Disability and Social Exclusion:

Understanding Women with Disabilities' Experiences in a Socially Exclusionary Society and the Relevance of Disability Specific Interventions

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This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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Dedication

I would like to dedicate this work to my son Prosper for his understanding that I needed to fulfil my ambitions even if it meant being away from him for such a long time. And to my brother in-law Amos Chaduka for taking good care of my son whilst I was away. God bless you.

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Contents

List of Tables *vi*

List of Figures *vi*

List of Maps *vii*

List of Appendices *vii*

List of Acronyms *viii*

Abstract ix

Chapter 2 An Overview **1**

1.1 Introduction 1

1.2 Situating Disability in the Zimbabwean Context 1

1.2.1 Zimbabwe Government Efforts to Address Disability 2

1.3 Problem Statement 3

1.4 Research Objective 3

1.5 Main Research Question 3

1.5.1 Sub Research Questions 3

1.6 Methodology 4

1.6.1 Case Study Methodology 4

1.7 Selection of Study Area 4

1.8 Personal Commitment 5

1.9 Sources of Data 5

1.9.1 Primary Data 5

1.9.2 Secondary Data 6

1.9.3 Selection of Participants 6

1.9.4 Data Collection Tools 6

1.9.4.1 In-depth (Semi Structured) Interviews 6

1.9.4.2 Focus Group Discussions (FGDs) 6

1.10 Ethical Considerations 7

1.11 Scope and limitation 7

1.12 Data Analysis 7

Chapter 2 Error! Bookmark not defined.

2.0 Disability Discourse and the capability Approach 9

2.1 Introduction 9

Charity model 10

Medical Model 11
Social Model 12
Human Rights Model 10
2.2 Contextualising Zimbabwean Disability within the Global Trends 13
2.3 Conceptualising Social Exclusion, Disability and Gender within the Zimbabwean Culture 14
2.4 Interaction of Culture with Gender and Disability 17
2.4 The Capabilities Approach in Relation to Disability 18
Chapter 3 **20**
3.1 Introduction 20
3.2 WWDs' Experiences in a Socially Exclusionary Society 20
3.2.1 The Social Aspect 20
3.2.2 WWDs' Experiences in the Economic Sector 24
3.2.3 Experiences of WWDs with Political Participation 26
Chapter 4 **29**
4.1 Introduction 29
4.2 The Jairos Jiri Association Profile 29
4.3.1 The JJA CBR Programme 29
4.3.2 The JJA Advocacy Programme 31
4.4 Relevance of the JJA programmes to the economic, social and political needs 31
4.4.1 Is JJA Catering for the Economic needs of WWDs? 31
4.4.2 JJA Addressing WWDs' Social Needs 32
4.4.3 Enhancing WWDs' Political Status 34
4.5 Disability Specific Programmes or Mainstreaming? 35
4.6 Articulating the Role of Government in Disability Issues 35
4.7 Intersection of Factors: Age and Geographical Area 35
Chapter 5 **37**
5.2 The Applicability of the Capabilities Approach in Disability 38
References 40

List of Tables

Table 1.1 JJA Advocacy Results 35

List of Figures

1.1 The Social Exclusion Chain in Relation to WWDs 17
1.2 Capability Development Process 21

1.3 The CBR Matrix 31

List of Maps

Map 1 Map of Zimbabwe 5

List of Appendices

Appendix A Profiles of Participants (WWDs) 48
Appendix B Interview Guide for WWDs 49
Appendix C FGD Guide for WWDs 50
Appendix D FGD Guide for mixed gender group 51

List of Acronyms

CA	Capability Approach
CBR	Community Based Rehabilitation
CRPD	Convention on the Rights of People with Disabilities
DFID	Department of International Development
DPOS	Disabled People's Organisations
DSS	Department of Social Services
FGD	Focused Group Discussion
JJA	Jairos Jiri Association
ISS	Institute of Social Studies
MHCC	Ministry of Health and Child Care
MWGCD	Ministry of Women's Affairs, Gender and Community Development
NASCOH	National Societies for the Care of the Handicapped
PWDs	People with Disabilities
SIDA	Swedish Development Agency
SRHR	Sexual and Reproductive Health Rights
UNDP	United Nations Development Programme
WHO	World Health Organisation
WWDs	Women With Disabilities
ZPHCA	Zimbabwe Parents of Handicapped Children Association

Abstract

Disability is a multifaceted and dynamic area that is difficult to understand. However, there is consensus worldwide that PWDs comprise one of the most marginalised/socially excluded groups with women being more affected than men. Social exclusion manifest in their visible absence from social, economic and political oriented programmes. This study which was conducted in 3 Wards of Mutoko District in Zimbabwe (Wards 10, 16 and 26) sought to understand women with disabilities' experiences in relation to social exclusion and how disability specific programmes are supporting their social, economic and political needs. Thus data analysed using the capability approach is presented in this report and main issues being highlighted include cultural practices in relation to gender and disability. Negative attitudes, stigma and discrimination as well as stereotypes emerge as challenges that WWDs have to contend with. These challenges limit their active participation in key areas like health, education and decision making structures.

Besides the economic challenges that the country is facing, there is serious lack of prioritisation of disability issues by the Zimbabwe Government. The disability legislation lacks implementation and disability services are seriously underfunded. Thus disability organisations complement Government effort by implementing programmes aimed at alleviating some of these challenges though their effectiveness in terms of coverage and sustainability is questionable. Jairos Jiri Association is one such organisation and this study used its Community Based and Advocacy programmes to assess the relevance of such programmes to WWDs' social, economic and political needs.

Relevance to Development Studies

This paper was inspired by the current trends in disability discourse as there is a shift from medicalising and individualising disability to inclusive development and societies. Thus it contributes to the growing voices on the need to recognise the rights of PWDs and in particular women to access key services and participate in developmental programmes.

Keywords

Social exclusion, Disability, women, Capabilities, programmes

Chapter 1
An Overview

1.1 Introduction

Disability is an area that is full of controversy as there are disagreements among theorists on what it constitutes. It also continues to evolve as new ideas and concepts are developed (Choruma, 2007). Mitra et al (2011) also alluded to disability being a multifaceted, dynamic, and a highly contested concept. Thus even the statistics on disability are conflicting. However, a world report by World Health Organisation (WHO) in 2011 indicates that more than one billion people in the world have some form of disability. The number is expected to rise due to global increase in chronic health conditions and other factors (ibid). DFID (2008) indicates that 75% of people with disabilities (PWDs) worldwide live in low income countries. They are the most poor, misused, marginalized and socially excluded groups in any society (ibid). Lang and Charowa (2007: 8) are of the opinion that, " disabled people, irrespective of where they live, are statistically more likely to be unemployed and have less formal education as well as less access to developed support networks and social capital than their able bodied counterparts."

PWDs in developing countries are more affected than those in developed nations where social protection systems are good, for example Netherlands has in place legislation which oblige local authorities to provide with domestic help for PWDs besides ensuring quality provision of education, guaranteeing work and income and (ESCR Netherlands Progress Report, 2008:63). Zimbabwe is ranked 22nd among the 25 poorest countries in Africa and this has implications on service provision disadvantaged groups like PWDs.

1.2 Situating Disability within the Zimbabwean Context

The Zimbabwe economy is described by Masunungure (2009) as characterized by hyper-inflation, shortage of basic commodities, and collapse of industry as well as underperforming public organisations. Priorities are put on issues considered to be 'urgent' and disability is not included. Thus it is not surprising that there are no verified statistics on the prevalence of disability in Zimbabwe (Lang and Charowa, 2007). WHO (2010:29) estimates that 15% of the population worldwide is disabled hence this translates to about 1.8 million people with disabilities in Zimbabwe. NASCOH cited in Kaserera (2012: 2), estimates the figure at 10% of the world population, Mtetwa cited in Magumbate and Nyoni (2013:4) puts it at 1%. SIDA (2004:1) indicates that 11% of working age people in Zimbabwe have some form of a disability and that rates are higher in rural areas with 12.9% compared to 7.5% in urban areas. The figure for women is also higher than that of men with 12.9% and 9% men (SIDA, 2004:1).

Devlieger (1995) says the way disability is understood in developing countries is highly shaped by western philosophy since most researches and documentations were done by Western researchers. Colonisation had also a key role to play in how disability is

viewed now. Zimbabwe was colonised by Britain hence even the policies and systems are aligned to the British ways. However, Munsaka (2013) highlights that natural-scientific perspective is adopted in developed countries and is associated with better disability related services whilst the developing countries view disability from a meta-physical-spiritual perspective and is associated with poor services. Thus cultural and religious practices have much influence on how disability is viewed especially in rural areas. This is because cultural norms and values are still intact in the rural areas unlike in urban areas where there are different people with different cultures.

From the professional view, disability issues in Zimbabwe are predominantly approached from welfare and medical perspectives as Ministry of Public Service, Labour and Social Services and Ministry of Health and Child Care are basically responsible for it. Yet the disability movement is advocating for a separate Ministry that would depict disability as a development and human rights issue. Thus disability issues have for long been handled through these two ministries but of late, there have been some efforts to include disability in major policies of the country as highlighted next.

1.2.1 Zimbabwe Government Efforts to Address Disability

Zimbabwe Government has made efforts to address disability issues including putting in place pro-disability legislation like the Disabled Persons' Act of 1992 reviewed in 1996. The new constitution developed in 2013 has been a great improvement from the old one though there are still a lot of issues to be addressed. The Government also ratified the United Nations Convention on the Rights of People with Disabilities (CRPD) in September 2013 and is now working on its domestication.

Other efforts that have been made include the introduction of Special Advisor on Disability to the President in 2007. This office was established to advise the President on disability issues and to specifically coordinate disability organisations when holding annual National Disability Expos that were first launched in 2013. The Disability Expo creates an opportunity for Government and the civil society mainly Disabled People's Organisations (DPOs) to share information and experiences and it is also an awareness campaign strategy.

Some economic policies and programmes that have an element of disability include the Short-Term Emergency Recovery Program which was developed in 2009 aimed at stabilising the country's economy. It addressed disability by providing financial support to improve the monthly allowances given to PWDs by Government. The Medium Term Plan (MTP), a 2011 -2015 economic and development strategy which made provision for disability grants though it was short lived as it winded up with the ending of the inclusive Government in 2013.

The economic challenges bedevilling the country has however affected the Government's capacity to address disability issues. Thus it has somehow relegated its responsibility to disability organisations which can only cover limited specific areas. The efforts indicated above have also not specifically targeted women with disabilities who are further disadvantaged by an intersection of factors. WWDs' issues have however not been prioritised in any Government interventions. The aim of this study is therefore to understand the experiences of WWDs in a socially exclusionary society and analyse how disability specific programmes are addressing their social, economic and political needs using Mutoko District as a case study.

1.3 Problem Statement

A study conducted by Munsaka in 2014 concluded that WWDs are prejudiced as they"… rarely feature in development debates despite representing an estimated 20 percent of the world's female population (pg. 82)." The author also says that in Zimbabwe, 34 percent of WWDs as compared to 22 % males with disabilities have never attained formal education and this explains the 1% literacy levels among women and girls with disabilities (pg. 82). Mapuranga and Mutsangwa (2014: 8) indicate that the general unemployment rate in Zimbabwe is at least 80% and for PWDs 99. 9%. Unemployment rates among PWDs are therefore very high and even higher for WWDs with 74% and 64% for men (Lang and Charowa, 2007:19). The UNDP Gender Inequality Index value for Zimbabwe which rates educational achievement by women, political participation, and health statistics, showed that Zimbabwe ranked 156 out of 187 countries in 2013 with women who experience inequalities related to intersectionality of factors being in a worse status especially those with disabilities.

Despite this situation, disability has continued to be treated as an 'expert' area which is a domain of DPOs and charitable organisations thus hardly considered in the mainstream development initiatives. WWDs' issues have not been seriously addressed both in mainstream disability movement and by women's movements. Thus this study seeks to understand WWDs' experiences and assess the relevance of current disability specific programmes considering the socio-economic challenges and the active exclusionary cultural practices that are predominant in most rural areas of Zimbabwe. Mutoko District is used as a case study.

