DISABILITY

INCLUSION RESEARCH REPORT

ZCC
Zimbabwe Council of Churches

Abridged Report

FOR THE ZIMBABWE DISABILITY INCLUSION SURVEY

JUNE 2021

"Towards a society fit for all"

ZCC Manicaland Youth Summit 2020

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Lastly, the ZCC would like to thank all its partners who directly and/or indirectly supported its disability inclusion journey from its formative stages.

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Acronyms

ADP Africa Disability Protocol

CRPD Convention on the Rights of Persons with Disabilities

CSOs Civic Society Organizations

FGDs Focus Group Discussions

NANGO National Association of Non-Governmental Organizations

NDB National Disability Board

NDP National Disability Policy

NDS1 National Development Strategy 1

OPDs Organizations of Persons with Disabilities

PWDs Persons with Disabilities

SDGs Sustainable Development Goals

ZCC Zimbabwe Council of Churches

Definition of Key Terms

Disability is a social construct, which results from the interaction between individuals with an impairment and various forms of barriers (attitudinal, environmental (physical and communication) and institutional (policies and programmes) barriers, which may hinder their full and effective participation in society on an equal basis with others.

Disability Inclusion refers to the meaningful participation of persons with disabilities in all their diversity, the promotion of their rights and the consideration of disability-related perspectives, in compliance with the United Nations Convention on the Rights of Persons with Disabilities.

Disability Mainstreaming is a process of assessing and addressing the possible impact of any planned action on persons with disabilities. It is a way of promoting inclusion and addressing the barriers that exclude persons with disabilities from the equal enjoyment of human rights.

Impairment refers to any injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function.

Self-determination is an idea that includes PWDs choosing and setting their own goals, being involved in making life decisions, self-advocating, and working to reach their goals.

Social Exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life activities, and it also involves the processes leading to and sustaining such a state.

Social Inclusion is a process which ensures that those at the risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social, political and cultural life in order to enjoy acceptable standards of living in their society. It ensures that they participate and contribute more in the making of decisions that affect their lives. It also advocates for their access to fundamental rights for persons with disabilities

Foreword

The ZCC is a fellowship of churches that are at the forefront of addressing disability and exclusion from its formative days in 1964. The ZCC member churches remain leading institutions in providing education for the blind and life skills for the handicapped. Through institutions like the Copota School for the Blind, which is owned and run by the Reformed Church in Zimbabwe, the churches have influenced society to appreciate that disability does not translate to inability.

While much of this disability inclusion focus has its foundations in the missionary era, the church has not appraised itself of contemporary challenges of the disabled persons. It was also clear that due to limited resources, the churches' attention to disability had decline. Further, there was growing misinformation and lack of understanding of disability due to new teachings in some church circles.

At its 2020 General Assembly, the ZCC and its member churches decided to take on the case of disability exclusion by making a resolution to have this as one of its strategic foci in the next three years. During this general assembly, a blind minister of religion from Copota School, was asked to be the main preacher. Such a gesture had a huge impact on the audience and assembly delegates as they deliberated on the inclusion agenda.

This research report on disability is a culmination of the resolution taken at this general assembly. It seeks to help the churches internally in their implementation of the general assembly resolution as well as to inform their public engagement on disability inclusion issues. Internally, this research will help the ZCC member churches in their internal reforms towards an inclusive, caring and loving church, fit for all. It will also help member churches to align their theological formation to take disability issues on board.

The ZCC also seeks to inform and influence nation building processes in Zimbabwe, primarily through a comprehensive and broad-based national dialogue in which disability inclusion is a major priority. The ZCC believes in self-representation of PWDs and has thus far worked tirelessly to ensure that their voice and issues are heard and addressed during and beyond the COVID-19 era. The ZCC envisages that the research findings will support the advocacy role of the church and inform the representative function of umbrella bodies for organisations for persons with disabilities.

In order to ensure sustained societal transformation in terms of disability inclusion, the ZCC hereby commits to spearheading the establishment of a Score Card system and a periodic National Disability Inclusion Survey based on selected key indicators related to processes in key sectors of society. It is our hope that the broader church and citizenry and various state and non-state actors as well as development partners will find value in the findings of the survey. The ZCC is committed to work with both state and non-state actors towards a just, peaceful, united and prosperous society that is fit for all.

I thank you.

.....

