, despite of their physical appearance must be valued as an equal human being capable of making his/her own choices. The HRBA views all human beings as active participants in matters that shape their daily lives just like their non-disabled counterparts. The model builds on CRPD, UDHR and other human rights frameworks which stress that on the dignity and quality of all human beings.

With this approach, stakeholders are directed to advance disability issues in an inclusive and non-discriminatory manner. The State and all its institutions are obligated to emancipate PWD in all facets of life, while on the other hand PWD are rights holders, who are afforded the chance to claim their rights. A development endeavour that mainstreams and addresses the main principles of the HRBA makes PWD an important part of the society. The HRBA is an appropriate tool for understanding experiences of PWD in rural communities. Consequently, the HRBA remains the most appropriate approach for explaining and addressing pervasive societal challenges of PWD in relation to exclusion, discrimination, and marginalisation to attitudinal, physical and communication barriers (Mandipa 2013).

The study envisages using the approach to critically analyse and evaluate various policies, practices and other efforts by stakeholders to advance the rights of PWD. The HRBA helps to understand various human rights challenges of PWD and what ought to be done for this group to live sustainable lives. The HRBA levels the playing field for PWD to access health, education, jobs, and other critical services. Thus, the approach remains important for this thesis, since it is based on the dignity and equality of all human beings as stressed in global policy and human rights documents.

2.4 PREVALENCE AND CAUSES OF DISABILITY

2.4.1 Prevalence of Disability

Many people the world over live with various forms of impairments. However, it is difficult to come up with precise figures of PWD. This is worse in the Global South where stakeholders often use poor data sources and collection methods. Few studies and surveys on disability issues exist in the Global South. Due to rampant stigmatisation and ridicule in the Global South, many PWD tend not to reveal their disabilities (Al Ju’beh 2015). Be that as it may, available studies show that many people live with varied forms of impairments. A study by the WHO and the World Bank (2011:xi) reveal that:

> “*More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. In the years ahead, disability will be an even greater concern because its prevalence is on the rise.”*

Few surveys categorically show the prevalence of all forms of disabilities. Related surveys by the WHO (2008:32) categorise and show the prevalence of various forms of impairments as *“…42.7 million blindness cases, 275.7 million moderate hearing loss cases, and 40 million cases of epilepsy worldwide*.” Although it failed to reveal the prevalence for other forms of impairments, the study by WHO (2008) revealed the extent of various impairments the world over. It is from the WHO (2008)’s study that this study assumes that many of the world’s impairments are found in the Global South. Indeed, studies highlighted that a majority of PWD (almost 80%) live in the Global South and called for urgent studies to focus on this part of the globe (WHO 2011; United Nations 2006).

Table 2.1: Estimated Global Prevalence of Disability (2011)

Age group	**PERCENTAGE OF POPULATION PER REGION**							
	World	**High Income countries**	**WHO’s Region of Middle income and Low-income Countries**					
			Africa	**America**	**S/E Asia**	**Europe**	**Eastern Mediterranean**	**Western Pacific**
All people								
0–14 years	5.1	2.8	6.4	4.5	5.2	4.2	5.2	5.3
15–59 years	14.9	12.4	19.1	14.6	16.3	14.3	15.5	13.7
≥ 60 years	46.1	36.8	53.3	44.3	58.8	41.4	53.7	46.7

Source: (WHO 2011:30)

Table 2.1 shows the prevalence of disability the world over and that a majority of PWD are found in the Global South. Africa remains a region with the some of the highest numbers of PWD. In Africa, a majority of PWD are aged 60 years and older. Previous studies show that women comprise the majority of PWD here (Grobbelaar-Du Plessis 2007; UNICEF 2013). This highlights the need for studies focused on revealing the lived experiences of WWD in Africa.

There are few studies and surveys on disability in Zimbabwe. Available data on the extent of impairment are outdated in Zimbabwe (Mandipa & Manyatera 2014; Choruma 2007). Disability policy makers and researchers looking for this kind of information rely on surveys that were conducted a decade ago. These surveys include the *Housing and Population Census of Zimbabwe* (ZimStats 2002) which presented a disability prevalence of 2.9%, of whom 55% were women and 45% males. The *Zimbabwe Health and Demographic Survey* (1997) placed the percentage of PWD at 2% of the total population in Zimbabwe. The latter survey reveals that 75% of this total number of impaired persons lived in rural areas. Surveys conducted in Zimbabwe failed to ascertain the prevalent forms of disability in society. This study noted, however, the existence of varied forms of impairments amongst women, which included visual, physical and mental impairments.

In relation to CWD, researchers and policy makers in Zimbabwe rely on UNICEF (1997) and the *Inter-Censal Demographic Survey* (1997), which places the number of CWD at 150 000 and 57 232 respectively, to be living with various forms of impairments countrywide. Such disparities *"… demonstrate the lack of reliable, comprehensive data on people with disabilities in Zimbabwe*" (Choruma 2007:7).

This lack of data stems from a lack of state support for such research. This is coupled with a failure to include disability variables in national surveys, including the population census conducted every 10 years in Zimbabwe. Zimbabwe conducted four population censuses since its independence in 1980, including the one in 2012. None of these censuses provided data on the national prevalence of disability. Commenting on the 2012 national census, Mandipa and Manyatera (2014: 287) state that it *"… did not seek to identify the type of the disability but focused on the number of persons with disabilities … in a family statistical data on the prevalence of disability in Zimbabwe."* This affects informed policy-making and the development of effective strategies for alleviating the suffering of PWD.

With the ineffective economic and social developments that stifled the nation since 2000, coupled with the HIV/AIDS pandemic, the number of PWD is projected to be on the rise in Zimbabwe. The Southern African nation faced socio-economic challenges that saw the ever-decreasing access to basic needs and adequate health services in the first decade of the 21st century (Mpofu & Harley 2002; Raftopoulos 2009). However, without accurate and reliable data on the extent of disability, it remains difficult for state and non-state actors to give focus on PWD and advance their welfare and rights. Thus, this study seeks to understand how this disavowal of disability issues has resulted in the development of disability, and the experiences of PWD amid harsh socio-economic environment from their perspective.

2.4.2 Causes of Disability

Many causes of disabilities have been suggested. For some scholars (Meekosha 2011; UN 2011), the search for answers as to the root causes of disability in the Global South is incomplete until inequality of this region is weighed against that of the North. An asymmetric socio-economic situation between the Global North and South exists, which dates back to the 20th century, when the Global North conquered the Global South through wars that disempowered and displaced many people. After colonisation, northerners introduced a cash economy, opened mines, and farms where natives were forced to work under unhealthy and dangerous conditions. This, in a way, produced many disabilities through injuries and infectious diseases (Meekosha 2011). The hazardous working environment characterised with dust, chemicals and unsafe machines exposed many workers to accidents and injuries, resulting in physical and mental impairments (Meekosha 2011).

Some people from the Global South were rendered disabled whilst they fought in wars of independence against colonisers. In the neo-colonial era, many citizens of the Global South are disabled as a result of globalisation which often places this ‘underdeveloped’ part of the world at a disadvantage. The ways in which the Global North causes disabilities in the Global South is aptly captured by Meekosha (2011:668):

> “*The processes of colonisation, colonialism, and neo-colonial power have resulted in vast numbers of impaired people in the Global South. Much of this relates to the*

> *global economy; it concerns control of resources. Impaired people are 'produced' in the violence and war that is constantly provoked by the North, either directly or indirectly, in the struggle over the control of minerals, oil and other economic resources – ultimately control of the land and sea themselves."*

Indeed, some local and international conflict entrepreneurs from the north fuel lethal wars and conflicts that often leave a trail of destruction and disable many people especially women and children. By nature, civil conflicts disrupt the lives of many and results in many combatants and civilians sustaining broken legs and libs. Wars and conflicts result in ultimate destruction of livelihood sources and infrastructure. In some conflict-ridden areas, landmines cause death or bodily injuries, predominantly to women and children (Ransom 2009; ACPF 2011). A study conducted by ACPF (2011:2) in Angola revealed that at least one in every 470 people have suffered a limb amputation, and between 350 and 500 people become amputees every day as a result of injuries from landmines.

The existence of the disabled population cannot solely originate from conflicts and the unequal relationship between the Global North and South. In Zimbabwe, the African Rehabilitation Institute (ARI 2006) showed that war accounts for only 2% of the causes of disability, meaning there are many other causes of impairment. In some instances, a child is born with impairment, or becomes impaired later in life. People may get impaired after suffering from a disease, or by being born with an impairment due to a disease suffered by their mother. This was confirmed by a survey conducted in four Southern African countries, including Zimbabwe, which showed how diseases and genetic factors are the most general causes of disability in the region (ARI 2006). The Zimbabwean *Inter-Censal Demographic Survey* noted how diseases such as meningitis, polio, malnutrition, measles, and tuberculosis contribute to about 29% of impairments in Zimbabwe. With the HIV/AIDS pandemic, many infected persons are physically, visually and mentally impaired.

In some cases, impairments are a result of human rights violations. A study conducted in 15 countries concluded that women are most vulnerable to impairments acquired in this way (Mitra 2013). Culturally tolerated practices such as spousal abuse and female genital mutilation accounts for the physical and mental impairment of about 100 million women (ARI 2006; Lwanga-Ntale 2003). The *Zimbabwe Demographic Health Survey* (2011) reports the prevalence of physical violence against women in Zimbabwe, mainly by intimate partners. Women survivors of intimate partner violence often sustain broken limbs and injuries to body parts in addition to psychological and emotional stress (MWAGCD & Gender Link 2013). The ARI (2006) found that violence accounts for 2% of impairments whilst road and work accidents contribute 7% in Zimbabwe.

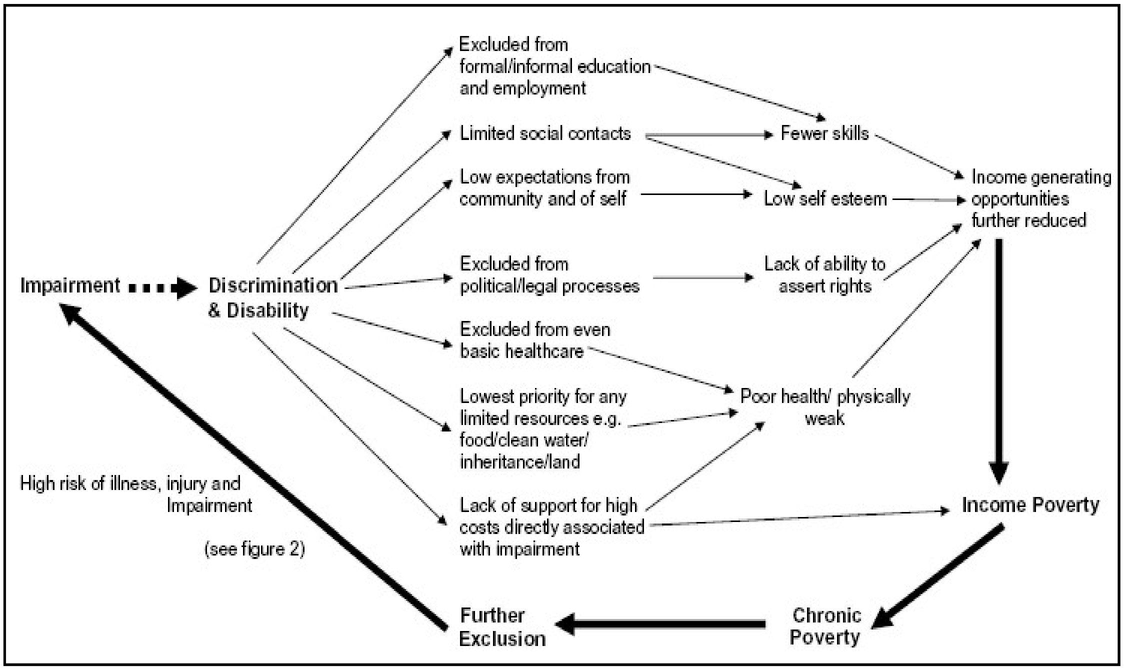
Disability can result from man-made and natural disasters. These factors may include accidents, floods, famine, and drought which disproportionately affects women more than men (Disabled World 2010). Indeed, studies have shown that impaired persons are largely affected by disasters (Smith, Jolley & Schmidt 2012; Mitchell & Karr 2014). Causalities of these calamities often suffer physical injuries and impairments. Besides creating injuries and impairments, calamities harm impaired population a great deal. In a majority of cases women's reproductive roles are affected most after calamities as they struggle to access the much needed basic needs including health care services, food and clean water.

Disability can result from poverty as exemplified in the inability to satisfy basic needs. Several studies have shown the intricate relationship between poverty and disability (Marriott & Gooding 2007; World Bank 2005; Yeo & Moore 2003). Poverty as shown through limited resources, such as money and food, make people vulnerable to diseases and impairments. Without access to medical services and attention, many people who suffer from HIV/AIDS, polio, meningitis and malnutrition end up having permanent body impairments. KNCHR (2007) notes how the poverty dynamics *"…breeds disability and disability is a harbinger for more poverty…"*, thus forming a vicious cycle of disability and unmet basic needs. On the other hand, most PWD are poor, and live at the margins of society with limited access to health care, descent clothing, education and thus lack skills to secure descent employment. Available studies in middle and low-income countries (Groce, Kett, Lang & Trani 2011; Heymann, Stein & Moreno 2014) clearly show that the majority of PWD are poor in comparison to their able-bodied counterparts. Of all PWD, rural WWD are affected most by poverty, and this is pronounced more in the Global South (Garland-Thomson 2004; Meekosha 2011). This stems from limited mobility and government support for

WWD's basic needs including health, education, employment and crucial information in accessible formats. Most rural communities of the Global South are custodians of culture and patriarchy which furthers WWD's subjugation and marginalisation (Grobbelaar-Du Plessis 2007; Boylan 1991). Within the WWD group in the Global South, unmarried head of households are the poorest (Groce *et al* 2011). It is therefore important that this study was conducted to understand the development of disability, and the experiences of acquiring and living with such for rural WWD in Zimbabwe.

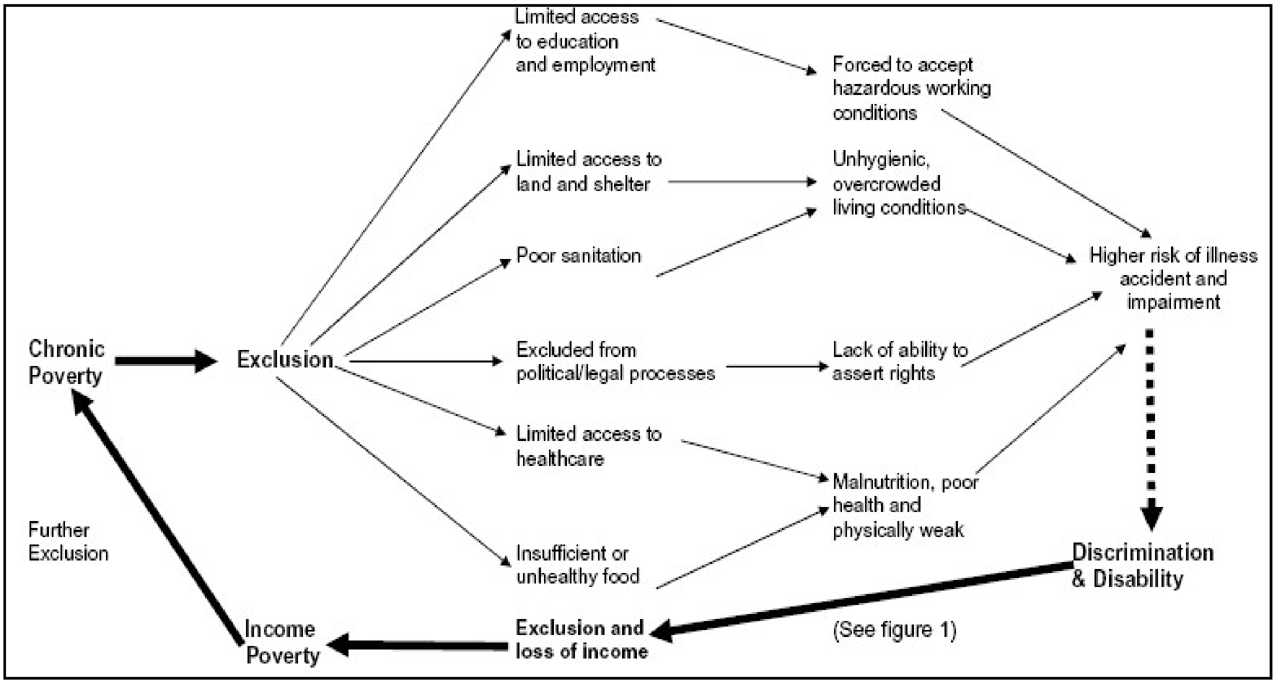
Figures 2.1 and 2.2 depict linkages between disability, poverty and marginalization. Figure 2.1 illustrates factors that make PWD vulnerable to poverty, while Figure 2.2 illustrates the negative effect of poverty to disability.

Figure 2.1: The disability and poverty cycle: disability as leading to poverty



Source: Yeo & Moore (2003)

Figure 2.2: The disability and poverty cycle: poverty as leading to disability



Source: Yeo & Moore (2003)

2.5 INTERSECTIONALITY OF GENDER, DISABILITY, FEMINISM AND VULNERABILITY IN THE GLOBAL SOUTH

Studies have shown that WGWD face a myriad of challenges in society due to the intersectionality of many factors, including gender, disability, cultural, and religious practices and norms (Grobbelaar-Du Plessis 2007; Boylan 1991; UNICEF 2013). Firstly, WWD suffer in a patriarchal society which devalues them due to sex and ascribed gender roles. Secondly, WWD suffer as part of a disabled population which is often ridiculed and excluded from public life and the mainstream economy. In many societies of the Global South, WWD are viewed as less than human beings, who are weak, helpless and dependent on able-bodied persons for support (Garland-Thomson 2004).

WWD are being relegated to the position of second class citizens against the best human rights principles and norms that emphasize the equality and dignity of every human being. Additionally, WWD are de-humanised, discriminated against and excluded from mainstream development even though they make up the majority of PWD (World Bank & WHO 2011; UN Enable 2015).

The majority of rural areas are synonymous with a lack of resources, communication, employment, education, and health care opportunities. Unlike in urban areas where there are considerable opportunities for WWD, women in rural areas find it difficult to secure employment or vending opportunities. In urban areas, the road network is tarred and a functional transport system is there for WGWD to be mobile (UN ESCAP Workshop on Women and Disability 2003; UNICEF 2013). A study conducted by UN ESCAP (2003) in rural areas of the Asia-Pacific region revealed that more than 80% of PWD live in extreme poverty, without independent means, dependent on relatives and well-wishers for survival. These deplorable characteristics of rural areas of the Global South pose challenges to WWD to command basic needs, and above all live independent lives.

Rural areas pose challenges for CWD, especially GWD. In most African societies, aged parents expect their children to take care of them. CWD have little to no prospect of doing this for their parents, and are thus seen as a fruitless burden. These societies often look down on GWD, viewing them as people who cannot attract suitable marriage partners (Marongwe & Mate 2007). Based on these views CWD and GWD are not prioritized and are not sent to school (UNICEF 2013; Lewis *et al* 2002). As a result, they grow up without the requisite skills and education to get better employment and life prospects.

Even with these above-mentioned challenges, few studies have documented the perspective of WGWD's experiences in the Global South. Documentation of WGWD's experiences remains a field that neither gender nor development studies have claimed ownership of. This dilemma is explained by Garland-Thomson (2004:13):

> "*Even though disability studies is now flourishing…many of its practitioners do not recognize that disability studies is part of this larger undertaking that can be called identity studies…Conversely, feminist theories all too often do not recognize disability in their litanies of identities that inflect the category of woman."*

Attempts at debunking the plights of WWD by feminist scholars mainly focused on the Global North (Meekosha 2011; Grech 2009). Although Yee (2013)'s study was based in the United States of America, it was ground-breaking in that it focussed on the experiences of WWD. Nevertheless, arguing from its location in the Global North, such a study does not to give an accurate account of the different female experiences of disability.

The lack of studies on the Global South is explained by Devliger (2005), who concludes that disability dialogue is foreign to researchers of this region. Adding a voice to this intellectual crisis, the UN (2009) and Rust and Metts (2007) call on scholars to empirically account for experiences of the majority of PWD in the Global South, where societal variables continue to hinder WWD from benefiting in critical employment opportunities, health, credit schemes, training and education. This thesis is one such study to unearth the lived experiences of rural WGWD in the Global South.

Another reason for this lack of research might be because the field of disability has long been considered a health issue, without it being integrated effectively either into development or gender studies. The failure to embed feminist-gender perspective into development context is an issue considering the contemporary broadened development studies discipline, which is focused on addressing pervasive challenges of disadvantaged persons in society. In the 21st century, and as influenced by the MDG and SDG frameworks, the field of Development Studies has been broadened to focus on marginalisation, inclusiveness, participatory policy formulation and implementation of measures to reduce misery and destitution amongst disadvantaged groups of the society. Even with this broadened focus on the poor, the discipline has failed to consider the feminist-disability discourse. As a result, WWD issues remain excluded from empirical research and mainstream societal development which could provide solutions in the first place.

This study aims to use feminist and intersectionality reasoning to explore the intersection of gender, disability and development studies for policy formulation. This kind of feminist study is not just meant to add the voices of rural WGWD to the feminist, disability and development scholarship but rather transforms both fields of development, gender, and feminism (Garland-Thomson 2005; Hall 2011).

2.5.1 The Feminist Disability Theory

This study is mainly informed by the feminist disability theory. However, the inductive and flexible nature of this qualitative study demands the use of other related concepts and theories. Thus, the researcher employed intersectionality lenses to untangle the significant variables for experiences of WWD in rural Zimbabwe. By nature, intersectionality entails an analytical tool for studying, understanding and responding to the mutual reinforcement of gender with other identities to generate unique women's experiences. The intersectionality theory responds to the long history of essentialism and exclusion that plagued feminist scholarship to centre on the lived experiences of women subjects whose voices have been ignored (Nash 2008). According to intersectionality, 'marginalized subjects have an epistemic advantage, a particular perspective that scholars should consider, if not adopt, when crafting a normative vision' (Nash 2008:3).

In the lenses of this theory, several scholars in the Global North have managed to explain the intersectionality of gender, race, skin colour, and sexual orientation to determine women's experiences in society (Davis 2008; Bilge 2010; Carastathis 2014). This study find it strategic to infuse the intersectionality thinking to analyse the advancement of disability rights in Zimbabwe and in revealing WWD's experiences in the Global South. Various intricacies come into play to determine the rights accorded and enjoyed by rural WWD in the Global South.

The general use of intersectionality lenses in the Global South pointed to a number of factors, including age, ethnicity, sexual orientation, religion, socio-economic status, ability, culture, geographical location, level of education, HIV/AIDS status and disability, that intersect to give meaning to womanhood and out-shadow precepts and efforts towards gender equality and women's rights (Carastathis 2014; Ndinda & Ndlovu 2018; Dill & Kohlman 2014). Despite the potential of these factors to work against the advancement of the poor and women's rights, they have been largely ignored in the conceptualisation and documentation of WWD's experiences in the Global South. This prompted many scholars and advocates for inclusion to come to terms with the legacy of marginalized subjects' exclusion from feminist work, and the impact of those absences on both theory and practice (Crenshaw 1991). Indeed, the intersectionality theory adequately transforms and holistically harnesses matrixes at play in explaining the existence of poverty and misery amongst WWD in the Global South (Ndinda & Ndlovu 2018).

It is against this background that the intersectionality thinking is found to be an indispensable heuristic device for denoting the simultaneous social positions that black African women take in relation of power-bestowing social categorisations of race, class, gender and bodily ability. Embedded in the feminist disability theory, the intersectionality thinking adequately explain how lives of WWD are constructed by multiple and intersecting systems in rural Zimbabwe. Indeed, the insight that the challenges of WWD are not a singular process or a binary political relation, but are better understood as constituted by multiple, converging, or interwoven systems – originating in anti-racist feminist critiques of the claim that women's oppression could be captured through an analysis of gender alone (Carastathis 2014). Thus, this study adopted intersectionality as a theoretical and political remedy to what is perhaps "*the most pressing problem facing contemporary feminism – the long and painful legacy of its exclusions*" (Davis 2008: 70).

The feminist disability theory views disability beyond just gender and the impaired body parts of a woman. This was aptly captured by Hall (2011:1), who says that "*just as disability studies shows how disability is irreducible to bodily impairment, feminist theory shows how gender is irreducible to biological sex*." According to Garland-Thompson (2004), feminist disability theory "*addresses such broad feminist concerns as the unity of the category woman, the status of the lived body, the politics of appearance, the medicalization of the body, the privilege of normalcy, multiculturalism, sexuality, the social construction of identity, and the commitment to integration*". In essence, *"…disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess, or a stroke of misfortune*" but, rather, *"… disability is a culturally fabricated* *narrative of the body, similar to what we understand as the fictions of race and gender"* (Garland-Thomson 2000:17).

The theory imagines disability and gender issues as social construction of a wider spectrum of variables such as class, race, sex, structure and gender. These variables including perceptions and attitudes confluence to enhance or inhibit the capabilities of PWD population. Erevelles and Minear (2010:127) say *"… how individuals located perilously at the interstices of race, class, gender, and disability are constituted as noncitizens and (no) bodies by the very social institutions (legal, educational, and rehabilitation) that are designed to protect, nurture, and empower them.*" Indeed, it is based on pervasive socio-cultural and religious thinking that the impaired bodies of PWD are ideological categorized as weak, ugly, lazy, sick and afflicted in society. These ideological labels breed societal hatred, discrimination and ridicule against PWD.

For one to fully understand the feminist disability thinking, there is need to view it beyond the impaired bodies, and above all not as a grouping feminism and disability studies. Viewing *"… feminist disability studies as simply a combination of feminism and disability studies dulls its critical edge and lessens its potential to intervene in theoretical and social transformation*" (Hall 2011:1).

The theory goes beyond this to reimagine gender and disability (Hall 2011). Thus, in using this framework, this study identified and critiqued historical, social, cultural, and political forces that have declared disabled life to be unliveable. Hall (2011:7) identifies some of the issues to be looked at by researchers to include;

- The existing link between gender and disability;
- The role played by gender in the disability experience by rural WWD;
- The views of society regarding gendered disability in patriarchal societies;
- The production of gendered and class disability by institutions and societies, and
- The way feminist disability studies address the body's materiality.

This study attempts to mainstream these important issues in its use of the theory. The exercise expedites unearthing of the supposedly interrelated influences of impaired body parts and the socially constructed variables in rural communities.

The feminist disability theory resembles the CRPD and the HRBA in many ways. This theory understands disability in terms of both impaired body parts and as a social construct, which *“consequently vary; and is dependent upon social context and culture, rather than an immutable attribute that inheres in an individual”* (Devlin & Pothier 2006). In many communities of the Global South, PWD – WWD in particular – are ridiculed, dehumanised, excluded and discriminated due to the pervasive societal norms and practices which views the kinds of their bodily variations negatively. Being female, from a poor family, and with disabilities is often coupled with poverty and various forms of discrimination. Thus, fields of gender, development and feminist studies are challenged to unearth the extent to which societal norms hinder rural WWD from enjoying their rights (Chase 2005). This study seeks to document the gendered and feminist nuanced narratives of rural WGWD regarding hindrances to their enjoyment of rights in rural areas. Such insights are important in directing policy makers to the real challenges affecting WWD in rural areas.

The use of the feminist disability theory is pre-dominant in Global North (Garland-Thompson 2000, Hall 2011), where its use revealed mainly the segregation of black WWD in the auspices of body impairments and race. Although race is not that evident as a basis for WWD discrimination in rural communities of Zimbabwe, the theory is of importance to reveal the interplay and intersectionality of peculiar grounds of discrimination in rural Zimbabwe. Specifically, the theoretical underpinnings of intersectionality and the feminist disability become of use to the researcher to analyse societal variables at play to affect WWD as WWD narrates their life stories.

2.5.2 Challenges Faced By PWD

Disability issues are not prioritised in the Global South. Non-prioritisation of disability issues is proven by the absence of commissioned studies to reveal the extent of disability, and profile life histories of PWD, let alone their lived experiences in harsh socio-economic environments. In many countries of the Global South, the disability movement is fragmented, dysfunctional and largely invisible, and legal and policy frameworks in place for disability issues are archaic (Choruma 2007; Hall 2011). Without empirical researches and a vibrant disability movement, PWD remains an excluded group, with their issues tucked in the ontologies of the past and the damaging medical and charity models especially in remote areas.

The disavowal of disability issues maybe a result of the fact that many Global South governments have shifted focus towards contemporary development challenges including tackling HIV/AIDS. Indeed, the coming in of HIV/AIDS pandemic poses development challenges, something that worries policy makers and development actors in the 21st century. However, the shift in focus by actors is proving detrimental as it is leaving other social ills such as disability issues unattended. With the ever-increasing poverty levels and socio-economic and political instability in the Global South, the focus shift means daunting challenges for PWD community, who are more vulnerable to economic meltdown, poverty, diseases, and disasters (Grech 2009). A survey conducted in 55 countries confirms that political and economic instability presents challenges for PWD, ranging from increased poverty levels, vulnerability to diseases and increased unemployment levels, as many PWD lose their jobs amid reduced government spending on social security (Fembek, Butcher, Heindorf & Wallner-Mikl 2013). The socio-economic challenges of PWD in times of crisis are compounded by the absence of social, physical and financial stamina. This study therefore seeks to profile some of these challenges and experiences of PWD population in remote areas of the Global South in the 21st century.

2.5.3 Challenges faced by WWD in particular

A majority of PWD are incapacitated by being unable to satisfy their basic needs in the Global South. This is indicative of their poverty situation, which – in turn – can cause further or enhance disability. As noted by Yeo (2005) poverty remains both a cause and consequence of impairments and disabilities. In addition, Sen (1999) identifies "*poverty as a deprivation of capabilities, an approach that incorporates a…" person's "…lack of opportunities and entitlements in addition to income poverty*". In essence *"[p]overty erodes or nullifies economic* *and social rights such as the right to health, adequate housing, food and safe water, and the right to education"* (OHCHR 2010:1). Poor households tend to be uneducated, and do not have access to resources, and knowledge about their rights and available services. Even with these issues at play, few studies seek to document the adequacy of social protection measures for PWD, and how capabilities of WWD are enhanced or limited by poverty in rural Zimbabwe. The study therefore aims to give rural WWD a voice to reveal these secrets of their lives to inform pro-disability policy making.

Article 28 of the CRPD guarantees medical attention for PWD, however resources are often too limited to effectively care for them. Even without data to confirm this in rural Zimbabwe, studies from other parts of the globe (Wilson 2009; Lezzoni 2009; Yee & Breslin 2002) find that PWD experience several barriers that prevent them from accessing health care services.

The above-mentioned studies have been content to universalise the barriers faced by PWD in accessing health without focusing specifically on WWD in remote areas. PWD are not a homogenous group in terms of health needs, as WWD might experience more discrimination than any other groups of the disabled population. Specific health challenges for WWD can be more pronounced in relation to reproductive health services (Rugoho & Maphosa 2015). The deaf, for example, may be barred from accessing health care due to communication issues, as few hospitals in Zimbabwe have staff trained in sign language. This often leads to health care professionals having to rely on assumptions, leading to misdiagnosis or the prescription of incorrect medicine.

In some circles, access to health for PWD can be hampered by attitudinal tendencies of health workers and society at large. This study reveals some of these hurdles to WWD in rural Zimbabwe, as told by physically impaired girls in schools and women in rural society. A study of this nature is especially important in this age of HIV/AIDS to inform policy formulation on the ways to reduce vulnerability of WWD to diseases.

The CRPD (2006), under article 9 and 19, calls for states to enable PWD to live independently and fully participate in all aspects of life. PWD population rely on assistive devices such as spectacles, wheelchairs, crutches, and artificial limbs. In most cases, PWD face challenges in accessing such devices and have to do without, compromising their mobility, and effective participation in societal life. In such cases, it becomes important for scholars to document the implications and how WWD cope in society without these services. The main challenge to accessing such devices is that PWD are charged exorbitant prices and government support is minimal (Eide, Nhiwathiwa, Muderedzi & Loeb 2003). In Zimbabwe, only a quarter of PWD who apply for assistive devices receive them. This is against article 4 and 20 of the CRRP, which calls upon the state to provide such devices to those in need.

The mobility of PWD, especially wheelchair users, is limited. This is due to a transport system that does not prioritise disabled people and, moreover, wheelchair users are charged extra (Eide *et al* 2003). In South Africa, public transport vehicles that are inaccessible to PWD are deemed unroadworthy (Eide *et al* 2003). However, this is not the case in Zimbabwe. With the transport challenges in most rural areas of Zimbabwe, many PWD must be suffering in silence. The mobility of WWD might be hampered by poor, and rarely maintained dust and dirt roads, and uneven terrain. This is one study meant to empower rural WWD in Zimbabwe, to let their voices heard on their experiences and their desired situation.