1.4 Research Objective

The objective of this paper is to understand the experiences of poor Women with Disabilities (WWDs) and how disability specific programmes address their social, economic and political needs in rural Zimbabwe

1.5 Main Research Question

How do rural poor Women with Disabilities experience social exclusion and how disability specific programmes address their social, economic and political needs in Mutoko District of Zimbabwe?

1.5.1 Sub Research Questions

i. What are the everyday social exclusionary practices that poor rural WWDs experience in Mutoko District?
ii. Do these experiences differ according to age?
iii. How are disability specific programmes being implemented in the area supporting their social, economic and political needs?

1.6 Methodology

The study looked at two issues, (i) experiences of WWDs with social exclusion and (ii) the disability specific programmes addressing their social, economic and political needs. Thus the first segment covers issues related to worldview of disability, Zimbabwean society and disability, gender, disability and culture. The second segment focuses on the disability specific programmes being implemented in the area to assess their relevance to WWDs' social, economic and political needs. The theoretical discussion focuses on Capability Approach (CA) and disability.

1.6.1 Case Study Methodology

Case study method which allows the incorporation of the experiences of the target group is used. O' Leary (2010: 174) defines case study as "a method of studying elements of the social through comprehensive description and analysis of a single situation or cases e.g. a detailed study of an individual, setting, group, episode, or event. Case study research can refer to single and multiple cases studies". The author further states that researchers can select case studies to make particular arguments or select a particular case because it is interesting but emphasizes the need to have access to what is going on in an institution selected as a case study. Thus the researcher, having worked in Mutoko District for more than five years and for JJA for more than 15 years, had no problems in accessing both primary and secondary data.

1.7 Selection of Study Area

The study was conducted in Mutoko District which is about 150 km East of Harare (Zimbabwe's capital city). The selection of this area was necessitated by the fact that it is an operational area for the organisation which the researcher works for hence it was a strategy to deal with logistical issues[1]. This also addressed problems of suspicion which characterize most rural communities due to politics[2]. The researcher is also familiar with the area and the protocols involved besides it being near Harare where she resides.

[1] All the logistics were dealt with by the JJA field Officer of Mutoko District including booking appointments with key informants and mobilising participants for FGDs

[2]Partisan politics has brought a lot of unrest especially in rural areas thus a stranger is always viewed with suspicion.

Map 1 Map of Zimbabwe

Source: One World - Nations Online

1.8 Personal Commitment

The researcher has worked in the disability field for more than 15 years at different levels from community to management hence she has acquired a lot of experience as a result of interacting directly with PWDs, their caregivers and other community members as well as with other stakeholders both at grassroots and policy levels. This led to the researcher reflecting on the way disability issues are dealt with and question whether disability specific programmes are the best way of dealing with disability issues. Focusing on women was necessitated by her experience working with WWDs and realising that WWDs have an intersectionality of factors that put them at a more disadvantaged position than their male counterparts yet not much is being done to specifically address their problems.

1.9 Sources of Data

1.9.1 Primary Data

The primary data were collected from 13 July to 7 August 2015 and analysed to come up with conclusions and recommendations on the topic. The study was carried out in 3 of the 30 administrative wards of Mutoko district where disability specific programmes are implemented by JJA. In-depth interviews were done with 5 WWDs. Two single gender and one mixed focus group discussions were held with 7 participants at each venue. Semi structured interviews were used with key informants who include 1 Chief, 1 ward councillor, the District Administrator, 1 representative from the DSS, 1 official from Women's Affairs, Gender and Community Development and 2 representatives of the JJA. Thus the total number of people who participated in the study adds up to 13. Both semi-structured and FGDs were recorded for transcription (verbatim) at a later stage. However, the study findings concentrated primarily on the responses from WWDs and data from key informants and FGDs were used for triangulation purposes in addition to observations.

1.9.2 Secondary Data

Initial secondary data were collected online (websites, books and journals) and from text books in the ISS library. Other secondary data sources included publications, reports, newsletters as well as other important documents mainly from the JJA.

1.9.3 Selection of Participants

The researcher took advantage of the Sexual and Reproductive Health Rights (SRHR) workshops that were being carried out in the study areas hence the method of selection of participants was predominantly convenience (based on availability). Purposively, key informants were selected having been judged as good sources of information. The study focused on the three common types of disabilities which are hearing and speech impaired, visually impaired and the physically impaired.

1.9.4 Data Collection Tools

1.9.4.1 In-depth (Semi Structured) Interviews

The researcher used one-on-one in-depth interviews with 5 WWDs[3] as the interviews took an unstructured pattern as each participant was given ample time to explain their experiences. Questions were phrased in light of the main research question and the three sub-questions.

The one-on-one in-depth interviews enabled the researcher to engage in a deep conversation with the respondents thereby creating a relationship. Observing body language including facial expressions and gestures enabled the researcher to deduce a deeper meaning to whatever they were saying although on two occasions, the researcher was put in an awkward position when the respondents started crying. Such sessions took more time than that was scheduled as they were allowed time to vent out and emotionally settle down. Being familiar with the people, the context and culture of the respondents was an advantage as the respondents felt at ease hence a working research partnership as attributed to by Weiss (1994) was maintained although Dickson (2014) argues that a strong research partnership does not guarantee that the information will be gathered and provided in a smooth manner. Semi structured interviews were also done with 8 key informants which however presented with some challenges of superficial answers as they were trying to give a false impression that something is being done to address disability issues. However, in such instances, the researcher would ask for evidence for example statistical data.

1.9.4.2 Focus Group Discussions (FGDs)

FGDs were used to corroborate data from individual interviews. Ritchie and Lewis (2003) state that FGDs and in-depth interviews are often used together to complement each other. However, in-depth interviews were the primary means for data collection. Three FGDs were conducted and each group comprised of 7 participants. Two FGDs were single gender (WWDs) and one was mixed. Participants were selected basing on availability as the researcher took advantage of SRHR workshops that were being carried out by JJA in those areas.

[3] 3 physically impaired, 1 visually impaired and 1 hearing impaired

The FGDs were useful as the participants could validate each other's views although at times there would be disagreements and this consumed a lot of time and also contributed towards loss of focus. This called for the researcher's moderation skills and the use of a written FGD guide to keep the discussions focused. The researcher dealt with issues of disagreements by asking participants to give examples to support their assertions. All the sessions were conducted in Shona, after which they were transcribed in English although there is always a risk of losing meaning conveyed by participants during translation especially with certain words, which do not have English equivalents.

1.10 Ethical Considerations

The researcher ensured that the study was conducted in line with the basic ethical considerations for research studies involving human subjects. PWDs are a vulnerable group who are sometimes used by individuals or organisations to seek donations. Thus the researcher will ensure that the information they gave will solely be used to fulfil academic requirement to protect them from exploitation. Participants in this research were not coerced but were given all the information so that they could make informed choices, and they were also given option to withdraw if they felt uncomfortable during the process. Anonymity of participants was guaranteed by using pseudonyms in the report. Even though the researcher was mindful of her biases since it also involved assessing the work being done by the organization she works for, it was a great challenge as now and then she felt compelled to defend the organization whenever it was criticized.

1.11 Scope and limitation

In as much as case studies allow in-depth analysis of cases hence providing with detailed information on issues to do with disability and programmes that target them, there are limitations in coming up with quantitative conclusions due to the limited number of cases assessed. The focus of this study was on adult women with hearing and speech, visual as well as physical impairments. Thus the study did not include children with disabilities nor other types of disabilities outside the ones mentioned above. Thus these issues limit the generalizability of the research findings to all other types of disabilities.

1.12 Data Analysis

Secondary and primary data were used for qualitative analysis involving the identification of categories and themes. Atlas.ti was used to analyse both primary and secondary data. It was an opportunity to put into practice the knowledge acquired from the Qualitative Interviews class as it was the first time using the software for data analysis. Atlas.ti is useful in identifying similarities and recurring themes in participants' responses. Thus the software was used to categorize data obtained through field notes, interviews and transcriptions of the in-depth interviews. The data categorization enabled searching for recurring patterns and ultimately resulted in the formation of several themes. The data collected was transcribed in English followed by thematic

analysis. Braun and Clarke (2006) indicate that thematic analysis offers an accessible and theoretically flexible approach to analysing qualitative data. Data were not analysed according to disability types as the researcher looked at individuals' experiences and not according to their impairments. This is done to avoid common assumptions made about PWDs that they all have same specific needs for example, two women with the same type of disability can differ very much in their experiences and needs as per context. This is supported by Mitra (2006) who argues that in as much as there is need for disability information, it is not of much use as experiences differ according to contexts.

Chapter 2

2.0 Disability Discourse and the Capability Development

2.1 Introduction

In order to understand how society treats WWDs, this Chapter discusses some controversies within the disability field. The common models of disability in the Zimbabwean context are also discussed highlighting their strengths and weaknesses as they have a bearing on how PWDs are treated by the society. The Chapter also discusses disability in Zimbabwe but in the context of global trends and the use of capability approach in relation to disability and gender discourses. The information presented here came from secondary data that include books, journals mainly from the ISS library and the internet. The researcher also reviewed documents like baseline survey reports, strategic plan and policy papers mostly from Jairos Jiri Association, whose programmes were assessed.

2.2 Controversy on Disability

Theorists and writers fail to agree on a proper definition of disability as they lack consensus on what it constitutes. The other challenge comes from the fact that disability can be contextualised as it can, just like gender, be a social construct. Thus defining disability largely depends on the model being used. WHO (2010:1) refers to disability as, "a complex phenomenon reflecting the interaction between features of the person's body and features of the society in which he/she lives". This definition hints that the impairment in conjunction with the environment disables an individual so it takes into consideration both the medical and social models of disability. Koch (2001:370) asserts that, "the world of disability theory is currently divided between those who insist it reflects a physical fact affecting life quality and those who believe disability is defined by social prejudice". An example of a human rights informed definition is the one by UNCRPD[4](2006) Article 1 which refers to PWDs as "…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." The definition looks further to include participation and is the one that will be adopted for this study as it is in line with the CA which is the theoretical framework used for this study.

Zimbabwe disability field is characterised by disability politics pitying organisations ***of*** and organisations ***for***. Organisations ***of*** are those that are led by PWDs themselves and those ***for*** are mainly service organisations and are usually led by non-disabled people. The conflict emanates from the fact PWDs want self-representation and accuse leaders of service organisations for exploiting PWDs for their own benefit. PWDs are of the opinion that they are the ones who know their situation best; their

[4] UNCRPD is the United Nations Convention on the Rights of People with Disabilities that came into being in 2006

aspirations and desires. They believe that they are their own voices hence their motto is 'A voice of our own' (Lang, 2009). They argue that professionals have been for too long speaking on their behalf.

Zimbabwe disability movement lacks unity of purpose and this affect progress within the disability field. This is evidenced by the recent incident whereby the results of a survey carried out by Ministry of Health and Child Care (MHCC) to determine the number of PWDs in the country were disputed by the disability movement as they were of the opinion that the research had been done basing on the medical model and that PWDs themselves did not participate. Thus the lack of co-ordinated efforts by the disability movement has also affected advocacy efforts despite of the country having some of the most influential disabled people in the world. Lang and Charowa (2007:2) confirm this by saying that, "Zimbabwe has been a breeding ground of some of the most dynamic and most influential disabled people in the world, who have been at the forefront of the development of the international disability movement." This has also translated to ineffective ddisability organisations as these are the same people who head these organisations. Thus Lang and Charowa (2007:8) argue that, "…the 35 to 40 DPOs that do exist are small, lack sufficient organisational capacity, and are populated by single impairment groups." The multi impairment DPO (Federation of Disabled People in Zimbabwe) is not fully capacitated to take a leading role in lobbying for disability issues (ibid). Thus service organisations like JJA dominate the disability field in the country.