Reverend Dr Kenneth Mtata

1. Introduction and Background

This study was conducted to assess the state of disability inclusion by key sectors in Zimbabwe. The main research question for the study was: to what extent are persons with disabilities meaningfully participating in the church, civil society, private sector, local and central government processes and initiatives? Specifically, the study aimed at ascertaining citizens' perspectives and experiences on disability inclusion in the church, private sector, civil society, local and central government. It also served as a means of identifying and documenting good practices and opportunities for disability inclusion in the aforementioned institutions. The findings will provide a basis upon which the ZCC can align the on-going internal reforms towards building an inclusive environment that is fit for all (in terms of infrastructure, services, representation and participation in various levels of the church's life). Most importantly, the findings will provide academic and policy recommendations towards a systematic and broad-based disability inclusion agenda in key sectors of the society. Finally, the study will inform efforts to measure progress in disability inclusion in all key institutions and processes in Zimbabwe.

The World Report on Disability estimates that persons with disabilities constitute about 15% of the world's population, with about 80% located in low-income countries (WHO & World Bank, 2013). Persons with disabilities include those who have 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. Some of these impairments are not easily detected by a naked eye, and these are referred to as invisible impairments, which include epilepsy and deafness.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) of 2006, which Zimbabwe ratified in 2013, promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. It also promotes and respects persons with disabilities inherent dignity. In fact, the CRPD underscores the fact that PWD's are rights holders and valued members of society. However, while both the Sustainable Development Goals (SDGs) and the CRPD frameworks do recognize the importance of disability inclusion in the international development agenda, PWDs remain one of the most disadvantaged sector in society. Nevertheless, the gradual global shift away from a social welfare response to disability, to a human rights-based approach, which affirms the self-representation of persons with disabilities in decision-making processes, is worthy commending.

The Zimbabwean government has made significant strides towards effecting policy, programmatic and legal reforms to advance disability inclusion in society. For example, the National Development Strategy generally embraces an inclusive approach to development while section 6 of the Zimbabwe Constitution has affirmed Sign Language as one of the 16 official languages. Sections 22 and 83 obliges the State and all institutions and agencies of government at every level, to recognise the rights of persons with disabilities, in particular their right to be treated with respect and dignity. While these legal provisions and other policy and programmatic intentions of the state with regards to disability inclusion are significant milestones in terms of advancing a human rights-based approach to disability inclusion,

they can only improve the quality of life of PWDs when fully implemented by both state and non-state actors. Moreover, the problem of negative cultural and religious beliefs about disability remains deep-seated in the Zimbabwean society hence the need for the active involvement of faith communities in promoting disability inclusion.

According to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe, the prevalence of disability in the country is estimated to be 7%, amounting to approximately 914 287 persons based on the total 2012 national census population of 13 061 239 (Ministry of Health and Child Welfare, 2013). These figures from Zimbabwe are likely to be an underestimate as they fall short of the 15% mark in the World Report on Disability. This is because the percentage of persons with disabilities could be higher in Africa due to several reasons that include poverty, poor maternal health systems and civil wars. Yet not much has been done despite the obvious link between disability and poverty. It has also been noted that the COVID-19 pandemic has worsened the situation of PWDs in Zimbabwe as their access to essentials of life and services such as health, education and information have been further limited.

It is against this that the ZCC commissioned a national survey to assess the extent of disability inclusion in key sectors of society including the church. The findings are presented in this report.

2. Methodology

Research methods and data collection

The researcher made use of both quantitative and qualitative methods in gathering primary data. Quantitative data were collected by means of a standard, pretested online questionnaire. A total of 5 198 respondents completed the self-administered online questionnaire using the KoBo data collection tool. WhatsApp groups for persons with disabilities (PWDs), disability umbrella organizations, organisations of persons with disabilities (OPDs), United Nations-coordinated thematic clusters, professional groups and civil society groups were used to circulate the survey link. ZCC social media platforms (WhatsApp, Facebook, Twitter and Instagram) and the Kubatana website were also used to publicise the survey link. ZCC national and provincial staff members, OPDs, PWDs and four (4) Disability Inclusion Champions who were engaged as Research Consultants shared the survey link through their respective networks.

Qualitative data were collected by four (4) trained and experienced Research Consultants. Five FGDs were conducted online with youth, women and men with different forms of impairments; and parents or guardians of children with disabilities. FGDs were a crucial aspect of the research as they provided a more accommodative and safe space for the participation of persons with different types of disabilities, with some being variously assisted to make their contributions in terms of experiences, perceptions and deeper nuances into the datasets. Secondary data were drawn from audio recordings from ZCC-facilitated consultation meetings involving PWDs, civil society, political actors and policy makers.

Quantitative data were analysed by two statisticians (external and internal) using an Excel spreadsheet; while qualitative data were analysed and integrated with quantitative data by personnel from the ZCC Research, Innovation and Program Development Department. For quality assurance purposes, a draft study report produced by the research team was reviewed by Professor Tsitsi Chataika from the University of Zimbabwe and finalized by Rev Dr Mtata.