Many economies of the Global South rely on labour intensive livelihood activities such as agriculture. As a survival means, rain-fed agriculture requires hard labour. Policy documents recognise that women are the majority actors in the indispensable, global farming industry (CEDAW 2011). Although WWD constitute a considerable population of women farmers, their plights are not adequately documented. In fact the role of WWD as farmers is unappreciated and unrecognised and they are often regarded as recipients of food aid and charity rather than providers.

WWD bear the brunt of the effects of climate change more than other farmers due their labour constraints and their exclusion from farming information and agricultural inputs. This study specifically provokes WWD to reveal some of their experiences as subsistence farmers in rural Zimbabwe, amid the 2015/2016 El Nino induced drought. The study reviews the extent to which agricultural reform efforts in Zimbabwe, such as the land reform program endeavoured, to embrace and emancipate PWD (WWD in particular), as farmers in Zimbabwe. Indeed, climate change experts emphasize the need for inclusion and participation of WWD in phenomenological studies focused on revealing their lived condition in relation to livelihoods activities for inclusive policy formulation (UN Women Expert Group Meeting 2011; CEDAW 2011).

PWD comprise the bulk of unemployed people in society. In South Africa, less than a third of PWD are in formal employment (Morgon Banks & Polack 2014). In Zimbabwe, unemployment levels are above 80% for PWD and only a paltry 2-7% of PWD are formally employed (NASCOH 2011). High unemployment rates of PWD are largely rooted in limited skills and qualifications. In few cases, where PWD have qualifications and skills to compete for jobs on the market, additional challenges come into play to deny them such opportunities. PWD face a confluence of attitudinal barriers, discriminatory laws, and inaccessible work environments that frustrate or discourage them (Mont 2014; WHO & World Bank 2011; Heymann *et al* 2014; Mizunoya & Mitra 2013). There is consistent evidence from employers that they view PWD as people who cannot produce the required results as compared to the non-disabled population. In rural areas of the Global South, the unemployment situation of PWD is made worse by limited opportunities. It is important that WWD from remote areas are given a voice in this study to reveal their experiences in searching for employment opportunities.

In Zimbabwe, the largest employer, Public Service Commission (PSC), employs mentally and physically fit persons. This is stated in under Section 8 of its Regulations (2000) which states that everyone can be appointed:

> "*Unless he has been examined by a medical practitioner and certified, to the satisfaction of the secretary for health, to be free from any mental, or physical deficiency or infirmity likely to interfere with the efficient performance of his duties or render necessary his retirement before pensionable age*."

This clause excludes a majority of physically impaired PWD in Zimbabwe. The provision of the PSC is a form of discrimination against PWD seeking employment in government institutions, and this study invokes the minds of WWD to reveal how they have been denied employment opportunities in government, courtesy of this provision. The study reviews other instruments and policies of the same nature: including the Constitution to uncover any discriminatory clauses that might be recommended for amendment, repeal, or replacement with gender-disability friendly ones.

In other countries of the Global South, PWD and WWD – especially – have been forced into the informal sector. In the face of challenges of unemployment, PWD turn to begging or vending for survival (Ngwena 2006; Groce *et al* 2011). Nearly 80% of economically active PWD in the Global South rely much on self-employment, which is hazardous, insecure, and without welfare benefits (Morgon Banks & Polack 2014; Groce *et al* 2011:1504; Leymat 2012). WWD venturing into vending and begging often find an unpleasant and uneven environment that prevents them from being successful. WWD vendors face abuse, and various forms of discrimination which must be documented. In addition, the informal sector is more dominant in urban areas than rural areas, meaning rural WWD might face untold challenges to secure alternative livelihoods amid high unemployment levels. This study therefore documents the viability of various copying mechanisms employed by WWD in Zimbabwe.

In the Global South, micro-finance has become an avenue by which disadvantaged groups access funds for their small businesses. However, this has not been the case for PWD. Consequently, PWD with business ideas find it difficult to access grants and loans from funding institutions (UN 2006). The PWD population accounts for 1% of micro-loan clients as they are shunned by financial institutions who do not view them as clients (Leymat 2012; Groce *et al* 2011). The assumption by many financial institutions is that the PWD population default on payments (Mont 2014; Leymat 2012:29; Groce *et al* 2011). Without loans, PWD who plan to venture into business find it difficult to succeed. Looking specifically at rural WWD, this study reveals their experiences in relation to accessing loans from state and non-state aligned institutions in Zimbabwe.

2.5.4 Challenges faced by GWD

Challenges of PWD cannot be universalised as WWD and GWD are prone becoming victims of abuse by close relatives (Save the Children 2014; WHO & World Bank 2011; Mafa 2012). GWD are at an increased risk of experiencing violence as they are heavily dependent on well-wishers and family members who in turn to become their assailants. Previous studies (Guyo 2009; Save the Children 2004; Jowanisi 2010) studied the plight of CWD in general to various forms of abuse.

A study by Save the Children (2004) categorised the prevalence of sexual abuse against CWD based on the type of impairment. The study shows that children with mental, physical and hearing impairments comprise the majority of CWD being affected by abuse. The study revealed that for abused CWD, 48% were mentally challenged and deaf, 25.3% suffered from visible physical disabilities, while 15.7% had hearing impairments (Save the Children 2004).

None of the studies categorised abuse of CWD based on gender as per the purpose of this study. The study examines the influences of societal values, norms and myths in perpetuating violence and abuse against CWD in Mberengwa district. As Groce and Trasi (2004) note, violence and abuse against GWD can be exacerbated by myths, such as that HIV/AIDS can be cured by having sex with a child with disabilities. This study examines the experiences of GWD in relation to violence in the community and at institutions of care. Middleton (1995) notes how residential care institutions may become high-risk environments for abuse of GWD. Abuse and violation of the rights of GWD in institutions of care occur and often go unreported. There is a need for studies of this nature.

Education is widely regarded as key to unlocking opportunities for PWD, especially GWD (Chataika 2010; Turkkahraman 2012). Indeed, education is both a fundamental right norm to GWD, and a means for achieving other rights. Despite its importance, CWD find it difficult to access education in most parts of the Global South. An estimated 98% of CWD in the Global South have no access to formal schools due to resource constraints (UN 2007; Chiparaushe & Mapako 2011). The NASCOH was quoted to have reported that 75% of CWD had no access to education in Zimbabwe (US Embassy 2014). A study conducted by SINTEF (2003) *"… indicated that 32 per cent of PWDs in Zimbabwe have had no schooling (36 per cent had some primary schooling, and 32 per cent had some education beyond primary level)."*

The failure by CWD to access specialised education is a result of the ever-increasing school fees in both inclusive and specialist schools for PWD. This challenge affects more girls than boys with disabilities. Even with GWD facing daunting challenges in education attainment, studies are found wanting in this field to reveal the experiences of rural GWD in relation to their right to education. Without studies questioning the commitment of actors in advancing the educational rights of GWD it becomes very difficult for their rights to be protected and promoted.

Accessibility and discrimination can be stumbling blocks to access education by CWD. Accessibility challenges cannot be explained more than in rural areas where the so-called nearest schools to villages are sometimes located far away, requiring that CWD walk a distance between 5 to 10km to school. Without walking aids and transport, many physically disabled students do not attend school. In addition, most schools have no disability friendly infrastructure and resources such as teaching aids to emancipate and effectively accommodate GWD. Classes and ablution facilities are not accessible for CWD. In the absence of all these resources, GWD drop out of school in large numbers. Apparently, "*without the requisite knowledge and skills, it is very difficult if not impossible for the children to secure any form of employment when they grow up. In the end, a vicious cycle of poverty and disability is created*" (Mandipa 2013:75).

Studies on the challenges of CWD in accessing education (Mafa 2012; Jonas 2014; Moyo & Manyatera 2014; NASCOH 2011, SINTEF 2003) failed to distinguish the plights based on gender. There are, therefore, few studies that view the experiences of GWD through feminist lenses in relation to inclusion, participation, access, and retention of CWD rural schools. Thus, this study provides the perspectives of GWD on the challenges they face in rural schools. By so doing the study contributes to the body of knowledge of disability issues, and informs practices and policy measures for the inclusion, retention and progression of GWD in inclusive formal education.

2.6 CONCLUSION

This chapter reviewed literature related to challenges of PWD in advancing their rights, with a bias towards the rights of rural WWD. This was done to understand historical and contemporary debates in relation to the advancement of the rights of rural WWD in the Global South and the study area.

The review followed various themes related to the objectives of the study. Some of the sections of the study includes: conceptual approaches of disability, causes of disability, and the intersectionality of disability, gender, feminism, and rurality. The chapter reviewed literature in relation to the societal challenges of rural WGWD in the Global South, and the tenets and utility of the feminist disability thought in the study of WWD in remote areas of the Global South. The review finds limited phenomenologically based studies meant to document the advancement of disability rights and the lived experiences of WGWD in rural areas of the Global South.

Research on experiences of WWD using the critical feminist approach are scarce. Thus, the chapter showed the potential of the study to effectively bridge the empirical academic knowledge gap that exist between disability studies, feminism and development studies to yield a feminist-gendered understanding of efforts made to advance WWD's rights and remaining obstacles for this disadvantaged group to enjoy their fundamental rights and freedoms.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

This chapter details the research methodology and processes of this study. The chapter expounds the research approach, research design, sampling methods, procedures, and data generating techniques used to gather data from WGWD, representatives of the state and non-state actors. The chapter further details the method of data analysis and presentation, validity and reliability, and ethical issues mainstreamed in this thesis. A reflective account of methodological decisions of this study is clearly explained in chapter 6.

3.2 RESEARCH APPROACH

This study employed a qualitative research approach as mainly informed by phenomenology and participatory research designs. This qualitative study seeks to document the life experiences of rural WGWD "*as it is lived, felt, undergone, made sense of and accomplished by human beings*" (Schwandt 2001:84). A qualitative research informed by a phenomenological design is important to unearth and collect well-informed and in-depth data on the experiences of rural WWD (Polkinghorne 2005; Punch 1998). Thus, the approach allowed the researcher to directly engage WWD in conversations meant to gain deeper, authentic, and nuanced accounts of this disadvantaged group's inner and outer worlds.

The use of a qualitative approach gave rural WGWD an opportunity to reveal their daily experiences and to interpret them in the human rights context. The chosen approach is in line with the feminist narrative thinking which aims to capture the voices of disadvantaged women groups such as WGWD in remote areas. According to Chase (2005), a qualitative approach creates an ontological space for the life histories and personal narratives of WWD, who have been marginalised and as a result fail to be heard, acknowledged, or validated. For these reasons, the approach was found suitable for this study, as it invokes the minds of WWD and disability movements to explore the disability phenomenon as lived experiences in rural Zimbabwe.

3.3 RESEARCH DESIGN

According to Burns and Grove (2009:218), "*a research design guides the researcher in the planning and execution of the study in a way that is likely to achieve the intended goals*." This study employed phenomenology and participatory designs to explore and describe the lived experiences of rural WGWD from this disadvantaged group's perspective. Broadly defined, phenomenology entails a study of lived human experiences; that is "*gaining a deeper understanding of the nature or meaning of our everyday experiences*" (van Manen 1990:9). Thus, the study sought to describe what rural WGWD have in common as they experience the disability phenomenon in rural Zimbabwe.

A popular adage in the disability field is '*nothing without us about us'*. This informs a participatory orientation for the proposed study backed by the researcher's conviction that disability research, policy, and practice should not be developed and implemented without the non-tokenistic involvement of PWD (Lang & Charowa 2007). McRuer (2007) calls for the undoing of viewing PWD as clients or, rather, objects of research inquiry, development or expert administration.

This study views WWD as equal human beings with the ability to be effectively engaged throughout the research process. The involvement of rural WGWD, the real people who experienced a phenomenon gave the researcher rich data, and a comprehensive understanding and appreciation of the daily human rights experiences and challenges, and opportunities for advancing the rights of rural WWD. Moreover, the design allowed the researcher to invoke the minds of WWD and stakeholders to come up with a composite description of universal essence on the opportunities for them to progressively advance their rights.

3.3.1 Sampling

The study used purposive and snowball sampling methods to intentionally select institutions that advance WWD issues and rural WWD with visual and physical impairments in the study area. The two sampling methods ensured that the researcher targeted rural WGWD who lived the phenomenon, and representatives of institutions with known expertise in disability field (Creswell 2013; Seidman 2006). Snowball sampling was used to direct the researcher to those wards and villages with WWD, whereas purposive sampling was mainly used to recruit representatives from state and non-state actors that advance disability issues. With these sampling methods, at least 50 interviewees were reached, namely:

- 25 community women with visual and physical impairments, aged 18 years or older living in the study area, and who could grant informed consent to participate in this study;
- 15 key stakeholders (state and non-state representatives) advancing disability rights; and
- 5 GWD from 3 High Schools (with boarding facilities) in Mberengwa district (aged 18 years and older) and 5 special needs resource persons working with GWD, were selected for interviews.

Due to concerns about granting informed consent for the interviews, WWD and GWD who are deaf, unable to speak, or who are living with mental impairments that would make consent impossible were excluded from the study. In identifying community WWD, the researcher utilised data base and referrals from the Department of Social Services (DSS) and community leadership in Mberengwa district. To select key informants, the researcher came up with a list of state and non-stakeholders advancing disability issues in Midlands and Mberengwa district, Zimbabwe. The researcher solicited participation from identified respondents via phone calls and emails. For participants in nearby towns, the researcher had to visit them for face-to face follow ups on the scheduled interviews. It is from these key informants that the researcher was directed to some community WWD to participate in the study.

In addition, the researcher sought access to interview representatives from state and non-state actors using his professional network in disability movement, created when he was working under the disability desk at the Zimbabwe Human Rights Commission. During that time, the researcher was a resource person for the Special Interest Thematic Working Group which was mandated to advance the rights of PWD, among other vulnerable groups. It is from these contacts that the researcher networked with organizations and individuals who met the criteria delineated above.

3.3.2 Data-generating techniques

Phenomenology is a methodological approach that "*describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon*" (Creswell 2013:76). Hence, data collection of this phenomenological study typically followed in-depth interviewing of participants who have experienced the phenomenon. Unstructured and semi-structured interviews with WGWD and key stakeholders were the major instruments used to profile the lived human rights experiences of rural WWD. Interviewing facilitates the attainment of 'direct' explanations for human actions through a comprehensive speech interaction (Berg 2007). The use of interviews, especially unstructured and semi-structured interviews was found to be most appropriate means for data collection in this kind of a study, where the lived experiences of rural WGWD have not previously been documented (Creswell 2013). Whilst conducting interviews at homes, institutions of care, public institutions, and schools, the researcher took time to observe the accessibility of physical environment and structures by WWD.

3.3.2.1 Interviews with 25 WWD living in the community and care institutions

Although the researcher sought to interview both WWD from the community, and those from care institutions, majority of interviews were done with WWD in the community. The researcher found no institutions caring for PWD in Mberengwa district. PWD in need of care are transferred to care institutions in other provinces outside the Midlands province, such as Capota in Masvingo province. In Mberengwa district, WWD in need of specialised care often rely on family members and friends for informal care in communities. Nevertheless, experiences of WWD in institutions of care were captured under GWD, since all the girls interviewed were staying in boarding facilities.

The nature of the disabilities of the 25 interviewed participants varied from mobility, visual, and other forms of physical impairments. Most respondents had mobility-related impairments, followed by the visual impaired ones. 16 of the 25 interviewed WWD were single, 6 married, and 3 were divorced or separated. 12 of the respondents do not have children whereas the rest have children. In addition, 7 depended on themselves while the rest were dependent on their parents and/or relatives for their living and support. In terms of education, 12 have never been to school, 12 reached primary and secondary education, and only one holds a tertiary qualification.

The researcher directly engaged and interviewed the study participants to get experiential life and first-hand reality of their human rights experiences in rural areas (Schultze & Avitaz 2011). The inquiry took the form of unstructured interviews in soliciting information from community WWD. This included personal, face-to-face format of interviews in order to allow respondents to tell their novel accounts of their life history and experiences (Schultze & Avitaz 2011).

Unstructured interviews are crucial to reveal lived experiences of vulnerable groups in society. By their nature, unstructured interviews *"… do not reflect any pre-conceived theories or ideas and are performed with little or no organization*" (Creswell 2013).

Most interviews with WWD were initialised with open-ended questions, such as *'Can you tell me about your experience of living with a disability?*' From there onwards, the interview progressed based primarily upon the initial response of the respondent. Based on the responses, the researcher would then seek clarification and elaboration from the respondents by stimulating further dialogue.

The majority of WWD drop out of school at elementary levels as shown by this study. As such, most of them were illiterate, something which forced the researcher to conduct interviews in native (Shona) language conversant to WWD. Changing questions from English to vernacular was easy and accurate since Shona is the researcher's mother tongue. Upon identifying the interviewees, the researcher notified them of the interview dates. All interviews occurred according to schedule. Most of the interviews with rural WWD were conducted at their place of residents, as this provided them with a relaxed and free environment to narrate their experiences.

3.3.2.2 Interviews with 15 key stakeholders

Semi-structured interviews were conducted with 15 representatives (management, and middle management positions), within state and non-state institutions in the disability field. For the government aligned organizations, the researcher interviewed 6 key informants. These respondents were as follows: an outgoing board member of the National Disability Board (NDB); the Midlands provincial and Mberengwa district representatives of the DSS; special needs person for the Ministry of Primary and Secondary Education; and two representatives of the Ministry of Women Affairs, and Community Development (MWGCD). Representatives of these organisations provided rich information on the efforts made to advance PWD issues since they are the ones responsible for this role, including the provision of assistive devices to PWD.

For non-state actors, representatives from the following organisations were interviewed: Zimbabwe Association for the Visually and Handicapped (ZAVHU), Federation of Organisations of Disabled People in Zimbabwe (FODPZ), Leonard Cheshire Disability Zimbabwe (LCDZ), National Association of Societies for the Care of the Handicapped (NASCOH), Midlands Association for the Promotion of Rights and Welfare of the Blind (MAPROWRIWEB), Disabled Women Support Organisation, Midlands State University Legal Aid Clinic, and a disability rights research and lawyer in Midlands province. Table 3.1 presents the organisations, experience and their role in the sector.

Table 3.1 Profiles of 9 Key Non-State Actors interviewed[1]

Organisation	Type, Size & Experience in the sector	Areas of Operation	Role in the Sector
NASCOH	Umbrella body of more than 50 DPOs formed in 1969 to promote the rights and welfare of PWD	A large organisation with membership countrywide	- Research & training of DPOs, lobbying and advocacy
MAPRORIWEB	MAPRORIWEB was formed in 2012 to promote and ensures for the protection of the visually impaired in society	A small organisation that operates in Midlands province, including Mberengwa district	- Advocacy and lobbying - Mobilisation of resources for the visually impaired
MSU- Faculty of Law Disability Clinic	Established after 2010 by the Faculty of Law at MSU to promote and protect PWD's rights in Zimbabwe.	A small organisation that mainly operates in districts of Midlands province including Mberengwa	- Legal Aid and access to justice - Capacity Building and Paralegal trainings
NCDPZ	Umbrella organisation formed before 1980 to coordinate disability issues	Small organisation that operates countrywide	- Advocacy and lobbying - Awareness raising
FODPZ	FODPZ is an umbrella organisation formed after 2000 to advance disability issues	A medium organisation with membership around Zimbabwe	- Research, advocacy and lobbying for disability rights
DWSO	Formed after 2000, the DWSO is a DPO with more than 1000 women individual members countrywide	Medium organisation in terms of size. DWSO operates countrywide	- Empowerment, advocacy and lobbying for WWD's rights
Leonard Cheshire Disability Zimbabwe	Started operating in Zimbabwe around 1981, advancing the rights of youths with disabilities	A medium organisation that implements projects in most parts of Zimbabwe	- Empowerment, access to justice & education
ZAVHU	ZAVHU was formed around 1990s to coordinate and advance the rights and welfare of visually impaired persons	A medium organisation in terms of size. Its operates in Masvingo, and in parts of the Midlands province	- Lobbying, advocacy, and empowerment of the visual impaired
Disability Rights Lawyer & Researcher (EM)	Protuberant disability rights researcher, lawyer and activist since 2011	An individual disability rights researcher and defender in Zimbabwe	- Research, lobbying, advocacy and legal representation

Source: Field notes

The interviews were conducted using two sets of guiding questions, one for state-aligned actors, and another for non-state actors. For each category, questions were crafted in a similar way, with the aim to gather uniform data on their activities in relation to the protection of the rights of WWD. Although a set of questions were used, the interviewer freely modified the sequence of

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[1] Key stakeholders interviewed for this study were willing to have their organisations and names revealed. Interviews with representatives of these institutions were not confidential as they were permitted by superiors to comment on behalf of the organisations.

questions, sometimes changing the phrasing and explaining meaning of the question during interaction with respondents. The researcher therefore, held interviews in an open situation to allow for more flexibility and freedom in the interaction. The researcher took care not to deviate from the research focus.

Before commencing with the actual fieldwork, pilot interviews were conducted to test the questions. The process allowed the researcher to modify the questions by replacing vague words and phrases, and merging repetitive themes to reduce the number of questions. This process went a long way to improve the quality of interview questions and subsequently the interviewing process itself. Besides providing meaningful feedback for improving the final version of interview guidelines, the process enabled the researcher to identify resources and time required to conduct the interviews.

For the final interviews with stakeholders, questions were sent in advance by email and in some instances hand-delivered to the respondents during the time the researcher was soliciting for interviews. The actual interviews took place upon arrangement with the interviewees and most interviews were done at the respondent's office or places of work in Harare, Masvingo, Gweru, and Mberengwa district. Responses were noted down. The researcher's interpretation of responses was noted and verified by the interviewee to ensure that it was correctly captured.

Interview questions for stakeholders were crafted and administered in the English language as this group of respondents comprised of learned people, who are conversant in the chosen language. However, there were instances when the interviews were conducted in local languages (particularly, Shona and Ndebele) then converted to English as some of the stakeholders were uncomfortable in expressing themselves in English.

3.3.2.3 Interviews with 5 special needs teachers and 5 GWD at schools

Data was collected from five special needs resource teachers using semi-structured interviews at three High Schools in Mberengwa. All the five teachers were trained to work with special needs students: one of them hold a diploma while the other four hold degrees in special needs education as their highest qualification. Two of the teachers had over 20 years' experience in working with special needs children, whilst the other three had between 1-6 years of experience in special needs education.

Special needs teachers were targeted by the researcher to shed light on the challenges of rural GWD in learning institutions. Semi-structured interviews allowed this group of respondents to be focused on the answers they provided. The flexibility of this approach allowed for the discovery or elaboration of information pertinent to the study. The approach allowed the researcher to employ follow-up and probing questions to provided responses, such as *'Kindly explain a bit more about that*'. Such follow-up questions could have not emerged in the same way, if at all, if asked as a pre-determined question.

Besides the special needs teachers, the researcher interviewed five school going GWD over the age of 18. Each of these students were staying at school dormitories and were aged between 18-20 years. Three GWD were visually impaired while two were physically challenged. Only one student was born with a disability, while the other four were disabled during infancy. The interviews were conducted at the school resource centres. Interviews with school-going GWD provided insights on their lived human rights experiences at educational institutions. For GWD, the interviews were unstructured and were conducted in respondents' mother tongue (Shona). During visits to schools, the researcher observed the physical and environmental aspects of the facilities such as classrooms, dining halls, and toilets.

3.3.2.4 Secondary sources of data

The researcher undertook an extensive review of literature to include work not only situated in the disciplines of Development Studies, but also in feminism, gender theory, psychology, economics, international law and history. This was needed partly to gain a better understanding of key concepts that contour the phenomenon and partly to fulfil some of the stated research objectives. Certain key legal and policy documents were analysed, such as the CRPD, SGDs framework, Zimbabwe's Disability Persons Act of 1992, the Social Welfare Assistance Act, the Criminal Law (Codification and Reform) Act of 2004, the HIV/AIDS and Gender National Policy, Constitution of Zimbabwe and relevant bills for they are the legal and policy guides for the protection of PWD in Zimbabwe. The researcher also scrutinised parliamentary debate reports on disability issues, NGO and government reports, and databases for relevant ministries. These documents gave insights on activities being implemented, successes, and challenges faced by such stakeholders.

3.3.3 Data Analysis

According to Marshall and Rossman (1995:111), data analysis entails the *"… process of bringing order, structure and meaning to collected data.*" The researcher used thematic coding of data to make meaning of the collected data.

Firstly, the researcher familiarized himself with the data through a process of data analysis involving a process called "data immersion" (Musengi 2006). The process of data immersion entails several thorough readings of the interview transcripts to be fully conversant with the interview data. This process was followed with a process of data categorisation according to the questions contained in interview guides of semi-structured interviews. This categorization of data was aimed to form themes for easy interpretation, checking, and analysis (Creswell 2013).

In defining this process of data coding and categorization, Lockyer (2004) refers to it as a process that involves "*a systematic way in which to condense extensive data sets into smaller analysable units through the creation of categories and concepts derived from the data*."

Responses from the stakeholders were analysed to identify which of the established categories they fit into. Lived human rights narrations from unstructured interviews were placed in these categories.

3.4 VALIDITY AND RELIABILITY OF THE DATA

Generally, qualitative research is criticised for a lack of objectivity given the latitude the researcher has in interpreting the data. According to Galofshani (2003), reliability and validity are conceptualised to mean rigor, trustworthiness, and quality in qualitative paradigm. In this study, the idea of validity and reliability is anchored on methodological and design reflexivity. The research is primarily based on the lived experiences of WWD themselves, and composite meanings ascribed to the experiences of WWD, rather than generalisations. The participatory nature and robust triangulation of adopted disability models, data collection tools, and theoretical frameworks was of paramount importance in guaranteeing validity and reliability of this thesis. According to Golafshani (2003:603), "*triangulation is typically a strategy (test) for improving the validity and reliability of research or evaluation of findings*." In the same way, Mathison (1988:13) states:

> "*Triangulation has risen to be an important methodological issue in naturalistic and qualitative approaches to evaluation* [in order to] *control bias and establishing valid propositions because traditional scientific techniques are incompatible with this alternate epistemology."*

Several social scientists advocate for the use of such a technique. In support of triangulation, Patton (2001:247) states that "*triangulation strengthens a study by combining methods. This can mean using several kinds of methods or data, including using both quantitative and qualitative approaches."*

Validity and reliability in this study was enhanced through allowing constructivism (Erzberger & Prein 1997; Galofshani 2003). This was done by valuing WWD and stakeholders' multiple realities of their told stories. Conducting research with this open-ended perspective advocated by constructivism adheres to the dictates of the phenomenological research and data triangulation. The approach allowed for WWD as respondents who live the phenomenon to narrate their life stories.

Engaging multiple data gathering instruments, such as in-depth individual and structured stakeholder interviews enabled the researcher to collect reliable, valid, and diverse experiences and realities (Galofshani 2003). Furthermore, the researcher made use of investigator triangulation through considering ideas and explanations generated by other preceding scholars who studied feminist disability discourse (Johnson 1997). To some extent, this thesis passed validity and reliability tests by being phenomenological, participatory and being conducted with different tools and sampling methods.

3.5 ETHICAL CONSIDERATIONS

WWD are vulnerable members of the society, thus they are numerous ethical considerations mainstreamed in this research. One of the issues mainstreamed was informed permission from national, provincial and district authorities in Zimbabwe to carry out the study before data collection commenced. In addition to this, the researcher mainstreamed informed consent from the participants of the study. In this study, informed consent encompassed four principles namely; voluntarism, competence, full disclosure, and comprehension (Du Plooy 2000; Cohen, Manion & Morrison 2000). Informed consent was employed for both WGWD, and state and non-state interviewees. The participants were asked to read and sign the informed consent forms before the interviews commenced. Instead of giving their signatures, many visually impaired and illiterate respondents stamped their thumbprints, or asked their trusted friends or relatives sign the consent forms on their behalf after the information was read to them. This was important to avoid instances where the research would have infringed on their right voluntary participation.

The researcher took time to explain the purpose of the study to participants, and the use and type of information sought by the study. Thus, the researcher explained to participants that the study was not done for consultancy or profit-making, but for purely academic purposes to contribute towards devising informed and innovative strategies to improve the lives of rural WGWD in the country. Considerable care was taken to ensure that by participating in the study, participants did not expect that their immediate material needs were to be fulfilled or they were to be given some material token of appreciation.

Confidentiality and anonymity were guaranteed to research participants. Participants were informed that their identity will remain confidential and will not be released. As such, it was not compulsory for a participant to reveal his or her identity. As a result, the majority of respondents representing state and non-state actors consented to having their names and those of their organisations revealed in this study, but the researcher nevertheless anonymised the names busing only initials. To cater for confidentiality, the raw data for the study was kept in a safe place known only to the researcher (Creswell 2013).

3.6 CONCLUSION

This chapter highlighted the methodology used in this thesis. The chapter explains the chosen approach, research design, population, sampling methods, and procedures adopted in developing this thesis. The chapter explains data generating instruments and processes for the study. The last sections of the chapter explain data analysis, presentation, issues of validity and reliability, and various ethics employed in this study. The next chapter explores international and national mechanisms for advancing disability rights.

CHAPTER 4: AN ANALYSIS OF INTERNATIONAL AND NATIONAL MECHANISMS FOR ADVANCING THE RIGHTS OF WOMEN WITH DISABILITIES

4.1 INTRODUCTION

Various international and national instruments, policies, and institutions were put in place for the full and effective realisation of the rights of PWD. This chapter examines these mechanisms with reference to the advancement of the rights of WWD in the 21st Century. In this chapter, the researcher discusses international and regional instruments and policies addressing disability rights. The goal of this discussion is to show the extent to which the rights of PWD are included.

This section is followed by an analysis of national legal, policy and institutional framework for advancing disability issues. In this section, the researcher analyses national mechanisms, and the extent to which best international disability norms and standards are domesticated and implemented in Zimbabwe.

4.2 UN AND AFRICAN DISABILITY RIGHTS INSTRUMENTS AND POLICIES

Disability found its place in various international and regional human rights instruments and development policies. The main policy documents include the now expired MDGs (2000) and the SDGs (2015). Internationally, there are a number of UN human rights instruments providing for disability rights including the '*Universal Declaration of Human Rights*' (UDHR 1948), the '*Convention on the Elimination of Discrimination against Women*' (CEDAW 1979), the '*International Covenant on Economic, Social and Cultural Rights'* (ICESCR 1966) and the '*Convention on the Rights of Persons with Disabilities*' (CRPD 2006).

Africa has made strides in advancing human rights of WWD through the '*African Charter on Human and Peoples' Rights'* (ACHPR 1981), the *'Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa'* (African Women's Protocol 2003), '*African Youth Charter'* and the '*African Charter on the Rights and Welfare of the Child*' (ACRWC). At the

Southern African Development Community (SADC) region, there is the ‘*SADC Protocol on Gender and Development* (SADC 2007), and the ‘*SADC Treaty and SADC Protocol on Health* (1993).

As mentioned in Chapter One, policies such as the SDGs outlines the goals, principles, and methods designed by the UN to guide governments towards poverty reduction and attainment of sustainable development. Unlike human rights instruments, policies are not legally binding. On the other hand, human rights instruments are made up of treaties, and agreements designed by sovereign member governments of the UN designed to promote the fulfilment of human rights. As state parties, governments are obliged to domesticate and ensure the implementation of these human rights norms and standards at national level.

The next section analyses the adequacy, or lack of it, of the UN policy and human rights frameworks for the realisation of the rights of WWD.

4.2.1 UN Disability Rights Frameworks

In this section, international frameworks are discussed, namely the MDGs, SDGs, UDHR, CEDAW, ICCPR, ICESCR, and the CRPD.

In 2000, the MDGs framework was mooted as the main framework to guide governments in the first 15 years of the new millennium towards poverty alleviation and sustainable development. Although the framework proved important in speaking to the needs of the poor, the 8 expired MDGs failed to adequately speak to disability issues as PWD were only mentioned under the inclusive education goal. The other 7 MDGs do not include disability related indicators and data (Choruma 2007; Ghai 2009). This, therefore, limited the extent to which disability was a focus in development planning and management. Groce (2012) concurs and states that the lack of explicit mention of PWD in the MDGs framework resulted in the lack of systematic inclusion of this vulnerable group in programmes and policies, and lack of monitoring of disability-related statistics.

The MDGs framework expired in 2015 and there have been repeated calls by stakeholders for a development framework that emancipate all vulnerable groups in society including PWD (Mitra 2013; Groce 2011; Lockwood 2015). As a result, the final post-2015 agenda, "*Transforming our world: The 2030 agenda for sustainable development*", make specific reference to PWD, and included disability related indicators (Lockwood 2015).

Additionally, disability scholars applaud the agenda document for acknowledging a majority of PWD living in poverty situations (Lockwood 2015). It emphasises the need by stakeholders to mainstream disability in development initiatives, including endeavours for poverty reduction in the Global South (Lockwood 2015). Because of this, the final SDGs framework mentions PWD issues in 5 of the 17 SDGs, in relation to sustainable growth and inclusion, access to inclusive education, inclusive and safe human settlements, equality; and collection and monitoring of SDGs data. Even without direct mention of PWD, all the other SDGs speak to universal human security, which is important to the disabled community at large. To some extent, the SDGs reflect important elements and complex forces at play in Africa's human development.

