Inclusive Futures Brief, Zimbabwe:

Experiences of people with disabilities and organisations of people with disabilities during the COVID-19 pandemic

1. Introduction

This brief summarises the key findings and implications related to Zimbabwe from three studies conducted as part of the Inclusive Futures Programme, funded by UK Aid:

- Consequences of Exclusion: A Situation Report on Organisations of People with Disabilities (OPDs) and COVID-19 in Bangladesh, Nigeria, and Zimbabwe (available in English here, in Bangla here and in Easy Read versions here and here). This report is based on a rapid assessment conducted by the Disability Inclusion Helpdesk, which involved a rapid literature review, interviews with 16 OPD representatives (5 in Bangladesh, 5 in Nigeria and 6 in Zimbabwe) and focus group discussions with 27 representatives from an additional 23 OPDs. The assessment focused on how the COVID-19 pandemic has affected OPDs' operations and objectives, particularly organisations of women with disabilities and of under-represented groups of people with disabilities.
- A disability-inclusive response to COVID-19: Four lessons learned about including people with disabilities in humanitarian aid. This learning paper published by Sightsavers summarises the lessons from pivoting planned activities under the Inclusive Futures programme in 2020 to deliver disability-inclusive responses to the COVID-19 pandemic in Bangladesh, Kenya, Nepal, Nigeria, and Tanzania.
- Taking a disability-inclusive approach to pandemic responses. This policy brief draws on the findings from the Institute of Development Studies' (IDS) qualitative research with 35 people in Nepal and Bangladesh (32 people with disabilities and 3 parents of people with disabilities). Participants were interviewed twice about their experiences of the pandemic and their recommendations for future action during crises.

Whilst the first study was the only one that focused on Zimbabwe, more generic findings and country comparisons are outlined from the other two studies.

2. Findings from the three reports related to Zimbabwe:

a) **People with disabilities and OPDs were largely excluded from governments' planning and delivery of responses to the COVID-19 pandemic.** The requirements of people with disabilities were not adequately considered in pandemic planning and delivery, despite Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) stating that governments must ensure the protection and safety of persons with disabilities in humanitarian emergencies. OPDs and the Federation of Organisations of Disabled People in Zimbabwe (FOPDZ) continue to advocate for people with disabilities to be included in COVID-19 taskforces, however this demand has not been met. By contrast, in Tanzania the Inclusive Futures programme established a working group with OPDs and government representatives to coordinate a disability-inclusive COVID-19 response, and the Prime Minister's Office has invited the group to continue planning the recovery. One OPD in Zimbabwe noted that the Ministry of Health and Childcare did proactively contact them to request assistance with training health facility staff in sign language during the pandemic. There are also promising examples of governments proactively engaging with OPDs in the COVID-19 responses in Bhutan, Samoa, Georgia, Canada and Australia.

b) **A lack of official data about people with disabilities and having no national register of people with disabilities was a major barrier to providing people with disabilities with support in Zimbabwe.** OPDs, particularly the national umbrella organisation FODPZ, played a key role in working with the Government, other OPDs and NGOs to identify people with disabilities and direct support to them more effectively and efficiently. Across all the countries, OPDs and disability-focused NGOs have emphasised the need for governments to continue to collect, analyse and use disability data together with OPDs in future. In comparison, in Nepal and Bangladesh, despite having pre-existing registers of people with disabilities, many people with disabilities had not been registered due to a range of barriers to registration, therefore there was a similar need to collect additional disability data during the pandemic. Establishing a register of people with disabilities evidently requires careful planning and coordination with OPDs to mitigate any barriers to registration.