Limitations of the Study

The study took place during a period of health insecurities owing to the COVID-19 pandemic. The research methodology was therefore influenced by the imperative to minimise physical interaction as much as possible. The high cost of administaring the study limited the scope of the data collection process. As this study was an inaugural undertaking by the ZCC, not all key indicators of disability inclusion were fully measured. Nevertheless, the research process and its findings were viewed by PWDs and OPDs as sufficient in unearthing the extent of disability inclusion and setting the agenda for an inclusive society fit for all.

3. Summary of Research Findings

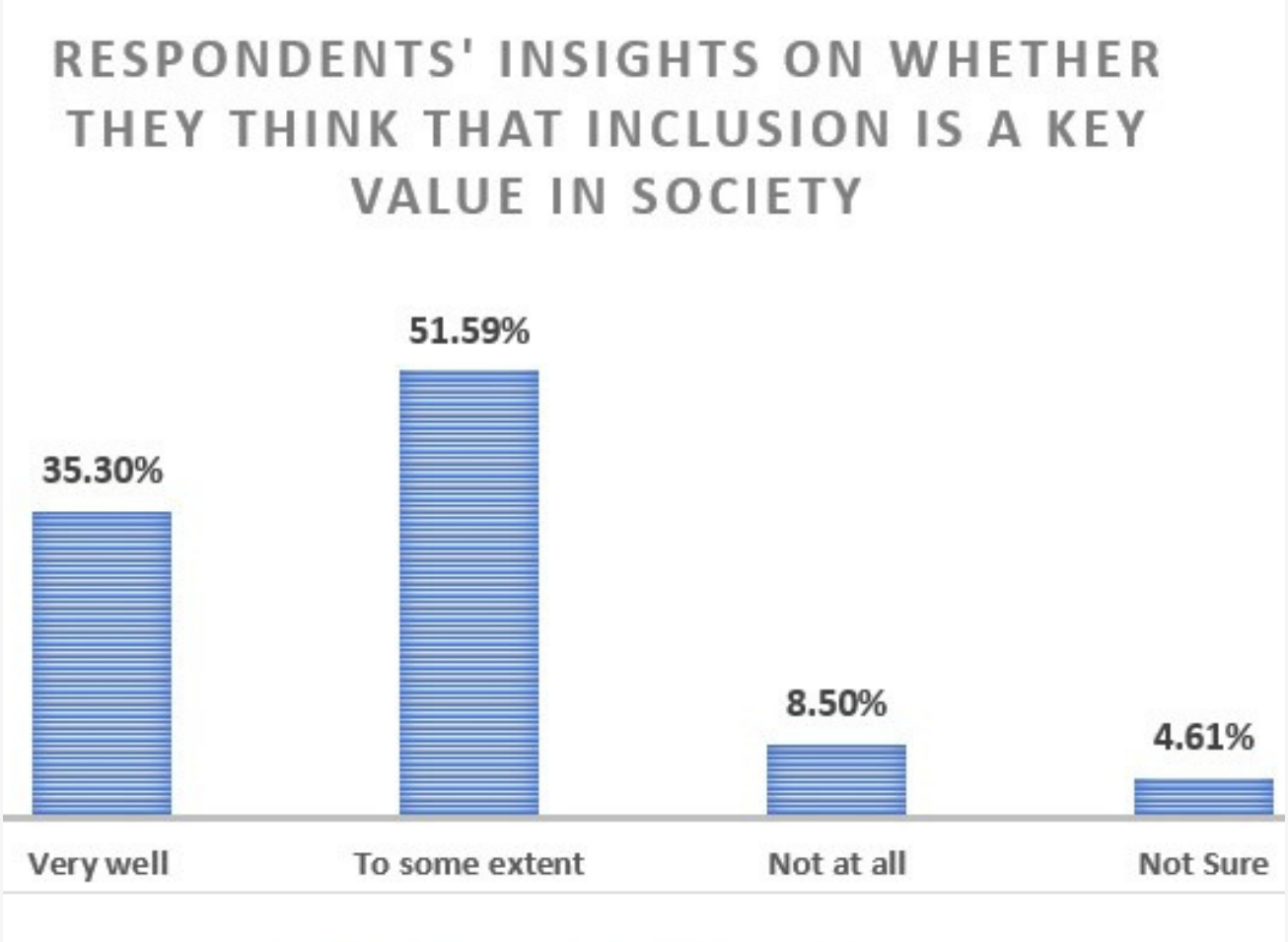


Figure 1: Inclusion as a key value in society

FGD participants broadly concurred on the understanding of disability inclusion as deliberate efforts to ensure that the needs and aspirations of PWDs are fully considered in designing any policies, services, projects or products. One FGD participant had this to say: “disability inclusion denotes the consideration of PWDs as equal human beings in any process in society”. As shown on Fig.1 above, the majority of respondents (51.59%) felt that inclusion is, to some extent, a key value in society, while 35.30% felt that the same is a very important value in society. A participant in one consultation meeting involving PWDs emphasised the need to go beyond nominal inclusion towards meaningful participation of PWDs in all societal processes and programs.