The emphasis on PWD in the SDGs framework means an improvement in disability mainstreaming at national level. As African governments align with SGDs in the formulation and implementation of projects meant to drive sustainable socio-economic development, they pay attention to WWD issues. According to Haslam (2015), SDGs have become a powerful tool used by PWD, particularly WWD to argue for their inclusion. PWD themselves and DPOs have found a comprehensive instrument for questioning their marginalisation, and even to lobby and advocate for favourable policies and programmes in Africa.

Regarding human rights instruments, several predate the new millennium but are still relevant in the 21st century as they emphasize every human being's equal rights without discrimination. In most cases, UN instruments include disability and gender as two categories that should embrace non-discrimination. The UDHR (1948) advocates for total freedom to every human being for the achievement of what he or she wants. Specifically, article 25 of the UDHR (1948) expressly guarantees rights for all human beings. The clause in question provides for every person's right to security in case of uncertainties such as being disabled (UDHR 1948). The

UDHR (1948) further make provision for equality of everyone in society, including WWD based on the principles of non-discrimination and gender. The calls by the UDHR guide African governments to ensure for non-discrimination of WWD.

Other instruments for the advancement of WWD include the CEDAW (1979). The CEDAW does not include any specific clauses on disability rights but speaks to the protection of all women's rights, including those of WWD. The CEDAW committee in its general recommendation No. 18 stressed the vulnerability of WWD and called upon governments to report on WGWD. The call by the general comment directs governments to focus and prioritize the needs and rights of WGWD.

Zimbabwe is a state party to the ICESCR (1966) and ICCPR (1966), which sets out socio-economic and cultural rights, and civil and political rights of WWD in society. Under article 13 of the ICESCR (1996), every child including those with disabilities have the right to education. The General Comment No. 5 of the ICESCR (1995) further calls upon member states to ensure that both men and WWD enjoy their fundamental rights and freedoms without discrimination based on gender or disability. The General comment is considerate of the daily challenges faced by WWD in their quest for socio-economic and political participation in the Global South.

Several UN human rights instruments, including the UDHR, CEDAW, the ICCPR, and the ICESCR included disability as one of the grounds for non-discrimination. These instruments universal apply to all human beings including WWD. The disability effect of these instruments is further limited by their inadequate focus to disability issues. Furthermore, the instruments do not specify the rights of WWD who face multi-layered forms of discrimination in the Global South. These normative weaknesses further limit the domestic utilisation of these international instruments for WWD and disability rights defenders in Africa for advocacy and lobbying.

The adoption of the CRPD marked a great stride in efforts to emancipate PWD as equal human beings. Importantly, the rights stipulated in the CRPD are not a new set of rights but rather an emphasis of those rights provided for in other instruments including the UDHR. The Convention mainly reaffirms, guarantees, and recognises existing human rights spelt out in the ICCPR, ICESCR, and the UDHR which came prior to the CRPD. Notably, the CRPD is different from other human rights instruments in that it provides a comprehensive bill of rights of PWD and plays a dual role; as a developmental instrument and as an instrument for the protection and promotion of disability rights.

The promulgation of the CRPD is seen by many as great achievement in the struggle to effectuate a human rights approach to disability issues (Kayess & French 2008; OHCHR 2012). Under article 12, WWD are viewed as rights bearers not as useless individuals. With the CRPD, PWD are no longer viewed as objects of medical treatment, social protection, and charity but rather as equal human beings with rights and, above all, capable of making their own decisions. This paradigm shift empowers PWD to effectively participate in issues shaping their lives.

The CRPD specifically provides for the protection of WGWD. The Convention refers to WWD on several occasions. Under paragraph (p) of the CRPD (2006) preamble, governments are directed to pay attention to the problems of PWD based on colour, race, gender, religion, language, and age. In addition, paragraph (q) singles out WGWD to be vulnerable to violence, injury or abuse, negligent treatment, exploitation, or maltreatment. This strong focus on disability rights in the CRPD gives a clear direction for development planners and thinkers to pay attention to the rights of WWD (Haslam 2015). Furthermore, Article 6 of the CRPD categorically notes that WWD suffer distinct and multi-layered discrimination (CRPD 2006; Grobbelaar-Du Plessis 2007). Inclusion of these clauses is especially important for WGWD in the Global South who face complex forms of discrimination due to gender, poverty, and religious and cultural stereotypes attached to varied forms of disabilities. Consequently, the CRPD enjoins governments to reform laws and practices, to emancipate and ensure for the advancement of the rights of WGWD.

Under Article 35, governments are obliged to initially report to the CRPD Committee within two years of accepting it. Thereafter, the CRPD (2006) obliges governments to report at least every four years or submit their report upon request. Submission of state party reports is crucial, as it establishes a platform for constructive dialogue between the Committee and governments in relation to the progress, difficulties and, how these setbacks can be used to transform the provisions of the CRPD into a reality for WWD. Indeed, this process provides the Committee with an opportunity to work out innovative measures which can be taken to address the problems and promote effective realisation of disability rights. On the other hand, state party reports allow governments to reflect on their efforts and mechanisms for advancing disability rights, and above all, remind governments of their obligations to advance disability rights.

Under the Optional Protocol to the CRPD, the CRPD Committee is empowered to hear individual complaints in relation to disability violations. This reaffirms that the PWD have been taken seriously by the UN legal system and recognized as independent and self-determined legal persons, who can bring violation of their rights to the attention of international fora. This is important for the advancement of disability rights, as aggrieved individuals and concerned non-state actors can call attention to violations against WWD in peripheral societies. This mechanism challenges governments to come forward and account for their actions against WWD. However, this has not been widely utilised by PWD in Africa. This is evidenced by the limited number of cases that have been heard before CRRP institutions regarding disability. This limited utilisation of the complaint's mechanism can be attributed to limited awareness of the mechanism and modalities amongst PWD in African countries like Zimbabwe.

Important as the CRPD has become, its provisions do not adequately address the main disability concerns in Africa, let alone the challenges of WWD in the 21st century. WWD are negatively affected by poverty, harmful practices, and HIV/AIDS. In most African countries, including Zimbabwe, the impact of HIV on WWD is complex. The CRPD does not speak to HIV/AIDS despite compelling evidence that WWD are at risk of contracting the disease because of their vulnerability to sexual violence, poverty and their limited access to legal protection, health care services, and safe sex information (Groce 2004; Hanass-Hancock & Nixon 2010; Gerntholtz *et al* 2010; Shome & Tataryn 2008; Wilcher & Cates 2009; UNAIDS 2012). Moreover, many HIV patients in Africa develop some form of disability due to the disease or related factors. These issues were initially included in the first document of the CRPD, but were omitted from the final text (Peake 2009). This contextual inadequacy exposes many PWD to vulnerabilities in Africa. The inclusion of these issues in the CRPD was intended to direct governments to give much needed attention and resources to the intersection of poverty, disability, and HIV/AIDS.

Notwithstanding these weaknesses, the CRPD has generally transformed disability issues by setting human rights standards for PWD. The Convention marks a significant shift in the struggle to approach disability from an impairment-based focus to desired human rights approach.

The next section analyses the adequacy of African Human Rights System in including the rights of PWD, with particular reference to WWD.

4.2.2 The African Human Rights System

Zimbabwe is a signatory to many human rights treaties that promote and protect PWD in Africa. The African human rights instruments, just like all other regional instruments around the world, largely reaffirm, recognise, and give assurances of the rights already protected by UN instruments. African human rights instruments include the ACHPR (1981) that recognises and protects human rights in Africa. Article 18 (4) of the ACHPR (1981) expressly speaks to the right of PWD to access special measures in line with their moral or physical needs. Article 2 of the ACHPR (1981) discourages discrimination based on various factors, including gender. However, Article 2 of the ACHPR (1981) can be challenged for failing to mention disability as one of the listed grounds for non-discrimination. People are left to assume that the phrase ‘or other status’ imply that the list is not exhaustive of all grounds (Kamga 2013).

Nevertheless, Article 56 of the African Commission states that member states to the ACHPR shall draw inspiration and be guided by provisions in UN documents such as the CRPD in executing their duties. This therefore, directs African governments to view PWD as human rights bearers and ensure for the realisation of the rights of WWD as stipulated in the CRPD.

Another important instrument for advancing WWD’s rights is the “*African Women’s Protocol*” (2003). Under Article 23, the Protocol recognises that WWD are subjected to double discrimination and calls upon governments to ensure their protection. Governments specifically undertake to address a number of important rights of WWD in Africa, including access to professional and vocational training, education, and employment, freedom from violence and harmful practices, as well as participation in matters that shape their lives. The Protocol further calls for poverty reduction, non-discrimination, and elimination of harmful practices against women. These are well thought out declarations considering the detrimental effects of poverty and harmful cultural practices on the well-being of WWD in Africa. Due to poverty and limited conceptualisation of disability using the medical and religious models, the fundamental rights of WWD are less of a priority in Africa. For these reasons, the Protocol remains a well-designed instrument meant to emancipate WWD in all facets of life.

The ACRWC is another important instrument for the human rights of PWD in Africa. The Charter is noteworthy for its reference to CWD under Article 13. The article in question provides that *“[e]very child who is mentally or physically disabled shall have the right to special measures of protection in keeping with his [or her] physical and moral needs so as to ensure his [or her] dignity, promote his [or her] self-reliance and active participation in society*” (ACRWC 1990:6). The Charter further calls upon member states to provide appropriate measures for promotion and protection of the rights of CWD, including ensuring that CWD progressively enjoy freedom of movement and access to public highways, buildings and other places “*to which the disabled may legitimately want to have access to*” (ACRWC 1990:6). Accessibility of infrastructure remains one of the major obstacles faced by WWD in their attempts to effectively participate in development processes in Africa. With such an article in place, African states are reminded to remove barriers to inclusion and effective participation of CWD in matters of concern to them.

The Charter further directs governments to ensure that CWD can access training, gainful employment, and recreational opportunities for personal growth and social integration. This is paramount considering that CWD have, for a long time, faced discrimination and marginalisation in professional training, employment, and recreational activities. Access to education and employment holds the key to the personal development, and independence of WWD. The ACRWC further provides for an individual complaint procedure. This allows aggrieved CWD to approach respective institutions within the African human rights body to lodge complaints in relation to violation of their fundamental rights and freedoms.

The ‘*African Youth Charter’* emphasizes on the need for African youths, including those with disabilities to “*actively participate at local, national, regional and international levels to determine their own development and the advancement of society at large*” (African Youth Charter 2007:18). Specific reference to youth with disabilities is made under the preamble, and Article 24 of the Charter. Article 24 mandates governments to recognise the right to ensure that mentally and physically challenged youths enjoy special care, access to inclusive education and professional trainings, employment, sporting disciplines, and basic needs. The African Youth Charter (2007) further mandates states to eliminate the barriers to full integration of physically and mentally challenged youth into wider society. The measures called by the Charter include ensuring for accessible infrastructure and transport that allows for easy mobility of youths with disabilities.

However, the Charter’s conceptualisation of disability is limited. The Charter only names youths with mental and physical disabilities. These normative limitations are evident in the ACRWC, which only talks of mental and physical impairments at the expense of other forms of impairments such as hearing impairments. Equating disability to ‘mental and physical’ being vindicates solutions relating to “special care” and “special measures of protection” almost to the exclusion of inherent rights of PWD community (Mute 2012). By so doing, the Charter and the ACRWC falls short of the best international disability standards and norms that adopt a broad-based human rights rights-based approach to disability.

In addition, the Charter uses terms such as “handicapped” and “challenged” which are somewhat derogatory and damaging to PWD. Limited conceptualisation of disability at continental level has the effect of cascading and finding its way into national frameworks. Ultimately, inadequate conceptualisation of disability limits the extent to which the rights of WWD are adequately implemented. As key documents for advancement of the rights of WWD, African frameworks should embrace PWD as equal human beings with capabilities rather than limitations stemming from impairments. In Africa, this is further affected by the absence of a clear-cut instrument for the rights of PWD.

Other instruments for advancing the rights of PWD in Africa include the "*African Charter on Democracy, and Elections and Governance* (ACDEG 2007)*,* and *the AU Convention for the Protection and Assistance of Internally Displaced Persons*". These instruments guide states in conducting democratic processes, and in the handling of people who have been affected by disasters. However, most of these instruments are general and are therefore limited in scope and are formulated in an unwieldy format without paying attention to the rights of WWD in Africa. The failure of these instruments to specifically provide for disability clauses and to categorically provide for the rights of WWD, makes the rights of this disadvantaged group invisible and largely neglected in African countries.

It is worth noting that in January 2018 the African Union (AU) adopted the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa. The protocol incorporates the context, needs, and welfare of especially WWD in Africa. If ratified by member states, the protocol will go a long way to promote and protect the rights of WWD in Africa.

The SADC regional bloc developed human rights instruments that reflect best international norms and standards. One such instrument includes the '*SADC Protocol on Gender and Development'* (SADC Gender Protocol of 2007)*.* Under Article 16, member states are encouraged to enact and adopt legislative and other measures for the promotion, protection and enforcement of the rights of WWD in all facets of life (SADC Gender Protocol 2007). Other instruments developed at regional level include the "*SADC Treaty and SADC Protocol on Health"* (1993), which prohibits the discrimination of people based on gender, sex and disability. In addition, the "*SADC Protocol on Health*" encourages member states to work together to prevent and manage disabilities and; increasing of "*…access to improved technology related to assistive devices, and the creation of a barrier free environment for the equalisation of opportunities for people with disabilities; and promote community-based rehabilitation programmes"* (SADC Protocol on Health 2004:6). The calls for increasing accessibility and the removal of barriers by the Protocol are commendable, for these are some of the challenges hindering the effective participation of WWD in public sphere.

The next section evaluates the domestication and implementation of best human rights standards for the realisation of the rights of WWD in Zimbabwe.

4.3 NATIONAL LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS IN ZIMBABWE

A commitment exhibited by Zimbabwe to the advancement of PWD rights has been through the ratification of the above-mentioned international and regional instruments. International human rights instruments embody best practices for the realisation of the rights of PWD, and their ratification has far reaching implications for reform and implementation in Zimbabwe. As expressed by Meekosha and Soldatic (2011:1384), *"while the CRPD is a critical standard setting instrument for upholding disability rights, neither its signing or ratification by nation states is sufficient to ensure substantial or rapid chang*e". Domesticating and devising innovative measures for the implementation of best human rights provisions remains key and critical for their practical realisation at national level.

As a member of the UN, AU, and SADC blocs, Zimbabwe is expected to take cognisance of international norms and standards to domesticate, mainstream, and implement at local level to realise the fundamental rights and freedoms of WWD community. Zimbabwe ratified the CRPD and its Optional Protocol on 23 September 2013 (USCID 2014). By doing so, the country created space for the CRPD Committee to hear individual complaints and is obliged, under Article 35, to initially report to the Committee on the CRPD within two years of accepting it. Thereafter, Zimbabwe is obliged to report at least every four years or submit their report upon request by the Committee. However, Zimbabwe failed to submit its initial report which was due on 23 October 2015. In the absence of state party reports, the Committee and other stakeholders are left to guess at the progress of the government in implementing the CRPD.

Apparently, the Convention does not provide for any form of punishment or sanction against a government that has failed to submit reports. By being state parties, governments are morally expected to comply with Article 35 of the CRPD. As stipulated under Article 36 (2), the only available option is for the CRPD Committee to invite and notify the defaulting government of the intention to examine the implementation of the Convention based on available information

(CRPD 2006). This process is believed to incite the government concerned to submit its report. However, the process does not seem to be yielding results for Zimbabwe. Therefore, the absence of stringent sanctions against such defaulters weakens the effect of the CRPD.

4.3.1 Legal Frameworks

Legislation in favour of PWD in Zimbabwe predates the new millennium, except the 2013 Constitution. These include the Disabled Persons Act [Chapter 17:01] 1992, the Social Welfare Assistance Act [Chapter 17:06] 1988, the Education Act [Chapter 25:04] 2005, and the Criminal Law (Codification and Reform) Act [Chapter 9:23] 2004. As most of these legislations have no or little to offer in terms of human rights and many activists for the rights of PWD have called for their repeal (Mugumbate 2016; Mandipa 2013). In particular, the DPA is criticised for using degrading terms such as ‘intellectually handicapped’, ‘imbecile,’ ‘mentally disordered,’ and ‘mental patients’ which belittle, demean, devalue, and stigmatise PWD (Choruma 2007; Manatsa 2015).

These legislations use the term ‘disabled person’, which although often used by activists and scholars, is inclined towards a medical approach to disability that largely ignores the influence of the societal environment, norms, and beliefs (Manatsa 2015). These terms and labels become significant in colouring perceptions, setting the discourse, and determining rights seen as appropriate for PWD (Nyirinkindi 2006). This means that these legal frameworks are discordant with contemporary human rights discourse. As discussed below, the CRPD and the new Constitution (2013) references the notion PWD, making it prudent for all the instruments to be aligned with such a progressive stance.

4.3.1.1 Constitutional Provisions

Since independence in 1980, the Lancaster Constitution of 1979 governed Zimbabwe. This Constitution was silent about disability rights as its non-discrimination clause failed to include disability as one of the prohibited elements. A new era in the advancement of disability rights was ushered in with the adoption of the *Constitution of Zimbabwe amendment (No. 20) Act of*

2013. In line with Article 3 of the CRPD, the new Constitution (2013) recognises the equal worth and inherent dignity of every human being in its founding values and principles. An interview with Mandipa (2013) revealed that recognition of all human beings' inherent dignity is important especially for PWD that are normally treated without dignity in Zimbabwean society. According to the African Commission, human dignity is an inherent basic right for every human being, regardless of his or her capabilities or disabilities.

Under section 22, the Constitution (2013) places the obligation to advance disability issues on every government ministry and department, and non-state actors in Zimbabwe. Section 22 (2) mandates the state and all its institutions to assist PWD in achieving their full potential and to minimize the disadvantages they suffer. Prior to the 2013 Constitution, the role of advancing disability rights was only upon the Ministry of Public Service, Labour and Social Welfare (MPSLSW). The Constitution is applauded for realizing that disability issues are universal and require concerted efforts from various stakeholders. The calls by section 22 are in line with the CRPD (2006) which requires concerted efforts for and mainstreaming of disability issues in all facets of life, including socio-economic and political spheres. In a way, mandating all stakeholders to advance disability issues is most effective and allows for wider sector mainstreaming, and lessens the burden of the MPSLSW.

It is important that the Constitution mandates stakeholders to take necessary measures to ensure accessibility to PWD to all buildings under section 22 (4). This section of the Constitution resonates well with Article 9 of the CRPD (2006), which calls for access to information, transport, and environment to allow all PWD to live freely and participate in the public sphere. Accessibility of buildings is important for the inclusion and effective participation of PWD in socio-economic and political activities. Studies in Zimbabwe have found that inaccessible buildings remain one of the main impediments to the employment and access to education of PWD (UN ESCAP Workshop on Women and Disability 2003; Salend 2001; UNICEF 2013; Save the Children 2014; SINTEF 2003). In relation to political participation, disability studies (Eide & Ingstad 2011) and election reports lament the absence of ramps and guiding rails at public places and polling stations (schools and rural clinics) in Zimbabwe (ZESN 2008; ZHRC 2015). Making laws and policies that speak to physical access is a move in the right direction as it directs local authorities to think about it when issuing completion certificates.

The Constitution (2013) makes sign language one of the official languages under section 16. Similarly, section 62 of the Constitution (2013) guarantees access to information for all human beings in Zimbabwe. As a follow-up to these clauses, the government is mandated to develop suitable communication aides and channels for persons with physical or mental disabilities. Language is important for the full and effective participation of PWD in matters that shape their lives. According to Hurskainen (2002:22), "*language is an emblem that switches an individual from misery to plenty, from backwardness to progress and from backwaters to the centre of life*". These constitutional clauses have the potential to end the exclusion of a large portion of the disabled population, especially those with speech and hearing disabilities. With the inclusion of sign language in the Constitution, Zimbabwe emulated South Africa where sign language is provided for under Article 6 of the South African Constitution. Constitutionalising of language will greatly improve its development and inclusion in education curriculums.

Under section 120, the Constitution (2013) provides for the representation of PWD in Senate. Because of this clause, two senators out of the required 80 were elected by PWD through their various formations into the Senate in 2013. This move ensures the inclusion and participation of PWD in Parliament. However, interviews with DPOs shows that the inclusion of disabled senators has little effect on the plight of PWD in society. DPOs blame representatives of PWD for forgetting the plight of their constituency. An interview with the Director of MAPRORIWEB confirmed this scepticism about the effectiveness of PWD Senators:

> *"… It is just a number's game but it will not change the situation of PWD community on the ground. I have been following Parliamentary debates the whole of 2016 but rarely do you hear those PWD Senators raising issues of concern to their constituency. Probably it is because they are few in Senate... It was better if representatives were added to the Parliament (Upper House) which is the most powerful arm, where decisions are made. Perhaps, there is need to increase the number of senators representing*

> *PWD from the current two senators, and the introduction of non-constituency PWD Members of the Parliament. Such a move will assist in guaranteeing effective representation of PWD in Zimbabwe's decision-making circles."*

Review of the parliamentary documents clearly show few cases where the Zimbabwean lower house of assembly carried specific line items for PWD in the various social service ministry budgets. Even with the presence of PWD senators, the Ministry responsible for PWD received paltry budgets in 2015 and 2016, much like they did in times before representation.

The Constitution (2013) contains an expanded bill of rights for PWD, including WWD under section 83. Under this clause, the government is directed to respond appropriately to ensure that PWD realize their full mental and physical potential, including measures to:

a) enable them to become self-reliant;
b) enable them to live with their families and participate in social, creative or recreational activities;
c) protect them from all forms of exploitation and abuse;
d) give them access to medical, psychological and functional treatment;
e) provide special facilities for their education; and
f) provide State-funded education and training where they need it

Section 83 is progressive and is dedicated to address some of the major challenges plaguing WWD in society. The right to education is fundamental for CWD as this right has double dimensions: first as a human right and an indispensable means to realize other rights (Verheyde 2006; Jones 2011). Therefore, section 83 clearly shows that Zimbabwe has moved away from the charity and welfare models of disability to a more desired human rights approach to disability.

An expanded bill of political, economic, social, and cultural rights under sections 48 to 78 further strengthens the calls of section 83 of the Constitution (2013). The fundamental catalogue of economic, social, and cultural rights provided for includes the right to education; right to health care; right to language and culture, right to food and water, property rights, rights to agricultural land, environmental rights, amongst others. In including these rights in the Constitution, Zimbabwe must have realized that such rights are the only means of self-defence for millions of impoverished and marginalized individuals, including WGWD (Mtetwa 2016; Kunnemann 1995).

For WGWD, inclusion of such rights is ground-breaking. It means the inclusion of the PWD community as active participants not passive spectators in matters that fundamentally affect their ability to lead meaningful and dignified lives (Momoh and Adejumobi 1999). In addition, the expanded bill of rights strengthens accountability and ensures that PWD have access to remedies, which is a fundamental concept of human rights law. Above all, accountability and responsiveness are fostered, as the government is obliged to justify decisions according to human rights standards concerning the allocation of resources and in particularly policy approaches that impact on WGWD.

PWD activists criticise the Constitution (2013) for some form of discrimination against PWD. The Constitution fully guarantees the rights of vulnerable groups (such as war veterans of the liberation struggle, children, and women), but does not extend these specifically to the elderly and to PWD. The clause in question reads: *“[t]he State must make appropriate measures, within the limits of the resources available to it, to ensure that PWD realise their full mental and physical potential”* (Constitution 2013:39). This phrasing led to much uncertainty about the nature and extent of the legal obligations imposed by the Constitution. Activists regard this as signalling reluctance to address PWD issues, by citing the economic problems and lack of resources. Indeed, the clause reflects government’s tepid attitude towards advancing the rights of PWD. Considering the serious socio-economic challenges that Zimbabwe is facing in the first two decades of the 21st century, it is likely that state agencies will use section 83 as an excuse for ignoring the fundamental rights of WGWD. Inclusion of such a clause is against the ideals of the CRPD that directs states to take measures to progressively realise disability rights.

Feminist disability movements criticize the Constitution for failing to extend special protection to WGWD who are the most vulnerable of all PWD. WWD face double discrimination first as PWD and secondly as women in a patriarchal society (UNICEF 2013; UN 2006; Grobbelaar-Du Plessis 2007). Most rural areas of Zimbabwe are patriarchal, and poverty stricken, hence rampant challenges exist for WWD. In rural Zimbabwe, economic dependency of women and prevailing social norms continue to prevent rural WWD from combating societal discrimination. The failure to note this engrained discrimination by drafters of the Constitution (2013) contrast articles 6 and 7 of the CRPD which makes further protection to WGWD.

4.3.1.2 Disabled Persons Act

The DPA was promulgated in 1992 and remains the main instrument for advancing disability rights in Zimbabwe. However, the DPA is not a human rights instrument as it looks at PWD from a medical and welfarist point of view. Mandipa (2012) criticised the Act for failing to confer any rights to PWD or rather confer any obligations on the government. The Act focuses on rehabilitation and social security of PWD as its main thrust instead of ensuring for their full and wider participation in matters of concern (Choruma 2007). This contradicts Article 4 of the CRPD that calls for the participation of PWD and their associations in formulation and implementation of disability programs. For these reasons, the Act is out of touch with lived realities of exclusion and discrimination of PWD in society.

The DPA's conceptualisation of PWD is limited. According to the Act, a disabled person is defined as:

> *"[A] person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society."*

The definition follows an out-dated medical model of disability. From this narrow definition, it can be deduced that disability is being identified with the person with impaired body parts, and that person is considered an object for clinical intervention. With the medical model of disability, PWD are not viewed as equally human beings with rights but rather living with an unwanted imperfection. The DPA definition fails to appreciate that people with impaired body parts are disabled by societal values, norms, and beliefs that view disability negatively, and inaccessible environment (Combrinck 2008). The DPA definition creates dependency, marginalizes PWD and introduces barriers for PWD to access their fundamental socio-economic and political rights (Tassoni, Bulman & Beith 2005).

The DPA does not give special rights to WGWD like Article 6 of the CRPD that extends specific rights to WWD. Furthermore, the DPA does not provide for the right of PWD to critical needs including aides, health, education and employment. Without guaranteeing such rights, WWD continue to live in the margins of society, relying on relatives and friends for their welfare. Assistive devices such as mobility aides and prosthetics are important for the independent living of PWD. In Zimbabwe, these aides and appliances are in short supply meaning that the DPA should provide for a legal basis for PWD to be provided with critical needs they require in society to achieve self-determination.

The DPA fails to guarantee the right of PWD to education. The right to education is an important key for unlocking opportunities for WGWD. Without access to quality education WWD continue to be excluded in employment circles and face financial challenges. The International Labour Organization (ILO) puts the worldwide level of unemployment for PWD at 2-3 times higher compared to non-disabled groups (Verdonschot, de Witte, Reichrath, Buntinx & Curfs 2009). Other hindrances to employment of PWD in Zimbabwe remain the poor economic performance, and misconceptions about PWD by prospective employers, inaccessible and unfriendly workplace environment, and the lack of assistive devices. In few cases where PWD get employed, they are often paid paltry salaries and are less likely to get promoted (Ingstad & Eide 2011; Elwan 1999). In aligning the DPA; guidance should be sought from the CRPD to guarantee sound inclusive education and employment clauses for WGWD, and above all their participation in socio-cultural, economic and political spheres.

4.3.1.3 The Social Welfare Assistance Act

The Act was first promulgated in 1988 and amended in 2001. The Act aids social groups which are referred to as ‘indigent’ or ‘destitute’ persons and their dependents. The social assistance is provided in the form of clothes, food, cash, occupational training, rehabilitation, and orthopaedic appliances. According to the Act, ‘mentally and physically handicapped’ falls under the category of ‘destitute’ or ‘indigent persons’ who should be recipients of social welfare assistance. There is no mention of WGWD in the Act even though they face widespread discrimination and marginalisation.

Mandipa (2013:86) criticises this act for the *“… misconception that disability is always associated with indigence.” He further stated that the Act is “… not human rights based as it follows the damaging medical and charity models that view PWD as useless objects of charity and social welfare*.” Research has unveiled a link between disability and poverty (Yeo 2005; Yeo & Moore 2003), but this is not always the case. This view of PWD in the welfare and charity models as indigent persons, renders them objects of charity instead of equal human beings. The appropriate human rights discourse embraces PWD as equal human beings with human rights to be respected and be protected. It is high time that the Act be aligned to best human rights standards that emphasise on PWD’s inherent dignity, autonomy, empowerment and inclusion in matters affecting them. Recognising PWD as equal human beings will not only improve their self-esteem, access to resources but make them live sustainable lives.

4.3.1.4 Criminal Law (Codification and Reform) Act of 2004

The Act addresses issues pertaining to criminal conduct in relation to PWD. Section 64 of the Act specifically states that any *“… sexual conduct involving a ‘mentally incompetent’ adult is charged as rape, aggravated assault or indecent assault, as the case may be, and is punishable under the Act”* (Criminal Law Act 2004:4). The provision is a step forward in protecting the rights of especially mentally disabled women who are physically and sexually victimised. In Zimbabwe, a misconception exists that raping a PWD cures HIV/AIDS. As a result, many women with physically disabilities have been victims of sexual violence and abuse. However, the Act is limited as it only speaks of ‘mentally incompetent’ persons instead of all WWD. In addition, section 65 (2) of the Act failed to make disability one of the aggravating factors to be considered by court officials when handing judgements or sentences. Mandipa (2013) is of the view that the disability status of the victim should be treated as an aggravating factor to assist with deterrence of would-be offenders.

4.3.1.5 The Education Act

The Education Act of 1987, amended in 1996 and 2006, provides for every child’s right to inclusive education in Zimbabwe. The Act outlaws discrimination based on a closed list of prohibited grounds of discrimination. However, a cause of disagreement is the fact that the Act excludes disability on its list of prohibited grounds of discrimination. As a result, many CWD continue to face challenges in accessing education.

The literacy rate among individuals with disability is substantially lower than among those without disability, with the gap varying between 9 and 23% in Zimbabwe (MHCC & UNICEF 2013). Nearly 35% of CWD do not complete primary school due to shortage of aides and limited special needs classes for Early Childhood Development (Muchetu 2015). Of all CWD, GWD comprise the majority of dropouts. The failure of CWD to acquire education services, especially at Early Childhood Development level *“… is likely to have adverse consequences on development of CWD including limiting the full range of stimulation that children can experience, restricting social and educational learning opportunities and perhaps creating low expectations for achievement’’* (Guralnick 2011 in Ngwena, Grobbelaar-Du Plessis, Combrick & Kamga 2014:56). It is thus inevitable that, without access to education, CWD will be trapped in an inter-generational cycle of poverty and exclusion (Philpott 2014).

4.3.2 National Policy Frameworks

The Zimbabwean government launched various policies in the new millennium to ensure the betterment of disadvantaged groups. These include the Land Reform Programme, the Indigenisation and Empowerment Policy, and the Zimbabwe Agenda for Sustainable Socio-Economic Transformation Policy (Zim-Asset). Although the policies are mainly concerned with economic stabilisation, they speak of the empowerment of disadvantaged groups of the society, including WWD. In the absence of a National Disability Policy, this section finds it necessary to discuss the National Gender Policy and its ability to direct focus on the rights and welfare of WWD. The main weaknesses of the above policies have been their failure to include disability as a crosscutting issue in their conceptualisation of social groups in need of support. The policies did not address the challenges faced by rural WWD in accessing capital and other productive resources for self-sustenance.

The next section analyses the various national policies related to disability issues in Zimbabwe.

4.3.2.1 Land Reform Policy

The Zimbabwean government embarked on the land reform programme since attaining independence in 1980 to empower vulnerable groups of society. The program intensified in 2000, with compulsory and violent acquisition of vast tracks of prime land from minority white farmers to majority landless black natives. According to Women and Land Lobby Group (2000), land reform was intended to benefit the disadvantaged and landless, including WWD. However, a small percentage of women benefited from the programme. The Presidential Land Review Committee Report (2003:25) highlights that “women headed households who benefited under model A1, constituted only 18% while women beneficiaries under Model A2 constituted only 12%.” Unfortunately, available data do not show whether the female beneficiaries of the land reform were disabled or not. All the same, a scenario where a few women benefited means a handful of WWD are amongst the women beneficiaries. This is so because WWD represent a group that face widespread marginalisation, even amongst women. Considering that many of the landless poor were disabled by the war of independence, authorities needed to mainstream disability during land allocation (Moyo 2015). This would have seen more WWD benefiting from the scheme.