However, it is important to discuss some common disability models to understand how they link with social exclusion and focus is put on those that are prevalent in Zimbabwe and have had a bearing on how PWDs especially women, are treated. Thus charity, medical, social and human rights disability models are discussed.

Human Rights Model

The disability movement worldwide advocates for disability to be recognised as a human rights issue and PWDs to be treated as individuals who have their own agency (Saler, 1997). They argue that they have different experiences and are not a homogenous group with same challenges (ibid). They can also be separated according to age, socio-economic status, gender or cultural statuses. They have personal preferences hence despite facing common challenges, not all of them experience them in the same way. The Convention on the Rights of People with Disabilities which makes general human rights more specific to PWDs is of recent the most used document in the disability field. Article 3 of the CRPD emphasizes full and effective participation in society, equality of opportunities, accessibility as well as equal treatment of women and men. States therefore are obliged to adopt legislation and other relevant measures to include disability in policies and programmes. This has led to the human rights model of disability being the most favoured by the disability movement (Magumbate and Mate, 2007)

The human rights model focuses on PWDs' rights as human beings (Coleridge, 2001) and argues that disability must be directed by laws and policies based on the notion that human rights are universal, indivisible and unalienable (Steiner and Goodman, 2008). The human rights model is favoured by many disability activists as it highlights that PWDs are entitled to the same rights like everybody else including the right to

health, employment, education, or political participation. Thus it empowers WWDs who are often subjected to many forms of abuse, to claim for their rights using established legislative framework (Mapuranga and Mutsangwa, 2014). The model gives equal recognition to everyone including WWDs who should seek for justice whenever they feel their rights have been violated. This model covers both medical and social models as it advocates for recognition and access to services. However, rights without the support of resources may not be very effective in addressing disability problems. Thus for a poorly resourced Government like in Zimbabwe, it becomes difficult to fulfil these obligations hence separate programmes are still dominating the disability field which means PWDs are still regarded a 'special' group in society. This means maintaining the charity and the medical models of disability which are also discussed next.

Charity model

The charity model originated from Christianity as some people with the aim of securing themselves a place in heaven by doing good assisted PWDs with gifts and tokens (Yeo, 2001). Christianity, begun to change the message to that of recognising a person with a disability as an image of God just like all other humans as disability signifies God's powers (Coleridge, 2001). Thus the charity model associated itself with handouts and institutionalisation where PWDs were to be fed and be cared for and this led to their seclusion and discrimination. The charity model is thus blamed for promoting dependency syndrome which manifest in begging that has become synonymous with disability today (Munsaka, 2014). Charity model does not see any problems if the person has adjusted to being socially deprived and it disempowers WWDs as they are pitied such that even getting married is regarded as charity[5]. However in as much as the charity model is criticised now, the researcher is of the opinion that it formed the direction which the current trends have taken and gave the opportunity to show the humane part of PWDs. Jairos Jiri, who established an organisation that has since become one of the biggest disability organisations in Zimbabwe or even in Africa brought issues of disability to light even though the work was based on charity concept (Farquhar, 1987). Charity which is synonymous with welfare can also be ideal in addressing immediate needs like issuing out sanitary wear which most poor rural WWDs cannot afford (JJA Baseline Report, 2012). The charity model of disability was followed by the medical model. .

Medical Model

The medical model is associated with World War II which caused many injuries to soldiers and had to go through the rehabilitation process (Yeo, 2001). Thus the medical model regards disability as an abnormality which has to be 'normalised' hence it is associated with things like surgical operation, assistive devices and institutionalisation (Coleridge, 2001). The sick role that is assigned to a person with a disability means that they cannot work for themselves so they should be taken care of in homes or any other institutions. Its focus is solely on the individual's inadequacies and blames the

[5] Sometimes men marry WWDs just to take care of them as an act of charity. This takes away the woman's confidence to play her role of an equal marriage partner.

impairment hence there is no aspect of the environment (Harris and Enfield, 2003). The sick role assumed for a PWD takes away their confidence as productive members of society hence their exclusion in productive activities. This has a negative impact on women who when they get married, they fail to fulfil societal expectations as a wife, daughter in-law or a mother. They were not given the opportunity to practice those duties as they were growing up since they were said to be sick yet having a disability does not denote that one is sick but has a condition that needs to be managed. WWDs can fulfil their roles if opportunities to do so are availed to them.

The medical model also tries to explain the cause of impairment which most of the times in the Zimbabwean society, it can be alluded to the mother's genes. This makes WWDs vulnerable to abandonment or divorce as they are accused of bringing 'shame' to the family (Mitra, 2006). Medical model ignores such issues as cultural practices that subordinate women. However, the medical model still has a role to play as for a person with disability to participate in social and community activities, he/she would need assistive devices or even surgical operation to restore some function. The social model came into being as a protest to the charity and medical models which were being accused of alienating PWDs in society.

Social Model

As a direct resistance to both the charity and the medical models of disability, the social model, makes efforts to redress the power imbalances between PWDs and able bodied people (Munsaka, 2013). The social model of disability looks at the role the environment plays in the life of a person with disabilities and society's failure to make necessary provisions to enable the functionality of an individual. Someone who uses a wheelchair would be incapacitated by steps on a building hence if a ramp is put in place, he/she would independently manoeuvre (Oliver, 1996). Disability is therefore reducible to structural and social features of the society that disable a person with impairment. Medical and social models are usually viewed as different but Mitra (2006) indicates that disability should be neither regarded as purely medical nor social. Despite the fact that the social model exposes discriminatory tendencies in society, it is criticised for its lack of capacity to deal with differences caused by impairments especially those that are severe. It regards PWDs as a homogeneous group of people who are all disabled by the environment. Thus Lang (2009:278) warns that "such a position does not recognise that different impairment groups may not share the same political agenda, nor be subjected to exclusion, discrimination and oppression in the same manner." The same has been raised within the feminist movement as Walsh and Scully (2008) argue that Western feminists portray women from developing countries as similarly poor, lacking power and oppressed with Western women being representatives of the present-day; refined and empowered. Thus it is unrealistic to assume that progress that has been made in the women's movement benefits everybody and in particular poor, rural WWDs who face a multiple of prejudices.

The social model which looks only at the environment, ignores some key issues in WWDs' lives like accessing sanitary wear and even assistive devices and corrective surgeries for them to be able to perform their duties and obligations as a wife or mother which may lead to them being regarded as incapable. Thus despite being the much advocated for disability model, it still has gaps that should be filled by other

models. The Zimbabwe disability movement has been advocating for disability issues to be viewed from the social and human rights models' perspectives.

Even though these disability models are portrayed as being in conflict with each other, in reality they complement each other for example, a woman who suffers stroke would need physiotherapy (medical model) to restore some functionality and this may save her marriage as she would still be able to perform her duties as a wife. However, medical intervention needs to be complimented by adjusting the environment that woman lives (social model) and access key services she may need (human rights model) including probably some income from sympathisers required probably to pay hospital bills (charity model). What is crucial is emphasising the models that empower an individual to live the life they choose.

2.3 Link between Disability and Poverty

There have been a lot of discussions on the link between disability and poverty although there are some critics who think there has not been much evidence to make that kind of assertion (Mitra, 2006). Mitra (2014) indicates that poverty can contribute to disability especially in low income countries where disability is mainly attributed to infections and in turn disability can lead to poverty. The 2009 OECD study cited in WHO (2011) found out that employment rates fell when someone got disabled and continues to fall throughout their lives. The study done in 21 developed countries concluded that there were higher poverty levels among PWDs than among able bodied people of similar status. Australia, Ireland, and the Republic of Korea showed higher poverty risks while Iceland, Mexico, and the Netherlands had the lowest. PWDs of working ages were found to be twice as likely to be unemployed and if in employment, were more likely to be working part-time. However, the same report acknowledged lack of adequate information about PWDs' socioeconomic status before they became disabled. It therefore poses challenges in determining how disability disrupt the person's economic life. WHO (2011:39) says, "Longitudinal data sets to establish the causal relation between disability and poverty are seldom available, even in developed countries".

Mitra (2006) argues that disability may lead to the decline of social and economic well-being especially in situation where the affected people may lack adequate access to education, employment and earnings. Choruma (2007) states that PWDs often find it difficult to be gainfully employed and it worsens with the severity and type of disability. Their exclusion in developmental programmes denotes that they remain in that situation which is also most likely to affect their children as well. Thus disability can and lack of opportunities can perpetuate a cycle of poverty. The Government of Zimbabwe, has a social assistance fund for PWDs who get $20.00 per month which is far short of what one would require to meet basic needs. The social assistance has been erratic of late because of the economic problems bedevilling the country. Thus the social protection services for PWDs yet

PWDs sometimes incur extra costs associated with medical care or assistive devices, or the need for personal assistance. Thus they often require more resources to achieve the same outcomes as non-disabled people. This is what Amartya Sen has called "conversion handicap". Because of higher costs, PWDs and their households

are likely to be poorer than non-disabled people with similar incomes (DFID, 2010). The assertion is supported by WHO (2011) as it says households with a disabled member are more likely to experience material hardships including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care. Poverty may increase the risk of disability due to issues like low birth weight, malnutrition, lack of clean water or adequate sanitation, unsafe work and living conditions, and injuries (ibid). This shows how much PWDs are vulnerable to poverty as a result of social exclusion as Mitra et al (2011) emphasizes that there is need to promote an understanding that poverty for PWDs comprises social exclusion and disempowerment, not just lack of material resources.

PWDs in developing countries face the same disadvantages as with those in developed countries. WHO, (2011: XXI) indicates that, "Many people with disabilities do not have equal access to health care, education, and employment opportunities, … and experience exclusion from everyday life activities." Jones (2011) asserts that PWDs are undoubtedly the most vulnerable group due to social exclusion as they face barriers in accessing crucial services which other people may take for granted. Thus PWDs in Zimbabwe, like in other developing countries experience challenges related mainly to attitudinal barriers. Choruma (2007:5) indicates that "in the past decade due to the socio-economic crisis in Zimbabwe, the national development agenda has shifted towards tackling HIV and AIDS and this has left many other social ills unattended. Among these, the disability sector was greatly overlooked and it became almost non-existent." Thus disability issues are usually not prioritised due to negative attitudes.

In as much as PWDs experience high levels of poverty, WWDs are in a worse off position due to their multiple identity.

2.4 Conceptualising Social Exclusion, Disability and Gender

The meaning of social exclusion varies as it embraces a number of factors but has been commonly used within social, economic and political parameters. According to de Haan (2007: 26), social exclusion is the "process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live." Kaseke (2003) describes social exclusion as a situation whereby some people benefit from a policy or programme whilst others do not and Duffy (1995) views social exclusion as entailing the inability to partake in, social, political and economic as well as cultural spheres of society as well as alienation from the mainstream society. Levitas et al (2007: 9), define social exclusion as involving;

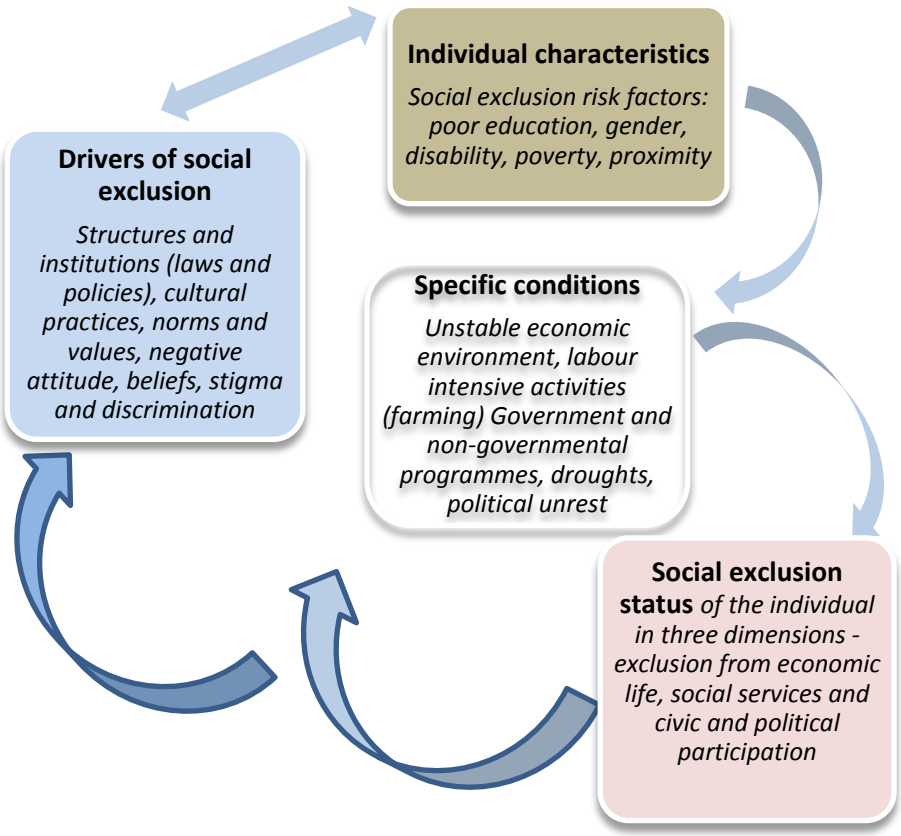
> the lack of, or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.