Understanding of disability issues and provision of support

A female participant in one consultation meeting with PWDs summarised the meaning of disability as a form of limitation or impairment. Another participant protested against society's use of the term "People Living with Disabilities" and preferred to be called "Persons with Disabilities or People with Disabilities", arguing: "we are living with our families not living with disabilities!"

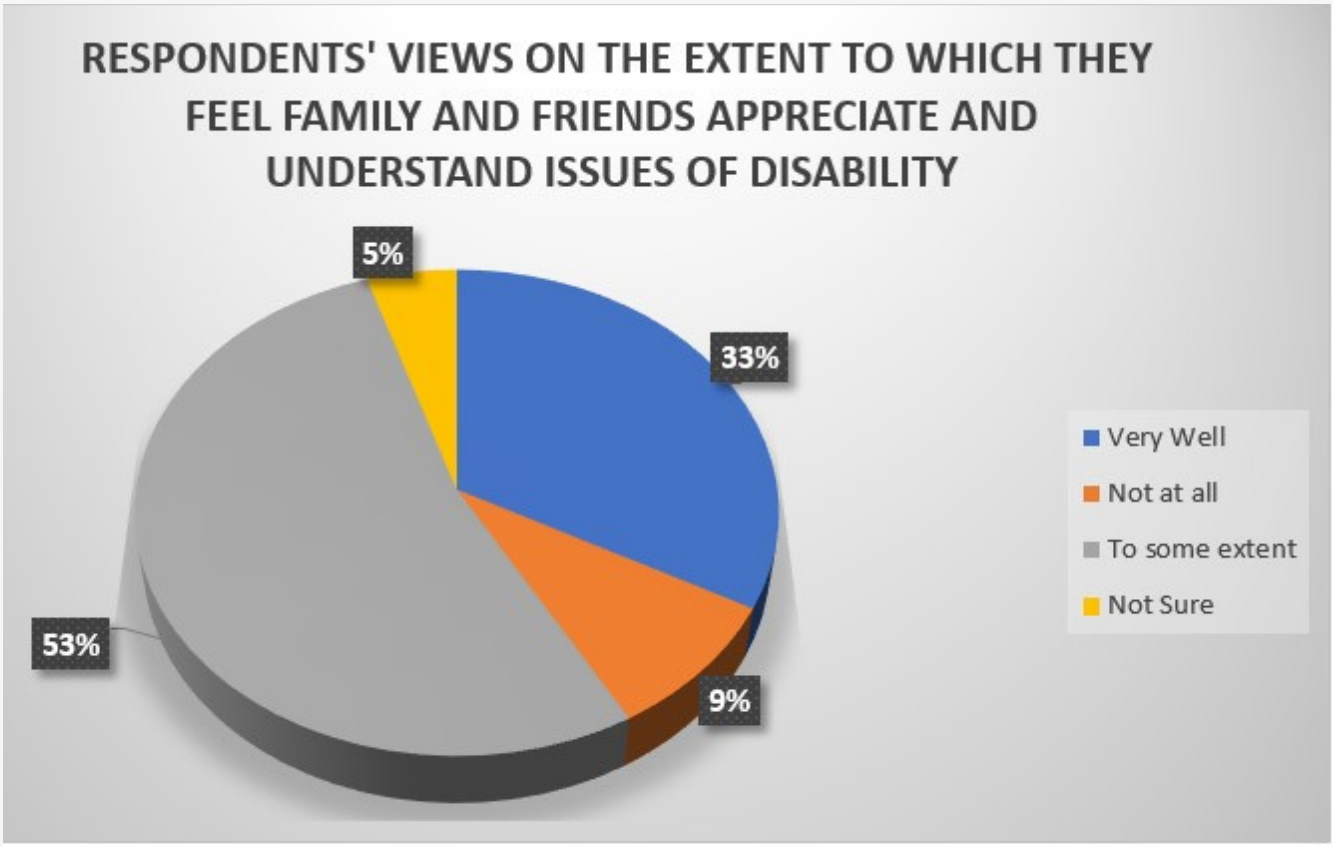


Figure 2: Appreciation of disability issues by family and friends

The research findings showed that families and friends appreciate and understand disability issues (perceptions, nature, impact and how to support PWDs) to some extent (53%), while a significant proportion of the same understands the issues very well (33%). Nine percent (9%) of respondents indicated that they do not understand the issues at all and 5% were not sure. When asked about the accessibility of support for PWDs from a number of actors, respondents stated that families (37.78%), community (17.97%) and friends (17.78%) constitute the most accessible support system. The government scored 16.39%, while the workspace had 6.74% and 3.34% of respondents could not rank any of the availed response options.