Many reasons can be put forward to explain why only a few women benefited from land reform. In 2000, a new form of land reform acquisition was instigated in form of the violent Fast Track Land Reform Programme that was pioneered by war veterans. The violent and political nature of the process meant that PWD, especially WWD could not participate in the process considering their peripheral role in politics. Moreover, true need for land was a difficult criterion to asses due to the shambolic manner in which the process was carried out. Furthermore, the Presidential Land Review Committee Report (2003) reveals serious violations by top government and ruling party officials of the one-man one-farm policy. This form of land hoarding disenfranchised vulnerable groups. Women's (especially WWD) decision to join resettlement was also affected by a lack of basic social amenities in such places. In most resettlement areas, people walk long distances to access clean water, education, health, among other basic needs.

4.3.2.2 Indigenisation and Economic Empowerment Policy

In 2008, the Zimbabwean government launched the '*Indigenisation and Economic Empowerment Policy*' backed by an Act of Parliament [Chapter 14:33]. The policy seeks to enhance living conditions of the hitherto disadvantaged Zimbabweans by facilitating their participation in, benefit from resources, and economic development. The empowerment drive established the Youth Fund to finance viable projects by especially Zimbabwe's disadvantaged youth between the ages of 18 and 35 years. Foreign owned companies operating in Zimbabwe contribute to the fund. Specifically, the fund is meant to combat youth unemployment and ensure youth participation in mainstream economy through financing their start-up businesses and income-generating projects. In other words, the fund is meant to assist social and economic development in communities through reducing idleness, promoting productivity, creating employment, and a sense of worth among youth (Sibanda 2013).

The policy is, however, partisan rather than aimed at broad-based empowerment. The empowerment drive fell short of mainstreaming disability and ensuring access to capital for self-help projects for rural WWD (Nilsson 2011). Disability is never a factor mainstreamed when beneficiaries are selected for these empowerment efforts. This contradicts the CRPD and limits the impact of empowerment measures on the lives of PWD.

4.3.2.3 The Zim-Asset Policy

The Zim-Asset is the "economic blueprint" set to revive the socio-economic fortunes of Zimbabwe between 2013 and 2018. The virtues of the policy are to be achieved through embracing indigenization, empowerment, and employment creation through judicious exploitation of the country's abundant human and natural resources (Zim-Asset 2013).

Practically, the government envisages rolling out key strategies including increasing economic opportunities for women, youth, and the physically challenged in peripheral communities. The policy can be commended for referring to people who are physically challenged. Nevertheless, making explicit reference to physical disabilities is a narrow conceptualization of disability against the CRPD. Physical disability is just one form of disability amongst many others recognized under Article 1 of the CRPD (2016). This lack of precise and tangible policy prescriptions for all groups of PWD under the Zim Asset could be a pointer towards the trivial attention government accords to WWD (Mtetwa 2016).

The Zim-Asset (2013) is likely to succeed in ensuring some economic growth, but poor Zimbabweans like rural WWD are unlikely to benefit (Matutu 2014). In addition, limited external funding to the government due to perceptions of state corruption and bad governance will impede the implementation of the policy. The World Bank’s Control of Corruption Index (2012) ranked Zimbabwe in the 5.2 percentile, down from 15.1 in 2000. Between 2010 and 2012, Zimbabwe’s Corruption Perception Index ranking had fallen from 65th out of 90 countries to 154th out of 183 countries (Matutu 2014). In addition, sanctions placed on Zimbabwe by Western countries isolated the country from the international community (and from financial support) since 2002. A confluence of these challenges has seen the country struggle to fund a US$ 4 billion national budget, of which the bigger share goes towards recurrent expenditure (Matutu 2014). Faced with these economic challenges, the Zim-Asset has remained a pipe dream with little change to the vulnerable groups such as WWD.

4.3.2.4 The National Gender Policy

The NGP was first crafted in 2004 to guide the government in addressing gender inequality in society until 2012. This NGP was based on the ‘*Growth with Equity*’ ethos, rolled out across various thematic areas that are important for national development, including decision-making and politics, economy, training, and education. In 2013, a new policy was launched to guide government efforts for another 5 years, until 2018. The second NGP seeks to “*achieve a gender just society where men and women enjoy equality and equity and participate as equal partners in the development process of the country*” (NGP 2013: v). The priority of the NGP lies in the following key issues for national development: “*gender, constitutional and legal rights; gender and economic empowerment; gender, politics and decision-making; gender and health; gender, education and training; gender-based violence; gender and environment; and gender, media and information, communication and technology*” (NGP 2013: iv). Stakeholders are directed by the policy to focus their efforts on such critical needs of women, including WWD.

However, neither of the two NGPs adequately refer to disability. In the new policy, (2013-2017) reference to disability is only made under principles guiding the document. This is despite a general sentiment expressed in the policy for all forms of social, economic and political differences (age, religion, disability, cultural, educational, language, economic, geographical and any form of differences). As such, the NGP universalise women’s plights in society, and fail to realise that some women are marginalized and discriminated within the women social grouping. There is anecdotal evidence that WWGD faces varied discrimination including from fellow women (UNICEF 2013; UN 2006; Manatsa 2015; Grobbelaar-Du Plessis 2007). As such, WWD are a special group in need of special protection like in the CRPD.

The next section analyses the various institutional frameworks for advancement of disability issues in Zimbabwe.

4.3.3 Institutions for advancing Disability Rights in Zimbabwe

Advancing disability rights is a shared responsibility of the government and non-state actors in Zimbabwe. Government institutions include the DSS and the NDB, both housed under the MPSLSW; national research institutes; and constitutional Commissions. Non-state actors include the bulk of NGOs, DPOs, Christian organisations, and business community.

4.3.3.1 The Ministry of Public Service, Labour and Social Welfare (MPSLSW)

One key mandate of the MPSLSW is to enhance self-reliance through the provision of social protection services to vulnerable and disadvantaged groups of the society (MPSLSW 2016). To effectively execute its mandate the MPSLSW established the DSS and decentralised offices of the DSS to all 59 districts in Zimbabwe. The MPSLSW works together with other ministries including the Ministry of Justice, Legal and Parliamentary Affairs, the Ministry of Health and Child Welfare (MHCW), and Ministry of Primary and Secondary Education (MPSE).

The MHCW provides spectacles, crutches, wheelchairs, artificial limbs, and treatment to PWD in needy. To ensure access to free medical treatment for the PWD community, the MHCW issues them with Assisted Medical Treatment Orders (AMTO) that they use to access free medical treatment in government hospitals (Government of Zimbabwe 2006). Although the idea seems important, it can be submitted that most PWD have not been adequately provided with medical attention in public institutions. Often, PWD approach public institutions for services only to be told that what they require is out of stock. Previous studies have noted with concern how the majority of PWD in need of assistive devices fail to receive them due to budgets constraints (Eide & Ingstad 2011).

The MPSE sources and provides CWD with specialised personnel, study material, and assistive devices. The MPSE in collaboration with MPSLSW, implements the Basic Education Assistance Module (BEAM). The scheme was introduced in 2002 to ensure access to education for vulnerable children including those with disabilities, and those of parents with disabilities. The scheme came as a relief to disadvantaged children in rural Zimbabwe. Without the grant, promising CWD from poor families, and children of poor disabled families drop out of school *en mass*.

Other social protection measures implemented by the DSS to relieve destitution amongst PWD include the Harmonised Social Cash Transfer Programme (HSCTP) and the Food Deficit Mitigation Programme (FDMP). The HSCT commenced in 2011 and is jointly funded by the government and UNICEF among other donors. This provides cash grants to vulnerable households including those staying with chronically ill patients and PWD. Through the scheme, beneficiary households are entitled to one of the following: US$10 per month for 1-person household; US$15 per month for 2 persons household; US$20 per month per 3 persons household; and US$25 per month for 4 and above persons per household (MPSLSW 2016).

In 2010, the FDMP provided labour-constrained households (including those with PWD) with free food distribution, comprising of a 50 kg bag of grain and US$10 per month to cover other household necessities (MPSLSW 2016). WWD recipients of HSCT and FDMP are to some extent protected against multiple deprivations that came with droughts and unemployment. Marriott and Gooding (2007) conclude that social protection measures have a positive impact in terms of reducing poverty and vulnerability of the WWD community and in increasing their socio-economic status.

However, most schemes of the DSS, including the FDMP, are rooted in the damaging welfarist approach to disability as opposed to the desired human rights approach which empowers WWD. It is distressing to note that recipients of these schemes are means tested, as this process often fails to consider the extra costs encountered by PWD in society. Besides, the ceiling grant of US$25 per month given to indigent households is insufficient for the needs of WWD, especially those who are heads of households. Even for a WWD who stays alone, the amount falls short of the United Nations poverty standard of US$1.25 per day for one person. The plight of WWD recipients of the grant is made worse by the erratic nature of HSCT disbursement due to perennial underfunding of the DSS (MPSLSW 2016).

Indeed, the main challenge facing government ministries and departments responsible for advancing the welfare and rights of PWD remains limited by budgetary constraints. The DSS does not receive adequate financial support from the government, and it remains the most poorly resourced and capacitated of all government departments in Zimbabwe (Manatsa 2015; Dhemba 2013). Owing to resource constraints, the ministries have not fared well with their mandate to advance PWD issues. Besides the issue of budgetary constraints, the MPSLSW and its DSS are already overburdened with responsibilities of other vulnerable groups such as older persons and orphans. This therefore, overwhelms the MPSLSW and the DSS to effectively advance rights of PWD, let alone WWD.

Another challenge pertains to the fact that the HSCT is not targeted at WWD per se but indigent families including the poor able-bodied, and men with disabilities, hence competition for the schemes. This competition between WWD and men with disabilities, able-bodied persons can be problematic for WWD. The fact that the scheme is directed at heads of households means that WWD who are not the head of the household face challenges over how the money is used. Marriott and Gooding (2007) concur that PWD often lack control over spending of the grants in the Global South since they will be directed to household heads.

4.3.3.2 The National Disability Board

The NDB was established by the 1992 DPA to formulate policies and innovative measures to assist PWD. The NDB implements Article 30 of the CRPD by ensuring that PWD fully participate in sporting, recreation, and cultural activities and to ensure that that PWD are included in matters that shape their lives. Courtesy of the board, a Disability Fund was established to provide social grants to PWD. From this fund a fraction of PWD, benefit monthly allowance of US$17 (Dhemba 2013; Mandipa & Manyatera 2014). However, the amount is meagre and insignificant to alleviate poverty amongst PWD. Problems of paltry grants are exacerbated by its erratic disbursement. A few PWD benefiting from the US$17 monthly assistance package have for the past three years not received their payments consistently (Moyo 2015). The government should consider consistent disbursement and reviewing the US$17 per month to at least US$40, which is within the United Nations standards of US$1.25 a day for an individual.

Nonetheless, the NDB recorded some success in lobbying and advocating for favourable disability services and welfare. In 2003, it lobbied for better working conditions for employees with disabilities in public service. As a result, a policy was crafted committing the Public Service Commission to pay for an assistant to every employee with a disability and in need of someone to assist in executing his or her duties. The NDB lobbied for the inclusion of CWD in the BEAM program. Under this scheme, 10% of the total annual allocation is set aside to benefit CWD at specialised primary and secondary schools (MPSLSW 2016).

For skills development, the board together with the DSS pay vocational training fees and per capita grants to institutions catering for PWD. These institutions include the Daniko in Harare, and Ruwa Rehabilitation Centre where CWD and youth with disabilities pursue courses including carpentry, weaving, basketry, and secretarial and bookkeeping training. Upon completion, the

NDB makes it a point that disabled graduates are absorbed in government institutions. Of late, efforts of the NDB have been heavily affected by bureaucratic tendencies and financial challenges bedevilling Zimbabwe. Like other government-supported institutions, the board is underfunded and has remained invisible (Dhemba 2013; Mandipa & Manyatera 2014).

4.3.3.3 The Disability Desk in the Office of the President and Cabinet

The office of Special Advisor on Disability and Rehabilitation to the President and Cabinet was established in 2007. The creation of a disability desk is in line with Article 33 of the CRPD (2006) directing states to have focal points within governments to advance disability rights. Before the establishment of this office, it was indeed difficult for government of Zimbabwe to coordinate disability issues. In 2013, the office introduced annual National Disability Expo to provide a platform for stakeholders involved with PWD to interact and share their experiences (Nilsson 2011; Lang & Charohwa 2007). In 2016, the office in conjunction with other stakeholders brought together concerned stakeholders to share information on the intentionality of health and disability issues. These platforms are proving to be avenues for advocacy and awareness raising platforms for disability issues in Zimbabwe.

Questions have, however, been asked of the role, mandate, and appointment of the Special Advisor (Lang & Charowa 2007; Nilsson 2011). The activities and qualifications of the first two office bearers (the late Brigadier Muchemwa and Joshua Teke Malinga, who was appointed in December 2017 by President Emerson Mnangagwa) were not specified. Commenting about this issue, Lang and Charowa (2007:29) note that *"…it is still not clear what the priorities of the new office are and whether it has any coherent strategies for addressing disability"*.

Various disability scholars have called for the government to clearly spell out the role of the special advisor and qualifications for one to be appointed in that post (Lang & Charowa 2007; Mandipa 2013). Without clearly defined qualifications and responsibilities, the post will largely be used for political mileage, whereby the appointing office merely rewards political cronies and do nothing for the PWD community. As noted by Mandipa (2013:94) clear articulation of the role of the advisor ensures for the appointment of a Special Advisor "…*who is suitably qualified and* *has extensive experience in the field of disability*". In addition, a clear articulation of the Advisor's role will help in creating synergies rather than duplication of roles with other state institutions for advancing disability issues, including the DSS and the NDB.

4.3.3.4 Independent Commissions

Independent commissions are crucial actors in advancement of disability rights. For the first time in Zimbabwe, the Constitution (2013) created institutions under Chapter 12 to support and entrench human rights and democracy in line with Article 33 (1-2) of the CRPD. Chief amongst these is the Zimbabwe Human Rights Commission (ZHRC), established in terms of section 242 *"…to promote awareness and respect for human rights and freedoms at all levels of society"* (Constitution of Zimbabwe, 2013:95). The ZHRC receives and considers complaints from the public and acts with regard to the complaints it receives (Constitution of Zimbabwe 2013). Section 243(k) (ii) of the Constitution (2013:96) empowers the Commission *"…to visit and inspect…places where 'mentally disordered' or 'intellectually handicapped' persons are detained*."

In 2015, it established and operationalized the Special Interest Thematic Working Group responsible for the advancement of rights of disadvantaged groups of the society including WWD. The ZHRC implements Articles 8 and 31 (1) of the CRPD calling for awareness raising and research on PWD issues. In 2015, the ZHRC commissioned a baseline study on the human rights situation that revealed challenges, and societal perceptions and attitudes towards WWD (ZHRC Baseline Report 2015). Like other government grant aided institutions, the success of the ZHRC is adversely affected by limited funding.

The Zimbabwe Gender Commission (ZGC) is another crucial institution for the advancement of the rights of WWD. There was, however, limited political will to operationalize this crucial institution. The commissioners for ZGC were sworn in on 30 June 2015, more than two years after the Commission was created by the Constitution. As of 2016, the ZGC was without an enabling Act and enough resources for operationalization. For the year 2015, the ZGC was only given a budget of US$120 000 for operationalization, covering salaries and office furniture

(Gender Links 2015). The amount was meagre to fully operationalize a commission of this nature. The ZGC just like other grant-aided institutions is unlikely to make any impact due to resource constraints and the exhibited limited political will by government.

4.3.3.5 Research Institutions

State universities in Zimbabwe, including the University of Zimbabwe, Great Zimbabwe University, and Midlands State University, are crucial actors in advancing disability rights through development of disability rights practitioners; research and dissemination of WWD issues. These institutions established specialised departments to focus on teaching and documentation of disability issues, and these institutes have become centres for excellence in advancing disability issues.

The Midlands State University has been at the forefront in disability education and litigation through the Disability Legal Aid Clinic under the Faculty of Law established in 2012. The clinic provides legal representation to many PWD, including fighting all forms of discrimination against WWD in society. A case in question is that of a visually impaired person, and the Zimbabwe League of the Blind against the Zimbabwe National Statistic Agency, the Minister of Finance and the MPSLSW, in which the clinic successfully defends the rights of visually impaired civil servants against discrimination.[2] In addition, the Legal Aid Clinic conducts para-legal training for those outside the legal field but interested to the advancement of disability rights. Further, the Faculty of Law at the Midlands State University introduced a disability rights module to equip law officers with contours in disability and law discourse (Chadenga 2014). This is in line with Article 13 (2) of the CRPD, which calls for effective justice for PWD through appropriate training for administrative justice personnel, including law officers. These institutions are implementing Articles (f-g) and 31 of the CRPD that calls for widespread research and collection of appropriate information, including statistical data to feed into policy formulation and implementation of

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[2] In the case in question, visually impaired civil servants were invited to undergo training as enumerators during the 2012 census. When they showed up for the training, they were immediately disqualified after the trainers realised that they were visually impaired. The Clinic successfully represented them and obtained a declaratory order to the effect that the conduct was discriminatory, and government departments in question were ordered to put in place measures to accommodate visually impaired persons.

disability issues. It is of no doubt that graduates from the law school will be catalysts for disability litigation and advocacy in society.

4.3.3.6 Disabled Persons Organisations

The disabled population has organised themselves into their own organisations to provide for their welfare and rights. Through partaking in disability issues, autonomous disability organisations such as ZAVHU, FODPZ, LCDZ, NASCOH, and PWD have managed to voice their daily challenges, needs, and development priorities. These DPOs have proved to be key in provision of services to the needy advocating for justice and raising public awareness of the rights of PWD. DPOs have become vehicles of self-development, opportunities for mentoring and impartation of vocational and business skills. Indeed, DPOs such as LCDZ and NASCOH have become champions in setting up training centres to equip WWD with skills and job placement countrywide. These vocational training centres have increased literacy amongst WWD, as well as development and nurturing of their talents for better future.

With reference to Mberengwa district, there are few DPOs providing services, advocating for protection, inclusion or participation of WWD. Many DPOs in Zimbabwe are urban biased based. The study noted the presence of the following DPOs complementing the government in providing services to WWD in Mberengwa district: the Council for the Blind, League of the Blind and MAPRORIWEB. The needs and welfare of PWD are mainly catered for in blanket activities for all disadvantaged groups by NGOs such as CARE international, Action Contra La Faim, and World Vision. Projects implemented by these NGOs do not target PWD but all vulnerable groups of people in society. As a result, only a few WWD benefits while a majority languish in poverty. Besides, many NGOs in Mberengwa are rolling out activities in the lances of the now condemned medical and charity models of disability. These models disempower instead of empowering PWD (Mandipa & Manyatera 2014).

4.4 CONCLUSION

Various international, regional, and national mechanisms have been put into place to advance disability rights. In this chapter the researcher discusses human rights instruments, polices and institutional frameworks for advancing the rights of PWD. Of interest is the few progressive instruments, including the CRPD and the 2013 Constitution of Zimbabwe which confer rights to WWD. To some extent, the CRPD is exhaustive of WWD's rights and sets a paradigm shift from viewing WWD in the charity and medical models to the empowering human rights approach. At national level, the Constitution of Zimbabwe resembles the CRPD and confers rights to WWD.

However, the majority of international human rights instruments only include disability as a ground for non-discrimination but have a limited conceptualisation of PWD, let alone WWD's rights in the Global South. This was also the case for many national laws and policies, which predate the new millennium and follow an out-dated medical and welfarist approach to disability. For instance, the DPA, the main law for advancing the rights of PWD in Zimbabwe does not confer rights to PWD, let alone WWD.

The researcher also noted with concern the absence of a disability policy to guide the advancement of disability issues in Zimbabwe. Apparently, the available national policies for emancipation of vulnerable groups in Zimbabwe failed to specifically mention PWD and WWD. Without clear-cut provisions, indicators, or targets for governments to achieve in relation to disability and WWD issues, disability remain benignly neglected in development programming and practice. Given this scenario, WWD continue to live at the margins of society.

WWD's plights are worsened by the fact that in cases where there are progressive laws like the Constitution, they only exist on paper while institutions to ensure for their effective implementation and enforcement are resource constrained and also political will. Hence, their ability to change the plight of WWD remain minimal. In the same way, non-state actors advancing disability issues are urban biased, and follow an out-dated medical and charity models of disability which disempowers instead of empowering WWD.

In the next chapter, the researcher presents the data gathered on the experiences of WWD in the Mberengwa district.

CHAPTER 5: RESULTS AND DISCUSSION

5.1 INTRODUCTION

This chapter presents, describes, and discusses results related to experiences and challenges faced by WWD, including GWD as they advance their rights in rural Zimbabwe. The chapter starts with an introduction followed by a description of demographic data of participants. Thereafter, the chapter presents and discusses the human rights experiences and challenges of WWD in rural community. In this chapter, data presentation and discussion follow major themes developed for the study. These themes include society' perception on disability, experiences and challenges of WWD in community, academic and social experiences of GWD in rural schools. In addition, the chapter discusses the possibilities for WWD to enjoy their rights and address problems of discrimination, poverty and inadequate needs at individual, household, and community level.

5.2 THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

This section presents and discuss the demographic data collected from research participants. These include the 25 community WWD, 15 key stakeholders, and the five GWD and 5 special needs teachers.

5.2.1 The socio-demographic characteristics of 25 WWD

Most of the WWD (52%) in this community were aged between 26-45 years. Other categories included 46 years and above (28%) and those aged 18-25 years (20%). Of the 25 interviewed WWD, 28% had visual challenges, 44% mobility impairments, 20% hand impairments, and 8% had deformed bodies. A majority of community WWD did not attend school and are illiterate. Only one out of 25 WWD attended post-secondary education. She holds a diploma to teach at secondary school level, but she is yet to get employment. In addition, all WWD are not formally employed and rely on income generating activities and remittances from relatives and friends.

Specifically, 28% of WWD were independent (that is they supported themselves for their living) while the rest were dependent on their parents and/or relatives.

Table 5.1: Profiles of the 25 Interviewed WWD

Disability Type	Visually Impaired	Mobility Impairments	Hand Impairments	Deformed bodies
(%) n	(28%) 7	(44%) 11	(20%) 5	(8%) 2
Age	***18-25 years***		***26-45 years***	***46 and above***
(%) n	(20%) 5		(52%) 13	(28%) 7
Level of Education	**Never Been to School**	**Primary**	**Secondary**	**Tertiary**
(%) n	(48%) 12	(32%) 8	(16%) 4	(4%) 1
Marital Status	**Single**		**Married**	**Divorced/Widowed**
(%) n	(64%) 16		(24%)6	(12%) 3
Number of children	**None**	**1-2**	**3-4**	**5 & above**
(%) n	(48%) 12	(28%) 7	(20%) 5	(4%) 1
Employment Status	**Formally Employed**	**Informally Employed**	**Income Generating Activities**	**Not Active**
(%) n	0	(12%) 3	(36%) 9	(52%) 13
Livelihood Dependency	**Self**	**Parents**	**Husband**	**Others**
(%) n	(28%) 7	(40%) 10	(24%) 6	(8%) 2

Source: Field Data

5.2.2 The socio-demographic characteristics of the key stakeholders

Figure 5.1: Profiles of the 15 Interviewed Key Stakeholders

Source: Field Data

Figure 5.1 shows the disability status, gender, position, and motivation for the 15 interviewed representatives of state and non-state actors. Most of these representatives were senior and mid-level managers within their organisations. About 40% of these individuals joined the disability sector because of their passion for working with and assisting PWD. About 45.7% joined the sector due to their personal experiences as PWD and as care givers for this disadvantaged group in society. 40% of these middle and senior management had some form of disability. As PWD, these leaders experienced ridicule and discrimination in society, something that forced them to form their own DPOs to advance the rights of PWD. However, 30% of these joined the sector because of their studies which were focused on this vulnerable groups.

5.2.3 Socio-demographic data of GWD in rural schools

Table 5.2: Socio-demographic characteristics for 5 GWD in rural schools

Names of Student (Pseudonyms)	School Name	Age of Student	Mode of Entry	Disability Type	Level of Education	Source of Funds
Chido	School B	19	Border	Visually Impaired	'A' level	Relatives & Donor (League of the Blind)
Chenai	School A	18	Border	Visually Impaired	'O' level	Parents
Chengeto	School C	18	Border	One paralyzed leg	'O' level	Parents
Chichisai	School B	20	Border	Physical Disabilities-wheelchair-bound	'A' level	Relatives
Chengeto	School A	18	Border	Visually Impaired	'O' Level	League of the Blind

Source: Field Data

As shown in Table 5.2, GWD in visited schools ranged from 18 to 20 years old. Two of the girls had physical challenges whilst the other three had visual challenges. All the five GWD are staying within the school's boarding facilities. The study noted that most of GWD in secondary schools are supported by parents, relatives and a few by non-state actors such as the League of the Blind. None of them are benefiting from government bursaries such as BEAM and STEM (Science, Technology, Engineering and Mathematics).

5.2.4 The socio-demographic characteristics of 5 Special Needs Specialist and teachers

All five special needs persons are able-bodied (i.e. not disabled). The reasons why most of them joined the sector was to help SWD to access quality education. For this reason, they enrolled for diploma and degree courses to be special needs teachers. One teacher without qualifications in special needs education joined the sector because of passion for PWD. One special needs teacher, however, stated that she joined the sector because she wanted to benefit from a scholarship that was targeting learners in special needs education. Whilst in the sector, she developed interest, and has acquired a degree in special needs education.

From the studies pursued, special needs teachers acquired various skills in working with SWD, including reading, writing sign language and transcribing of Braille documents. Together with their vast experience of working in the sector, these teachers understand the experiences of SWD better than ordinary teachers. Evidently, four special needs persons have over 5 years' experience except for one teacher who joined the sector in 2014.

Table 5.3: Socio-demographic characteristics of 5 Special Needs Specialist and teachers

Names of Teachers (Pseudonyms)	School	Sex	Qualifications & Special Skills	Position	Years in Service	Motivation to be a special needs person
Teacher Gagwe	School B	M	**Qualifications** - Diploma Secondary Education; BeD Degree Hons Special Needs Education	Special Needs Teacher	Over 15 years	Passion to work with SWD
			Skills – Specialist reading, writing & transcribing Braille			
Teacher Mandi	School B	F	**Qualifications** - Diploma Secondary Education; BeD Degree Hons Special Needs Education	Deputy Sports Master	Over 20 years	Passion to work with SWD
			Skills - Reading and writing Braille			

Names of Teachers (Pseudonyms)	School	Sex	Qualifications & Special Skills	Position	Years in Service	Motivation to be a special needs person
Teacher 3 **Jonono**	School C	M	**Qualifications** - Diploma Special Needs Education; BeD Degree Hons Special Needs Education	Counselling Teacher	Less than 5 years	Got enrolled in the special needs course because there was financial support
			Skills – Sign Language specialist			
Special Needs Person	MPSE	F	**Qualifications** - Diploma Secondary Education; BeD Degree Hons Special Needs Education	Special Needs Specialist	Over 10 years	Passion to work with SWD
			Skills – Intermediate skills in Braille & Sign language			
Teacher Taisoni	School A	M	**Qualifications** - Diploma Secondary Education	Head of Department	Over 5 years	Passion to work with SWD
			Skills – Basics of sign language, & Braille Transcribing			

Source: Field notes

5.3 PERCEPTION OF WWD IN RURAL COMMUNITIES

This study noted mixed perceptions of society towards PWD and WWD. From the interviews it emerged that few individuals and family members embrace WWD as equal human beings. Those who embrace WWD often feel pity for this disadvantaged group and encourage other members of society to change their negative perception of WWD. The quotations below explain this view:

> *Kune vamwewo vanhu vanondifarira nekundihwira tsitsi chaizvo mudunhu medu muno… Ukasangana nemunhu akadero haaa anokutorawo semunhu. Unotohwa chero vachikudana, vanoshandisa zita rako chairo rekuberekwa, kwete kukudana nehurema hwako.* There are some people who feel pity and understand my situation in this village… Such people embrace me and treat me with dignity. Even when they call me, they don't refer to me with reference to my deformed legs, but they call me by my given name [Interview with Tuso].

> *Vanhu vashomashoma sevekumba kwedu vanondigamuchira, uye vanoonawo chiedza neramangwana rangu. Vanondibatawo semunhu mumhuri. Zvakarewo hama dzangu dzinoramba dzichindikurudzira uye nekundisimbaradza mune zvose zvandinoita.* A few people - like family members - embrace me and have a positive attitude towards me. They treat me just like any other person in the family. My relatives continue to encourage and support me in everything I do [Interview with Belinda, a WWD].

> *Zvinoratidza kuti vemhuri yangu nevekuSvondo kwandinopinda ndivo vanonyanya kundinzwisia, uye vanoziva kuti kuva munhu ane hurema hazvirevi kuti hapana chandinokwanisa kuita… KuSvondo ndinogaropuhwa mabasa ekuita sevamwe vatendi vose.* It appears only family members and church mates appreciate and know that having deformed body parts does not mean inability… At church I'm always assigned tasks to do like any other church mates [Interview with Ishewedu, a WWD].

The idea of pity is rampant in rural areas, where WWD are regarded as people needing care and support. This has negative consequences for the enjoyment of rights by WWD. Whereas this is not a problem per se, it has been pointed out in Chapter 2 that a charity model of disability positions WWD as tragic and helpless victims of circumstances, deserving pity, care and protection can be detrimental (Gabel & Peters 2004). From the interviews, it was ascertained that in rural Mberengwa, this kind moral thinking is deeply rooted in Christianity that teaches followers to love one another and to take care of the disadvantaged groups of society. The construction of rural WWD as objects of pity is another way of othering them, which reinforces their differences, portraying them as pitiful, weak, and dependent (Don, Salami & Ghajarieh 2015). This benevolent construction of WWD as pitiable persons who need help undermines their independence and reinforces their dependence on society.

The above three data vignettes demonstrate this kind of morality, however in Ishewedu's case, her congregation assigned her specific tasks like other able-bodied people so that she does not stand out as different. For Belinda and Tuso, support from those close to them helped them integrate into community life.

It emerged from the study that some sections of the society continue to despise and view WWD negatively. To this section of the society, having impaired body parts is synonymous with inability and worthlessness. One WWD explained this in the following quote:

> *Pachine nyaya hombe kuti vamwe vanhu vahwisise kuti kurarama nehurema zvinorevei, uye kuti vazotigamuchira sevanhu vakaremera. Pamwe unototi uchifamba, wotohwa vanhu vachindisheedza namazizita asina kunaka. Sevana vechidoko, zvinotonyanya. Unotohwa vachiti zvavo, 'Chirema chekwaVaMoyo'. Chero pamba pedu panotodamwa kuti pamba panobva chirema chiya.* It is still a long way to go for some people to understand our situation and embrace us as people with disabilities. You hear people calling me with all sorts of unpleasant names. Some, especially children refer to me as 'a disabled person from Mr Moyo's homestead'. In fact, our home is often referred a 'homestead where that disabled person come from' [Interview with Tanatswa, a WWD].

WWD are viewed as lesser humans and are called with all sorts of unpleasant names in society. This is supported by previous studies which note that PWD are thought to have been unnaturally conceived and, therefore, were neither fully human, nor part of the community (Moyo & Manyatera 2014; Kabzems & Chimedza 2002).

In extreme cases, some sections of the society despise and do not want to mix with WWD. These negative perceptions are expressed in the following quotations:

> *Vamwe vana vechidiki vanotokutiza kana ukasangana navo, kana kuvamhorosa havadi. Ndinofunga kuti zvana izvi zvinofunga kuti zvikabatwa neni maoko zvinobvawo zvaremara kana, kuti zvinozozvara vana vakaremara.* Some children run away from me when I greet them. Maybe because they think if they touch me

> they may become disabled or may give birth to disabled children when they grow up [Interview with Ester, a WWD].

When these perceptions are spread and taken up by society, people often react to WWD with fear, anxiety, or hostility. In most cases, WWD are isolated, discriminated against or stigmatised by friends, family members and the society. As a result of this exclusion, rural WWD develop low self-esteem, and do not consider themselves as equal human beings deserving dignity and respect accorded to other persons in society. Thus, rural WWD fail to appreciate the need to have their fundamental human rights and freedoms fully recognised and respected in society (Kalaluka 2013).

It emerged from the study that some sections of the society view disability as punishment from God and ancestors for sins committed by the parents or the person with impaired body parts. The comments of a social worker explain this:

> “Many people attribute visual impairments to divine displeasure and evil spirits… Some say it’s a punishment from God for sins of the visually impaired or of his/her parents… These sentiments from society are disturbing, and make people judge one’s abilities and avoid such people…” [Interview with a Social Worker, MPSLSW].

As stated above, society tends to view PWD in the narrow religious and charitable models of disability. In many societies of the Global South, being disabled is conceptualised as not only a punishment from God and ancestors but PWD were viewed as wizards and witches (Historical Outline 2007). This perception is perpetuated by literature, movies and television programmes which portray negative stereotypes against WWD (KENPRO 2010). Despite the prevalent use of the religious model of disability in rural areas, the model is redundant and degrading to WWD. The religious view to disability contradicts the HRBA and the critical disability theory which views and celebrate impairment as diversity to be embraced in society (Hirschmann 1992). Regardless of the body impairments, WWD are equal human beings with dignity and rights to be respected.