The researcher finds this to be the most ideal definition of social exclusion in relation to the subject under study. de Haan and Maxwell (1998) assert that social exclusion has some links with poverty and social inequalities. From the CA point of view, social exclusion would relate to deprivation as poor people are denied to be part of

community development activities or they do so on forced choices (Sen, 1999). Discrimination can be found everywhere like public establishments, legal systems, education and health services, as well as social institutions like households (Lang and Charowa, 2007). Thus social exclusion manifest in social discrimination, cultural inequalities, prejudices, stigmatization, discrimination, and low participation (ibid). It encompasses material deprivation and the denial of social and political opportunities resulting in poverty among the excluded.

Mitra et al (2011) asserts that social exclusion increases the level of economic inequality in society; grounded in Marxist approach which is concerned with material things. PWDS are at high risk of being socially excluded owing to a number of factors including physical, material and financial, as well as attitudinal barriers in society. This means PWDs are socially excluded because they are deemed unproductive and hinder progress of capital growth (Oliver, 1996). The author argues that the position of PWDs in society was radically altered with the onset of the industrial revolution and the shift from the land to the factory. PWDs were seen to be unproductive hence they were excluded from the production process. This is in line with Rawls' social contract that expects recipients to respond in light of given assistance. PWDs are seen therefore as dependents and have nothing to offer to society (Bitar, 2013). However, Mitra et al (2011) argue that the relationships between disability and society cannot be framed within either straight economic or political terms, but must encompass a mixture of both. This points out to the fact that PWDs are marginalised not only on the basis of capitalist mode of production, but also because of socially constructed prejudices which are enshrined in cultural representations and myths (ibid). The illustration below shows the social exclusion chain which is somehow cyclic denoting that there are some circumstances that can lead to social exclusion and yet social exclusion can in turn put someone in those circumstances which gives challenges in agreeing on causal effects debates.

Social Exclusion Chain in Relation to WWDs



Adapted from Peleah and Ivanov (2013)

The chain depicts how WWDs find themselves socially excluded as the individual characteristics, specific conditions and other factors interact. Having disability does not automatically lead to social exclusion but the interaction between the individual and the environment. Thus a strong legislative framework and change of attitudes to make societies inclusive. The question however is, are disability specific programmes the best way to address disability issues? Are the programmes being implemented relevant to social, economic and political challenges WWDs face in society? How sustainable are they? This is an area that needs to be explored further as this study cannot adequately address these questions. This study focuses on WWDs who have an intersection of factors that further discriminate them and analyses their experiences with social exclusion and how disability specific programmes are supporting their needs. It is therefore important at this juncture to briefly explore how gender and disability interact taking into consideration the cultural practices in the Zimbabwean societies.

2.5 Interaction of Culture with Gender and Disability

Traditionally in Zimbabwe, disability has been viewed as a curse, acts of witchcraft, or punishment for some kind of transgression from God or angry ancestors (Coleridge, 2001). Usually these ills are blamed on the woman and this leads to many women who give birth to a child with a disability raising the child alone having been abandoned by the husband (Zimbabwe Parents of Handicapped Children Association (ZPHCA), 2005). A survey carried out by ZPHCA in 2005 revealed that the majority of women with disabled children were single mothers. Having a disabled child can cause a lot of problems including stress, marital discord (accusations and counter accusations) as well as divorces. Marongwe and Mate (2007) point out that frequent visits to the hospital for rehabilitation services may worsen the situation as household finances get strained.

What gender and disability have in common is that they are both social constructs and they are all associated with unequal power relations. These positions are determined by different situations including culture, religion, economic and political environments. Culturally, women in Zimbabwe play key roles in the home as their position is recognised and respected yet at the same time exposed to exploitation and abuse (Munsaka, 2013). Women are central to the country's economy which is predominantly agricultural as it contributes 24% of the GDP (Katsande, 2012:9) as they are the ones who usually work in the fields whilst their husbands are in industry yet culturally the land belongs to the man. Thus they do not even own what they work for as the money is controlled by the husband. The economic challenges in Zimbabwe, worsens women's situation; who usually lack opportunities in economic sectors including employment or accessing loan facilities. They are relegated to non-income activities like taking care of the family including washing, cooking and cleaning as culture prescribes, despite the contribution they can make outside the home.

Culturally, the woman's place is in the home hence they face challenges when they try to take leadership positions in any area. Zimbabwe has made efforts to try and improve the situation of women through putting in place some policies including the National Gender Policy of 1999, Campaign for female Education Initiative and the Affirmative Action policy. Disability is however not mentioned in any of these policies. Cultural and religious practices still look down upon women who are presented with fewer opportunities and less freedom to choose and to be what they want. Nussbaum (2005) indicates that violence characterise women's lives thereby limiting their capabilities and their active participation in social, economic and political activities in their communities. Thus despite the existence of the law, most women due to fear of violence are not likely to make efforts to liberate themselves. However, in as much as all women are disadvantaged by culture, it is worse for women with disabilities who have an intersection of disadvantaging factors.

Social exclusion can also be noted in institutions that deliberately discriminate through laws, policies or programmes. The WHO report (2011) acknowledges that WWDs worldwide are having low chances in attaining educational, sanitary and economic opportunities and experience high poverty rates due to intersection of vulnerabilities which include disability, age, illiteracy, poverty among others. Lang and Charowa (2007:18) indicate that 34% of WWDs compared to 22% of men with disabilities had never been to school in Zimbabwe. This is an international phenomenon as studies show that literacy levels are at 3% for all PWDs and 1% for WWDs (Groce, 2003:

10). This means without education, their chances of getting a good paying job are diminished thus some resort to begging while others opt to get married even by a men who already have other wives. Thus despite efforts that have been made to address gender injustices, the situation of WWDs remains critical.

2.6 The Theoretical Framework: Capability Approach

According to Sen (1992: 40), "capability is a set of functionings that reflect a person's freedom to choose the type of life they would want to live including opportunities that one can use to attain wellbeing which sometimes is referred to as functionings." The concept also focuses on what each person is able to do and to be (ibid). Robeyns (2005) states that capability approach provides with a wide basis for assessing a person's welfare and the social provisions required. Nussbaum (2011) argues that it is the duty of Government to provide everyone with those freedoms, and failure to do so is regarded as a violation of human rights. The CA was however not developed with disability in mind however, writers have begun to also look at ways the CA can be used to analyse disability in order to shift away from the traditional concepts.

Sen (1997) looks at human capability as the aptitude of people to live in a way they have reason to cherish hence capabilities are various combinations of functionings that the person can achieve. It also focuses on one's capacity to make earnings leading to improved wellbeing (Robeyns, 2006). Capabilities vary and contribute in unique ways to the development of a person as they bridge the gap between personal capabilities and those which promote social development enabling people to be integral members of society.

Nussbaum's concept of social justice helps in assessing the environment ascertaining its ability to provide with basic justice and equal access to basic entitlements which society has a duty to respect and protect (Nussbaum, 2011). However, focusing solely on social change may not always bring desired results as it can be difficult to ascertain that it is the environment, and not individual impairment, causing capability shortfalls. Sometimes it depends on the will by the individual to try new things hence it becomes an intrinsic rather than extrinsic issue.

CA, helps people to understand state responsibilities to WWDs. The CA however does not give solutions on how some of its suggestions can be operationalised in a situation where resources are few like in Zimbabwean (Munsaka, 2013). This can be seen in the Government's disability fund which despite the existence of the policy is affected by shortage of resources. Robyens (2006) argues that CA does not try to explain issues of inequality and poverty but it can be useful in assessing and conceptualising them. It has challenges when the situation involves women in patriarchal societies where there are a lot of unequal power relations (Robyens, 2006). An example could be at household level where opportunities maybe available for everyone but does not automatically translate to every member of the household having the capacity to utilise them and account for their preferences

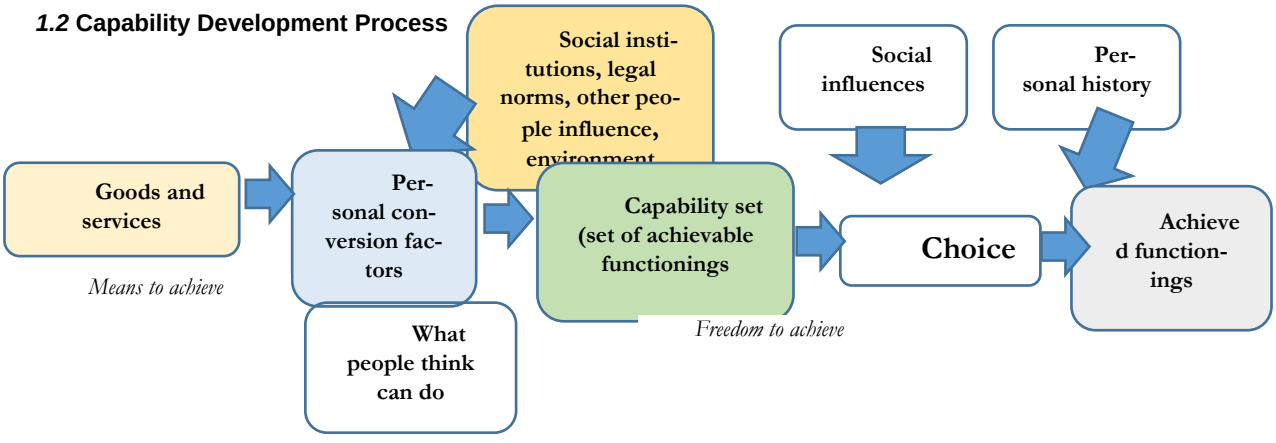
The CA takes note of extra resources that PWDs may require depending on their circumstances and an example could be a wheelchair hence it considers the economic implications of an impairment as Mitra (2006: 242) points out that "understanding the economic burden and the economic dimension of disability is part of understanding disability." In the case of WWDs in rural areas, they may require more resources to

get an assistive device which is not available locally than those who stay in the urban area who does not require bus fare, accommodation and food while making efforts to get the device. Some people can view this as going back to the charity model as PWDs can be regarded as having inadequate capacity to fully turn available resources into capabilities. However it is unrealistic to downplay the role of extra resources where needed to push the person to a certain level as without them, they cannot achieve other capabilities.