Potential of becoming disabled at any time in one's life

The research findings showed that families and friends appreciate and understand disability issues (perceptions, nature, impact and how to support PWDs) to some extent (53%), while a significant proportion of the same understands the issues very well (33%). Nine percent (9%) of respondents indicated that they do not understand the issues at all and 5% were not sure. When asked about the accessibility of support for PWDs from a number of actors, respondents stated that families (37.78%), community (17.97%) and friends (17.78%) constitute the most accessible support system. The government scored 16.39%, while the workspace had 6.74% and 3.34% of respondents could not rank any of the availed response options.

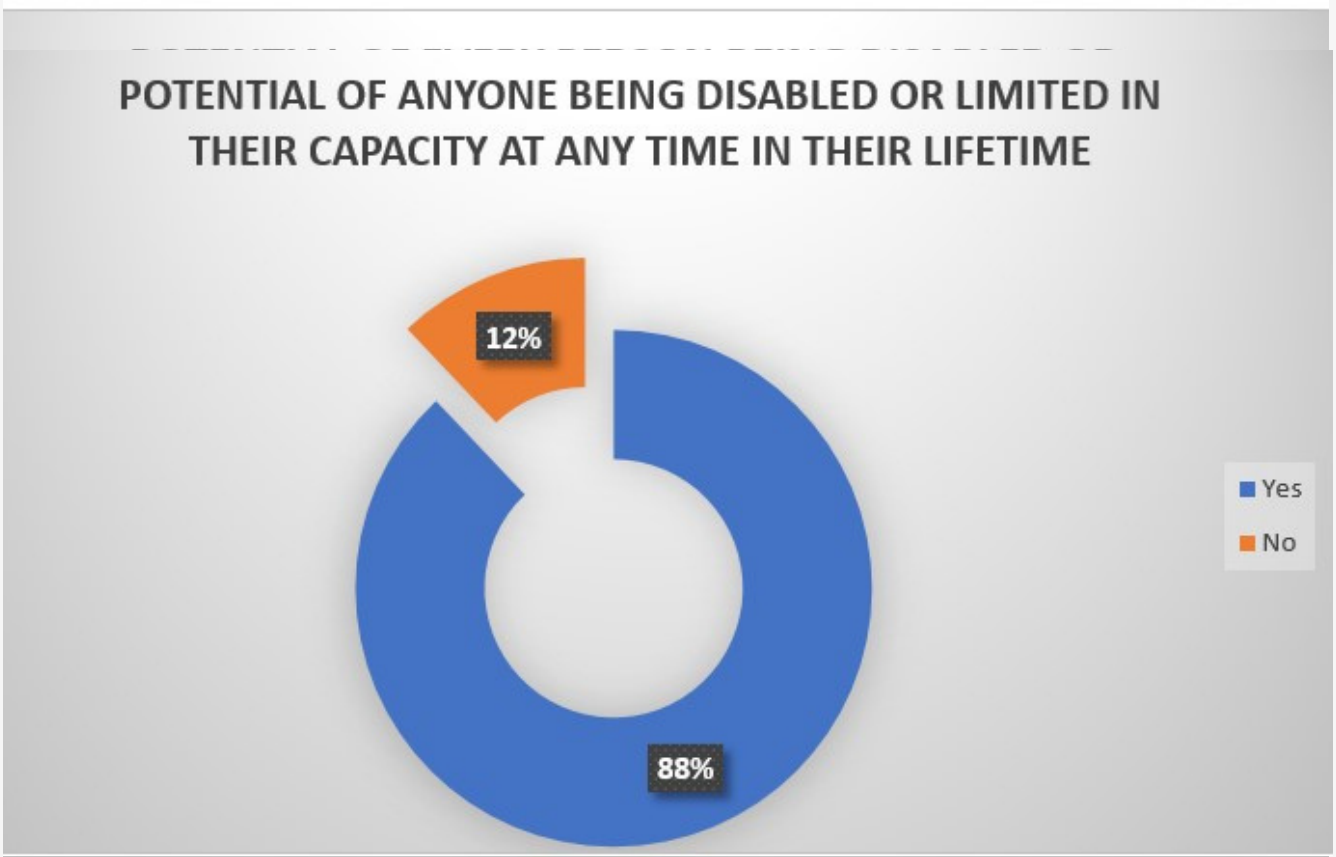


Figure 3: Potential of being disabled or limited in their capacity at any time in their lifetime