The prevalence of the religious and cultural views to disability results in wider discrimination and segregation in society. Indeed, it is the society which plays a large role in explaining the causes of disability, and in assigning and designing the rights and responsibilities that PWD are entitled to in society. Based on this narrow religious-rooted thinking, the impairments of WWD are deemed to be a result of a curse from God. Many WWD have been despised and isolated as a result. Related to this, some WWD have been taken to traditional healers on the pretext of having them cleansed of demons and evil spirits. An interview with MaNdlovu confirms that WWD are taken to religious and traditional healers in the pretext of being cleansed or healed. She said:

> *Ndaigaroendeswa kun'anga nekumaporofita kuti ndichenurwe nekuoneswa maziso angu… Mumwe munhu aigona kuuya achitiudza kuti izvi zvakakonzerwa neizvi kana neizvo, voti endai munoona vanhu vaMwari panzvimbo yakati…anoitwa kuti avone… Izvi zvakaenderera mberi kusvika ndazoudza vabereki vangu kuti handichada kuenda kuvarapi. Ndakati ndisiyei ndakadaro. Ndakavaudza kuti ndogara ndisingaoni hapana chinonetsa, asi vaingoramba vachinditi ngatiendei.* I used to be taken to traditional healers and prophets for cleansing and healing sessions… Someone would come and tells us that this is a result of this and that and go and see the men of God at this this … place. He can make her see… This continued until I said to my parents I no longer want to go, leave me like this. I'm proud of what I am… but they would insist [Interview with MaNdlovu, a WWD].

These practices violate the rights of WWD, because they are forced to undergo through painful processes and to take remedies which may be detrimental to their health. The researcher heard stories where parents committed filicide of disabled babies upon birth to avoid stigma. Previous studies confirmed this practice of strangling CWD after birth, or in less extreme cases, hiding such babies away when visitors arrive in fear of ridicule (Nilsson 2011; Human Rights Watch 2011). This deep shame surrounding disability confirms the conclusion by Groce (2004) that the lives of WWD are largely limited not by their type of disability but by the prevailing social, cultural and economic constraints in society.

5.4 EXPERIENCES OF WWD IN RURAL COMMUNITIES

In this section the researcher presents and discusses the human rights experiences and challenges of WWD in rural communities. The section focuses on the right to access health, food, water and sanitation, employment, capital, livelihoods, justice, infrastructure and transport, and security from abuse and violence.

5.4.1 Access to productive resources, capital and livelihoods

It emerged from the study that government and NGOs roll out various initiatives meant to empower and reduce poverty amongst rural people. These include the land reform program, funding of women self-help projects, indigenisation, and youth empowerment efforts. For instance, the Ministry of Youth has been providing funding to youths to start up their businesses under the Youth Fund program. Despite implementation of these measures by stakeholders, it was apparent that the majority of rural WWD are finding it difficult to access resources and capital in rural areas. WWD are often side-lined in the government's distribution of productive resources and capital in rural Zimbabwe.

In many instances, access to productive resources such as land is affected by society's patriarchal tendencies that devalue women, worse still with disabilities. Most rural communities in Zimbabwe favour men when it comes to allocation of productive resources. Land is rarely allocated to women as men are regarded to be household heads with capabilities for decision making and running family affairs. Limited access to land remains a reality for only those WWD who are married, as they may get access to smaller pieces of land portioned to them by their husbands and his relatives (Chingarande 2003; Mutopo 2011). Such endowments are usually based on marriage and on the birth of a son. Problems for these women, however, emerge in the event of the husband's death or when they divorce or are separated as the land is given to non-disabled male family members. The following quotes reveal this:

> *Ndine mukana wekurima munda wakapuwa murume wangu tabva kupinda muwanano. Munda uyu hausi muzita rangu asi remurume wangu.* I have access

> to land which was allocated to my husband after we got married. The land is not in my name but of my husband... [Interview with Joyilini, a WWD].
>
> *Ndaisirima mumunda wababa vangu, asi wakazotorwa nasekuru vangu pakashaika baba vangu. Pavakamutora, sekuru vakandiudza kuti hapana chikonzero chekuti ndive nemunda sezvo ndichigara navo. Pari zvino munda uyu wakatopiwa mumwe munhu ari kuushandisa.* I used to grow crops in one of my father's plots, but it was taken by my grandfather after the death of my father. He told me that there was no need for me to bother myself with a plot, since I stay with him. The plot has since been leased to someone [Interview with Tanatswa, a WWD].
>
> *Isu vanhu vasingaoni tinonetseka kuwana chidimbu chemunda wekurima zvekudya kana bindu zvaro, nokuti sabhuku anokuudza nhorondo, uye anokubvunza kuti, "Ucharima sei iwe usingaone?"* It's difficult to get a piece of land for subsistence farming or even gardening when you are blind, because the headman will tell you stories, and ask you how you are planning to do the farming when you are blind [Interview with Josi, a WWD].

The attitude exhibited by the village head in the quote above resembles the views of many societies in rural Zimbabwe. Indeed, society has the tendency to view WWD as people who cannot cope with the farming business and other income generational endeavours. In a majority of cases, rural WWD are viewed as a useless object for food aid and other charities from well-wishers.

Similarly, WWD have limited access to information about funding opportunities and microfinance schemes offered by government departments at lower interest rates. As such, they miss out on these opportunities which can provide them with finance to start or boost their self-help projects. Even with knowledge about these opportunities, rural WWD are illiterate and lack requisite skills to produce required applicable documents. For instance, some youths with disabilities were informed about the Youth Fund initiative, but however, failed to come up with proposals needed to apply for the loan to start up or boost their income generating activities. This is explained in the quote below:

> *Mikana mizhinji yekusimudzira vanotambura nekuvapa rubetsero rwemari haishambadzigwi kunesu vanhu vakaremara. Semuenzaniso, kwaimbova nehomwe yevechidiki yakapihwa nebazi rehurumende revechidiki. Ndakatozonzwa nezvazvo nguva yatopera. Ndakazoenda kumahofisi emudunhu medu kuti ndinzwe zvizere maererano nezvemari iyi sezvo ndaida kusimudzira bhizimusi rangu rekupfuwa huku dzemazai. Ndakakoniwa kuzadzisa zvaidiwa kuti ndigowana mari iyi nokuti zvaitarisigwa zvaidiwa nekukurumidza uye paitarisirwa kuti munhu anyore tsamba… Ndakakoniwa kunyora tsamba iyi nokuti handioni uye handina kudzidza.* Most opportunities to support the poor with funds are not publicised to us people with disabilities. For instance, there was the Youth Fund disbursed by the Ministry of Youth. I've heard about it very late and went several times to district offices to inquire about the money, as I wanted to boost my poultry-rearing business... I failed to apply for the funds due to strenuous requirements which included the requirement for one to write a proposal… I failed to come up with one since I'm blind and illiterate [Interview with Tashel, a WWD].

Rural WWD are largely regarded as incapable and ineffective farmers and business people, they are often seen as beggars or people waiting to be fed and looked after by able-bodied persons. Coupled with patriarchal tendencies in rural society that views women's place as the home as opposed to public space, access to resources for rural WWD is extremely limited.

With limited access to productive resources, a majority of rural WWD survive on begging, vending, and self-help initiatives, such as pottery making and craftwork. These initiatives require minimum capital injection. Even when they are involved in such informal sector activities, rural WWD lack support and business management and marketing skills needed to maximise their efforts. Many policy-makers and development workers do not consider WWD as business people and tend to side-line them in business-related trainings. Without access to trainings and funding, WWD's talents, skills and potentials largely remain untapped and suppressed. Explaining how limited funding and skills has affected the development of her business, Giresi said:

> *Ndinonyanyorarama nemari yandinowanana mukutengesa mhasa dzandinoruka netsanga… Bhizimusi rangu richiri diki nokuti mari nehunyanzvi hwekurivandudza zvishoma. Ndinoda mari yekutenga tsanga dzakawanda kuti ndiruke mhasa dzakawanda nokuwanawo mari yakapamhidzirwa. Zvino hakuna ari kuda kundipawo mari kuti bhizimusi rangu risimukire. Mapazi anobatsira mishando yevakadzi haasi kuda kubatsira vakadzi vakaremara nokuti vanotarisisira pasi mishando yedu.* I survive mainly on income I get from mats. I make them from reeds… My business is however, small because of limited capital and skills to expand it. I need capital to order more reeds so as to make more mats and to earn bigger profits. However, no one is willing to provide me with the money to increase my business. Organisations that support women endeavours are unwilling to support women with disabilities because they despise most of our activities.
>
> *Ndinowana mari yangu zhinji mukupfuwa huku. Ndine huku gumi dzinokandira mazai kuti nditengese. Ndaitarisisira kuwana mari yechikwereti kubhanga kana yekupihwa yerubatsiro kuti ndiwedzere huku dzisvike makumi maviri kana matatu, asi ndiri kukoniwa kuiwana nokuti vanhu havasi kuda kundikweretesa mari. Vacho vanokwanisa kundibatsira vari kututsira mari yakawanda inowedzerwa pachikwereti.* I get most of my money from poultry keeping… I have 10 hens that are laying eggs for me to sell… I was hoping to get a loan or funding to increase them to 20 or 30 hens, but I'm failing to get it since people are not willing to lend me money. Those who are willing, charge high interest rates… [Interview with Tashel, a WWD].

Indeed, rural women face challenges in accessing financial support to boost their self-help initiatives. Although all women face challenges, rural WWD face even worse challenges as their situation is made precarious by the fact that most microfinance institutions are not eager to have WWD as their clients due to the misconception that WWD are not business people. Due to these misconceptions, WWD constitute less than one percent of most micro-finance institutions' clients (Leymat 2012; Groce *et al* 2011). Previous studies on WWD's access to capital noted that financial institutions believe WWD have no capacity to pay back the borrowed money (Leymat 2012; Groce *et al* 2011; Mont 2014).

The researcher witnessed how some rural business people or even loan sharks (i.e. illegal moneylenders who charge exorbitant interest rates) prioritised able-bodied men and women in their allocation of loans. Besides, their loans come with strings attached, such as the need for surety and collateral security of either title deeds for business or residential stand, buildings or livestock which many rural WWD do not have. As such the loans end up benefiting abled-bodied women in civil service and with established businesses already than the poor WWD.

5.4.2 Access to employment

It emerged from this study that the majority of rural WWD are unemployed. The study noted that all interviewed community WWD were unemployed and survived on incomes from begging, petty businesses, and remittances from relatives. Previous studies have revealed that 80 per cent of WWD in the Global South are in self-employment despite being economically active in the Global South (Groce *et al* 2011; Leymat 2012). Whilst in self-employment, WWD face challenges of stigma and prejudice which largely prevent customers from using their services (Groce *et al* 2011). In addition, WWD active in the informal sector have no access to pensions, welfare benefits or job insecurity.

Participants for this study revealed varied factors that result in high numbers of unemployed rural WWD. One factor behind this remains WWD's limited education and professional skills. One WWD explained that:

> *Handisati ndakambosevenza basa kwaro nokuti handina kudzidza. Ndakarega chikoro ndchiiri murugwaro rwechishanu muzvidzidzo zvepuraimari, mushure mokunge vabereki vangu vakundikana kubhadhara mari yaidiwa kuchikoro kwandaigara. Naizvozvo, handitarisiri kuwana basa kwaro nokuti handina*

> *kudzidza zvinoenda mberi.* I have never worked in a professional job myself, because I not educated… I dropped out of school when I was doing my Grade 5 due to my parents failing to pay tuition and boarding fees… So, I don't expect to get a professional job because I don't have a profession [Interview with Tuso, a WWD].

Most WWD have low levels of education as their parents were unable to send them to school. Some participants reported that their parents were overprotective of them – to such a degree that they were not allowed to go to school. These parents thought their GWD are most vulnerable, thus GWD are sent to school in the pretext of protecting them from widespread stigma in such institutions of learning.

In addition, WWD education is affected by limited resources, and institutional and attitudinal barriers. Limited primary and secondary school education see many WWD failing to advance to colleges and universities for professional training. As supported by the ILO (2007)'s study, WWD are less likely to be referred for vocational training and universities for professional training. These sentiments were revealed by one WWD who uttered that:

> *Ndakabudirira muzvidzidzo zvangu zve "Ordinary level" ndikawana ma'subjects' mashanu kusanganisira ChiRungu, asi vabereki vangu vakakoniwa kundiwanira mari yekuenda kukoreji. Ndakaenda kuma 'teacher's college' mazhinji asi vakati havana hurongwa hwekundibhadharira*. I passed five subjects, including English language at Ordinary level… but my poor parents failed to get money for me to go to college. I visited various teachers' colleges, but they told me they had no scholarships for me [Interview with Jeni, a WWD].

Other disability studies note that youths with disabilities find it particularly difficult to be enrolled for professional trainings and apprenticeships (Groce & Kett 2014). Without professional training, the opportunities of WWD are limited in society and they end up relying on begging, remittances, and donations from government and well-wishers. Thus, WWD lose on the chance to develop to their full potential and fail to integrate into society (Moyo & Manyatera 2014).

Even in those rare cases where WWD have the required skills and qualifications, they find it difficult to be employed owing to explicit and implicit discrimination and misconceptions by employers. Indeed, prospective employers doubt the capabilities of WWD. Besides, WWD face inaccessible work environments, limited employment opportunities, and face challenges in accessing job adverts and other job-related information in disability-friendly formats (Mizunoya & Mitra 2013; Heymann *et al* 2014). Employers tend to view disability as a biological condition, rather than looking at the disabling working environments which are part of the social environment. Based on this medical model, employers are not concerned with improving the work environment for WWD to be effective workers but rather exclude them as useless workers. An interview with Marble revealed the problem of limited opportunities:

> *Ndiri murairidzi wezvidzidzo zve'Secondary' ane Diploma in Secondary Education, asi pava nemakore matatu ndisati ndawana basa muzvikoro zvehurumende kana zviri kunze kwehurumende. Takaziviswa kuti hurumende haisi kutora vanhu kusiya kwevanotsiva vanenge vafa kana vasiya basa, asi pavanotora vanotsiva vanotora vakanyoresa mumagwaro avo kuti vachazoda basa. Ndirimowo muchikwata chevakanyoresa kuti vanoda basa, asi hapana chati chaitika, asi chimwe chikamu chevandakadzidza navo chave kutoshanda.* I'm a trained secondary teacher with a Diploma in Education, but it has been 3 years now and I am yet to get a job in either a private or a government school. We are told that posts were frozen, save only for replacements of the deceased and those who retire from the service. When they replace these, they take people from the waiting list. I'm part of the waiting list, but nothing has happened… yet half of my sighted classmates are now working [Interview with Marble, a WWD].

Another woman who is partially blind, explained the challenge of limited opportunities in the area due to economic challenges. She said:

> *Ndaimbosevenza pamugodhi weInyala sa'general hand', asi pari zvino mugodhi wakavharwa. Takaregedzeswa mabasa uye hapachina makambani angatitore kuti tishande tiwane kurarama. Magariro acho ari nani kune vasina kuremara nokuti vava kuenda kunokorokoza goridhe, asi kana usingaoni hazvigoneki…* I used to work at Inyala Mine, as a general hand … but the mine has since closed. We were retrenched and there are no more companies to employ us to survive. The situation is better for able-bodied persons, as they now go for gold panning, but when you are blind you can't… [Interview with Maria, a WWD].

Most rural WWD in Zimbabwe are poverty-stricken and face adversity due to geographic isolation and the lack of economic activity. Zimbabwe has been going through socio-economic and political crisis in the new millennium as a result of poor governance. This economic crisis has resulted in the shutdown of many companies and industries that used to employ people in both rural and urban areas. Due to liquidity challenges that came with poor economic performance, the civil service has frozen recruitment. This freezing of recruitment in civil service has increased the level of unemployment. Estimates put Zimbabwe's unemployment level at 80% (UNICEF 2014). As more and more graduates continue to be churned out by tertiary institutions, it becomes more difficult for WWD graduates to compete in the labour market. Evidence from a survey carried out in 51 countries shows low employment rate of 19.6 per cent for WWD as compared to 29.9 per cent for non-disabled women (Mont 2014). Without policies that emphasise on mainstreaming PWD, this group particularly WWD continue to face challenges in the employment sector.

5.4.3 Access to social grants

This study found limited support for rural WWD in terms of social grants from the government. The WWD interviewed in this study did not receive grants from the government. This is revealed in the quotations below:

> The NDB is supposed to be giving people with disabilities a social grant of $20 per month to cushion them against vulnerabilities… However, there has been erratic disbursement of that fund owing to underfunding of the scheme by the government [Interview with Social Worker, DSS].

> *Taimbopiwa svimari kubva kuHurumende, asi kwava kare pataguma kuipiwa. Mazuva ano hakusisina kana sendi. Yaiva shoma zvayo mari yacho, asi zvaiita sekunge naniwo.* We used to get some money from the government… That's long-back and nowadays we're not receiving even a cent… The money was little, but it was better than nothing [Interview with Eliza, a WWD].

PWD, including rural WWD, are supposed to receive a monthly social grant of US$17 from the Disability Fund. As noted by previous studies, the grant is meagre and insignificant to alleviate poverty amongst rural WWD (Dhemba 2013; Mandipa & Manyatera 2014). Literature shows that only a fraction of WWD benefit from this monthly allowance (Dhemba 2007; Mandipa & Manyatera 2014). These challenges of the grant are exacerbated by its erratic supply owing to financial challenges of the government to fund the NDB. Rural WWD in Mberengwa are not benefiting from any of the government's programmes to assist PWD including the Harmonised Social Cash Transfer Programme (HSCTP) and the Food Deficit Mitigation Programme (FDMP). The issuance of these measures is based on the vulnerability level of the area rather than looking at groups of society such as PWD. Thus, this limited conceptualisation of measures excluded the most vulnerable sections of the society such as WWD in other parts of rural areas. Without grants, rural WWD are finding it difficult to access income to acquire their needs and necessities.

5.4.4 Access to food

It was found that most of the interviewees receive food or food aid and donations from well-wishers, family members, state and non-state actors. WWD who are heads of households seasonally receive food aid from NGOs, including CARE International. Besides provision of food aid, NGOs and government have been crucial in providing rural WWD with farming inputs for all farming season. Interviewees who are also beneficiaries of the Presidential Command

Agriculture revealed to the researcher how important these inputs have become in their subsistence farming, for example:

> *Ini ndakada chirongwa ichi chekupa vanhu mbeu. Kubva pachakauya ndava kukwanisa kuwanawo mbeu yekurima mumunda mangu nenguva… panongonaya mvura yekutanga ndotorima minda yangu…* I have been a beneficiary of this scheme since it started. I'm personally grateful to the President for the inputs he gives to us … because I'm now able to plough my fields in time and with first rains… [Interview with Marilini, a WWD].

An interview with a district DSS officer revealed how the government department mainstreams disability in food security programming to relieve suffering amongst rural WWD.

> The DSS ensures that PWD including WWD benefit from food aid rolled out by our department and other NGOs we work with. Vulnerable groups such as PWD, elderly and orphans are our core targets when rolling out projects of this nature [Interview with Social Worker, DSS].

Despite these efforts by the government, many of this group have found the supplies to be insufficient. The food aid and inputs rolled out by government departments and NGOs are not targeted specifically in favour of PWD, but rather to all vulnerable groups in society, including orphans, elderly and women. By targeting all vulnerable groups, WWD are not afforded any special protection. The situation is more precarious for WWD who are not heads of households, since the food aid or inputs target families with vulnerable groups. This was explained by one WWD who stated that:

> *Ndinogara nemukoma wangu anove zvakare ndiye anoriritira mhuri…ndinonzwisisa kuti mhuri yedu inogarotambira chikafu nezvekurimisa kubva kumaNGOs nehurumende nokuti vanogara neni, sezvo ndine hurema. Dambudziko zvino, riri pakuti mukoma wangu chidhakwa uye anogarotengesa zviya zvatinenge tatambira kuti awane mari yedoro.* I stay with my brother who happens to be the bread winner… I understand our family often receives food aid

> and farming inputs from NGOs and government, because they stay with me, a visually-impaired person. The problem however is that my brother is a drunkard and often sells these to get money for his beer [Interview with Shailini, a WWD].

Food insecurity amongst rural WWD is worsened by a lack of access to land for farming. Due to patriarchal tendencies, most women do not own land in their name for subsistence agriculture. WWD have access to farming land owned by parents or husbands, meaning that they do not have control over proceeds (Chingarande 2003). Besides, families headed by WWD are labour-constrained to effectively till the land. In addition, WWD farmers were found to be heavily affected by natural disasters resulting from climate change, amid limited farming knowledge and information. Another WWD explained the challenges of rural WWD in relation to climate change and limited farming knowledge:

> *Kurima zvangofanana nemutambo wekubheja nokuti unokwanisa kuzvipira kurima, uye unokwanisa kuwana goho rakanaka asi risingazokwanisi kukusvitsa mumwaka unotevera nokuti unenge usina mombe dzekurimisa, vabatsiri uye ruzivo pamusoro pezvekurima. Pachezvangu ndine ruzivo rwushoma maererano nekurima uye hapana anokwanisa kundidzidzisa.* It's now like gambling, because you can commit yourself to farming and still get a good harvest that can't sustain you to the next farming season, because of the draught and limited power, labour and farming knowledge… I have little knowledge about farming myself and no one is there to educate me on this [Interview with Marilini, a WWD].

Since most of the WWD in this study were found to be poorly educated, they are not privy to various innovative farming methods for productivity. This issue was revealed by another WWD who said that:

> *Nyangwe ukafunga zvekuvandudza kubva mukurima zvirimwa zvekudya nemhuri uchienda kuzvirimwa zvekutengesa zvakafanana nedonje sezvinoita vamwe muruwa runo, hapana aripo kukudzidzisa kuti zvinoitwa sei, uye kuti mishonga yacho inoshandiswa sei. Madhumeni havatione sevarimi uye havatishanyire kana*

> *kutidanawo kwavanoungana vachidzidzisa varimi maererano nezvirimwa zvekutengesa uye nemhando itsva dzekurima zvichibva pakushanduka kuri kuita mamiriro ekunze.* Even if you think of diversifying from food crops to the growing of cash crops - such as cotton - like others in this village, no one will be there to educate you on how it is done, and how the chemicals are applied… Agricultural extension officers do not consider us to be farmers and do not visit or invite us to their meetings to educate farmers on cash crop production and emerging farming methods amid climate change [Interview with Maria, a WWD].

Previous studies confirm that PWD are often excluded from agricultural training, information sharing, and disaster management techniques (Smith *et al* 2012; UN Office of Disaster Risk Reduction (UNISDR 2014). Most disabled farmers rely on family members for farming education and labour. In a survey conducted in 137 countries by the UNISDR (2014) found that more than 80% of PWD farmers did not participate in the disaster risk management cycle conducted in their areas. This exclusion is more pronounced for WWD compared to men with disabilities. For rural WWD, the situation is exacerbated with the absence early warning systems accessible to them, especially the visually impaired (Kett & Twigg 2007; Fembek *et al* 2013; Smith *et al* 2012). This exclusion happens despite anecdotal research that WWD face acute vulnerability to disasters, climate change and economic crisis compared to non-disabled community (Groce *et al* 2011). Without access to modern farming methods, and disaster early warning systems, WWD farmers will continue to be vulnerable to food insecurity, disasters, and to rely on food aid.

5.4.5 Health care

This study noted that rural WWD face challenges in accessing adequate health care services in Zimbabwe. By their nature, WWD have a diverse range of health care needs (WHO & World Bank 2011; Wiman, Helander & Westland 2002). These needs include access to special assistive devices and drugs, reproductive health services, and information. In some instances, access to health services is affected by a range of challenges including shortage of drugs, long distances to health centres (made worse for those who cannot access the usual private or public transport) and costs to access health care services. The quotes below explain some of the experiences of rural WWD in their quest to access health care:

> *Zvakandiomera kufamba ndega ndichienda kuchipatara pasina anondibatsira nokuti chipatara chiri kure nemana rino. Nguva zhinji ndinobhadhara ngoro kana kuti ndinomirira vanoda kunditakura nengoro dzavo kuenda kuchipatara.* It's very difficult for me to travel all the way to the clinic without the help of other people, because the clinic is a distance from this village. Most of the time, I hire a scotch cart or wait for well-wishers to use their vehicles to ferry me to the clinic [Interview with Marilini, a WWD].

> *Chipatara chiri pedyo 'i3km' kubva kumba kwedu… Pamwe pacho ndinotambura kusvika kuchipatara nemadondoro angu uye ndinotevedzera zvose zvinodiwa paClinic, ndobva ndazoudzwa kuti hapana mishonga.* The nearest clinic is about 3 km from our homestead… Sometimes I struggle to reach the clinic with my crutches and go through all the procedures at the clinic, only to be told there is no medication [Interview with Sarah, a WWD].

> *Kuchipatara kune mari yaunofanirwa kubhadharwa kuti uonekwe. Zvinoreva kuti kana ukarwara unofanira kunyatsofunga maererano nemari yekuti uonekwe, urapwe uye nekufambisa.* At the clinic, you are supposed to pay consultation fees. So, if you get sick, you need to think seriously about consultation, medication and transport costs [Interview with Elizah, a WWD].

Indeed, the hospital-user fees, transport costs and shortage of drugs affect access to health care services for the majority of rural WWD. Health care facilities are often inaccessible for people who live with disabilities. In addition, the supply of medication is often poor and unpredictable. Other studies found similar problems for WWD concerning the high costs of health care services, amid limited state support (Palmer & Harley 2014; Wiman *et al* 2002). These costs can contribute immensely to exacerbate poverty amongst WWD and already strained families. Limited access to timely and quality health care services result in poor health status outcomes for rural WWD, compared to the general population. It can therefore be concluded that WWD develop poor health status outcomes because of their exclusion from both general and disability-related health care services catering for their needs (Morgon, Banks & Polack 2014; WHO & World Bank 2011).

In relation to assistive devices such as spectacles, wheelchairs and crutches, the government of Zimbabwe is failing in its provision to those in need. A woman with visual impairment, explained that:

> *Pari padambudziko rangu handinyatsi kuona zvekuti kana ndisina magirazi handioni zvakanaka. Magirazi angu akaguma kushanda makore maviri adarika… Ndinogaroenda kuchipatara ndichitarisira kupihwa mamwe matsva asi hapana chimuko. Ndinoudzwa kuti Chipatara hachinawo pari zvino, uye vanondiudza kuti ndiende kunotenga kuzvipatara zvakazvimirira zvoga, apa ini handina mari yekutora nzira iyoyo.* In my case, I'm partially blind to such a degree that I cannot see properly without spectacles. My prescription for these glasses expired two years ago… I have been going to the hospital, expecting to receive new ones, but to no avail. I am told that the hospital does not have spectacles at the moment and they referred me to private practitioners. But I don't have money to pursue that route [Interview with Elizah, a WWD].

The failure by government to provide assistive devices for PWD has been documented by Mandipa (2013) and by Eide and Ingstad (2011). The study by Eide and Ingstad (2011) found that only about a quarter of PWD who apply for assistive devices from government are provided with them. This is against the spirit of Articles 4 and 20 of the CRPD, which affirm that the state must provide these devices to all in need. In cases where these devices are in stock in government and private health care facilities, however, access by poor WWD is limited by their costs (Eide *et al* 2003). The inability by rural WWD to access assistive devices such as spectacles, wheelchairs and crutches limit their capabilities, functioning and chances of living independently in society.

Findings suggest that the challenges of WWD in accessing health care services are more pronounced when it comes to their reproductive health care needs. WWD who visited rural health centres to access reproductive health care services report negative attitudes from health care workers. The research participants told of incidents in which staff at various health care institutions were unfriendly and unhelpful. For most of the interviewees, attitudes displayed made them feel like lesser human beings, as people without dignity, or without the right to privacy. Here are data vignettes that underscore this point:

> *Pandaienda kuchipatara kunotariswa ndakazvitakura, ndainzwa vashandi vepachipatara vachiseka, uye vachishoropodza danho rinotorwa nevakadzi vakaremara kuti vaite pamuviri…Ndakanzwa kurwadziwa zvikuru pandakazoziva kuti mukoma wangu aikurudzira vanorapa kuti vandivhare chibereko pandakabatsirwa nemwana… Pamwe imhosva, kana chitadzo kana kuti zvinonyadzisa kuti vakadzi vasingaoni vaite pamuviri. Handizivi hangu!* As I was visiting the clinic for periodic check-ups during my pregnancy, I could hear health staff laughing and saying how bad it was that a woman with disabilities decided to get pregnant… I was equally disappointed to realise that my sister was telling health care workers behind my back to see to it that I stop conceiving again when I eventually delivered my child… Perhaps, it's a crime, sin or shame for visually impaired women to conceive! I don't know! [Interview with Elizah, a WWD].

> *Ndakagara kuimba inogara vakazvitakura pachipatara kwemavhiki maviri ndakamirira kuzvara mwana wangu, uko ndaitukwa nemanesi. Pamwe vaitsamwira kugara ndichivakumbira kuti vanditungamirire kuenda neni kudzimba dzakakosha pachipatara. Nguva dzose dzandaivasheedza kuti vandibatsire, waivanzwa vachitaura vachizevezerana kana kutotaura vachideedzera mashoko akafanana nekuti, 'Ko maidireiko zvinhu zvamusingagone? Mava kungotipawo basa mai imi'. Handioni ndichiita pamuviri zvakare nekuti kutukwa kwacho kwaive kwakanyanya.* I stayed at the maternity ward for nearly two weeks waiting to deliver my baby, and I was insulted by the health care workers who were on duty. Probably, they were upset because they had to always accompany me to get to important parts of the hospital, because I could not do this independently. Every

> time I called them for help, you could hear them murmuring and even saying stuff aloud such as ‘Why did you indulge in sex if you are blind?’ You are bothering us…’ I don’t see myself getting pregnant again because the insults were just too much [Interview with Shailini, a WWD].

These and other narrations showed how difficult it was for WWD to access sexual and reproductive health care services due to limited privacy and the attitudes of some health care workers at such institutions. This was also pointed out in the following quotes:

> *Zvinoratidza sekunge vashandi vepachipatara havana hanya nekuti zvirwere zvedu zvisangozikamwa neveruzhinji. Vanofunga kuti kuva bofu zvinoenderana nekutadza kutsanangura zvatinonzwa nokuti nguva zhinji vanoda kuti mubatsiri wangu apindewo neni muimba yekubvunzurudzwa kuti andibatsire kutsanangura, handizive kuti nemhaka yei?* It appears like health care workers don’t care about our privacy when we visit health care centres. They think that being blind is synonymous with failure to explain my own health problems, because in most cases they want my aide to get into the consultation room with me to explain my condition, and I don’t know why! [Interview with Shailini, a WWD].

> *Ndakaenda kuchipatara kunotariswa ndakazvitakura, mukoti aindibatsira aiva asina hanya neni. Aibvumira vanhu kuti vapinde muimba yekubvunzurudzwa ini ndichiri kuongororwa. Ndinofungidzira kuti mukoti aidana vamwe vanamukoti kuti vauye kuzondiongorora. Pamwe aida kuti vaone kuti mukadzi akaremara akazvitakura akaita sei.* I visited the clinic when I developed some rash on my private parts. I was disappointed that my aunt, who accompanied me, was allowed in the consultation room with me. I ended up asking my aunt to please leave and that’s only when the nurse realised I needed my privacy… Instead of apologizing for the oversight, she scolded me for asking my aunt to leave the consultation room. [Interview with Tuso, a WWD].

> *Ndakaenda kuchipatara kunotariswa ndakazvitakura, mukoti aindibatsira aiva asina hanya neni. Aibvumira vanhu kuti vapinde muimba yekubvunzurudzwa ini ndichiri kuongororwa. Ndinofungidzira kuti mukoti aidana vamwe vana mukoti kuti vauye kuzondiongorora. Pamwe aida kuti vaone kuti mukadzi akaremera akazvitakura akaita sei.* I visited the clinic for pregnancy check-ups and the nurse who was attending to me was not concerned with my privacy. She allowed people to come into the consultation room whilst I was being examined. I suspected the nurse was calling other nurses to come and examine me. I guess she wanted them to see a crippled women who is pregnant [Interview with Josi, a WWD].

Article 25 of the CRPD provides that PWD have the right to enjoy the highest attainable standard of health care without discrimination based on disability. It also states that health care workers must take all appropriate measures to ensure access for PWD to health care services that are gender-sensitive. Against this spirit of the CRPD, WWD in the Global South's access to sexual and reproductive health services remains poor (Boezaart 2012; Touko 2008). From the examples given above, many health care workers do not know how to relate to WWD in an appropriate and sensitive way. Narratives of the WWD interviewees revealed that health care workers often do not communicate directly with them, preferring instead to use a third person, such as a relative, aide or other nurses. This could be due to several reasons, including inadequate training received by health care workers on disability issues, or fears and anxieties about disabilities. This is in sharp contrast with the recommendations by the CRPD Committee (2014) that health and medical personnel should ensure appropriate consultation that directly engages PWD, taking care not to allow substituted decision making by guardians or caregivers.