CA takes into consideration the issue of individuality and their dignity. Nussbaum (2003:14) states that "the capability approach aims to give people the necessary conditions of a life with human dignity." Comim (2012:442) describes the CA as "less dedicated to quantitative targets, more committed to building capabilities and human dignity". The freedom and capability to achieve functionings is applauded by Nancy Fraser who revealed in her interview with Amrita Chhachhi in 2011 that she is more aligned to Sen than to Nussbaum as she criticises the notion of having an expert developing a list of what she thinks are the key list of capabilities. Fraser is also of the notion that, in prioritising capabilities, there are bound to be conflicts which should be resolved by the people concerned than having theorists developing lists for them (Chhachhi, 2011).Fraser however goes further than just individual functionings to include the interaction one has with others to achieve justice. This is of much interest to marginalised groups like WWDs as interaction with others is key in accessing opportunities.

Personal conversion factors means how people make use of given entitlements and social capabilities are acquired through interactions with other people thereby promoting social relationships but can also influence preferences (Robeyns, 2006). Nussbaum (2000) confirms this notion as she posits that people get influenced by society and its public policies. However, Nussbaum's legalistic list of basic capabilities has been accused of not being context specific despite its relevance in assessing the entitlements that influence the building up of personal conversion factors (Terzi, 2010). The approach has also been criticised for being too individualistic and paying minimal attention to groups and structures (Robeyns 2005). The researcher however is of the opinion that this individualism can work better to understand individual problems of PWDs who have always been grouped as a homogenous group having same challenges yet they have unique needs and aspirations.

1.2 **Capability Development Process**



Adapted from Robyens (2005: 98)

Explaining the illustration above, the opportunities available to an individual, the surroundings and personal attributes lead to functionings which are part of the capability set and resources required depend on the environment the person lives.

Chapter 3 WWDs' Experiences of Exclusion

3.1 Introduction

This chapter highlights experiences of WWDs in a socially exclusive society focusing on the three main social exclusion dimensions which are social, economic and political participation.

3.2. Cultural and religious practices as Forms of Exclusion

In trying to understand the experiences of WWDs from the social point of view, key areas were identified and these were culture, health and education. The Chapter mainly uses data collected through in-depth interviews and FGDs were in order to bring out the voice of the WWDs since they are the ones who experienced it. As discussed earlier, cultural and religious practices are still dominant in the rural areas of Zimba-

bwe. Thus culture was found to be the major cause of challenges that WWDs face as the social systems conforms to practices that subordinate women.

Socio-cultural related challenges that came out of the study include stigma, discrimination and stereotypes that result in society having negative attitudes towards WWDs. Most women interviewed in this study indicated that they are shunned by other members of the community which at times lead to them also looking down upon themselves resulting in even more exclusionary and prejudicial treatment. Below is an excerpt from an interview with one of the participants;

> *I look down upon myself because I see how people treat me, … just see myself belonging to a lower class and I tell myself to let them do it, who am I to be doing what they do? I see from their actions even though it may not be the case that they do not like me. For example, I may want to associate with other people and try to seek their company when going to church but sometimes they openly tell me that they cannot walk at my pace (I am too slow) and they leave me behind. Moments like these make me wish I was not disabled as I really feel bad about it. I don't know why it is like that (Individual Interviews, 2015).*

In as much as this statement shows how those with disabilities are treated in society, it also depicts a defeatist attitude by the concerned woman. She has resigned to her fate and has decided to take it as it is without fighting. This confirms what Nii (2015:1) said, "Thus disabled people are also psychologically defeated people. Rejected by family and community, they feel depressed and useless. There is no meaning in life. All is hopelessness and bleak despondency." It therefore becomes difficult to rebuild their confidence for them to partake in social activities.

The Zimbabwean culture prescribes that when a woman gets married, she is marrying into a family and not only to her husband. This means the family members can approve or disapprove who their relative should marry. The woman is therefore usually judged by how strong she is as there are duties that she is supposed to perform for the family and these include cooking, washing, fetching water and firewood and most importantly to till the land. Thus a woman with a disability using the medical model, is viewed as sick hence they cannot cope with such responsibilities. Yet when asked, all the women in the study indicated that they are doing all that is expected of a woman. The study found out that two of the five participants are not married, one is in a polygamous marriage and the other two are married. One respondent highlighted that chances of getting married as disabled women are very slim as they end up being used and discarded. She gave her own example as she is raising two kids on her own whom she had with different men and both denied responsibility. The woman also stated that WWDs are prone to abuse as usually when men say they want to marry them, they mean taking care of her as a charity case or as a house maid. This denotes that the marriage is based on unequal relations and disempowers the woman thereby putting her at risk of being abused. As highlighted earlier Munsaka (2014:307) points out that, "the cultural implications of disability are exacerbated by wider cultural understandings of the place of women in society and overarching conditions of extreme poverty." This is despite the important role the woman plays in the home and community which even worsens the situation if it is the woman who gets disabled as attributed to by Ruth, one of the interviewees;

For a man, even without a disability, can just wake up and sit and expect to be served by a woman, it is very normal in our culture but a woman can do everything even in the area that is considered to be men's domain. So when a woman becomes disabled there are drastic changes and nothing moves at that household (Individual Interviews, 2015).

Despite that acknowledgement of the role of a woman, their importance is downplayed. This came out in the mixed gender FGD in Ward 16 as the male participants acknowledged that cultural practices disadvantage women. One male participant confessed that he had never really appreciated the role of women until he got disabled as his wife managed to take care of him including all other household duties and the children, "these people are amazing, God made them in a unique way and I wonder where they get their energy and patience from" (FGD Ward 16, 2015).

It also emerged that culturally, women are in some instances regarded as children who lack capacity to make sound decisions and its worse when the woman has a disability as alluded to by Rose during an interview; … *They may have done this without my consent as they are used to making decisions for me despite the fact that I am now an adult. (*Individual Interviews, 2015). Rose was referring to her brothers whom she suspected to have had connived with the nurses at a local clinic and had her sterilised so that she could not continue having 'fatherless' children. She had been impregnated and the man refused responsibility (although she miscarried the baby). This was just speculation based on past experiences with the brothers. She cited an example of how despite advising them not to, went ahead and took her from her husband who had infected her with HIV. For her, it was only logical not to burden innocent people when the person who had infected her was still there, he had to take responsibility of what he had done. What also made her suspicious is the fact that they would not normally take her to hospital whenever she is ill but after miscarriage they took her to hospital. If it is true that they had her sterilised, it becomes gross violation of her right to have children of her own. WWDs are entitled access to such services but voluntarily like everybody else. Forced sterilisation can only prevent pregnancy but not diseases like HIV and AIDS nor does it protect one from being sexually abused. This however is a tricky situation in low income situations like Zimbabwe; sometimes caregivers do this out of desperation as already they have the task of taking care of the woman especially if she has severe intellectual disability then they also have to fend for her children. This also depicts unequal gender relations as despite the brothers being her siblings, they still feel obliged to 'protect' her just because they are male children hence they take the role of a father. Thus Nussbaum (2005) rightly stated that the CA has women's inequality as its central goal and affording everyone equal opportunities regardless of gender or culture.

Religion was found to also have influence in the exclusion of WWD[6] thereby denying them access to crucial services. Maidei, one of the participants who is a member of the apostolic sect, indicated that they are not allowed to go to hospital and she even delivers her babies at home. She grew up in that religion and believe that the church can pray for its members when they get ill and get healed. Thus Maidei could

[6] Regarded in this study as part of culture

not get crutches that could aid her to walk because the devices are associated with hospital. She cannot exercise her agency and freedom of choice because when further probed, Maidei indicated that if one is caught going to the hospital, there is some kind of punishment that will be meted out on him/her. The proximity makes it even worse if she is to sneak to hospital as it is about 10 kilometres away. She would require bus fare but the husband is the one who controls the little money they get from their household gardening despite the fact that she, her co-wives and children are the ones who work in that garden. However, most participants highlighted that they also face challenges in accessing health services owing to a number of factors.

3.3 Experiences in Accessing Health Services

Health services is an area that generated a lot of interesting discussions in all the three FGDs. WWDs recounted their various experiences in accessing health services with the majority pointing at negative attitudes by the health staff as the biggest challenge. One woman with physical disability and uses a wheelchair gave an account of how she was treated when she went to hospital to give birth. *It felt like I had committed a huge crime as nurses were chiding me saying why with my condition would I want to have children let alone engage in sex (FGD, Ward 26).* The woman also narrated how it was difficult to get on the bed in the labour ward as they are very high for someone coming from a wheelchair and the nurses refused to help her. Thus she indicated that it was the most traumatic experience of her life.

Besides the negative attitudes by the health staff there were issues of physical accessibility and also access to information like in the area of Sexual and Reproductive Health and HIV and AIDS. WWDs have the same needs for SRH services as everyone else or they may have greater need than others due to their increased vulnerability to abuse. However, the study revealed that WWDs face challenges in accessing SRH and HIV and AIDS services. They lack access to even the most basic information about SRH hence they remain ignorant of basic facts about themselves and their bodies. Rose a 37 year old woman who is visually impaired and is HIV positive, when asked whether she has enough information on HIV and AIDS, she had this to say;

> *Ah! I am not sure as from the beginning, my brothers were the ones who were being told what I should do to live with the disease but nowadays I go alone to get my medication. Thus I get an opportunity to meet with other HIV positive people and nurses sometimes talk to us about the disease. However, when they issue out information in written material I have challenges because there is none in Braille.*

Thus lack of information takes away their confidence to negotiate for safer sex with their partners thereby putting them at higher risk of getting infected by HIV and other sexually transmitted infections. Other compounding factors noted that put them at risk high poverty levels, illiteracy and lack of access to health services.

Various reasons that limit their access to such services were highlighted and include physical barriers involving the distance to health services, inaccessible buildings and lack of adapted examination tables. There is also lack of health related materials which are in disability friendly formats for example in Braille or large print, simple language or pictures and there are no sign language interpreters at the health centres.

These adaptations could be made as a simple ramp would not cost much but due to negative attitudes, these necessary things are overlooked.

3.4 Educational Experiences

Low educational levels were noted among the respondents as the highest level attained was Form 1 (1 woman) and the rest only attained primary education. Arnade and Haefner (2006) cited in Munsaka (2014: 91) give estimates of literacy levels among PWDs as 3% worldwide with those of women and girls at 1%. This again is worsened by culture that does not value educating a girl child. Lang and Charowa (2007: 6) lament lack of educational opportunities among WWDs and state that, "This in turn further reinforces their marginalisation and social exclusion …Thus the negative cycle of poverty and disability is compounded." The main reason for not having attained good education given by most women is that of lack of fees or other provisions as well as distance to school. Thus failure by relevant authorities to provide with educational opportunities to WWDs denotes social injustice and deprivation of capabilities and functionings which result in poverty (Sen, 1999).

This problem did not end with formal education as they are still being left out of other educational activities that are carried out in the community. Rose, who is totally blind narrated how she was denied entry when she wanted to enrol in the adult literacy class that was being held in her area. The reason was that the tutors could not to read Braille. It is therefore violation one of the fundamental human rights which UNESCO as attainable throughout life (UNESCO, 2000). This even applies all other community development programmes.

3.2.2 WWDs' Experiences in the Economic Sector

All WWDs who participated in this study engage in some kind of self-help projects but generating very little income which they estimated at $10 per month averagely and is too little to sustain even the most basic requirements. This means WWDs who participated in this study live in abject poverty and confirms Yeo's (2005) assertion that disability and poverty are inextricably linked. However, WWDs exercise their agency by choosing the type of IGP they want to engage in, one they consider manageable in view of their disability. This notion is supported by Mersland (2005) who states that PWDs engage in self –help projects due to the need for flexibility according to their impairments and the need to deal with exclusion in the economic sector. Peasant farming and market gardening emerged as the most used coping mechanisms. These are however done at a small scale due to poor rainfall patterns, over-used soils, lack of agricultural inputs and restricted market among other factors.