Amongst the respondents, 88% felt that anyone has the potential of being disabled or limited in their capacity at any time in their lifetime. Twelve percent (12%) of the respondents held a contrary view. A contradiction was noted across datasets: that the high level of awareness of the possibility of anyone being disabled has not resulted in a significant positive shift in attitude towards disability issues and PWDs in society. Additionally, 66% of the respondents had it that they would seek the understanding and support of their families if they became incapacitated, followed by 30% who indicated they would approach the government and parliament for support while 3% responded that they would not know what to do and 1% could not classify their response. One participant in an FGD with youth with disabilities acknowledged that “families provide most support to PWDs, but they are often overprotective

Barriers to self-determination

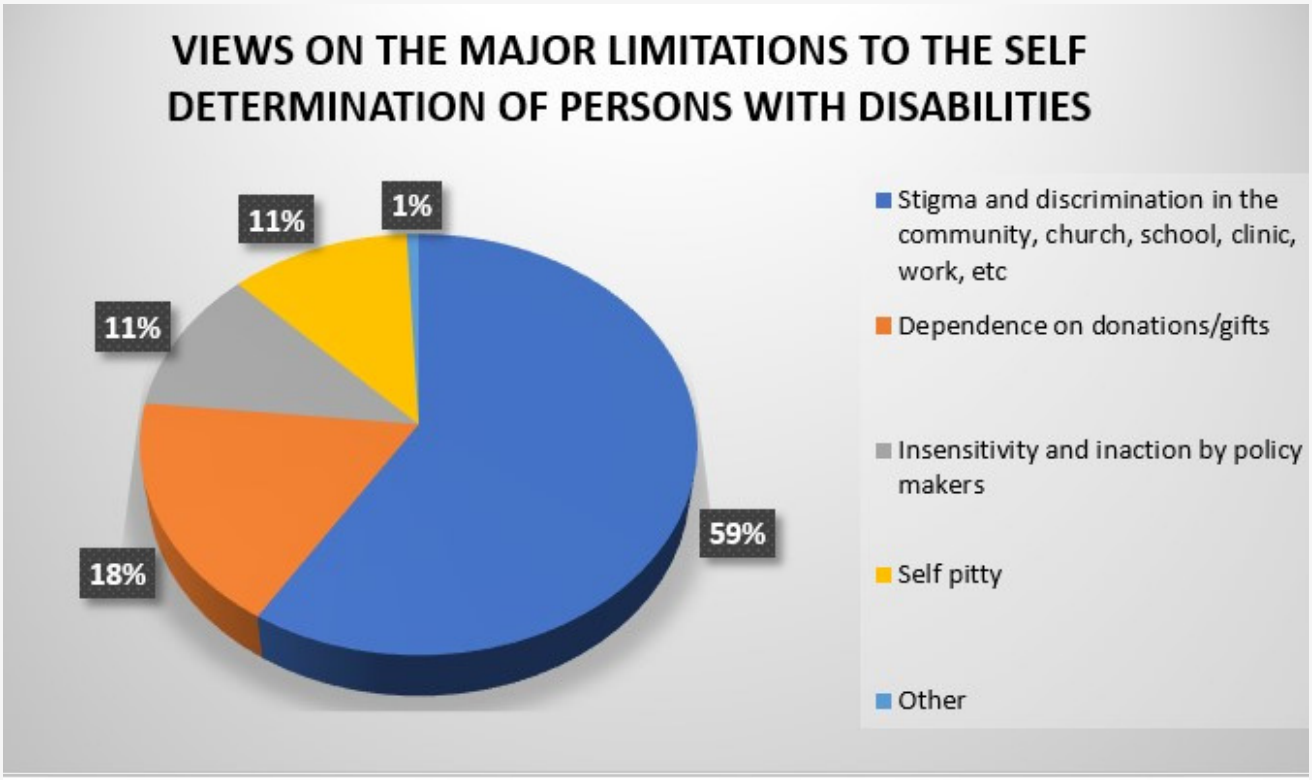


Figure 4: Major limitations to the self-determination of persons with disabilities

Fifty-nine percent (59%) indicated that stigma and discrimination presented the major setback to their self-determination, followed by dependence on donations or gifts (18%), insensitivity and inaction by policy makers (11%), self-pity (11%) and other factors (1%). FGDs with parents of children with disabilities confirmed the crippling effects of stigma and discrimination against PWDs in Zimbabwe, indicating that the church is complicit in the same.