c) **The exclusion of people with disabilities and OPDs from the planning and delivery of COVID-19 responses resulted in severe material impacts for people with disabilities. OPDs played a critical role in the pandemic response, sometimes interceding to provide direct support with severely limited resources. OPDs also drove advocacy with the Zimbabwe Government to increase, target or change their support to people with disabilities.**
    - **Government information** about the pandemic was not accessible to people with disabilities in the early months of the pandemic. The National League of the Blind, Centre for Disability and Development Trust and Deaf Zimbabwe Trust sued state broadcasters and government ministries in Zimbabwe for failure to provide timely critical information about the COVID-19 pandemic in accessible formats. Government and state broadcasters were ordered to ensure future COVID-19 messages include sign language and written materials in formats accessible to blind and partially sighted people (Mhiripiri and Midzi, 2020). OPDs also produced and disseminated their own accessible information and communications about the pandemic for people with disabilities. People with disabilities' limited access to the internet and digital technologies was also a major barrier to communicating with them. People with disabilities in Zimbabwe were not able to participate in online government consultations, which were not organised to be inclusive and accessible. OPDs have highlighted the urgency of addressing digital exclusion to prevent growing inequality during the pandemic.
    - **Social protection:** in Zimbabwe there was no national register of people with disabilities, which meant that many people with disabilities did not receive assistance. One OPD interviewed for the Disability Inclusion Helpdesk's research reported that they provided food and cash assistance for a period of the pandemic, but their organisation could not sustain these activities, and they worried that they may have raised expectations for continued support.
    - **Health:** pre-existing barriers to health services have been exacerbated by the pandemic. For example in Zimbabwe, an organisation of women with disabilities reported that sexual and reproductive health services for women and girls with disabilities have been in high demand but were increasingly difficult to access due to restrictions on movement coupled with discrimination during the pandemic. The Ministry of Health and Child Care contacted one organisation of women with disabilities proactively to request technical support to train healthcare providers to use sign language, to improve accessibility of services during the pandemic and into the future.
    - **Gender-based violence (GBV):** OPDs observed an increase in incidences of GBV

against women and girls with disabilities during lockdowns and as the economic situation deteriorated. The UNESCO Spotlight Initiative in Zimbabwe has supported organisations of women with disabilities to address GBV during the pandemic, however OPDs are concerned about limited funding for GBV against women and girls with disabilities in the longer term as GBV continues to rise. OPDs experienced challenges in helping survivors access support because existing barriers were exacerbated by the pandemic. For example, according to OPDs, many GBV services in Zimbabwe are physically inaccessible, unresponsive or discriminatory, and accessing them during restrictions on movement has been challenging.

d) **The material impacts of the pandemic and the exclusion of and discrimination against people with disabilities had psychological impacts on people with disabilities and OPD staff trying to assist them.** People with disabilities experienced anxiety, depression, and feelings of loss, shock, fear and destabilisation due to loss of income; poverty; food insecurity; lack of access to information, health care, education, livelihoods and support; increased gender- and impairment-related abuse and violence; and exacerbated discrimination. OPDs in Zimbabwe received influxes of calls for help, and OPDs were a key source of peer support and mental health support for people with disabilities and their families. OPD staff themselves experienced severe psychological and financial impacts as they worked overtime and often without pay for months at a time to support people with disabilities who had been left behind in the response.

e) **Some OPDs experienced dramatic reductions in funding and operational capacity, and access to sustainable funding remains a critical priority.** As a result of the financial and economic impacts of the pandemic, many institutional, corporate, and public donors, as well as INGOs, made decisions to end funding to OPDs' projects early, reduce project budgets, delay payments, or provide 'no-cost' extensions for activities. Many OPDs were already chronically under-funded and only receiving funds for discrete activities, so further funding reductions caused severe financial strain, and some had to shut down temporarily. In Zimbabwe, organisations of people with intellectual disabilities were particularly affected by funding reductions, as they had largely relied on membership or service fees from families of people with intellectual disabilities, which became unviable during the pandemic. Supplementary government funding to one of these organisations was insufficient, and the OPD's services were subsequently shut down for most of 2020.