The nature of disability and age in interaction with the environment are also some factors that come into play. Some types of disabilities in interaction with the environment, can limit one's functionality hence it becomes difficult to engage in labour intensive activities. Some reported that they sometimes take their children out of school to use them as sources of labour. This means that these children are not likely to get good jobs in future because of poor education and it becomes a cycle of poverty. It is also difficult for women as the name that is used to access resources issued out in the community like seed, is the husband's despite that the woman is the one

who uses them. Thus even the money they get from utilising those resources is controlled by the man hence limiting the woman's agency and freedom as pointed out by Maidei in Ward 16 when she was asked how she uses the money they get from the garden; *I give the money to my husband, he is the one who determines how it should be used*. (Individual Interviews, 2015).

These initiatives however lack support from Government and other organisations. The District Head of Ministry of Women's Affairs Gender and Community Development indicated that they had never made any intention to target WWDs in their activities, if ever they participated, it was just by chance. It never occurred to them that WWDs may require deliberate targeting as they have always been invisible in community activities. When the researcher asked why it was like that, the Officer indicated that they have always associated PWDs with JJA and consider disability a special area. Lang and Charowa (2007:27) had also raised this issue when they said, "…NGOs, in common with other stakeholders, have a misconception that disability is a very specialist area." Thus PWDs continue to be excluded in mainstream development activities thereby legitimising disability organisations like JJA. The exclusion of WWDs from the MWAGCD programmes was confirmed at the FGD held in Ward 26. Participants indicated that they have always heard that there are women's projects being initiated by MWAGCD but none of them had benefited from them. This is also attributable to lack of policy on disability by most of the organisations. Thus this can be a national trend as without a policy, there is no guarantee that these could be an isolated case. Thus society through its exclusionary tendencies and social injustice, suppress WWDs' personal conversion factors.

WWDs also find it difficult to access loans from financial institutions as most of the respondents stated that they cannot afford the requirements which include collateral and guarantors as people consider them a 'high risk'. Thus they face challenges in achieving desired functionings due to unavailability of income which Sen (1999) indicated as essential for promoting individual capabilities. Some respondents indicated that they relied on their children and relatives working in the urban areas (these become adapted preferences) but now the situation has been changed by the harsh economic conditions prevailing in the country. Those in the urban areas are the ones who are now coming to collect maize meal and other farm products as life in town is now very expensive. This means that those who used to support their folks back home can no longer afford it.

The DSS gives disability allowance to eligible PWDs for basic necessities which is US$20 per month and way too little to meet even the most basic requirements. ZIMSTAT reported on 19 June 2015 that the Total Consumption Poverty Line for a household with five persons in Zimbabwe was at $494.00 as in May 2015. At times, due to the resource starved Government, the recipients can go for as long as three months without getting the allowance and when they get it, most of the time it is not backdated. However, the majority of WWDs were not aware of the existence of such a service. During an interview with the District Social Services Officer (DSSO), it came out that the Department operates with stringent resources as they cannot carry outreach programmes that would include raising awareness and do some means testing to determine eligibility of applicants. This issue was also raised in the mixed gender FGD done in Ward 16. Among the participants were some who are already receiving the allowance but were lamenting that the money is too little yet they have to board a

bus to go to Mutoko Centre which leaves them with almost nothing from the money. This situation exposes the weakness of the CA as alluded to by Munsaka (2013) as he says that the theory does not provide with solutions in a situation where resources are few because in this case, the policy is there but inadequate resources to back it up.

The DSS also has a fund for assistive devices for use by PWDs but the process was said to be stressful as the participants say they are required to produce three quotations for any appliance they may require. This means one should have money for bus fare to Harare where there are orthopaedic workshops yet seeking assistance should mean that one cannot afford. Thus those who cannot raise bus fare, cannot get an assistive device despite its importance. However, when the researcher raised this issue with the DSSO, she indicated that they are no longer very strict with the three quotations requirement. They can assess the situation and make recommendations to their finance Department and the person can get the device. Again there was information gap judging by these conflicting statements between the officer and the beneficiaries. It is apparent that information is not disseminated to the people who are supposed to benefit hence limiting their access to such service. WHO (2011:70) stated that, "Where services do exist people with disabilities may encounter a range of physical, communication, information, and coordination barriers when they attempt to access services."

3.2.3 Experiences of WWDs with Political Participation

Politically, basing on Eyben et al's (2008) definition of political participation[7], the study revealed that except in one Ward where there has been a drastic change noted in terms of representation of WWDs in decision making structures. There is however, still a lot to be done in the other areas. Political participation is considered a human rights issue and is clearly stated in the CRPD Article 29 which states that;

> *States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others, …ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected….promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others…participation in non-governmental organizations and associations …in the activities and administration of political parties*

The 2013 Zimbabwe constitution provides for two PWDs to represent the disability sector in Senate and Section 155 (lb) stipulates that the State must facilitate voting by PWDs. This has been a key area for disability activists in Zimbabwe for a long time as they advocated for self –representation. Thus WWDs can advocate for self-representation backed by the law. All the respondents from Ward 10 confirmed that before JJA came, they were hardly recognised but now they occupy key positions in various sectors including the ruling party ZANU PF. However, it seems these appointments were hastily done without either preparing or orienting the concerned

[7] Eyben et al (2008:14) defines political participation as, "increasing equity of representation in political institutions and enhancing the voice of the least vocal so that they can engage in making the decisions that affect the lives of others like them."

people nor give them the opportunity to choose the position they wanted. Some could not even say their actual positions and others have not been to the meetings carried out by their respective committees for a long time. In the other two wards, it emerged that most WWDs were not in any leadership positions owing to various reasons. Some indicated that they have difficulties walking to the ward centre for meetings. One woman said she does not go to meetings because she cannot tolerate how people react to her disability as she recently got disabled. She however rues the fact that she cannot attend public meetings yet that is where leaders are elected. *Our lack of participation in political or other community meetings limits our opportunities to be in leadership positions because if you are not there, no one can speak on your behalf or campaign for you to be elected in any available position* (Individual Interviews, 2015).

Related to political participation is the issue of legislation which empowers WWDs to claim their rights. All except one participant had no idea of the existence of disability related legislation despite that they had been informed of some relevant laws and conventions in the workshop that same day. This may mean that issues of laws and policies are too technical for someone who is not well educated or it is the kind of information that is not valued. Knowles (1980) purports that adults learn what they want and when they want as well as learn things that are relevant that they can put to immediate use. The one respondent who knew the law on accessibility pointed out that it has not been effectively implemented. There are still public buildings being constructed without provisions for PWDs. Human Rights organisations that educate the public on human rights including women's organisations do not make efforts to include women with disabilities. Thus without the knowledge of the law, WWDs cannot fully articulate their rights.

Most participants were however able to indicate where they report if their rights are violated as evidenced by Chipiwa's response, *It depends on the kind of issue, if its rape, I go straight to the Police but other small issues like someone's cattle eating my crops, I report to the village head and if I am not satisfied I go to the Chief (Individual Interview, 2015).* It is however unfortunate that the police and the local courts do not have appropriate services to cater for WWDs especially those with hearing impairment. Their cases normally spend longer than normal as they will be looking for sign language interpreters or the cases may end up being dismissed. The JJA Officer indicated that they have to fight on behalf of women with hearing impairments who will have been sexually abused otherwise they do not get justice. He further indicated that they have two pending cases which are yet to be heard. The Officer also cited the issue of corruption which has affected the justice system as offenders can just pay money and they go free. Thus leaving WWDs to pursue justice on their own would be mere wasting of time. Their problems are also compounded by unconducive reporting systems as highlighted by Leonard Cheshire Zimbabwe Trust (2013)

Chapter Summary

The environment, in interaction with the individual impairments makes WWDs vulnerable to social exclusion. Social exclusion in turn perpetuates poverty among them. They lack access to key services that should enhance their well-being and these include education, access to capital and health services. The Government seems to base its responsibilities on the availability of resources despite commitment made through legislation.

Chapter 4

4.1 Introduction

This Chapter discusses the findings of the study in relation to the second part of the main research question which is about relevance of disability specific programmes in addressing WWDs' social, economic and political needs. Since JJA is the only organisation that has disability as its core business and implements disability specific programmes in Mutoko District, focus was therefore put on its two programmes which are CBR and Advocacy. A brief profile of the organisation and the two programmes will be done first. Two Officers from JJA were interviewed as key informants but just to corroborate the information from WWDs who were the target participants. Documents were also availed by the organisation to the researcher.

4.2 The Jairos Jiri Association Profile

JJA which was founded in 1950 by the late Mr Jairos Jiri is the largest service provider to PWDS in Zimbabwe. The man who started the organisation felt pity for PWDs whom he saw begging in the streets and decided to take action hence he took them one by one to his house. He believed that if opportunities are made available, PWDs could learn to be self –reliant so he taught them shoe mending and basket weaving. He ended up establishing one of the biggest vocational training centres for PWDs in Zimbabwe, which up to now provides with vocational skills to more than 150 youths with disabilities in various disciplines at a time.

The work of the Association has grown over the years and has become very diverse with 16 disability service centres across the country. The Organisation continues to align its work to current trends so as to remain relevant hence it currently runs two main programmes which are Community Based Rehabilitation and Advocacy programmes and these are the ones that are focused on in this study. Various documents were availed to the researcher which include reports, proposals, concept papers and policy papers and these were used to get information pertaining to the CBR and Advocacy programmes.

4.3.1 The JJA CBR Programme

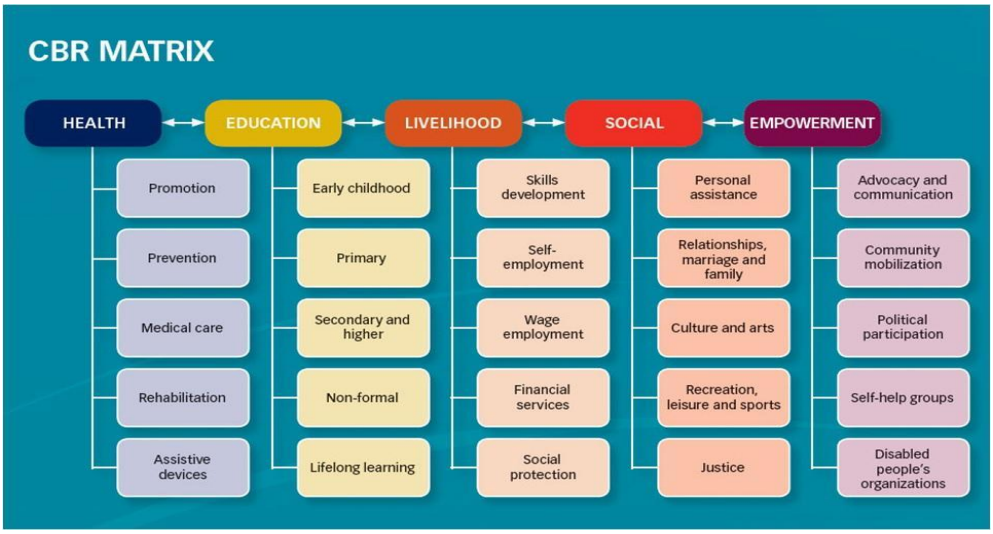
JJA CBR and Advocacy programmes take the community development approach which Toomy (2011) defines as a process of enhancing the social well-being of all members of a community. Thus community development empowers people to mobilize and effectively utilize available resources in dealing, with their own problems. Thus the JJA CBR and Advocacy programmes were designed in line with the community development approaches and principles (JJA 2011-2015 strategic Plan).

In 2004, ILO, UNESCO and WHO redefined CBR and indicated it as community programme that aims at ensuring access to same opportunities and rights by PWDs including "access to health care, education, skills training, employment, family life, social mobility and political empowerment (Pg. 1)." The authors further assert that CBR programmes should adopt a multidisciplinary approach that include organi-

sations, PWDs and their families as well as other community members. This definition fits well with the human rights model of disability and the CA as the main objective is "the inclusion of people with disabilities in the civil, social, political and economic structures of the community. This means PWDs being part of their society with the same rights, entitlements and responsibilities as others (WHO, 2004:2)" CBR concept is based on the need to promote capabilities and opportunities and involves the concerned people thereby giving them the opportunity to determine the courses of their lives thus promoting individual agency.