Knowledge of disability guidelines or policies

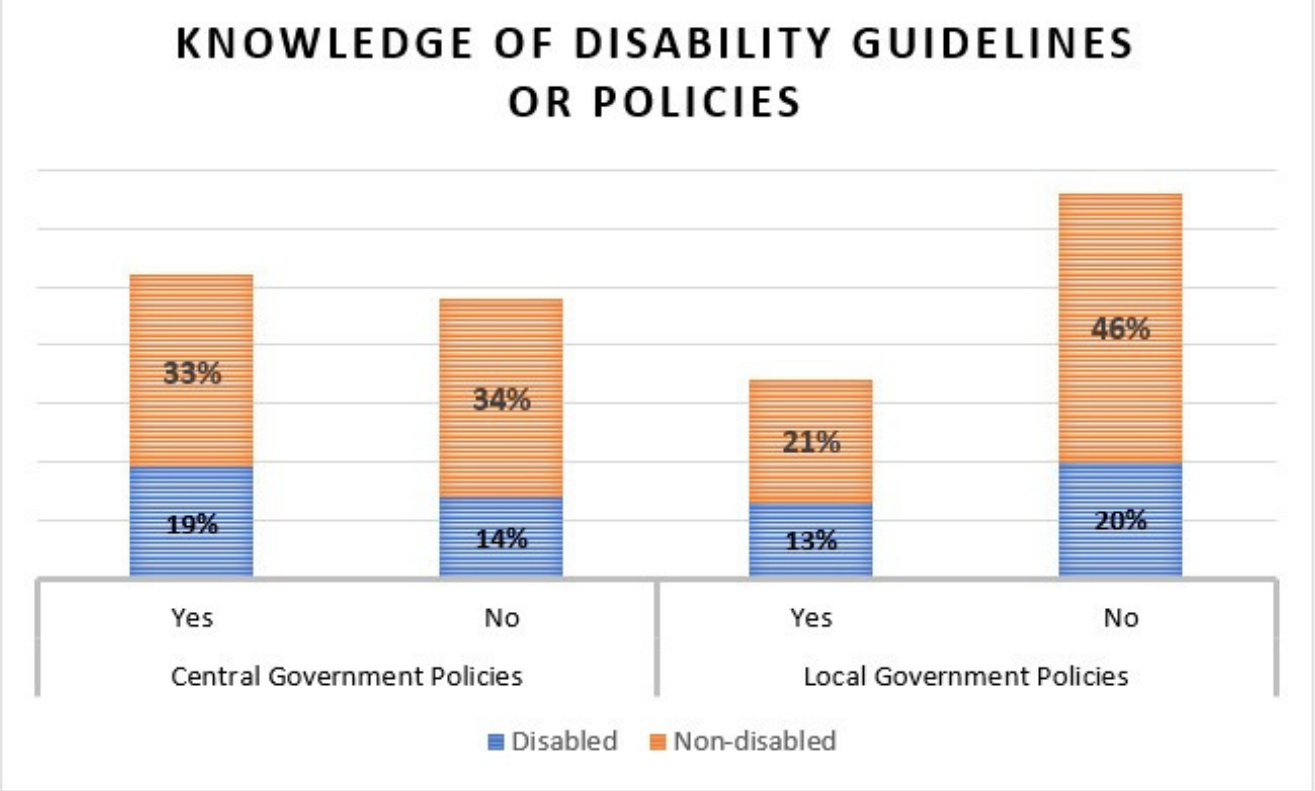


Figure 5: Knowledge of disability guidelines or policies

Fifty two percent (with 33% being non-disabled and 19% disabled) of the respondents acknowledged that they were aware of central government policies on disability, while 48% (34% being non-disabled and 14% disabled) professed ignorance of the same, implying that the public policy trajectory remains exclusive and does not promote the full participation. 66% (46% being non-disabled and 20% disabled) of respondents professed ignorance of local government policies on disability while 34 % (21% being non-disabled and 13% disabled) were aware of the same. Forty percent (40%) of respondents indicated they were not aware of church policy on disability whereas 23% were aware and 37% were not sure. Affirmatively, one participant who took part in one of the FGDs noted that, “as a church, we don’t have any persons with disabilities holding any influential position nor a disability policy”. Of particular note is the observation that 74% of respondents were not aware of disability policies or guidelines by private companies – only 26% were aware. Private companies were viewed as being relatively more insensitive to the needs and aspirations of persons with disabilities, suggesting that the economic development agenda does not full incorporate the needs and aspirations of PWDs.