The researcher was informed by respondents that most health care workers are unable to effectively communicate with WWD, especially in sign language. There are no efforts by the health care sector to train its staff in sign language. Without these basic skills, health care workers always require an assistant as a go-between with a disabled patient. This limits the extent to which WWD can freely share confidential sexual and reproductive health information with health care workers. Besides, the failure to give a WWD platform to discuss her problems may result in them not receiving the help she is entitled to, or even results in misdiagnosis.

As supported by other studies, this study revealed the negative attitudes of health care workers that constitute a hindrance to WWD's access to reproductive and sexual health care. Indeed, the main challenge for WWD in accessing reproductive health care services remains the negative attitudes of some health care staff, something which may led to ineffective treatment of PWD (Ahumuza, Joseph, Matovu, Ddamulira & Muhanguzi 2014; Touko 2008; Morgon Banks & Polack 2014). Such attitudes may stem from cultural and societal misconceptions about disability. WWD are viewed as people who cannot take part in sexual and reproductive activities (Swartz, Eide, Schneider, Braathen, Basson & Ranchod 2009).

Similarly, able bodied persons including health care staff feel pity for WWD and often view the bodies of WWD as unfit for sexual intercourse and pregnancy, as the latter is believed to harm WWD since they are assumed to be physically weak (Hunt & De Mesquit 2006; Rugoho & Maphosa 2015). In this case, disability and gender intersect to position WWD as weak. Based on these views, some WWD in rural areas have been forced to abort pregnancies by family members and health care staff (Morgon Banks & Polack 2014; Frohmader & Ortoleva 2013; HRW 2012). Although this was not revealed in any of the interviews, the narration by Elizah reported earlier conveyed her distress at discovering that her sister has asked health care workers to convince her not to have any further pregnancies. Such matters impinge the rights of WWDs to make their own reproductive choices. Anecdotal evidence suggests that because of this, some WWD in rural Zimbabwe have stopped seeking care at health care centres to instead rely on community midwifery or lay healers. This can put their health at risk (WHO & World Bank 2011; Fembek *et al* 2013).

From the interviews it also emerged that rural WWD face challenges in accessing health care information. This is a result of the previously mentioned assumptions by health care workers that WWD are sexually inactive, hence have no need for this kind of information (Chikumbu 2014). As government and NGOs organise community meetings and forums to discuss health issues, WWD are excluded. Even local leadership and village health coordinators do not extend invitations to WWD. This was revealed in the quotes below:

> *Tinogarosiiwa panokokwa vamwe vakadzi kuti vaungane kumisangano yavanodzidziswa zvizere maererano nekuzvidzivirira kuzvirwere, uye kuronga mhuri. Pamusoro pezvo misangano mizhinji inoitirwa kure nemusha, zvinobva zvaita kuti pave nedambudziko rekuti ndiende ikoko. Ndinogaroziviswa zvataurwa kumisangano ikoko neshamwari dzangu dzinenge dzaenda. Dzimwe nguva vanondiunzira zvinyorwa zvine mashoko, apa magwaro acho haasi muruvara rwevasingaone kuti ndikwanise kuverenga.* We are often excluded when women are invited to attend meetings where they are trained and capacitated on disease prevention and family planning issues. Besides, most of the meetings are conducted far away from our village, making it very difficult for me to attend. So, I often get feedback from friends after the meetings. Sometimes they bring back with them pamphlets with information, yet the documents are not in Braille which I am unable to read them [Interview with Maria, a WWD].

> *Vakadzi vemunharaunda ino vakakokwa kuti vavhenekwe gomarara pakiriniki iri pedyo asi ini ndakazozvinzwa vadzoka. Unobva wazvibvunza kuti uri mukadzi here akafanana nevamwe mudunhu sezvinotaura vanomirira kodzero.* Women from this area were invited for cancer screening sessions at the nearby clinic, but I only heard of it after people came back from it. You then start to wonder if you’re an equal woman like others in society as purported by rights groups [Interview with Shailini, a WWD].

UNICEF (2013) shares this view that WWD are frequently overlooked in community gatherings and information sharing, such as being educated on disease preventative measures. They are not notified about possible visits by mobile health care clinics or mobile immunization drives. Consequently, many WWD fail to receive health care information even though they and their children face the heightened risk of contracting diseases (UNICEF 2013). Previous studies noted how adolescent WWD are perceived to be asexual by service providers, and often excluded from sexual and reproductive health care training and capacity building sessions (Hunt & De Mesquit 2006; Rugoho & Maphosa 2015). Rugoho and Maphosa (2015) found that some health care workers believe that when they discuss sexual and reproductive health issues with WWD, it would trigger uncontrollable sexual desires in such patients. This is further exacerbated by the lack of health care information available in Braille and audio, such as revealed in Maria's narration above. Without knowledge about sexual transmitted diseases, WWD remain prone to vulnerable diseases. Thus, a challenge in the national and global fight against the spread of HIV and AIDS.

5.4.6 Water and sanitation

The researcher uncovered evidence in the study area that both the government and some NGOs are drilling boreholes to ensure that much of the community have access to clean water for domestic use. Despite these efforts, some WWD find it difficult to access safe water in rural Zimbabwe. WWD, especially heads of households, find it difficult to access clean water during summer seasons when close-by water sources dry up. Here is an example:

> *…Munguva yekupisa ndinotoda hama dzangu kuti dzindicherere mvura kuchibhorani nokuti chiri kure nekumba kwangu (zvichida 1km). Kunyangwe ndikaenda ndega handikwanise kugwedhla mvura nekutakura chero 'five litre' zvayo kudzokera kumba.* In summer I surely need my relatives to fetch water for me from the borehole which is far away from my home (approximately 1km). Even if I go there alone, I will not be able to pump the water and carry even a five-litre container back home [Interview with Maria, a WWD].

During walks in the district, the researcher observed that most water sources were far from the homes of WWD. Most WWD who are heads of households revealed that they are helped by friends and relatives to fetch water from distant sources. If no one is there to help them, they need to go for days without bathing. This can negatively affect the dignity and ability or desire to take part in the community of WWD, as well as lowering their self-esteem and willingness to assert their rights (Wilbur, Hones, Gosling, Groce & Challenfer 2013). In the growing body of knowledge about the challenges faced by WWD to access safe and clean water, distance is not the only factor, but so too are difficult to use and heavy pump handles and the weight of water containers to be carried back home (Wilbur *et al* 2013; UNICEF 2013).

It was disheartening to discover that all the dwellings of the interviewed WWD had so-called Blair toilets (pit latrines). However, these toilets are not easily accessible for WWD. This is because these toilets are built on high ground with high steps, and with no wheelchair access. As such, WWD who wanted to access the toilets had to be accompanied by able-bodied persons. This is detrimental to the ability by WWD to live independently and lowers their self-esteem.

5.4.7 Accessibility of infrastructure and transport

Chapter 4 outlines efforts by some public institutions to ensure that they are accessible to WWD. The researcher found that many health care and educational facilities in the study areas have ramps and accessible pavements to accommodate visually impaired and wheelchair users to independently access such structures. However, at many other facilities, such as shops, beerhalls and the rural district council's offices, none of these features are available, making them inaccessible for many WWD. The researcher found it surprising that even recently erected buildings at Mataga Growth Point, the Mberengwa Business Centre, the Musume Business Centre and the Jeka Business Centre had no wheelchair ramps. Participants revealed how the inaccessibility of buildings have long been a problem for them:

> I don't think people bother about disabled persons when they are building public offices, school structures, and retail shops… Apparently, many retail shops and other public buildings, including newly built ones on a high ground, with steps, and no ramps for visually impaired and wheelchair users to easily access [Interview with Social Worker, MPSLSW].

> *Vanhu havaratidze kunetsekana nekusapindika kwemuzvitoro zvavo nesu vakaremara kana nedzimwe nzvimbo dzemabhizimusi, asiwo tiri vatengi vanodawo kutenga muzvitoro izvozvo.* People are not bothered with our situation when building their retail shops and other business places, yet we are equal customers who want to buy from their shops [Interview with Esnath, a WWD].

> *Vanoshandisa mahwiricheya sesu vanosangana nezvipingainzo mukupinda mudzimba dziri mudunhu. Kana uchida chero chinhu kuRural District Council unotoda munhu anoenda newe. Pasina izvozvo, haugoni kufambisa hwiricheya yako kukwidza chikomo chiripo.* The wheelchair users like us face challenges in accessing buildings in the district… If there is anything you want from the Rural District Council, then you need someone to go with you, otherwise you won't be able to move your wheelchair up there [Interview with Eliza, a WWD].

Indeed, the Mberengwa Rural District Council offices are built on a hilltop at the Mataga Growth Point, making it difficult for PWD to reach to the offices. Previous disability studies in the province lamented the inaccessibility of government offices and Magistrates courts, including the government complex in Gweru (Mandipa 2013; Eide *et al* 2003). This is clearly in contravention of Article 9 of the CRPD which calls upon state parties to ensure accessibility of public infrastructure for PWD.

The narratives above illustrate how WWD are disabled both by their impairments and their wider societal and environmental hurdles. Thus, resonating well with the feminist disability theory, which looks at the challenges of WWD beyond their bodily impairments. The inaccessibility of public offices constitutes a form of social exclusion and indeed a violation of WWD's right to information and services as lucidly guaranteed by the CRPD.

The failure by constructors and government to rectify old buildings and mainstream accessibility by WWD to new buildings emanates from weak legislation that is silent on making it mandatory for responsible authorities to check for accessibility of both private and public structures upon completion. The NDB is empowered under Section 7 (8) of the DPA to issue and serve adjustment orders to ensure accessibility of public buildings by PWD. These adjustment orders only apply to already constructed buildings not new ones or under construction. In addition, the orders only apply to public buildings excluding private ones. The DPA can be criticized for allowing the NDB under Section 7 (7) to only issues adjustment orders to government buildings such as hospitals, schools and other offices, with consent from the concerned minister. Requiring minister's consent renders adjustment orders dependent on political will of the government to comply (Mandipa 2013). Resulting from these loopholes, there has not been any prosecution for failing to comply with adjustment orders (Mandipa 2013). This therefore, explains why public and private buildings continue to be inaccessible to PWD in rural areas.

Narratives by WWD revealed how they are unable to overcome the challenges faced in accessing public transport in rural Zimbabwe. Many WWD find it difficult to board public transport as stations are not well designed for wheelchair users. In most cases, WWD board public transport with the help of others. One WWD explained such challenges:

> *Zvakaoma kukwira bhazi kuenda kudhorobha kana ipi nzvimbo zvayo nokuti haukwanise kukwira usina kusimudzwa neumwe munhu. Semukadzi haungadi kuti ma'conductor' aite basa rekukusenga asi panenge pasina zvekuita unotozongosimudzwa.* It's difficult to board a bus to go to town or any other place because you can't do it without being lifted by someone. As a woman you wouldn't want the conductors to be seen lifting you, but you don't have an option other than being lifted [Interview with Jeni, a WWD].

With bad roads and terrain in most parts of Mberengwa, most WWD complained how walking or using a wheelchair to get about was almost impossible:

> *Nzvimbo ino haina kunaka kune vemahwiricheya…Migwagwa yakabva yawedzera kushata nekuda kwemvura zhinji yakanaya munzvimbo yedu mwaka wa2016/2017. Mvura yakanaya yakawanda ikaparadza migwagwa mizhinji mikuru netunzira zvikaita kuti rive dambudziko kushandisa hwiricheya.* The terrain in this community is not conducive for us wheelchair users… These roads were made worse by the cyclones which pounded our area in the 2016 and 2017 farming seasons. We received too much rain, which destroyed most roads and paths making it difficult to move with a wheelchair [Interview with Esnath, a WWD].

This has reduced many WWD's ability to visit relatives and for special medical check-ups at referral hospitals in other parts of the district or nearby towns. Without accessible transport, the mobility of WWD, social contact and ability to access services is heavily constrained (WHO & World Bank 2011).

5.4.8 Inclusion and participation

WWD participants for this study complained of limited inclusion and participation in rural socio-economic and political development. Some WWD complained that local leadership invite them to meetings, but do not give them the chance to speak or consider their contributions. The quotation below reveals this challenge:

> *Kuenda kumisangano yemudunhu kupedza nguva nokuti vatungamiri havandipi mukana wekutaura pfungwa dzangu. Ukataura zviri kukutambudza havakuterere nekugamuchira zvaunotaura… Kazhinji kacho handiende kumisangano zvangu.* Attending community meetings is a waste of time, because leaders don't give me a platform to speak my mind. If you say something affecting you, they just ignore or rubbish it off… Sometimes I end up boycotting meetings... [Interview with MaNdlovu, a WWD].

Because of the already-reported pervasive charity model that informs people's attitudes of WWD as helpless objects incapable of contributing anything of sensible at community meetings, these women are silenced. This intersects with patriarchal power relationships where women are first excluded because they are women and then because they are WWD. Further barriers to participation include the transport and terrain problems as discussed earlier that makes it difficult for WWD to attend meetings. The CRPD (2006) also notes such restrictions that hinder the participation by PWD in community development. An interview with Josi, a WWD revealed the following:

> *Handiwanzoenda kumisangano inoitwa mumana medu. Nguva zhinji misangano yedunhu redu inoitirwa kure nekumba kwangu uye kunoda US$2 yekukwira michovha kuti usvike kunzvimbo yacho. Kana ndikasaita rombo rakaipa vene vemichovha vanoda US$1 yehwiricheya. Naizvozvo ndinongoenda chete*

> *kumisangano kana vavakidzani vangu vachienda nengoro kunyanyanya kana vanhu vachinotambira chikafu kana zvekurimisa zvabva kuhurumende kana maN.G.O.* I don’t often participate at community meetings in this village. I don’t often participate at community meetings in this village. In most cases, our community meetings are conducted at a distant place far from my home, and you need US$2 for transport to that place. If I’m unlucky, some transport operators would want an extra one US$ to help me with my wheelchair. So, I only attend meetings when my neighbours are going with their scotch carts, especially when people get food aid or farming inputs from Government or NGOs.

A study by PPUA Penca (2013) documents the challenges faced by WWD to exercise their fundamental right to vote and be voted for in democratic elections. In this study, many of the WWD lamented their struggles with inaccessible polling stations in rural Zimbabwe. Polling stations chosen by the Zimbabwe Electoral Commission (ZEC), including schools, health centres and community halls are not easily accessible to WWD. This is not a new finding and concurs with other research results (ZESN 2008; ZHRC 2013). It appears the ZEC does not closely check and consider accessibility when choosing polling stations ahead of elections. Most of the interviewees, however, report that election officers were friendly towards them although previous studies have found that election staff are not specially trained to work with PWD and to consider their needs as voters (PPUA Penca 2013; WHO & World Bank 2011).

Regarding the political participation of WWD as voters, the ZEC strives to ensure for a secret ballot and the right to electoral information to every citizen. Despite the ZEC’s efforts, guaranteeing access to information and secret ballots remains a nightmare for visually impaired persons. During election time in Zimbabwe, ballot papers are not available in Braille, electronic format or any other form accessible to those with visual impairments (Mandipa 2013). Without adequate knowledge about the electoral processes and access to information about candidates, WWD are not able to make informed choices, and to effectively exercise their political rights.

The Electoral Act [Chapter 2:13] of Zimbabwe largely discriminates against women with visual impairments. The Act requires voters in need of assistance (especially the visually impaired) to be assisted in casting ballots. This compromises the secrecy of visually impaired person's ballots. The inability of the act to guarantee the secrecy of the ballot is clearly in discord with Article 29 of the CRPD. One interviewed woman with visual impairment recounted the following experience:

> *Ndakavhota kamwe chete muna2000, asi musarudzo dza2002, 2005, 2008 nedzemuna2013 handina kuvhota. Pandakavhota kekutanga muna2000, handina kufara nekuti ndakabatsirwa kuvhota sezvo paisava nebepa rekuvhota rinongomirira vasingaoni. Izvozvo zvine matambudziko kana munhu andibatsira akatanga kuzoshambadza vhoti yangu zvoreva kuti ndinokwanisa kurohwa nevanotsigira bato randinenge ndisina kuvhotera.* I have only voted once in 2000, and I did not vote during the 2002, 2005, 2008 and 2013 electoral contests. When I voted for the first time in 2000, I was disappointed to be assisted in casting my vote since there are no Brailed ballot papers. This can cause problems if that person helping you then go about telling people how you have voted, meaning that I can be subjected to beatings by supporters of the party I would have not voted for [Interview with Shailini, a WWD].

Other researchers have also found stumbling blocks for WWD in participating in matters that shape their lives (Balmas, Fembek, Hauquier, Heindorf, Kainz, Pitzinger & Vilela 2015; PPUA Penca 2013; WHO & World Bank 2011). This feature of elections in Zimbabwe has been found discouraging the participation of many visually impaired women. Faced with the same challenge, some visually impaired voters approached the Supreme Court of Zimbabwe in 2008, challenging the constitutionality of the Electoral Act[3]. The applicants argued that clauses allowing for them to be assisted whilst voting infringes on their right to secret ballot and to freely express their political will. The Court ruled in PWD's favour and ordered ZEC, government and political parties to consider developing political communications and voting materials in sign language and ballot papers in large print or Braille (Supreme Court 2008). Despite this landmark ruling, visually

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[3] The case of Simon Mvindi & 5 Others v the President of the Republic of Zimbabwe & 3 Others at Supreme Court of Zimbabwe, 2008.

impaired persons continue to be assisted during voting process, and political communications and voting materials are not found in accessible formats by visually impaired women.

The problems of inaccessible polling stations and limited privacy should be seen against the backdrop of widespread political violence in Zimbabwean elections (Zvobgo & Dziva 2017). Ahead of the 2008 runoff elections in Zimbabwe, the US Embassy (2011) estimated that 36 000 people were internally displaced, while 5 000 people were beaten and tortured, and 200 people were killed. The short-term consequence of violence was that women, especially WWD did not vote in the June 27 run-off election, while the long-term effect is that WWD who are vulnerable to violence during conflicts to shun electoral participation. PWD, particularly WWD are directly targeted during conflicts, and they are at a greater risk of injury and even death due to mobility challenges, which makes it difficult for them to flee to safety (Rohwerder 2013).

5.4.9 Abuse (physical and sexual violence)

It emerged from the study that rural WWD are exposed to sexual and physical violence in Zimbabwe. Interviewed WWD confirmed that they suffered some form of abuse and violence from strangers and family members. The narrations below explain challenges of rural WWD regarding violence and sexual violence:

> My office handled several cases of violence and abuse against persons with disabilities in this area. In some cases, they are abused by their relatives… One form of abuse rampant is that of family members who keep persons with disabilities in secluded rooms where they are not supposed to be seen by visitors… Our office gets to know of these cases through tip offs by alert community members and relatives of families abusing persons with disabilities [Interview with Social Worker, MPSLSW].

> Although all men and women are affected by other forms of violence, women with disabilities are affected most with sexual violence. They are sexually abused by strangers and family members in the pretext of curing diseases and spelling bad luck… However, some just take advantage of the fact that they have impairments,

> and therefore cannot be able to resist sexual violence [Interview with Gender Specialist, MWGCD].
>
> *Rimwe zuva ndichitsvaga mbudzi dzangu kumafuro, kwakauya umwe murume nekumashure kwangu ndokubva atora madondoro angu zvekuti ndakatadza kufamba kana kumira. Chinhu choga chandakakwanisa kuita kuridza mhere yekutsvaka rubatsiro. Ndakaita rombo rakanaka kuti vamwe varume vaikorokoza goridhe parwizi rwuri pedyo vakandihwa ndokumhanya kuuya kuzondibatsira…nanhasi handizive kuti murume iyeye aive andifungirei.* One day I was looking for my goats in the bush. Then a man came from the back and grabbed my crutches and I couldn't walk nor stand. All I managed to do was to scream for help. Lucky enough some men who were doing gold panning in the nearby river ran to my rescue… Up to now I don't know what that man was up to… [Interview with Jeni, a WWD].

Disability appears to be the major risk factor accounting for the vulnerability of rural WWD to abuse, physical and sexual violence. In fact, Groce *et al* (2011)'s study found that WWD are three times more likely to be victims of sexual, emotional and physical abuse. Being a woman, with a disability increases vulnerability to sexual abuse and being infected by sexually transmitted diseases (Rugoho & Maphosa 2015). The vulnerability of WWD to sexual violence is also due to societal myths that sexual intercourse with a disabled woman and a virgin can cure AIDS (Ortoleva & Lewis 2012). Based on this misconception, many WWD have been sexually abused, thus exposing WWD to the deadly disease. Physical and sexual violence have a negative impact on the victims of psychological and social well-being.

5.4.10 Access to justice

In earlier chapters the researcher discussed various efforts put in place by stakeholders in ensuring that WWD have access to justice in rural areas. Article 13 of the CRPD acknowledges the importance of access to justice and provides for state parties to ensure effective for PWD on an equal basis with able bodied persons. For example, the Midlands State University's Disability

Law Clinic provides free legal advice and representation to PWD, both in rural and urban areas. Disability rights litigation has the potential to address many challenges of WWD in communities. However, a key matter remains whether WWD are aware of their rights (Kalaluka 2013). Furthermore, decisions and orders made by the courts of law against violations of the rights of WWD are tools for social change, as these can encourage and enlighten society to embrace human rights and dignity of WWD. With these efforts, society can gradually recognise disability as diversity, abandon their societal norms and values that devalue WWD, and work towards progressive realisation of their disability rights.

Despite these efforts, the women interviewed in this study were mostly unaware of these initiatives. Even those with grievances approached only traditional leaders' courts for their matters to be settled. These traditional courts deliberate on matters related to verbal and physical violence, land and other minor disputes. For serious criminal cases, the women confirmed that they will go to the police. Most of the women interviewed were discontented with the way traditional leaders handle their issues. The following interviews explain the above:

> *Ndakapa muvakidzani wangu mbudzi kuti azoshosha pamba pangu neminzwa asi akatadza kuita zvatakawirirana kwemwedzi miviri. Ndaiva ndisina zvimwe zvekuita kunze kwekuenda kwaSabhuku, asi nanhasi patove nemwedzi minomwe uye ndakatososa pamba pangu ndega apa haasati adzosa mbudzi yangu, handichaziva zvekuita.* I gave a neighbour a goat in return for him putting up a fence at my homestead with thorns, but he failed to honour the promise for more than 2 months. I had no other option but to approach the headman. But even now it's more than 7 months later and still there is no action. And I have done the fencing myself and he has not given me back my goat and I don't know what to do [Interview with Josi, a WWD].

> *Vanhu havakoshese nyaya dzine chekuita nevanhu vakaremara kusanganisira mapurisa chaiwo. Ndakabatwa chibharo nemumwe murume wekuziva muruwa medu. Mushure mekunge ndamhan'ara nyaya yangu kumapurisa anoshandira mudunhu redu hapana chakaitika… Nyaya yangu yakangotsikwa-tsikwa*

> *ndikatopomerwa mhosva yekunyepa. Vemhuri yangu vakataurirwa kuti hapana munhu anganzwe kuda kurara munhu akaremara seni, uye takavhundutsirwa kuti tikaramba tichitaura nyaya iyoyo taizooneswa pfumbvu.* People don't take issues relating to us people with disabilities seriously - including the police. I was sexually abused by a known person from this village. After reporting this to the neighbourhood policeman, nothing was done to arrest the perpetrator… In fact, my story was regarded as rubbish and I was accused of lying. Our family was told that there is no one who can have feelings for a disabled person like me, and we were threatened with unspecified action if we pursue the case [Interview with Esther, a WWD].

These examples illustrate the types of injustices suffered by rural WWD. Van Leeuwen (2008) also found that WWD find it difficult to convince society of their abuse as they are considered asexual. This brings into focus the physically deformed self, which is abject and sexually undesirable (Garland-Thomson 2005).

Expanding on this, it became clear to the researcher that both these women and their families were uninformed of steps and procedures to take when a person with disability has been aggrieved. The fact that most of the WWD in this study had a low level of education further exacerbated this. This study noted that most communities are far from police stations in the Mberengwa district. As such, they tend to rely on traditional leaders and neighbourhood police to apprehend offenders. While traditional leaders strive to amicable resolve grievances in rural communities, the neighbourhood police are poorly trained and often open to bribes.

5.5 ACADEMIC AND SOCIAL EXPERIENCES OF GIRLS WITH DISABILITIES IN RURAL SCHOOLS

Previous disability studies in Zimbabwe revealed that GWD comprise the majority of CWD out of school (Moyo & Manyatera 2014; Lang & Charowa 2007; UN 2011; SINTEF 2003). Similarly, literature from across the world states that GWD are less likely to go to school than boys with disabilities (Trani & Loeb 2012; UNICEF 2012; Trani, Kett, Bakhshi & Bailey 2011). Participants of this study gave varied explanations for the failure by GWD to attend school. Chief among the presented explanations was that parents and guardian hold negative perceptions towards GWD group. One key stakeholder stated that:

> Children with disabilities face many challenges in society, worse still in rural Zimbabwe where they are viewed as worthless human beings that are not worth to invest in. This is worse for girls with disabilities as parents do not see any benefit to be accrued from educating these girls owing to their impaired body parts. Here, the reasoning is that even if girls with disabilities get education, they will neither get employed, nor find rich husbands to marry them for parents to charge high bride price and get their money back. [Interview with a special needs' person, MPSE].

Some respondents believe that GWD are not sent to school, since society views them as people who cannot be employed, hence parents and guardians see no need for this group to receive education. The following quote explains this perception:

> Society despises employing women with disabilities as they are considered unproductive. Thus, parents see sending these girls to school as a waste of time and resources [Interview with a Social Worker, DSS].

The respondents were aware of employers' preconceived ideas about employing PWD. Many employers consider PWD to be a costly and unproductive (Tesemma 2014). The economic efficiency argument – relating to the use of future productivity and rate of return logic in making investment decisions in the education of CWD – assumes that the education of CWD is very costly and cost-ineffective, when compared with education of non-disabled children (Tesemma 2014). In the African tradition, people are motivated to have children to create wealth, and children are viewed as future social insurance for parents. Conversely, CWD are not viewed this way but they are deemed useless and burdensome people to the family and society.

Based on the above-mentioned view, GWD are given less attention by their relatives who regard them as a disgrace, having no value, and unworthy investing for future benefits, including being suitable marriage partners (Marongwe & Mate 2007). Without access to education, GWD grow up without requisite skills and professions to get better employment and life prospects (UNICEF 2013; Mafa 2012; Lewis *et al* 2002). It is thus inevitable that GWD will be trapped in an intergenerational cycle of poverty and exclusion (Philpott 2014).

The few GWD who do get the chance to attend schools, must fight against attitudinal, environmental and administrative barriers which affect the realisation of their full potential. Table 5.4 lists some of factors that enhance or hinder full realisation of right to education of GWD in rural Zimbabwe as revealed by the interviews. They are grouped in the table and discussed in greater detail further on in this chapter.

Table 5.4: Factors that enhance or hinder GWD's access to education

Category of Barrier	**Barrier Types**
Attitudinal	• Stigmatisation and discrimination • Bullying, ridicule and violence • Lack of parents and teacher confidence • Low expectations of GWD
Environmental	• Location of the school combined with lack of transport links • Inaccessible school buildings (e.g. classrooms, admin blocks and toilets with steps) • Uneven terrain
Institutional	• Laws, policies, practices • Limited special needs teachers • Inadequate training on inclusive education & human rights-based approach to education
Administrative & others	• Limited resources (e.g. communication devices such as computers and talking calculators, study materials in Braille) • Prohibitive costs and inadequate resources (e.g. assistive devices such as wheelchairs, crutches, reading glasses, hearing aids etc.)

Source: Field Results

5.5.1 Attitudinal factors

This study noted the existence of both positive and negative attitudes of able-bodied students, teachers, parents, and guardians towards GWD. Considerate teachers believe that disability is not inability and endeavour to ensure equal access to education by all students, including GWD. At rural schools, caring teachers embrace GWD to the extent of changing their teaching methods to make visually impaired girls follow and understand the subject. The finding was shared by a visually impaired student at school A, who stated that:

> *Vamwe varairidzi vepachikoro chino vanonzwisisa magariro angu semudzidzi asinganyatsoona, uye voedza kundisumudzira nguva yezvidzidzo. Varairidzi ava vanoita kuti ndivewo nechikamu chandinoita muzvidzidzo zvavo zvese. Vanoita izvi nekuramba vachindicherechedza kuona kuti handisi kusaririra here. Muenzaniso wandingapa ndewemudzidzisi wangu weDivinty anogarondigadzirira nguva yekuti ndibvunze pane zvidzidzo zvakawanda kuhofisi yake. Vamwewo vanondinzwisisa vadzidzisi vangu ekuResource Centre.* Some teachers at this school understand my situation as a visually impaired student and try by all means to embrace me during lessons. These teachers keep me engaged throughout their lessons. They do this by continuously checking on me if I’m on track. For instance, my Divinity subject teacher often creates some time for me to go and consult on difficult topics at his office. Together with the special needs’ teacher, they motivate and make me feel strong to learn [Interview with Chenai, School A].

Another student revealed supportive attitudes and behaviour by fellow students:

> *Ndinowanzowanawo vadzidzi vanondibata zvakanaka kuchikoro. Vane nguva yekutaura nyambo nekuverenga neni. Umwe wavadzidzi uyu ‘ndiclass monitor’, anotamba bhora renhabvu yevasikana, inova yandinofarira zvikuru. Saka pese paanodzoka kumitambo anondiudza zvenhabvu zvinenge zvaitika… Pakupera kwevhiki anowana nguva yekutenderera muchikoro neku’Orchard’ neni achindiudza nyaya.* I always find students who treat me exceptionally well at this school. They have time to talk, share jokes and study with me. One such student is my class monitor. She plays girls’ soccer and I like soccer so much and she makes it a point that when she comes back from sports competitions, to update me on what would have happened there… During weekends, she finds time to

> take me around the school yard and the orchard telling me stories [Interview with Chichisai, School B].

The existence of such cooperative students largely enhances the academic and social life of GWD. However, this study revealed most able-bodied students who fear, avoid, and often despise GWD. Thus, being disabled sometimes means loneliness at school. These sentiments were explained in the following quotes:

> *Vamwewo vadzidzi vasina kuremara vanoita sevane nyaya shoma dzekutaura neni. Vanonditya uye votiza mushure mekunge vandibatsira kunyanyanya ma'Form ones'. Ukavakumbira kuti vakuratidze nzira kana kukuverengera, vanokurumidza kuenda mushure mekunge vangopedza basa iroro.* Some able-bodied students seem to have limited stories to discuss with me. They fear me and run away after helping me, especially the Form Ones. If you ask them to show you the way, or to read for you, they run away immediately after they have finished the task [Interview with Chido, School B].

> *Pamwe pacho unongosekawo uchiita munemo nevadzidzi vasina kuremara asi ivo vanobva vagumbuka vokutuka nehurema hwako.* Sometimes you joke with able-bodied students, but they lash back at you referring to your physical impairments [Interview with Chengeto, School C].

Some GWD revealed how they are disappointed to hear able-bodied students calling them derogatory names such as dull, weak, useless, or pitiable people. This was explained by Chenai, who stated that:

> *Pamwe pacho unorwadziwa kunzwa vadzidzi vasina kuremara vachiseka vachitaurira pasi zvakashata pamusoro pako kana kukupa zvimazita zvinoshora chimiro chako.* You are sometimes disappointed to hear able-bodied students laughing and murmuring bad things about you or even giving you unpleasant names that demean you.

This negative attitude towards GWD is sometimes expressed by teachers, for example:

> *Vamwe vadzidzisi vanokanganwa kuti vane vadzidzi vasingaoni muzvidzidzo zvavo, uye vadzidzi varikuuya kwatiri vachimhan'ara kuti varikusiirirwa panopuwa vamwe vadzidzi basa rekunyora nevarairidzi.* Some teachers easily forget that they do have special needs students in their classes, and students come to us complaining that they were omitted when teachers are handing out tasks [Interview with Teacher Mandi, School B].

> *Pamwe pacho unochinjira basa remwana asingaoni kubva kuBraile wobva wapa ticha vacho kuti vamake basa racho. Unozonzwa ticha wacho achikuti, 'Vanhu venyu ava vanotiwanzira basa'*. You transcribe visually impaired girl's work from Braille and give it to the subject teacher. The next thing you hear, the subject teacher is saying your 'people'/girls with disabilities' are just adding extra work for us [Interview with Teacher Gagwe, School A].

The negative attitude against WWD stems from the fact that teachers in most schools are concerned with good pass rates to be promoted. Due to this, some teachers would prefer to spend more time and attention on able-bodied students. This was explained by Teacher Taisoni, who stated that:

> Most teachers are concerned with pass rates and are not willing to accommodate GWD in their classes as they are believed to be weak students who can spoil their anticipated excellent results [Interview with Teacher Taisoni, School A].