To systematise CBR programmes throughout the world, WHO developed a CBR Matrix that is comprised of 5 components that were considered essential in PWDs' lives. These include health, education, social, empowerment and livelihoods.

1.3 The CBR Matrix



Source: WHO (2010:25)

WHO (2010: 24) highlights that, "the first four components relate to key development sectors, … the final component relates to the empowerment of people with disabilities, their families and communities, to ensure improvement in the quality of life and enjoyment of human rights by PWDs." However, organisations can choose those that they have capacity to implement and advocate for mainstreaming of disability by other organisations. JJA CBR programme, covers all components but leaves out some elements but under health, all the elements except medical care are covered. Thus the organisation emphasises the health component which is aligned to the medical model and this is also evident in the types of professions that are among the CBR staff as most of them have medical training. Out of the 11 professionally trained JJA CBR employees, 8 are health professionals and the national co-ordinator being a physiotherapist.

Main activities include awareness campaigns on the causes, manifestations and prevention of disabilities, identification, assessment and treatment of PWDs, issuing out assistive devices and facilitate corrective surgeries. The activities are done to enhance the capacity of PWDs to take part in community activities that would lead to social and economic empowerment. The empowerment component covers all the elements but done in collaboration with the Advocacy Department as they complement each other.

4.3.2 The JJA Advocacy Programme

JJA has an established Advocacy Department which carries out advocacy activities aimed at empowering PWDs as well as enhancing their participation in developmental programmes and promoting their rights. The organisation strives to ensure that society is transformed and be accommodative of PWDs the overall goal is to contribute to national and international efforts directed towards inclusive and disability friendly environments that recognise PWDs as full members of the society. The programme therefore focuses mainly on social, economic and political participation of PWDs as well as enhancing their voice in decision making systems through both individual and systematic advocacy but focusing more on empowering PWDs who should champion their own cause (JJA, 2011). The purpose of the programme is to break down societal barriers through fostering positive policies and attitudes. Thus key strategies of the programme include awareness campaigns; establishment of community advocacy committees, research on disability issues, demanding that statistics documenting the participation of PWDs in development sectors be done by implementers and creating networks with other organizations. The programme also capacity build PWDs to fight for their own rights.

Efforts are made to ensure that PWDs can effectively and fully participate in social, political and economic sectors of the society on an equal basis with others. These are the two programmes that are used by this study to ascertain the relevance of disability specific programmes to social, economic and political needs of WWDs.

4.4 Relevance of the JJA programmes to the economic, social and political needs

4.4.1 Is JJA Catering for the Economic needs of WWDs?

JJA has got a loan revolving fund under the CBR programme that is aimed at economically empowering WWDs. It was however unfortunate that all the participants who were involved in this study did not benefit from the fund. Thus when the researcher asked how they think JJA programmes should be improved, all of them stated that JJA should carry out programmes that economically empower WWDs. They indicated that they are ready to work as they already have project ideas that they can manage. One of the participants indicated that cash transfers would be most ideal as she has seen how a similar programme implemented by Government is changing beneficiaries' lives.

The JJA worker for Ward 16 pointed out that the District has been having recurrent droughts for the past three/four years hence farming, which is the main source of livelihoods in the area was affected. It is for this reason that the demand for capital to start self-help projects increased. She also explained that before this drought period, WWDs were hesitant to apply for the loan as they were scared that they may fail to pay back and have their properties attached. However, through awareness, the number of new applicants has drastically increased yet the fund is very minimal. The JJA worker also highlighted that there are some PWDs who after benefiting would not want to pay back the loan saying that its disabled people's money. This deprives other PWDs who also need the money as the repayments that are collected are supposed to

benefit others within the same district. Each CBR operational district has its own account hence the higher the number of defaulters in a particular district the less the number of new beneficiaries. The issue of defaulters also came out in the mixed gender FGD held in Ward 16 when one young man who benefited from the fund indicated that he could not pay because there was no enough monitoring from the JJA staff as giving loans does not translate to the success of the project. When he applied for the loan, he miscalculated his capital requirements of which he had to keep the loan for long at the same time trying to raise more money for him to have sufficient capital. He claimed that the JJA worker never visited him during all that time hence he could not inform her of that anomaly. The issue of loans generated lively discussions especially in FGDs depicting the importance that is attached to it.

Thus the livelihoods component under the CBR programme, despite its popularity, seem not to be making meaningful impact in terms of coverage. When the JJA Officer was asked whether efforts had been made to link these WWDs with financial institutions, he responded that they could not do that because most WWDs would not afford the requirements as Munsaka (2013) also stated that the possibility of WWDs meeting the collateral terms was unlikely. This means that WWDs continue to wallow in poverty and increase their vulnerability to social exclusion.

4.4.2 JJA Addressing WWDs' Social Needs

JJA carries out a number of activities aimed at improving the social status of women with disabilities. The major activity is awareness raising aimed at dealing with negative attitudes, stigma and discrimination. The JJA Officer for Mutoko pointed out that sometimes negative attitudes that are directed to PWDs by society are sometimes not deliberate but are caused by ignorance especially on what causes disability. There are so many beliefs, myths and misconceptions surrounding disability and negative cultural practices and religious beliefs have to be addressed through awareness campaigns. He also mentioned that the awareness campaigns are also used to mobilise community members for them to participate in the programmes as disability should be everyone's responsibility since it affects everyone in one way or another. The initial awareness campaigns target community leaders to get buy in because once this group is 'converted', it becomes easy to deal with other members of the community. The information gotten from the study however, resulted in the researcher questioning whether awareness campaigns can have the same effects in all the areas that will have been covered. Ward 10 community has been very receptive and even acted upon the awareness and elected 21 PWDs in the community's decision making structures which is an indicator of attitude change yet other areas that received the same awareness programmes have not done much to change the situation of WWDs.

Nyamutsahuni community uses their own resources to commemorate disability rights every year and the headman explained that he had to use his position to deal with resistance and put it as a policy that whoever refers to a person with a disability as *chirema*[8] will be fined and give a goat. These goats are then slaughtered and eaten during the disability day. The headman said the strategy worked as now people from his area use friendly disability terminology. Thus more than 300 people gather every

[8] Chirema is a Shona derogatory name used to refer to PWDs

year to commemorate the rights of PWDs hence it is an effective way of reaching out to many people and make them aware of disability issues. The Headman highlighted that they now have 21 PWDs in in various leadership positions with the majority being women.[9]

Among the five WWDs interviewed, two were from this area and they also confirmed that they used to be looked down upon but now their situation has changed *we were not being treated as human beings …, Children with disabilities are also being sent to school now; an opportunity I missed during our time. We even hold leadership positions as WWDs (Cynthia, Individual Interviews, 2015).*

JJA also initiate the establishment of community disability committees which are trained to deal with disability issues. The idea of committees is part of the phase out strategy as these committees should remain carrying out disability related activities when JJA moves out of the area. It is also a way of involving local people in the programmes as the concept of community development entails maximum community participation (Toomy, 2011). The committees comprise of people from different sectors of the community including health, traditional leaders, church leaders and other Government Departments. At least three PWDs should be included and should hold key positions in the committee for them to get used to being in leadership positions. More than half the members should be women. These trained committees work on disability issues at local level and they provide the necessary support that PWDs may require. Thus they help in changing the social status of women with disabilities by providing them with advice especially on issues of abuse and other social injustices. Thus each Ward has its own committee and each comprises of an average of 10 people and this translates to 30 people having been trained in the three operational areas. Thus about 9 PWDs having been trained and volunteering at local level.

However, the responses from individual interviews as well as FGDs elicited mixed reactions to the effectiveness of these committees as some indicated that they only see a few individuals who maybe active and some indicated that the committees are doing a tremendous job.

JJA issues out assistive devices but not for cosmetic reasons, they would want to see how the device makes a difference in the recipient's life. The JJA officer indicated that their indicators do not put much focus on how many devices have been issued out but on what the recipient is now able to do, for example if that person was not able to attend community meetings, when they get a wheelchair, then they should be able to, including other community activities like women's clubs and church. The officer reiterated that in the past they used to just give some devices which could be abused and gave an example of an incidence where a beneficiary's wheelchair would be used as a wheelbarrow to go to the grinding mill. This is in line with Sen's idea of capability as he says possessing a commodity is of value only if it enables one to do a range of activities. Thus in case of WWDs, the device should enable them to partake in social, economic and political activities. However, the assistive devices are expensive and only a few people can benefit and the JJA orthopaedic workshop operate below ca-

[9] Out of the 21, 13 are women and the decision making structures include political parties, chief's council, and school development committees among others.

pacity because of financial problems. The information on the number of people who have been given appliances was not readily available but the JJA just gave estimate. Thus he indicated that more than 30 wheelchairs were issued out through a programme that was referred to as comprehensive mobility support. The programme aimed at transforming the way wheelchairs are given mostly by politicians who just give without considering whether it is an appropriate one or not. Inappropriate wheelchair worsens the impairment hence a wheelchair should be a prescriptive item (WHO, 2010). 40 pairs of crutches and more than 200 albino lotions.

4.4.3 Enhancing WWDs' Political Status

JJA, through its Advocacy programme entitled Enfranchising PWDs in governance Systems in Zimbabwe, made a huge impact in Mutoko District. The JJA officer made available to the researcher statistics that summarised the total number of PWDs who benefited through the programme in various ways.

Table 1.1 JJA Advocacy Programme Results- Period: August 2009 – March 2013

Category	M	F	Total
Election Observers	5	1	6
PWDs reached through voter education	367	391	758
PWDs appointed in Positions of authority	249	333	582
PWDs supplied with various appliances	24	28	52
PWDs who got Identity Documents	152	129	281

The Table above shows that the number of WWDs who benefited was higher than that of men and this was as a result of deliberate efforts that were made to target women. The JJA Officer emphasised the importance of collaboration and networking as these results could not have been attained without the support of relevant stakeholders including Zimbabwe Electoral Commission (ZEC)[10] and the Registrar's Office.[11] Efforts to make polling stations and voting booths accessible increased voting opportunities for PWDs although there are still outstanding issues like having ballot papers in Braille for those with visual impairment. The JJA Officer indicated that they have hope after the Government put in place a policy in 2012 that allows a person with visual impairments to choose whoever they want to be assisted by when casting their vote as they used to be accompanied by a group of people hence it ceased to be a secret.

Since JJA is involved in both individual and systematic advocacy, the Officers indicated that they attend to individual cases as they come. Mostly it is those with hearing impairments who will be looking for sign language interpreters to access justice at the courts or even the Police.

[10] ZEC was responsible for carrying out the actual voter education and training of election observers

[11] Registrar's Office agreed to mobile registration and this enabled the issuing out of many identity documents to PWDs without which, they would not be allowed to vote

4.5 Disability Specific Programmes or Mainstreaming?

The question on whether disability specific programmes are preferred over mainstreaming generated mixed reactions as all WWDs preferred disability specific programmes. They indicated that there is massive corruption such that anything targeted for a specific group of people is hijacked by those in positions of influence. An example of the Basic Assistance Education Model[12] (BEAM) was given which they purport is benefiting teachers and nurses' children and not of the poor which is the right target group. This BEAM issue was raised in all the three FGDs that were held in the three Wards. An excerpt from an interview held with Ruth also reveals preference is with the disability specific programmes;

I think programmes that specifically target PWDs are more effective as in mainstream, PWDs are not prioritised. There is also a lot of nepotism for example when there are seed distribution programmes, PWDs rarely benefit as they favour their relatives. (Individual Interviews, 2015)

This shows that there is lack of faith in the mainstream systems. However, all the Government officials favoured mainstreaming as they think disability specific programmes further alienate PWDs. This can be an acknowledgement by these professionals the need for disability to be an integral part of development.