f) **The pandemic highlighted the importance of long-term, co-operative relationships between OPDs, governments and civil society.**
   - OPDs in Zimbabwe reflected on the need to strengthen their coordination with other OPDs for consistency and effectiveness, and to develop new constructive ways to engage with the Government in the future.
   - OPDs in Zimbabwe noted the vital importance of collaborating with other civil society actors and social movements, particularly women's rights organisations and GBV service providers. Two OPDs highlighted the work of the Women's Coalition of Zimbabwe, which enabled organisations of women with disabilities to connect and collaborate with women's rights organisations and GBV service providers to both provide and receive technical assistance on disability-inclusive GBV response.
   - OPDs in Zimbabwe were concerned that people with disabilities had not been included in both the response to Cyclone Idai and the pandemic, and the long-term consequences of poverty and inequality for people with disabilities. However, they were optimistic about the new National Disability Policy, the fact that Zimbabwe has representatives with disabilities in the Parliament, and the potential for working

towards more disability-inclusive emergency planning and response with Government.

3. Implications for governments, donors, and development and humanitarian actors in Zimbabwe

a) Include people with disabilities and OPDs in disaster preparedness and response task forces, and in other consultation and decision-making processes for disaster recovery.
b) Partner and collaborate with OPDs to ensure COVID-19 responses are underpinned by disability, gender and age disaggregated data collection, needs assessments and inclusive registration across key services and sectors, including communications, social protection, GBV services, physical and mental health services, and education.
c) Foster engagement with OPDs in the long-term across the breadth and diversity of OPDs, including organisations of women with disabilities and under-represented groups of people with disabilities.
d) Consult people with disabilities and OPDs at national and local levels on how to provide disability-inclusive information, and accessible communications from service providers. Inequality of access to and usage of digital technologies for people with disabilities also needs to be addressed.
e) Provide financial and other relief to people with disabilities and to parents and carers of children with disabilities on an equitable basis and in addition to any ongoing disability-related social protection schemes.
f) Identify and remove barriers to health services experienced by people with disabilities. Specific attention must be paid to ensuring that women and girls with disabilities, who often experience both disability and gender related discrimination, can access inclusive quality healthcare, including sexual and reproductive health services.
g) Strengthen mental health responses to the pandemic and other humanitarian emergencies and ensure they are inclusive of people with disabilities, including people with pre-existing mental health conditions and psychosocial disabilities.
h) Coordinate between OPDs, GBV service providers, governments and others on disability inclusive GBV prevention and response, ensuring that service providers continue to operate during a crisis such as COVID-19.
i) Identify and remove barriers to education experienced by people with disabilities, including barriers to remote and online learning. Alternative educational arrangements made during crises need to be inclusive of people with the whole range of impairment types and severities.
j) Provide additional flexible, core, and long-term funding for OPDs that meets the actual needs and priorities of people with disabilities during and after COVID-19 recovery. Consult with people with disabilities and OPDs to develop funding mechanisms that cover core operational costs, organisational capacity strengthening and staff funding as well as project-based funding.
k) Utilise diplomatic influence towards the meaningful participation of people with disabilities and OPDs in national, regional, and global COVID-19 recovery.
l) The evidence base on the impact of the COVID-19 pandemic on OPDs and under-represented groups of people with disabilities is limited. Invest in addressing evidence gaps to better understand issues affecting people with disabilities and OPDs, including OPDs representing women with disabilities and under-represented groups of people with disabilities.

About Helpdesk reports: The Disability Inclusion Helpdesk is funded by the UK Foreign, Commonwealth and Development Office, contracted through the Disability Inclusion Team (DIT) under the Disability Inclusive Development Programme. Helpdesk reports are based on between 3 and 4.5 days of desk-based research per query and are designed to provide a brief overview of the key issues and expert thinking on issues around disability inclusion. Where referring to documented evidence, Helpdesk teams will seek to understand the methodologies used to generate evidence and will summarise this in Helpdesk outputs, noting any concerns with the robustness of the evidence being presented. For some Helpdesk services, in particular the practical know-how queries, the emphasis will be focused far less on academic validity of evidence and more on the validity of first-hand experience among disabled people and practitioners delivering and monitoring programmes on the ground. All sources will be clearly referenced.

Helpdesk services are provided by a consortium of leading organisations and individual experts on disability, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, Humanity & Inclusion, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact enquiries@disabilityinclusion.org.uk

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