These attitudes are consistent with that of previous studies (Moyo & Manyatera 2014; PPUA Penca 2013; Save the Children 2014; SINTEF 2003). For example, a study by Moyo and Manyatera (2014) found that few able-bodied students, headmasters, and teachers are willing to associate with GWD. It appears that the degree of shame and stigma is more pronounced against GWD as students in rural areas. The negative attitude against GWD arises from societal stereotypes, folklore, and misconceptions viewing disability in the damaging social and religious models. Thus, GWD are affected not by their impairments, but rather by existing stereotypes and stigma. In the words of PPUA Penca (2013:12), this segregation and discrimination can result in GWD's "*lack of pro-active behaviour in expressing their opinions and claiming their rights*", leading to further exclusion. The detrimental impact of widespread stigma and discrimination against GWD remains that they formalise this attitude and grow up accepting their exclusion and marginalisation from society as a necessary consequence of their impairments. GWD can develop low self-esteem as a result of exclusion.

It emerged from this study that most teachers do not understand the concept of inclusive education. Due to gender marginalisation and low expectations of GWD by parents and teachers, GWD end up receiving less attention and are further marginalised in terms of resource allocation and prioritisation. Patriarchal societies in the Global South perceive the girl child as a 'second-class' citizen destined for wifely duties due to gender stereotypes. This means limited education on the girl child, as she is raised to become a housewife. The situation is detrimental for WWD since society sees no prospects for marriage of an impaired girl. Consequently, all the support mechanisms are withdrawn and directed towards able-bodied woman, and boys. This resonates with findings of the critical feminist disability scholars that GWD are marginalized not only with respect to their disability, but to the gendered female self (Meekosha 2011; Grech 2009; Garland-Thomson 2004).

The plight of GWD are exacerbated by norms, values and beliefs that reinforce gender inequalities and perpetuate women's secondary status in society (HRC 29012). This adversely undermines GWD's confidence and aspirations in academic and social life (DFID 2000; WHO & World Bank 2011; Mont 2014). Negative attitudes towards GWD create a disabling environment which adversely affects self-esteem and concentration on schoolwork of GWD and social integration in society after school.

5.5.2 Environmental factors

The right to education of GWD is affected by the surrounding environment at institutions of learning. In most rural areas, schools are far from homes. A study conducted in Mwenezi rural district in Zimbabwe noted that the distance between secondary schools and dwellings can be as far as 9-10 kilometres (Moyo & Manyatera 2014). The distance travelled by GWD can be a limiting factor to the right to education in the Global South (Moyo & Manyatera 2014; NASCOH 2011, SINTEF 2003; WHO & World Bank 2011). One WWD who dropped out of primary school had this to say:

> *Ndakasiya chikoro nekuti zvaive zvakandiomera kuti ndifambe mufambo unopfuura '5km' kuenda kuchikoro nemadondoro. Nhanho yacho yaiva yakarebesa kuti ndifambe uye vabereki vangu vakanditi ndisare kumba.* I dropped out of school, because it was difficult for me to walk more than 5km to school with crutches. The distance was too much for me to walk and my parents decided that I should stay at home [Interview with Tashel, a WWD]

In this study, all the interviewed GWD stay at boarding schools due to the challenges of accessing the nearest schools. Very few rural schools have constructed new buildings that are easily accessible for GWD. The researcher found that, at school B, the administration block, dining hall, classrooms, disability resource centre and some hostels have ramps for wheelchairs. They were also erecting new buildings that have ramps. A special needs teacher at school B commended the school management for this development:

> This school started enrolling special needs students after independence in 1980s, to offer such students a chance to pursue their education with others… As you can see most of our buildings, even those built before 2000 have ramps for wheelchair users and walking paths have been paved in such a way that wheelchair users and visually impaired students can walk on their own without difficulties. As a special needs teacher I am happy with this development [Interview with Teacher Mandi, School B].

Similarly, students at school B expressed contentment with these developments:

> *Zvivakwa zvizhinji zviri pachikoro zvinosanganisira imba yekutandarira, resource center, mekudzidzira nemahofisi ematicha zvinopindika nyore.* Most buildings at this school, including the dining hall, resource centres, classrooms and the administration block have ramps to ensure that we easily access them [Interview with Chido, School B].

Chichisai of school B commended the renovations of walking paths which was done by the school management, saying:

> *Nzira yacho yakagadzirwa zvekuti ndinokwanisa kufamba kubva kumba yandinorara kuenda kune yekudyira kana ku*resource centre *pasina shamwari inondibatsira… Tinotenda kuvakuru vechikoro vakagadzirisa nzira idzi.* The paths are made in such a way that I can even walk alone from the hostel to the dining hall or even the resource centre without a friend to direct me… We are grateful to the school authorities to have renovated the paths around the school, putting in quarry stones [Interview with Chichisai, School B].

Accessibility of public places and school premises ensures independence and freedom of movement for WGWD. This enhances their functioning at school and ultimately their academic performance. Thus, the accessibility of important school structures ensures independent living by GWD, particularly wheelchair users and those with visually impairments.

Despite this favourable environment at school B, other schools visited for this study had inaccessible environments and structures. At school A and C, GWD relied on friends to access administration offices, library, hostels, and dining halls. Without the help of others, GWD cannot access these premises as they have no ramps and the paths are not even for them to walk alone. At School A, it was noted that the disability resource centre, administration block and many classrooms have no ramps for wheelchair users and the visually impaired. It was observed that there were no paths to easily walk alone. One student lamented this situation by stating that:

> *Zvakandiomera kuti ndifambe ndega pachikoro nokuti nzira yacho haifambike… Dzimwe nguva ndinoedza kufamba ndega ndisina vamwe vangu asi ndinodonha. Ndinopedzisira ndakuvara kana kusviba.* It is difficult for me to walk alone around the school yard, because the environment and paths are not conducive… Sometimes I try to walk alone when colleagues are not there to help me, but I struggle a lot and I end up sustaining injuries and becoming dirty [Interview with Chengeto, School A].

Similar sentiments were expressed by a special needs teacher at school A. He said:

> Visually impaired girls have a torrid time in our schools. Their main challenge remains that of being unable to independently live without the help of sighted students. These students always need a colleague to accompany them to the toilet and when they want to change their sanitary pads. Given a choice, they would want to do these things alone without the knowledge of fellow students [Interview with Teacher Taisoni, School A].

Similarly, this study noted with grave concern how most bathrooms, and newly constructed Blair toilets outside the hostels were inaccessible to GWD at all three schools. The inaccessibility of structures around rural schools creates mobility challenges and constitutes an infringement of the freedom of movement and independent living of GWD. As previous studies noted, an unwelcoming environment creates barriers to participative and inclusive learning by GWD in rural schools (Bruijn, Regeer, Cornielje, Wolting, van Veen & Maharaj 2012; WHO & World Bank 2011).

5.5.3 Institutional factors

The full enjoyment of the right to education for GWD hinges on institutional and administrative factors. Institutional factors may include policies, laws, practices that enhance or discriminate against GWD. Most schools have practices and principles rooted in Christian values to guide their day-to-day operations. These values and principles can heavily impact on the academic and social experience of GWD in rural schools. All three schools visited for this study are managed by the Evangelical Lutheran Church in Zimbabwe. Hence, these schools are founded on strong Christian values. This was revealed by Teacher Mandi who said that:

> The stay of disabled students is made easy because of the Christian values that guide the operations and conduct of people at this school. All students are forced to attend church services and events at this school. Thus, able-bodied students are taught to embrace disabled students. However, this is not to say all students embrace special needs students, but all I'm saying is that all students found outside the parameters of the church are strongly counselled and reprimanded… [Interview with Teacher Mandi, School B].

The new Education Curriculum (2015:2022), the Education Act, and the Circular Minute No. P36 of 1990, all emphasise the right to inclusive education for all children including those with disabilities. Specifically, Circular P 36 stresses the importance of inclusive education, and the procedures to be taken to ensure that SWD enjoy quality education like other children. In addition, the 2015 Education Curriculum places emphasis on an education system that considers and addresses the needs and abilities of different learners without disadvantaging any group or individual and considering the full range of learner diversity (Ministry of Justice Legal and Parliamentary Affairs 2016). The idea for inclusive education is rooted in the HRBA and has both symbolic and practical significances (Rieser 2008; Anderson & Hague 2007; Fortin 2003). The symbolic part of it being that all children or people are born equal, with dignity and must not be unjustifiably differentiated. Practically, the inclusive education system underscores and guarantees equal rights and opportunities between able-bodied students and CWD (Rieser 2008; Fortin 2003).

Like the Curriculum, Act and Circular P36, the 2013 Constitution of Zimbabwe guarantees the right to education for all Zimbabweans, including CWD under section 75. The problem however, remains that most of these instruments, including the Constitution and all above-mentioned instruments have failed to recognise GWD as a vulnerable group within a vulnerable group. The articulation of the rights of GWD and the right to education under the Constitution is generalised and does not provide an opportunity for the challenges faced by GWD in education. The Constitution is further criticised for making the realisation of the right to education dependent upon the availability of resources under section 75 (2). The failure by these instruments to guarantee unconditional free education to GWD sends a sullen message that their rights to education do not matter.

It has already been mentioned that policies such as the BEAM policy failed to adequately conceptualise the educational needs of CWD. This policy enables disadvantaged students to benefit from the government scholarship scheme, including those with disabilities. However, the policy does not provide for CWD in inclusive educational institutions. The district special needs education person explained that:

> The BEAM scheme favours those students with disabilities in specialised institutions implying that all our students with disabilities in inclusive schools around this district do not qualify to benefit from the scheme [Interview with a special needs person, MPSE].

This was further elaborated by Teacher Jonono of School C, who noted that:

> BEAM favours the institutionalisation of students with disabilities. The BEAM's 4/1 form clearly states that the form is only used by children with disabilities in registered resource units, and that children with disabilities in inclusive schools cannot benefit from the scheme.

This basically means that all GWD at school A, B and C are not eligible for BEAM scheme as their institutions are inclusive schools. The BEAM policy excludes and discriminates students in inclusive schools by not taking their needs into account. By so doing, BEAM policy contradicts article 24 of the CRPD which stresses that CWD have a right to inclusive, quality and free education on an equal basis with others in the communities in which they live.

The STEM initiative has similar issues. It provides free education to Advanced level students pursuing STEM subjects. The STEM programme allows underprivileged but academically gifted students to pursue these highly sought subjects at Advanced level with scholarship. Important as this program has become, it failed to take the needs and shortcomings of visually impaired students in studying science, chemistry, physics, biology, drawing and mathematics into consideration. One teacher at school A said:

> Our visually impaired students did not benefit from the STEM programme since most of them study arts and humanities subjects. Visually impaired students find it difficult to learn science, maths and drawing subjects because there are no dictionaries or science books in Braille which can explain the meanings of key apparatus used in subjects [Interview with Teacher Garwe, School A].

Similarly, GWD explained their challenges to learning of science in inclusive schools. One student at school B explained that:

> *Chero hangu ndichida kudzidza ma'subjects' ose, zvakaoma kudzidza science, maths nemamwe anoda kudhirowa manhingi. Naizvozvo ndakasiya ndikatanga kuita ayo asina zvekudhirowa zvakawanda.* In as much as I want to study all subjects, I find it difficult to study science, maths and other subjects with practical components and many drawings. As such I dropped out of these subjects and only focused on humanities and arts subjects with minimal drawings [Interview with Chipo, School B].

The challenges of GWD in studying science are worsened by societal beliefs that girls perform better in the arts and humanities than they do in science subjects. As a result, many GWD have not been eager to study sciences at Ordinary level, meaning that they cannot pursue science at Advanced level and be part of the STEM initiative. Without enhanced scientific and technological knowledge, GWD will not adapt and effectively participate in this globalized world.

The enjoyment of the right to education by GWD was found to be affected by limited implementation of most laws and policies that speak to this right. The woeful implementation of these measures has rendered the inclusive education mantra an ideal whose practical realisation remains neglected and forgotten in rural Zimbabwe.

The study noted limited efforts to publicise best human rights practices on education, and to organise refresher courses for education staff and special needs personnel to comprehend and implement human rights-based approach to education in rural Zimbabwe. The quotes below explain the above sentiments:

> Disability issues are evolving and there is a need for teachers working with students with disabilities to go for refresher courses on disability issues. Like now we have a new Constitution which effectuates a human rights-based approach to disability, but special needs teachers are yet to understand this. They still view students with disabilities as people without dignity and rights [Interview with a special needs person, MPSE].
>
> Since joining the service as a special needs teacher in 1990, I am yet to attend a refresher course on disabilities… If there are any refresher courses, maybe people in higher offices and those in urban areas attend, not us in rural areas [Interview with Teacher Gagwe, School A].

Without knowledge of the Constitution, and other human rights instruments that guarantees human rights to GWD, such as the CRPD, special needs persons look at GWD from a damaging social and medical model of disability instead of the empowering human rights-based approach. The challenge of limited refresher courses for special needs teachers is compounded by shortage of trained teachers in rural areas. Most teachers graduate without even basic skills or understanding of inclusive education and disability issues. Even in cases where special needs teachers acquire diplomas and degrees in special needs education, they are trained in disability general issues. This was evidenced by the fact that most diploma and degree graduates for special needs are found lacking substantive skills and knowledge of Braille and sign language.

Without these skills, academic help to especially students with visual and hearing impairments is minimal.

5.5.4 Administrative and other factors

The researcher noted efforts made by the sampled schools to enhance access to quality education for GWD. In some instances, GWD participate in inclusive sporting disciplines with able-bodied students. This is especially the case with athletics and netball. One girl with hearing challenges participated in athletics during the 2017 season and represented school A at nationals, competing in the 100 metres race. At national level she, however, faced communication challenges as her special needs teacher was not allowed to accompany her. The special needs teacher at school A explained:

> One of our hearing-impaired student outclassed able-bodied students at district and provincial athletics competitions. She qualified to represent the province at national level, but she failed to understand the instructions and was disqualified since her sign language teacher could not accompany her due to budgetary constraints [Interview with Teacher Taisoni, School A].

For most schools that house SWD in Mberengwa district, GWD participate in annual sporting activities organised for Evangelical Lutheran Church schools. Due to limited information and resources, rural GWD are unable to participate in the national Danhiko Games. Special needs experts in the district explained that sometimes they are not informed of about these competition in time. Even if they are informed, logistical challenges may prevent rural GWD to take part.

The researcher observed disability resource centres at most of the schools in the study where students can consult with their specialist teachers, study, and find some reading materials. The importance of these centres is explained in the quotes below:

> This centre is fairly new as it was built after 2010. Before that we didn’t have a disability resource centre and it was difficulty for our special needs students to consult us in the staff rooms [Teacher Taisoni, School A].

> *Resource centre yakakosha nekuti ndiko kunochengeterwa mabhuku atinoverenga, zvimwe zvinhuwo zvedu, uye midziyo yatinoshandisa mukudzidza kwedu. Ndimowo matinogara tichiverengera kana kunyora basa redu kana kudzidziswa zvakasiyana-siyana nematicha evakaremara.* The disability resource centre is important for us, because this is where we keep reading materials and devices for our students. We keep files of our students here, and special needs students come to consult us and read in this room whilst waiting for their lessons. In the centre, students with disabilities do their work without disturbances from able-bodied students [Interview with Chenai, School A].

Despite the acknowledged presence and importance of disability resource centres at all visited schools, this study noted that most rural schools do not prioritise the welfare and academic needs of GWD. Evidence from the study suggests limited disability mainstreaming in allocation of hostels for GWD. At school A, B and C, GWD were allocated the same hostels as able-bodied students.

> *Ndaishuvira hangu kuti dai ndaigara muimba yakasiyana nedzevamwe vadzidzi vasina urema, uye inogara yakakiiwa. Zvino kugara muimba imwe chete navo zvine njodzi nekuti vanongotibira pamwe pacho, kana kungowana munochengeterwa zvinhu makavhurwa…* I would have wanted a separate hostel which is always locked because in the same hostel some students often steal our stuff, and you find the trunk unlocked … [Interview with Chenai, school A].

Sharing the same hostels as able-bodied students made the GWD vulnerable to petty theft. Moreover, shared toilet facilities proved difficult:

> *Tinoshandisa zvimbuzi zvimwe nevamwe vadzidzi, asi nguva zhinji unoona zvisina kushambidzika, unotoda munhu wekuenda naye anokubetsera kuti ufambe nepakachena nokuti kuenda woga ungangobatira zvigwere.* We share the same toilets as others. In most cases, you find the toilets very dirty, so you need to ask someone to help you manoeuvre to find the clean spaces. Otherwise going alone risks contracting diseases [Interview with Chenai, School A].

It emerged that inclusive education is heavily affected by the scarcity of resources in rural areas. This results in schools not prioritising GWD issues. With limited support from the government, most rural schools rely on non-state actors to satisfy the needs of GWD. Interviewed special needs persons revealed that they receive support from churches and CSOs such as the National Braille and Printing Press, League of the Blind, Council for the Blind and Dorothy Duncan Library for GWD’s academic needs and assistive devices.

Even with such support from non-state actors, the three rural schools in the sample have limited reading material and devices for visually impaired students and other communication needs. The three schools had shortages in assistive devices and study materials, including textbooks, digital voice recorders, slates styluses, Braille paper, talking calculators, wheelchairs, reading glasses and hearing aids. The quotations below bear reference:

> *Pano pachikoro pane dambudziko rekushaikwa kwemabhuku eBraile ekushandisa zvekuti nguva zhinji tinozongotsvaka dzimwewo nzira dzekupa nadzo vana veBraile basa.* We have a challenge of material shortages at this school. Most of the times we compromise because Braille study materials are very scarce [Interview with Teacher Jonono, School C].
>
> Our main challenge remains limited study materials, and this is made worse with the adoption of the new curriculum in 2017. The coming in of the new curriculum means that most of the Braille material is no longer useful [Interview with special needs person, MPSE].

> *Dambudziko nderekuti mabhuku mazhinji eBraille ari muresource centre medu ndeakare saka kashoma kuwana mabhuku ekushandisa, akaita semavovheli ari kushandiswa nesu kuShona. Saka zvatinotoita ndezvekuti ndinotsvaka sahwira anondiverengera ini ndakateera kana kuti ndichirikodha neRicodha mazuva ainenge ine mabhatiri.* Many of the Braille books in our library are not in the syllabus and I face challenges to find set books in Braille… If the recorders are working, I sometimes ask a friend to read for me whilst I'm recording and then listen to it later. However, the problem has been that most of our recorders often do not have batteries [Interview with Chengeto, School A].

The shortage of accessible reading material and assistive devices affect the effective learning by GWD. In face of limited essential reading resources, the capabilities of GWD's to study independently and fully participate in academic life are heavily affected. This further increases the inequality gap between school pupils' social groups, and results in marginalisation of GWD. Many GWD with academic potential are therefore, demoralised and limited by these challenges from exceling and enjoying their academic life at rural schools.

The study noted that in few cases where devices are available for use by GWD, many of them are not functional and are rarely repaired. This included talking calculators, voice-activated computers and digital voice recorders. One teacher at school A explained that:

> School authorities do not prioritise concerns pertaining to our special need classes. We often request authorities to buy batteries for talking calculators, and recorders but these are rarely bought, and most of these devices have remained in the cupboards [Interview with Teacher Gagwe, School A].

And another teacher of school C noted:

> This school does not prioritise the repair of malfunctioning devices used by special needs students. Sometimes special needs students end up raising their own funds

> to purchase batteries or to have such devices repaired [Interview with Teacher Jonono, School C].

Another challenge revealed by resource teachers pertains to limited knowledge on the part of special needs teachers and students on how to operate available modern devices.

> Our special needs sections in rural schools often receive assistive devices from donors and the government for use by students with special needs. For instance, in 2016 all the schools with special needs in the district were given devices including talking calculators, digital voice recorders, slates styluses and hearing aids… You find out that some of these devices are modern and teachers do not even know how to use them, including myself, but the devices are just given to us without training on how they are used. As I was moving around schools in February 2017, I found the devices in cupboards. They are not being used because teachers don't know how to operate, or simple because no one knows how to repair them [Interview with special needs person, MPSE].

The attainment of education by GWD is affected by the fact that many of their parents cannot afford fees and adequately support amid limited state support. As a result, some GWD attend classrooms with worn uniforms, without the required study material and pocket money. In the interviews with special needs teachers and GWD, the researcher was told that parents and guardians rarely visit the girls and that this is due to the distances that must be travelled and a lack of resources to pay for such transport. This can severely affect GWD's social and academic participation and functioning in rural schools (Bruijn *et al* 2012: 16). The following quotes reveal the above:

> The challenges of GWD are many, but resources are very few to help them. Parents of most GWD struggle to pay for their fees and to provide them with uniforms and extra groceries… So they just come and dump them here. They neither visit them nor send something for them to eat and wear [Interview with Teacher Mandi, School B].

> *…Ambuya vangu ndivo vanobhadhara mari dzechikoro asi vakwegura manje havachakwanisa kuuya kuzondiona kuno kuchikoro. Vainetsekana nemari 'yetuition and boarding' fees. Ndakafara pandanzwa kuti ve'League of the Blind' vakazondiisawo pakundibhadharira.* My grandmother is the one paying for my school fees, but she is now old and cannot visit me here… She was struggling to pay tuition and boarding fees. Thanks to the League of the Blind which is now paying for me. [Interview with Chenai, School A].

The challenge of late payment of school fees has seen many GWD being sent home by school authorities. Many of these young women drop out of school (Groce *et al* 2011; WHO & World Bank 2011; UNICEF 2013; Trani *et al* 2011). Dropping out of school further makes GWD's life and future bleak as their prospects for social integration and employment are hampered.

5.6 POSSIBILITIES FOR ADVANCING THE RIGHTS OF RURAL WWD

This section presents and discusses the possibilities of advancing disability rights at individual, household, and community level. The section focusses on efforts to address the problems of discrimination, poverty and health for rural WWD.

The fundamental catalogue of human rights under the new Constitution includes those of PWD under section 83. In including these rights, the drafters of the Constitution must have realized that guaranteeing rights of vulnerable groups remains the only means by which WWD can live and be protected from marginalization and discrimination. For many WWD in Zimbabwe, the inclusion of section 83 in the Constitution is an important milestone that marks them active participants, not passive spectators in events that fundamentally impact their ability to lead a meaningful and dignified life (Momor 1999).

With section 83 in place, WWD can now approach the courts and other quasi-judicial institutions seeking redress for human rights violations. In a way, inclusion of PWD rights under section 83 strengthens accountability and ensures that people have access to remedies and aid. In other words, the Constitution has become the primary means of self-defence for WWD and has become a referral point for this disadvantaged group to claim their rights. Additionally, accountability and responsiveness are fostered as the government will be obliged to justify decisions according to human rights standards concerning the allocation of resources and policy approaches that affect the most vulnerable in society.

The promulgation of the Constitution is by itself not enough to ensure the rights by WWD. Obviously, there is need for a revision of other archaic laws such as the DPA and the Social Welfare Act. These laws need to be aligned from the damaging social and medical models to the empowering HRBA emphasised in Constitution and the CRPD. It is an opportunity that the Zimbabwean government has already embarked upon by aligning national laws to the 2013 Constitution. The exercise in itself presents an opportunity for domesticating the CRPD, and in ensuring gender-disability inclusivity laws. The exercise presents an opportunity for individual WWD, DPOs, and other concerned parties to take part in the exercise to ensure that the laws are responsive to the daily challenges of rural WWD. One participant of this study stated that:

> The promulgation of the new Constitution has brought with it opportunities to disadvantaged groups of the society, including those with disabilities… It has opened up prospects for them to participate and contribute to the drafting of a new human rights centred disability law to replace the old one of 1992 which conferred no rights to this group [Interview with NASCOH representative, Harare].

Disability social movements and advocates should take advantage of the alignment of laws to lobby for policies that speak to the critical rights of WWD including non-discrimination, protection from violence, and access to health care, education and employment amongst other needs. This includes making other policies such as the BEAM and STEM responsive to the needs of GWD. Without strong lobbying and advocacy for a disability policy and the amendment of existing laws, and policies governing issues of PWD, and WWD will largely remain excluded from policy formulation and implementation.

Evidence from other countries of the Global South indicates that disability legal and policy reform has resulted in the most significant progress in progressive realisation of the rights of PWD (Rimmerman 2013). For the progressive realisation of WWD, envisaged reforms should target inclusion of a clause for anti-discrimination, introduction of quotas, wage subsidies, vocational rehabilitation, free education and health, and the right to assistive devices for WWD (Rimmerman 2013; WHO & World Bank 2011).

The ability of rural WWD to participate in the alignment process, and to enjoy their fundamental rights hinges on the level of awareness that society have concerning disability issues. The achievement of this goal hinges on the presence of various government and non-state aligned institution including DPOs and the media to sensitive society, including rural WWD, traditional leaders and the wider society about the rights of WWD, and the importance of protecting them. DPOs should take advantage of various media platforms including TVs and radios and cost-effective platforms such as social media to educate society about the Constitution and rights of WWD. This was supported by one respondent who said that:

> It is only after society is aware of the rights of women with disabilities that it can embrace this vulnerable group, use proper names for this group and change their perception towards this vulnerable group [Interview with Gwegwe, Gweru].

This study found the 2017 political changes in Zimbabwe to have presented prospects for the advancement of disability rights. In November 2017, Emmerson Mnangagwa took over the presidency of Zimbabwe from Robert Mugabe, who was the leader of the government since the attainment of independence in 1980. President Mnangagwa promised to turn around the economy and respect the rights of all Zimbabweans in his first 100 days in office. In a clear sign of his commitment to the advancement of disability rights, President Mnangagwa's 'new dispensation' endorsed the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities (Moyo 2018). In the same way with the CRPD, the protocol mandates state parties to take appropriate and effective measures to ensure, protect and promote the rights and dignity of WGWD. The protocol was drafted by the African Union in 2016 and was adopted during African Union's Heads of States and Governments' 30th summit held from the 28th to the 29th of January 2018.

In another positive development, the MPSLSW minister on 15 January 2018, appointed a new 17-member NDB to assist in the implementation of disability rights. Relatedly, President Mnangagwa appointed Joshua Teke Malinga, a Disability Advisor for disability mainstreaming under the ambit of the office of the President and Cabinet in December 2017. This office was vacant since the death of Brigadier Muchemwa in June 2016, who had held the office since its establishment in 2007. The replacement only came in December 2017, during the first 100 days of the 'new dispensation' under President Emmerson Mnangagwa. This move is a clear demonstration of the new government's commitment to the advancement of disability rights. The new Advisor together with the new NDB, DSS and the ZHRC are expected to stimulate disability mainstreaming in the new government, and ensure that WWD enjoy their rights in society.

5.7 CONCLUSION

This chapter presented and discussed the results related to demographic data for respondents, society's perception of rural WWD, and the lived human rights experiences and challenges of WWD in Zimbabwe's rural communities. The chapter also envisaged the opportunities for the advancement of the rights of WWD in rural areas. The study revealed that society despise, ridicule and discriminate WWD in rural Zimbabwe. WWD are treated as abnormal people, without dignity and human rights to be protected. Rural based WWD struggle to realise and fully enjoy their fundamental rights, including right to food, health, employment, information, inclusion, and participation.

Similarly, the enjoyment of the right to education is minimal for rural WWD. A few GWD who make it into inclusive rural schools rue widespread environmental, administrative, and attitudinal hurdles to the effective realisation of their academic and social life. GWD battle it out with inaccessible environments, negative attitude and discrimination by teachers and fellow students.

The chapter depicts the co-existence of gender, disability and rurality in the reproduction of gendered attitude towards WWD.

The personhood of rural WWD is defined in cultural, religious and medical notions rather than by human rights notions of equality and dignity. These notions are inadequate as they do not explore the challenges of disability beyond the impaired body parts of rural WWD, to imagine the wider attitudinal, environmental and contextual characteristics that disable women with impaired body parts. This limited conceptualisation of WWD aggravates the progressive realisation of human rights and freedoms for rural WWD.

For progressive realisation of rural WWD’s rights, respondents stressed the need to take advantage of the CRPD and a progressive Constitution of Zimbabwe, vibrant and dedicated national and non-state institutions for research, awareness raising, and implementation of measures to emancipate and ensure that rural WWD enjoy their fundamental human rights and freedoms.

The next chapter deals with the conclusion and recommendations as they emerged from the resent chapter.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter, the researcher summarises the challenges faced by rural WWD in Zimbabwe as they emerged throughout the study. Conclusions are drawn about progress (or the lack thereof) in concretising the rights of WWD at local, national, and global levels. This is juxtaposed with the experiences and prospects for rural WGWD in advancing their rights. Based on the findings of the thesis, this chapter draws relevant recommendations that need to be considered at various levels, to ensure that rural WGWD enjoy their fundamental rights in society. In a similar way, the chapter highlights the relevant areas for research.

6.2 GENERAL CONCLUSIONS

Generally, this thesis sought to reveal the efforts made to advance disability rights, and the challenges encountered by rural WWD in advancing their rights from a phenomenological perspective. The study employed a qualitative methodology as guided by the phenomenological design and the feminist disability theory to give rural GWD voice so that they may imagine and reveal their situations.

6.2.1 Conclusions regarding the objective to reveal the challenges of rural WGWD

A review of literature and policy documents revealed various legal, policy and institutional frameworks for progressive realization of PWD, including the SDGs, UDHR, CEDAW, ICESCR, CRPD, ACHPR, African Women's Protocol, *African Youth Charter,* and ACRWC, the SADC Protocol on Gender and Development, the SADC Treaty, and *SADC Protocol on Health.* These instruments are to be commended for the way in which they emphasize the equal rights of all human beings without any form of discrimination – notably in terms of ability or gender. It was discovered that the SDGs and the CRPD speak directly to the needs of PWD, and WWD. Thus, there seems to be a plethora of international instruments that can direct stakeholders in national and regional development to extensively mainstream disability into development planning and implementation. However, most regional instruments do not include specific reference to disability rights, let alone the rights of WWD in rural areas of the Global South. More so, the conceptualisation of disability by regional instruments such as the African Youth Charter and the ACRWC is limited, as they only speak to mental and physical disabilities at the expense of other forms of disabilities. Thus, they neglect the issue of the protection of the rights of many PWD with other forms of impairments such as hearing impairments.

The documentary analysis found the *African Women's Protocol*, SDGs, and the CRPD as excellent charters on the rights of PWD. For instance, the CRPD marks a breakthrough in reframing the needs and concerns of PWD in terms of human rights. Indeed, the researcher noted that the CRPD moves away from viewing PWD in the damaging religious and medical models of disability to embrace an empowering human rights-based approach.

Moreover, the African Youth Charter, *African Women's Protocol*, and CRPD all contain specific provisions directing state parties to address critical rights of WWD in Africa, including access to infrastructure, education, vocational training and employment, freedom from violence and harmful practices, as well as participation in matters that shape their lives. This, according to the critical feminist disability theorists, directs state parties, development planners and thinkers to pay attention to PWD, especially rural WWD who face multifaceted discrimination as a result of poverty, gender, patriarchy and traditional norms that undervalue women and PWD in the Global South.

The researcher highlighted national and local efforts to advance disability rights, including the ratification and domestication of international best practices at local level. Notably, Zimbabwe ratified the CRPD and its optional Protocol. The researcher found the Zimbabwean Constitution of 2013 to be disability-friendly, conferring human rights to PWD in line with sentiments expressed in the CRPD. The researcher showed how the 2013 Constitution effectuated a paradigm shift in viewing PWD as human beings with rights like anyone else in society. Amongst other issues emphasised in the CRPD, the Constitution recognises the inherent dignity and equal worth of every human being and places the obligation to advance disability issues on every government institution. Mindful of the widespread challenges of PWD in Zimbabwe, the Constitution provides for the socio-economic and political rights of PWD under section 80. Together with other clauses, section 80 protects PWD against exploitation and abuse, and ensures their participation and access to education and medication.

Despite these positive developments, the 2013 Constitution failed to provide for a clear-cut provision for the rights of WGWD to the extent hinted at in the CRPD. This gap creates problems for WWD, especially in rural areas, who face widespread problems as a result of poverty and patriarchy.

The researcher discussed other national laws regarding disability issues, including the DPA, the Social Welfare Assistance Act, the Education Act, and the Criminal Law (Codification and Reform) Act. It was noted with grave concern how these frameworks are archaic and inadequately speak to the rights of PWD, let alone those of WWD. Besides, the researcher noted how these laws use derogatory names to refer to PWD, and follows an out-dated charity, medical and welfarist approach to disability. This disempowers PWD and contradicts the human rights approach to disability issues as advocated by the CRPD.

The researcher reviewed various policies in place for ensuring socio-economic development in Zimbabwe, including the Land Reform Programme, the Indigenisation and Empowerment Policy, the Zim-Asset, and NGP. It was noted that many of these policies hardly mention disability, thereby making it difficult for stakeholders to consider mainstreaming disability when implementing policies. Without clear-cut policies for mainstreaming disability, many deserving WWD cannot benefit from any of the social improvement programmes to gain independent living. The plights of WWD are made worse by the absence of a disability-specific policy to guide stakeholders in advancing disability issues.