4.6 Articulating the Role of Government in Disability Issues

Most respondents articulated the role of Government as mainly that of enacting disability friendly laws and policies to create a conducive environment that enables PWDs to exercise their rights. The CA tasks the state to create an environment that enables everyone to utilise available opportunities according to their capabilities (Nussbaum, 2011). Disability issues should therefore be a concern for the Government yet in Zimbabwe, disability issues have been relegated to non-governmental organisations. Some other specific responses on the role of the Government include improving services like health, education and social protection services and fund disability organisations. Thus Government is expected to take a leading role in executing laws that are targeted at disability in all development initiatives however, it seems the Government would need to restore some lost dignity if it is to regain the trust of its people.

4.7 Intersection of Factors: Age and Geographical Area

The question of whether age has a bearing on the experience WWDs have with social exclusion, elicited varied responses as some participants highlighted that they now have a lot of responsibilities than they had before they had children. These responsibilities put them under much pressure as they have to adequately play their role be it

[12] BEAM is a government fund that is aimed at promoting the education of children from poor backgrounds by paying for their school fees

as a mother, wife or daughter in law. Others indicated that they are no longer as active as they were at a younger age. This is in line with the assertion by WHO (2014: 1) which says that, "The ageing process for some groups of PWDs begins earlier than usual. For example some …show signs of premature ageing in their 40s and 50s." This therefore comes as a setback as this affect them at the peak of their responsibility. However there are some who thought that there are unique problems at each stage of life and gave an example of a disabled girl being denied education and being abused because she is still too young to defend herself. Thus the issue of age, though there were different opinions on how it affects WWDs, plays a role in their experiences.

In terms of geographical location, the study revealed that rural areas still have major issues in the area of gender as some old cultural practices that put women in a subordinate position are still maintained; they are not diluted by ethnic mix that characterise urban areas. For example, there are traditional gender roles such as fetching water and collecting firewood which women are expected to perform and when they become disabled and fail to perform these, they are regarded as a lesser woman. In urban areas, the availability of electricity and piped water reduces these burdens on women. Thus rurality of an area presents with more challenges where water maybe fetched some 5 kilometres away.

Chapter Summary

The Chapter focused on the work done by disability specific programmes in an attempt to address the social, economic and political needs of WWDs. The only organisation whose core business is disability Jairos Jiri Association was focused on. It's CBR and Advocacy programmes were analysed and the findings revealed that the programmes are very relevant and much appreciated but are limited in terms of coverage and are not adequately resourced. Government's role was also articulated by the respondents and the intersectionality of age and geographical area was looked into.

Chapter 5

5.0 Conclusions and Recommendations

5.1 Introduction

The Chapter revisit the main question as a way of synthesising the study and summarising the findings. The Chapter also highlights the researcher's opinion on the applicability of the CA to disability as a theoretical framework.

This study started by asking the question, 'How do rural poor Women with Disabilities experience social exclusion and how are disability specific programmes addressing their social, economic and political needs in Mutoko District of Zimbabwe?' This meant understanding how WWDs experience the everyday social exclusionary practices and assess the relevance of disability specific programmes in promoting their social, economic and political needs. The researcher addressed the question through using the case study methodology of which Mutoko District was the focus and JJA CBR and Advocacy Programmes were assessed. Individual in-depth interviews and FGDs were used to collect primary data having gone through the secondary data. Thus five WWDs were interviewed individually, three FGDs (one per ward) with two being single gender (women) and one being mixed (men and women). Interviews were also held with 8 key informants.

The study has revealed that while the country has favourable disability legislation, there are cultural practices that are still dominant in the rural areas. The rural environment is characterised by gender inequalities and women continue to be regarded as inferior. This has been found to be the major cause of WWDs' marginalisation. Jansson et al (2007) posit that the presence of disability, in combination with the experiences of being poor and being female, amounts to a form of triple discrimination. Lang and Charowa (2007:8) also assert that "The situation of WWDs is particularly precarious as they are invariably subjected to harassment, sexual abuse and exploitation within a patriarchal society which favours the male species."

WWDs have, despite the limitations imposed by the environment, showed some agency by engaging in self-help projects as a way of dealing with exclusion. Mersland (2005) states that PWDs engage in self –help projects due to the need for flexibility according to their impairments and the need to deal with exclusion in the economic sector. However, these coping mechanisms have lacked support from relevant authorities thereby giving them very minimum reprieve from the poverty that they endure.

The study also revealed that other than masculinity or political powers, there are other power dimensions that are used to indoctrinate women like religious beliefs. Thus the church produces hegemonic discourse without even using force as exemplified by Maidei's case[13]in which the use of moral and intellectual facet of power is demonstrated. This shows how ideology "controls what groups themselves usually hold to be true beliefs" (van Dijk, 1997: 28). These are areas that would need en-

[13] The apostolic woman who could not go to hospital and even believe that she can just be healed by being prayed for

forcement of the law as the church uses the spiritual power which becomes difficult to deal with. Zimbabwe is currently lacking in the implementation area of the law.

The ratification of the CRPD by the Zimbabwean Government can be effective (if supported with resources) in ensuring adequate provisions and entitlements for WWDs and this can be the only way societies can be made inclusive. However the CRPD need to be domesticated first as ratification alone is not enough if it is not turned into local law.

JJA plays a very critical role in addressing WWDs' social, economic and political needs and the programmes are relevant to the needs of the target group as all respondents including key informants appreciated the work that JJA is doing in the District. However, the programmes are limited in geographic coverage and some programmes like the loan revolving fund are underfunded yet the demand is very high. The organisation could explore the issue of unconditional or conditional cash transfer programmes which can be very effective in dealing with extra costs associated with disability.

Mainstreaming disability efforts by JJA seem not to be bearing much fruit as most organisations are not making deliberate efforts to include disability in their programmes. What seems to be lacking is serious follow ups after trainings and JJA should lobby for a national mainstreaming disability policy which can make it mandatory for all organisations to mainstream disability and then JJA can play a capacity building role as it has the expertise and experience. Related to that, JJA could take advantage of its reputation to take lobby and advocacy to national level and influence policy change.

Undertaking this research exposed the researcher to many disability issues that would need to be explored further hence JJA can partner with research institutions including universities to carry out research especially on women and children. Focus can also be on exploring further the use of the capability approach as a theoretical framework especially for comparing the provision of legislation and the actual practice.

5.2 The Applicability of the Capabilities Approach in Disability

There are three main issues that came out of the study which are as a result of social exclusion. These include non-inclusive society (there are physical, attitudinal and psychological barriers), there were also issues of culture which disadvantage women and lastly lack of capacity by the Government to provide with the necessary provisions for WWDs to achieve their functionings.

The applicability of the CA is evident in all the three areas but Comim (2012) puts across very important and specific such as; what kinds of life are PWDs able to live. Do they have the ability to realize valued goals? Thus the researcher found attracted to its ability to embrace diversity which can apply in the situation of those who are segregated by society for being 'different'. However, just stating the need to embrace diversity is not enough in a situation where culture is revered and religious practices are

followed to the latter. Thus practical solutions would be required to deal with such issues.

This CA can work in a situation that an individual is able to turn opportunities into functionings. Thus in cases where one has got severe impairments and cannot be in a position to make choices then the applicability of the CA is questionable. Their cognition may be limited in making valued choices or exercise their agency.

In addressing the issue of non-inclusive societies, the CA advocates for social change and proposes that disability be addressed in an inclusive and not separate manner and works well with the social model that focuses on transforming barriers into opportunities. Hedge and MacKenzie (2012) points out that the CA can be a tool with which to work towards inclusive societies where every person is treated with respect and valued as worthy member of the society. However, there are critics who say that Nussbaum does not give a full explanation on how inequality in society can be addressed. The argument is that, simply having the income to purchase such benefits does not mean that inequalities that exist in society are just (Bitar, 2013). It is also not clear why the CA should allow more vulnerability for one group than the other (ibid). This has been clear in the study findings that the major challenge for WWDs was issue of unequal power relations. Pogge (2001) advocates for a more refined disability theory that involves access to rights and equitable distribution of resources to meet people's divergent requirements.

Thus all in all the researcher is of the opinion that the CA can work well in combination with other theories for example the medical model that can address the issue of assistive devices and rehabilitation in case of a severely impaired person.

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Appendices

Appendix A Profiles of Participants (WWDs)

Name	Age	Description
Cynthia	32	Has physical disability (one leg is shorter than the other) as a result of an untreated injury acquired in a sporting activity in 1984. She is not married but staying with her two children from two different fathers as she was impregnated and both men denied responsibility. Went to school up to Grade 7 (that is primary education) and could not further her studies due to financial constraints. She is a Christian and stays in Ward 10.
Rose	37	Was born with total blindness and she stays in Ward 10 under Headman Nyamutsahuni. She is a Christian and she goes to Methodist Church. She went to school up to Form 2 in 1994 but could not go further because she was no longer getting the necessary provisions since she was in boarding school. She is divorced and HIV positive. Currently staying with her mother, her father passed away.
Maidei	31	She was born with a physical disability. She is a Christian and belongs to Johane Marange Apostolic sect. She is in a polygamous marriage though she is the first wife. There are three more wives to her husband. She has three children. Only attained primary education. Stays in Ward 16 of Mutoko District.
Ruth	68	Lives in Mutoko Ward 26. Got disabled in 2008 when she got ill and stayed 6 months in hospital where she was diagnosed with arthritis. Ruth is married (only wife) and stays with her husband and two grandchildren whose parents are deceased. She has a Christian background. She attain
Chipiwa	54	Lives in Ward 26 of Mutoko District and has a physical disability resulting from untreated polio which she had at the age of 8. She is married and has four children. She went to school up to Grade 3 and could not go further due to financial problems and also that educating girls was not a priority. Therefore she cannot properly read nor write. She is a Christian.

Appendix B Individual Interview with WWDs

Background Information

1. Age/ level of education/marital status/type of disability (and the history to it)/ children
2. What does disability mean to you?
3. How do you perceive yourself in society?
4. How do you think or believe others perceive you in the community?
5. What challenges do you face as a result of your disability and as a woman?
6. How do these challenges impact on you?
   -Socially
   -Economically
   -Politically
7. Do these challenges affect women with disabilities differently from men? If so, how?
8. What do you as an individual do to survive?
9. What platforms are available for you to express your opinions on matters that affect your life in the community?
10. Which services are available for PWDs? Do you think the services adequately cater for WWDs' needs?
11. Which disability related legislation are you aware of? How has it worked for you?
12. How have you worked with JJA? How have you benefited from it?
13. Do you find their programmes relevant to your social, economic and political needs?

14 How can they be improved?

15. What do you think should be the role of Government in relation to disability specifically women? Who are other stakeholders who can make a difference?
16. What would you prefer, disability specific programmes or mainstreaming? Why?

Any other comments

Appendix C: Focus Group Discussion for Women with Disabilities

1. How is disability viewed in the society?
2. How about women? And a woman with a disability?
3. What challenges do WWDs face (i) socially (ii)economically (iii) politically
4. What platforms are available for WWDs to raise their concerns?
5. How do you view the JJA programmes that are being done in the area? Have they been able to cater for the social, economic and political needs of WWDs?
6. How can the programmes be improved?
7. What would you prefer, disability specific programmes or mainstreaming?
8. What should be the role of Government in WWDs' issues?

Appendix D: Focus Group Discussion for men and women with Disabilities

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1. How are PWDs viewed by the society?

2. How are women treated by the society? How about women with disabilities?

3. Does the treatment differ from that of men?

4. What could be the cause of such treatment?

5. What do you think should be done? By whom?

6. How have you participated in the JJA programmes?

7. In your opinions, was there equal participation between men and women in the programmes?

8. How were gender relations addressed by the programmes?

9. How did the programmes impact on:
   - I. Social
   - II. Economic
   - III. Political lives of a) men with disabilities
     b) Women with disabilities

10. What still need to be done/how can the programmes be improved?
11. What could be the role of Government?

Any other comments