The researcher found that Zimbabwe uniquely brought various institutions within government to effectively oversee the implementation of disability issues. Noted institutions include the DSS, NDB, the ZHRC and Special Advisor for Disability to advance disability rights in all parts of the country, including rural areas. These institutions work with research institutes and the bulk of

DPOs to advance the rights of PWD, including providing them with social protection services. Government-funded institutions including the ZHRC were found to be important in implementing the rights of PWD as stipulated in global instruments and the Constitution. However, the effectiveness of these institutions is largely affected by limited human and financial resources. Most government institutions for PWD issues are under-resourced and underfunded to adequately provide for the welfare and rights of WWD, especially in rural Zimbabwe. Owing to resource constraints, most organisations target WWD in urban areas at the expense of rural people. The plight of rural WWD are exacerbated by the fact that the few schemes implemented to help them in rural areas are mooted in the damaging charity, medical and welfarist approach as opposed to the empowering and desired human rights approach.

6.2.2 Conclusions regarding the objective to reveal the challenges of rural WGWD

The researcher showed how negative experiences and a myriad of challenges contour the lives of rural WGWD. Despite noted efforts by the state and DPOs to support access to basic needs for rural WWD, the majority of rural WWD are poverty-stricken, and rely on parents, relatives and well-wishers for survival. The findings showed how the lack of information, knowledge, awareness, rights, and the various mechanisms in place to alleviate their suffering remain obstacles. Because of this, many WGWD are despised, have their rights violated and remain vulnerable to diseases including the HIV/AIDS.

Despite having knowledge of available services, such as justice, health and self-help loans, WWD find it difficult to travel using public transport, access institutions and services. When it comes to accessing loans, the results showed how poor literacy makes it difficult for WWD with visual impairments to produce required documents. Without access to these opportunities, WWD’s potential to live independently and command basic needs are heavily compromised. Other challenges revealed by rural WWD in this thesis pertain to limited skills, opportunities, and widespread discrimination in health sector, and their vulnerability to abuse and violence amid limited access to justice.

Results of this thesis confirm the notions central to the feminist disability theory, namely that WWD are viewed by society through the filters of gender, an impaired body and religious attributes. This mind-set allows for discrimination against and marginalisation of WGWD. As expressed in critical disability theory, this thesis noted how rural society considers impaired body parts of WGWD to be unfeminine and too repulsive to attract sexual or romantic interest or even gain a life partner.

The findings suggest that many rural families find it useless to prioritise the needs of WGWD, because they are unlikely to benefit the family in any way. Consequently, the majority of WGWD are despised, ridiculed, neglected, and not sent to school, as parents and society do not see value in educating such people. As articulated in feminist disability theory, the lives of WGWD are largely limited not by their type of disability, but instead by the prevailing social, cultural and economic constraints in society.

It emerged from this study that the few GWD who make it to inclusive schools in rural areas, grapple with widespread discrimination which limit their capabilities. These findings show how the potential and enjoyment of rights for GWD is thwarted by attitudinal, environmental, and administrative barriers presented in schools. Stemming from patriarchal norms, social values, beliefs, and socially constructed myths about PWD, GWD in rural schools are looked down upon by school administrators and fellow students, something which limits their social and academic performance. Results of this thesis echoes the feminist disability theory which noted how factors that undermine the potentials of GWD go beyond their impaired body parts to include the gendered self in a patriarchal society. In rural communities, gender and patriarchal norms are sometimes inferred to determine the rights conferred to PWD. Coupled with limited policy, legal and institutional mechanisms to support their enjoyment of rights, the academic and social potentials of rural GWD are largely suppressed. Faced with these challenges, this thesis noted how some GWD drop out of school and become trapped in a vicious cycle of misery and poverty without education.

6.2.3 Conclusions regarding the objective to document WGWD’s discrimination in all facets of life

The findings document WGWD’s discrimination in all facets of life, and vulnerability to violence, abuse and diseases. In contrast with the feminist disability thinking that highlights WWD’s issues in terms of gender, disability, race and location on the global map, this thesis adds rurality. Specifically, it is explained as another layer that exacerbates the marginalisation of WWD in the Global South. Most rural areas of the Global South are not developed, accessible and user-friendly to WWD. Similarly, the study found that rural areas in Zimbabwe defines the personhood of WWD in terms of cultural and religious notions. These filters are barriers to WWD’s rights to dignity and equal worthiness as human beings. The cultural and religious model of disability conceptualize disability to be a curse from God and/or ancestors. These ideas are reinforced by myths, folklores and media, which then result in WGWD being ridiculed, discriminated and viewed as lesser humans with unnaturally conceived bodies. In a way, viewing WWD’s in this narrow view negated society’s and policy-makers’ responsibilities to address the wider environmental and attitudinal barriers to the inclusion and participation of rural WWD.

6.2.4 Conclusions regarding the objective to uncover ways to advance the rights of WWD

In fulfilment of this research objective, this study exposed that various institutional, policy and legal opportunities are already in place. The researcher discussed the availability of a disability-sensitive Constitution in Zimbabwe as an opportunity to enable the effective realisation of WWD’s rights. Besides providing a comprehensive bill of rights that includes disability rights, the Constitution created national institutions, notably the ZHRC and the ZGC, which can be of paramount importance in disability rights promotion, protection and enforcement at all levels of the society.

The analysis of these instruments showed how the ZHRC and the ZGC can effectively raise awareness on disability rights at all levels of the society through working together with other grant-aided institutions such as the DSS and the Office of the Special Advisor on Disability, and DPOs.

In addition, the thesis revealed how national institutions and DPOs can mobilise PWD, including WWD from all levels of the society to lobby and advocate for alignment of archaic disability laws, such as the DPA to the 2013 Constitution and the CRPD, all which confers rights to WWD. Thus, the alignment of laws presents an opportunity for domesticating the CRPD, and for individual WWD's participation in the process. These institutions can lobby the government for the adoption of the much-needed NGP to champion gender-disability disaggregated needs of PWD.

The study found that the advancement of disability rights hinge on the socio-economic performance of Zimbabwe in the 21st century. It is speculated that Robert Mugabe's replacement after 37 years can offer up new possibilities for the realisation of the rights of vulnerable groups like WWD. This is because Mugabe was widely known for being aloof to human rights. Emmerson Mnangagwa is expected to respect human rights, and above all to boost international cooperation and trade, thereby improving the revenue and resourcing of institutions of social development.

6.3 RECOMMENDATIONS

This section provides recommendations for the study. The recommendations are made in relation to theory, methodology, policy, practice and research.

6.3.1 Recommendations for theory

This thesis extends the notions expressed in feminist disability theory that regards the challenges of WWD to be beyond those posed by an impaired body. Participants' narratives revealed that having an impaired body is largely interpreted to mean being weak, docile and of less value by non-disabled people. WWD are discriminated against in all facets of life and battle it out with inaccessible environments and people who exhibit negative attitude towards them. Their impaired bodies, each of which poses different shapes and capabilities are heavily affected by diverse components of the external environment, which include the environmental, administrative and attitudinal challenges (Garland-Thomson 2011). This largely limits WGWD's enjoyment of rights and independent living in rural areas. Thus, this thesis echoes the feminist disability theory to explain the plights of WWD.

The thesis embraces feminist thinkers in their condemnation of a welfarist, medical or traditional model of disability. These models tend to look at disability from the politics of the body's perspective, whereby women with impaired body parts are seen to represent corporeal inferiority and inadequate instead of just differences in appearance. Based on these models, many factors have been attributed to explain causes of impairments, including labelling them people who have been cursed by God and ancestors for wrong-doing. Such a conceptualisation of disability falls short of the human rights praxis, that emphasises equality and non-discrimination of persons based of gender, disability or any other element.

The results of the study help to re-imagine specific factors affecting the enjoyment of rights by WWD in peripheral areas of the Global South. As a theory that was developed in the Global North, feminist disability theory largely concentrated in differentiating the plights of WWD based on gender, race and location on the globe. It remained ill-equipped to note that WWD in the Global South are not a homogeneous group, and to account for this difference. In this, the results of this study noted how the challenges for WWD in the Global South are more pronounced in rural areas. As the results of this study have shown, WWD in rural Zimbabwe find it difficult to access specialist health services and had to travel to urban areas for such. Most service providers have a distinct urban bias. The study reveals how the mobility and access available services is heavily affected by poor road networks unique to rural Zimbabwe.

These findings revealed how rural WWD are ridiculed and discriminated based of engraved patriarchal tendencies. In their narratives, WGWD revealed how their interaction with a highly patriarchal rural society contributed towards feelings of marginalisation, inclusion, and exclusion. The researcher concludes that history and place should intersect with the other key variables noted in feminist disability theory to offer a more comprehensive, situated understanding of WWD's plight, and the categorisation of WWD's challenges in the Global South. It is only then that the theory can effectively inform policy formulation regarding WWD's experiences and challenges in rural areas of the Global South.

6.3.2 Recommendations for methodology

This phenomenological-based methodology yielded rich narratives from 25 community WWD and 5 GWD concerning their challenges in rural areas through the process of life-history narrations and in-depth interviewing. Despite the noted fruitfulness of the approach, it had its own limitations. Some of these included that the population was too small and non-inclusive of women with varied types of impairments such as those with speech and hearing impairments. Hence, results of the study cannot not be safely generalised to represent the experiences of all rural WWD in Mberengwa, let alone in Zimbabwe.

One can therefore view this thesis as offering tentative conclusions about the lived experiences of WWD with varied forms of disabilities in rural Zimbabwe.

6.3.3 Recommendations for policy

This thesis reveals that policy-makers and activists in Zimbabwe have to do a lot more to ensure the progressive realisation of the rights of rural WGWD. It is therefore recommended that there should be an annual review (monitoring and evaluation) of the alignment of all disability-related laws to the CRPD and the Constitution. This should include a regular review of the DPA and the Social Assistance Act, which should include specific clauses for WGWD, and above all adopt a human rights-based approach to disability. Similarly, the new DPA should guarantee WWD's rights in relation to economic, social and political rights and freedoms, including the right to education, health needs and services, information and offer for their participation and protection from violence in society.

In addition, it is recommended that a new DPA grant be instituted to issued and serve adjusted orders to ensure for easy access to structures by WWD. Similarly, it should be made mandatory for local authorities not to issue certificates of competence to public structures, including shops and beer-halls that are built without ramps and guiding rails to allow for easy access to visually impaired and wheelchair users.

The Zimbabwean government should devise a disability policy to guide government institutions in mainstreaming disability issues. It is recommended that national development policies should be reviewed to include gender-disability issues. For rural GWD to access education, it is recommended that the BEAM policy should give preference to rural GWD, including those in inclusive schools.

This study showed that it is vital for training institutions to include disability modules in their curriculums to produce public officers that embrace and understand disability issues in government public offices, hospitals and schools. This will go a long way to ensure for respect, promotion and protection of the rights of WGWD.

6.3.4 Recommendations for practice

The study supports the notion that the government must demonstrate political will and increase budgets for institutions that implement disability issues including the DSS, NDB, and the ZHRC. Additionally, the resourcing of these institutions allows them to effectively execute their mandate and ensures for progressive realisation of WWD’s rights. These efforts should include creation of a vibrant disability fund to ensure for reliable disbursements of grants to PWD, including WWD in rural areas.

Besides funding the grants, the government and financial institutions should prioritise rural WWD when disbursing loans and allocating productive resources such as land and capital. This empowers WWD and go a long way to improve their livelihoods, and ultimately for their independent living.

The findings suggest that both state and non-state actors should participate in implementing disability policies in a way that would imply a decisive move away from the damaging charity and medical models of disability. The human rights approach locates disability within the person and views WWD as equal human beings and rights holders. Ideally, the human rights approach empowers WWD and move towards their independent living rather than dependence.

The researcher sees the need for further empirical research that has the singular goal to raise awareness about disability rights. Relatedly, State and non-state actors should capacitate communities, including religious and traditional leaders to view WWD as deserving of dignity. These endeavours can help to improve society's reception to WGWD as equal human beings. It remains crucial for all stakeholders advancing disability issues to be enabled to cascade their activities to rural areas. In this, WWD must be involved in project formulation and implementation of endeavours that largely affect them.

6.3.5 Recommendations for further research

This study was conducted with rural women-adults with physical and visual impairments. The study thus, did not include other groups of WWD such as those with hearing and speech impairments. Thus, the researcher recommends that future studies replicate this study with other groups of WWD.

This study was conducted in one rural area in the Midlands province. Thus, the researcher recommends that further studies should be undertaken in other parts of Zimbabwe's 9 Provinces, involving WWD with varied disabilities. Such research would uncover diverse linguistic, cultural and socio-economic factors. With the help of further research, the much-needed corpus of evidence can provide definitive conclusions about the experiences and challenges of rural WWD from a gendered rights-phenomenological perspective.

In relation to the experiences of GWD in rural areas, this study was only able to include a few GWD aged 18 years and above. There remains the need to undertake research that can reveal the experiences of other rural GWD of school-going ages in primary schools. Other researchers are challenged to document the experiences of GWD outside inclusive schools, especially those in special institutions. Undertaking studies concentrated on specialised schools would help to draw comparisons and definitive conclusions of the experiences of GWD in rural schools.

6.4 CONCLUSION

Being a woman with impairments in rural areas relegates one to an inferior position in rural society, where poverty, religion and patriarchal tendencies weigh too heavy to deny WWD dignity and equal worthy like any other person. Thus, the exclusion, discrimination and marginalisation of rural WGWD arises not as a result of the intrinsic nature of their impairments, but rather, as a consequence of poverty, and limited knowledge and awareness of their rights by themselves, and the wider society. In such areas, WWD are viewed as objects of pit, useless and worthless human beings. Some even despise, belittle WGWD, and approach them with fear of contamination, fear of abnormality, and difference.

According to the feminist disability theory, this situation is a result of rural society's cultural, religious and patriarchal tendencies that subjugate women, worse still with disabilities. Rural WGWD are often judged and defined by their physical outlook rather than human rights notions of equality and dignity. Put differently, rural societies view disability and impairment as residing in the individual, anatomical body and not at all connected to social or cultural environments including the existence of pervasive religious beliefs, limited services and support, and a hostile and inaccessible environment. Thus, rural WGWD occupy a multifarious position based on their gender, disability and location in society, which make their daily experiences perplexing and difficult.

The situation is made worse by the fact that WWD's issues and critical needs remain at worst excluded or at best included in piecemeal fashion in several human rights, disability and gender measures. Without adequate legal and policy protection, a majority of rural WWD remain marginalized and excluded in rural communities.

It is therefore imperative for society to see disability beyond the impaired body parts and broaden scope to envision the wider societal variables that disables rural WWD. The first task involves aligning disability-related laws to the best international instruments, and for widespread awareness raising regarding the rights of PWD and rural WWD. These efforts have the potential to sensitise the wider society, and to change the mind-sets of many, including policy-makers and community leaders.

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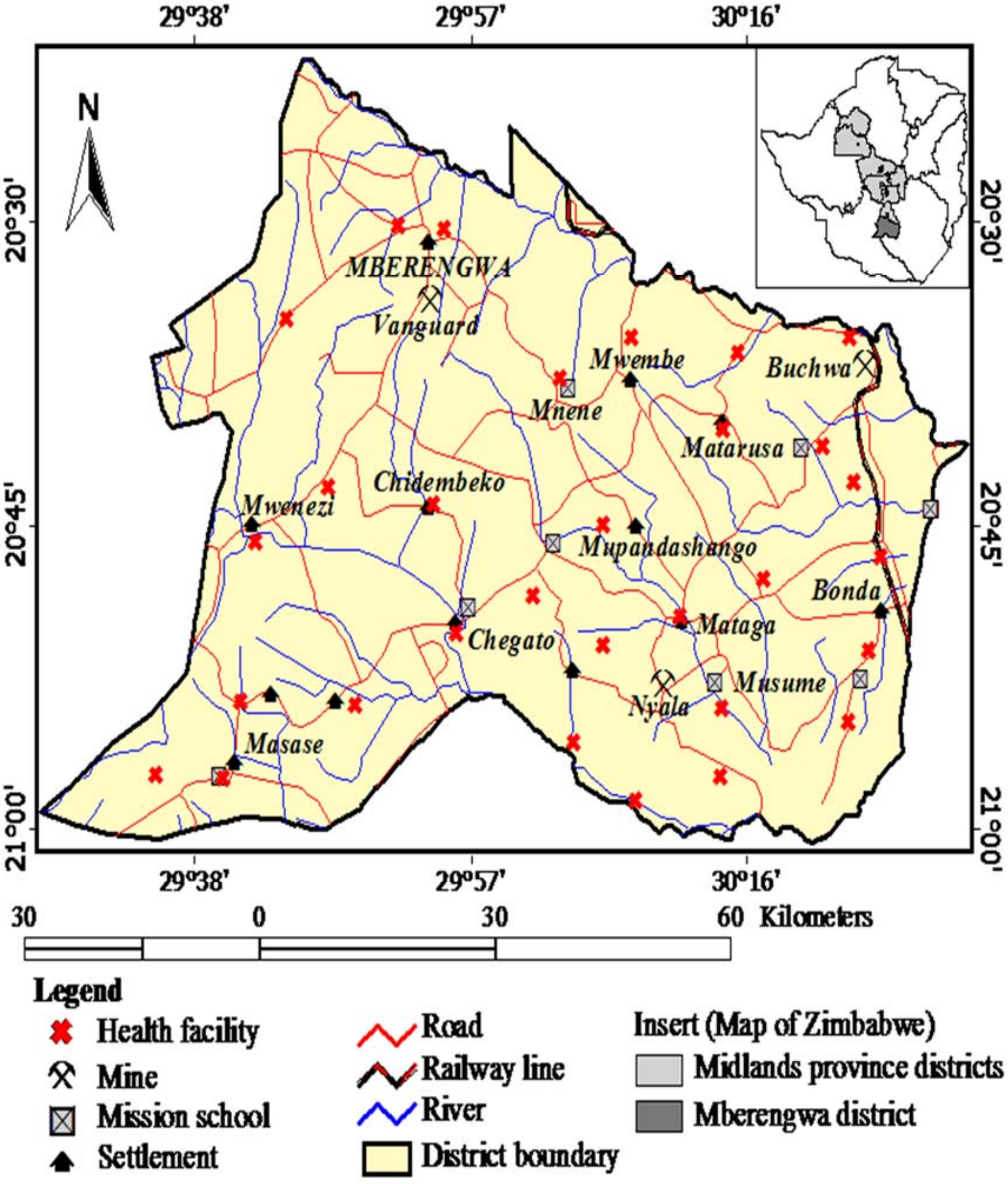
APPENDIX I: MAP OF MBERENGWA DISCTRICT WITHIN THE MIDLANDS PROVINCE



APPENDIX II: SAMPLE LETTER TO REQUEST FOR PERMISSION TO CONDUCT INTERVIEWS

…………………………

The Provincial Director
Ministry of Women Affairs, Gender & Community Development
Government Complex, GWERU

Dear Sir/Madam

Ref: Request for Permission to Interview Gender and Women Affairs Resource Persons

I am a lecturer at Great Zimbabwe University in Masvingo province. I am a registered Doctor of Philosophy in Development Studies student at the University of South Africa researching on the lived experiences of rural women with disabilities in Zimbabwe.

I am writing this letter to seek permission to interview resource persons from your Department, mainly in Mberengwa district, Midlands's province to understand efforts made to advance the welfare and rights of rural women with disabilities. It is my hope that the findings from this research will assist in appreciating efforts made by State and non-stakeholders to advance rights and welfare of persons with disabilities, and in understanding how living with disability entails in rural communities. To ensure the highest quality of living conditions for women with disabilities and their full integration into development endeavours of Zimbabwe such as the Zim-Asset, there is need to learn about their personal experiences and challenges faced in their pursuit for survival, especially in rural areas. Furthermore, the findings of the study will be shared with your Office, so as to help in disability-gender mainstreaming and to improve the quality of life for rural women with disabilities in Zimbabwe. The information obtained will be treated with the strictest confidentiality and will be used solely for this research purpose.

I shall be pleased if you grant me the permission to carry out the study. Should you have any queries, please do not hesitate to contact me on the contact details provided below.

Yours Sincerely,

____

Cowen Dziva (Researcher: cdziva@gzu.ac.zw; Cell: +263714704367)

APPENDIX III: LETTER GRANTING PERMISSION TO CONDUCT THE STUDY

All communications should be addressed to

"The Secretary, Women Affairs, Gender and
Community Development

Telephone: ***708541/708065***

ZIMBABWE

Secretary of Women Affairs, Gender and
Community Development

C/O P. Bag 7726

Causeway

Zimbabwe

9th February 2017

Cowen Dziva
Julius Nyerere School of Social Science
Off Old Great Zimbabwe Road
Nehanda Centre for Gender and Cultural Studies
P O Box 1235
Masvingo
Zimbabwe

Dear Sir

Ref. Request for Permission to Interview Resource Persons from your Ministry

The above subject matter refers.

It is noted that, you requested for permission to Interview resource persons from the Ministry, the Provincial Development officer and the District Development officer in Mberengwa District Midlands Province to understand efforts made by the Ministry to advance the welfare and rights of Rural Women living with disability.

Please be advised that, permission is hereby granted to interview the Provincial Development officer and the District Development officer in Midlands Province,

I wish you luck.

MINISTRY OF WOMEN AFFAIRS
GENDER & COMMUNITY DEV
DIRECTOR HUMAN RESOURCES
09 FEB 2017
[illegible]

I.Mandaza
Acting Secretary for Women Affairs, Gender and Community Development

APPENDIX IV: CONSENT FORM

I_________________________________ have received the letter of information and understand that the information sought by Cowen Dziva is for his Doctor of Philosophy Degree in Development Studies at the University of South Africa. As such excerpts from the interview may be included in the study. I understand that I have the right to revoke this authorization and withdraw from this study at any time.

Furthermore, I do understand that:

- all information pertaining to this study will be treated in strict confidence and there will be no disclosure of my name or identity as a respondent;
- the information obtained from this study is for the sole purpose of this study and proffering of strategies for improving the welfare of rural women with disabilities;
- the study will involve an in-depth interview with me at my convenient place; and
- during the interview, I will be asked to answer a series of questions related to the study, etc.

In light of this, I hereby volunteer to participate in the study and grant the researcher permission to interview me for the purpose of data collection.

Respondent's Signature: ________________________ Date: ____________

Researcher's Signature: ________________________ Date: ____________

Principal Researcher: Cowen Dziva (Cell: +263714704367; Email: cdziva@gzu.ac.zw)

APPENDIX V: INTERVIEW QUESTIONS FOR WWD IN COMMUNITY

1. How do you identify yourself in terms of the following:
   - 1.1 Age?
   - 1.2 Language?
   - 1.3 Village of origin?
   - 1.4 Level of education?
   - 1.5 Employment? What do you do to make a living?
   - 1.6 Marital status? Do you have children? If yes, how many?

2. What kind of disability or impairment do you have?
   - 2.1 How long have you been affected by this form of disability or impairment?
   - 2.2 What local name/s does your disability or impairment have in your community?
   - 2.3 Do people attribute religious or traditional significance to your impairment or disability? Please tell me about this.
   - 2.4 What do you think caused your impairment or disability?

3. What has been your experience of living with a disability?
   - 3.1 Do people act differently towards you because of your impairment or disability? Please give me examples.
   - 3.2 What kind of health care do you often need?
     - a. How often do you receive these services?
     - b. What problems do you experience in terms of health care services?
     - c. Who is your main health care provider/s?
     - d. Are the health care services adequate?
   - 3.3 What are your main experiences in society in relation to:
     - a. Accessing quality health care services including sexual or reproductive health care services (Do health personnel treat you differently? How different?
     - b. Access to water and sanitation
     - c. Access to income, micro-finance and food (Any food or cash transfers from Government or other actors?)

d. Accessing physical environment, transport, information and public services
e. Accessibility of digital technology
f. Physical, psychological and sexual violence and access to justice

3.4 Do you participate in political processes as a voter or candidate? What has been the experience?

3.5 What barriers do you face to participate in family and community activities?

3.6 Do service providers, family and community members treat you the same as everyone else?

3.7 What are your hopes for the future and fellow WWD?

3.8 What moral, financial and material support do you need for you to achieve this?

APPENDIX VI: INTERVIEW QUESTIONS FOR SPECIAL NEEDS TEACHERS

1. How do you identify yourself in terms of the following?

1.1 Age?
1.2 Position in School management?
1.3 Qualification in relation to Special Needs?
1.4 How long have been in this sector?

2 Experience of working with Disabled Students at the School

2.1 Why have you decided to teach at this school?
2.2 How many students do you have with visual and physical impairments at this school?
2.3 For how long has this institution been taking care of disabled students?
2.4 Describe a typical experience in working with visually and physically impaired students?
2.5 What can you say in relation to GWD's access to the following services at this institution:
   a. Basic needs (food, water, shelter, clothing)
   b. Costs and availability of assistive devices;
   c. Communication modes (e.g. Materials in Braille, sign language);
   d. Physical location and accessibility of important structures (classrooms, toilets, dining halls, important offices, water sources etc.); and
   e. Bullying, violence, abuse and stigmatization against GWD

3. What can be the opportunities for students of this nature to enjoy their rights?

APPENDIX VII: INTERVIEW QUESTIONS FOR GWD IN RURAL SCHOOLS

1. **How do you identify yourself in terms of the following:**
    - 1.1 Age?
    - 1.2 Language?
    - 1.3 Day Scholar or Boarder?
    - 1.4 Level of education?
    - 1.5 Source of fees? Who pay for your school fees?

2 **What kind of disability or impairment you have?**

- 2.1 How long have you been affected by this form of disability?
- 2.2 What do you think caused your impairment or disability?
- 2.3 What local name/s does your disability or impairment have at school?

APPENDIX VIII: INTERVIEW QUESTIONS FOR STATE-ALIGNED STAKEHOLDERS

1. Background information

1.1 Which ministry or department do you work for?

1.2 What is the mandate of your ministry or department in relation to advancing PWD issues?

1.3 What is your position level and role within your ministry or department?

2. International human rights and policy frameworks

2.1 Which international disability instruments and policies do you know?

2.2 How is your ministry or department utilising or implementing these international provisions at national, provincial and rural levels?

3. Local mechanisms

3.1 How disability sensitive is the 2013 Constitution of Zimbabwe in relation to the promotion and protection of disability rights?

3.2 Please tell me about any other national instruments for disability rights, and the extent to which they are utilised at national, provincial and rural levels?

3.3 Thinking of all the government policies you are aware of – to what extent are disability issues incorporated into these?

3.4 Please comment how adequately each of the following policy and procedural foci of disability instruments are addressed in rural areas of the country:

   i. Disability accessibility measures (transport, health care, education, employment)
   ii. Disability prevention
   iii. Disability rehabilitation, training, counselling and social reintegration
   iv. Individual support for PWD
   v. In-home residential and community support for PWD
   vi. Disability anti-discrimination law (marriage, education, employment)
   vii. Prevention of violence against women and girls with disabilities?

3.5 Please comment on the inclusion of disability into social protection measures – in particular the implementation of such measures to emancipate rural WWD. What have been the challenges in implementing these measures?

3.6 How do you ensure that social protection measures reduce the risk of:

(i) Dependency and
(ii) Segregation amongst WWD?

3.7 What have been the barriers for rural WWD to participate in matters shaping their lives?

3.8 As a government aligned ministry or department, how do you ensure that NGOs/CSOs and private players operating in rural areas:

i. Mainstream WWD issues in their work?
ii. Mainstream disability in new buildings and structures, and modification of existing public structures, homes or workplaces?
iii. Ensuring public transport is disability compliant?

3.9 What opportunities are there for your ministry and department in advancing human rights of WWD?

3.10 How does your ministry or department ensure representation of PWD in policy-making and to work with governmental institutions?

APPENDIX IX: INTERVIEW QUESTIONS FOR NON-STATE ACTORS

1. What is your position level within the organisation?
2. What motivated you to get involved in this sector?
3. For how long has your organisation been in the disability rights movement?
4. Which geographical areas do you operate in within Zimbabwe?
5. How big is your organisation?
   - Micro (1-5 employees)
   - Small (5-55 employees)
   - Medium (55 – 250 employees)
   - Large (over 250 employees)
6. What role does your organisation play in respect of:
   - Advocating disability rights and improved services?
   - Mobilising PWD?
   - Identifying PWD needs and priorities?
   - Participating in the planning, implementation and evaluation of services and measures concerning the lives of PWD?
   - Contributing to public awareness?
   - Providing services?
   - Preventing violence against women and girls with disabilities?
   - Promoting/organising income generating activities?
7. What has been your role, experiences and challenges in advancing rights of WWD in relation to:
   a. Assistive devices, personal care and other health needs including reproductive health needs?
   b. Discrimination in education, employment, social activities and sports?
   c. Violence and abuse, access to justice?
8. How do you ensure that your efforts and measures reduce the risk of dependency and segregation amongst the PWD population?
9. To what extent is your work guided by global and national instruments? List the guiding instruments and explain how they are mainstreamed in your work

10. What opportunities do you foresee or can be taken advantage of in advancing the rights of WWD?
11. What should your organisation do to enhance the human rights of WWD?
12. What role should other players do in this regard? What should WWD do in this regard?

APPENDIX X: PROFILES OF 25 WWD INTERVIEWED FOR THIS STUDY

#	**Name of WWD** (pseudonym)	**Age**	**Disability Type**	**Other information**
1	Tuso	27 years	Visually Impaired since birth	-Single and no children, never been to school, dependent on parents upkeep
2	Josi	43 years	Paralysed & wheelchair bound	-Single, 1 child, never been to school, household head & dependent on farming & food aid.
3	Jeni	36 years	One leg amputated after an accident in her early 20s. Walking with crutches.	-Married with 2 children, 5 ‘’O’’ level certificate with 5 passes, relies on poultry keeping
4	Joyilini	53 years	Partially blind	-Married with 3 children, primary school, and dependent on remittances, farming and beer brewing.
5	Tanatswa	35 years	Paralysed legs and body from birth. Wheel chair bound.	-Single and no children, never been to school and dependent on grandfather and doormats making from reeds.
6	Tashel	38 years	One feet paralysed. Can walk alone without crutches.	-Divorcee with 2 children, never been to school, and dependent on parents and self-help projects for survival
7	Chipochangu	45 years	Both legs without toes.	-Married with 2 children -Primary school dropout -Staying with husband and grandchildren -Dependent on gardening, farming, remittances and food aid.
8	MaNdlovu	47 years	Visually Impaired at a tender age	-Single and no children -Never been to school

				-Staying with parents and dependent on them for upkeep and on weaving baskets and mats.
9	Ishewedu	35 years	Short hands from birth	-Single and no children -never been to school -staying parent and dependent on her and weaving.
10	Sarudzai	30 years	One paralysed leg from the waist. The problem developed after she was attacked by a disease when she was 5 years old.	-Single and no children -Secondary education -Staying with parents and dependent on them for upkeep and on weaving baskets and mats.
11	Rozi	33 years	One withered hand.	-Single mother with one child -Secondary education -staying with parents and work as a shop keeper at a local township.
12	Maria	70 years	Partial blind- become partial since her 50s	-Widowed with 5 children -Primary education -Staying with grandchildren of school going age, and dependent on self-help projects and remittances from children.
13	Giresi	44 years	Paralysed legs since birth. Wheelchair user	-Single and no children -Never been to school -Staying with parents and dependent on them for upkeep and on weaving baskets and mats.
14	Giledhisi	57 years	Short leg since birth. Uses a crutch. She is however able to walk without it	-Married with 4 children -Primary school -Dependent on the husband, farming and gardening. –-She does traditional beer brewing.
14	Suzeni	20 years	One paralysed foot since birth. Use crutches	-Single and no children -Secondary education -staying with parents and works as a shopkeeper at nearby township.

15	Shailini	40 years	Visually Impaired since birth	-Single mother with one child -Never been to school -Staying with a brother, and dependent him for upkeep
16	Juniya	25 years	One withered hand since birth	-Single and no children -Never been to school -Staying with parents and dependent on them for upkeep and vending of fruits at a nearby township.
17	Sarah	32 years	One thin and withered feet since birth. Use crutches	-Divorcee with no children -Secondary education - Working as a maid a nearby homestead.
18	Marilini	44 years	One side of the body paralysed after suffering from stroke	-Married with 4 children -Primary school -Household head, staying with siblings and dependent on farming, remittances and selling vending at nearby township.
19	Belinda	21 years	Visually Impaired. She was impaired after suffering from a disease when she was 8 years old.	-Single and no children -Primary school dropout -Dependent on parents
20	Bhiyuti	41 years	Paralysed right hand. The hand is short than the left hand.	-Married with 3 children -Primary school -staying with husband and survives on farming, remittances and selling second hand clothes.
21	Laizah	24 years	Thin and weakened legs from foot to knees.	-Single and no children -Primary school dropout -Staying with brother and dependent on them for upkeep.
22	Elizah	59 years	Both legs short and thin. The problem developed when she was young. Wheel chair user	-Single mother with 2 children -Never been to school -Staying with children and dependent on them for upkeep.

23	Marble	28 years	Visually Impaired	-Married with 3 children -Holder of a Diploma in Education -Relies on poultry keeping, and remittances
24	Esther	18 years	Withered hands and legs from birth	-Single and no children -Never been to school -Staying with parents and dependent on them for upkeep.
25	Esnath	40 years	Paralysed body since birth. One hand too short and weak to work. Wheel chair bound.	-Single and no children -Never been to school -Staying with relatives and dependent on them for upkeep and on begging at roadside and at a nearby growth point.