Extent to which policy makers act on the views of persons with disabilities

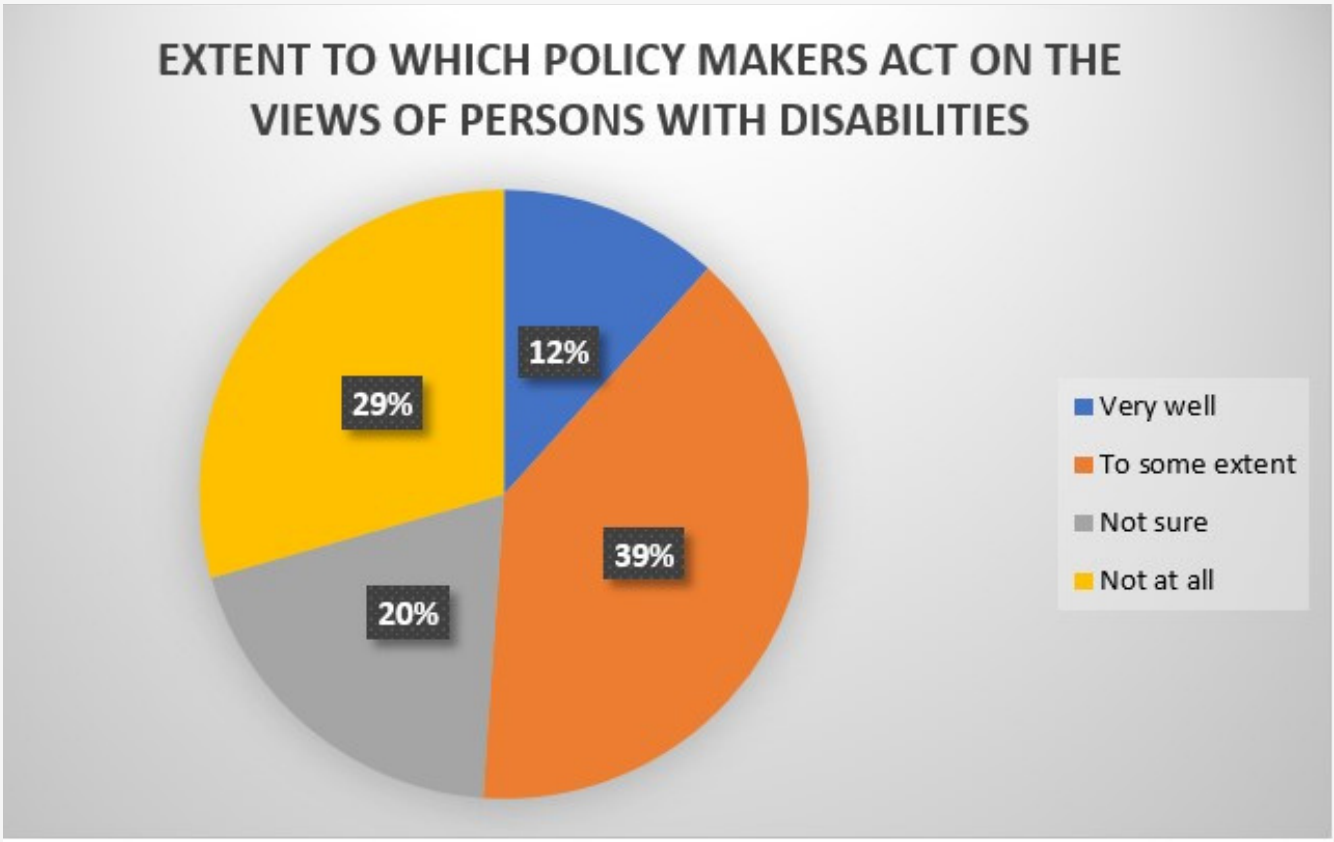


Figure 6: Responsiveness of policy makers to the views of persons with disabilities

The findings suggest that respondents are not satisfied with the extent to which policy makers' act on the views of persons with disabilities. A participant in a consultation meeting had this to say: "political parties have ignored disability inclusion because they do not have PWDs in their structures and that says a lot about the thinking of public officials with regards to PWDs". As shown on Fig.6, (39%) of respondents indicated that policy makers do act on their views to some extent; 29% indicated they do not act on the views of PWDs at all; 20% were not sure and only 12% thought they do very well act on the views of PWDs. FGD participants across the various categories of participants attributed the inaction by policy makers to the persistent challenge of stigma and discrimination against PWDs in Zimbabwe.

Level of accessibility of some public areas by persons with disabilities

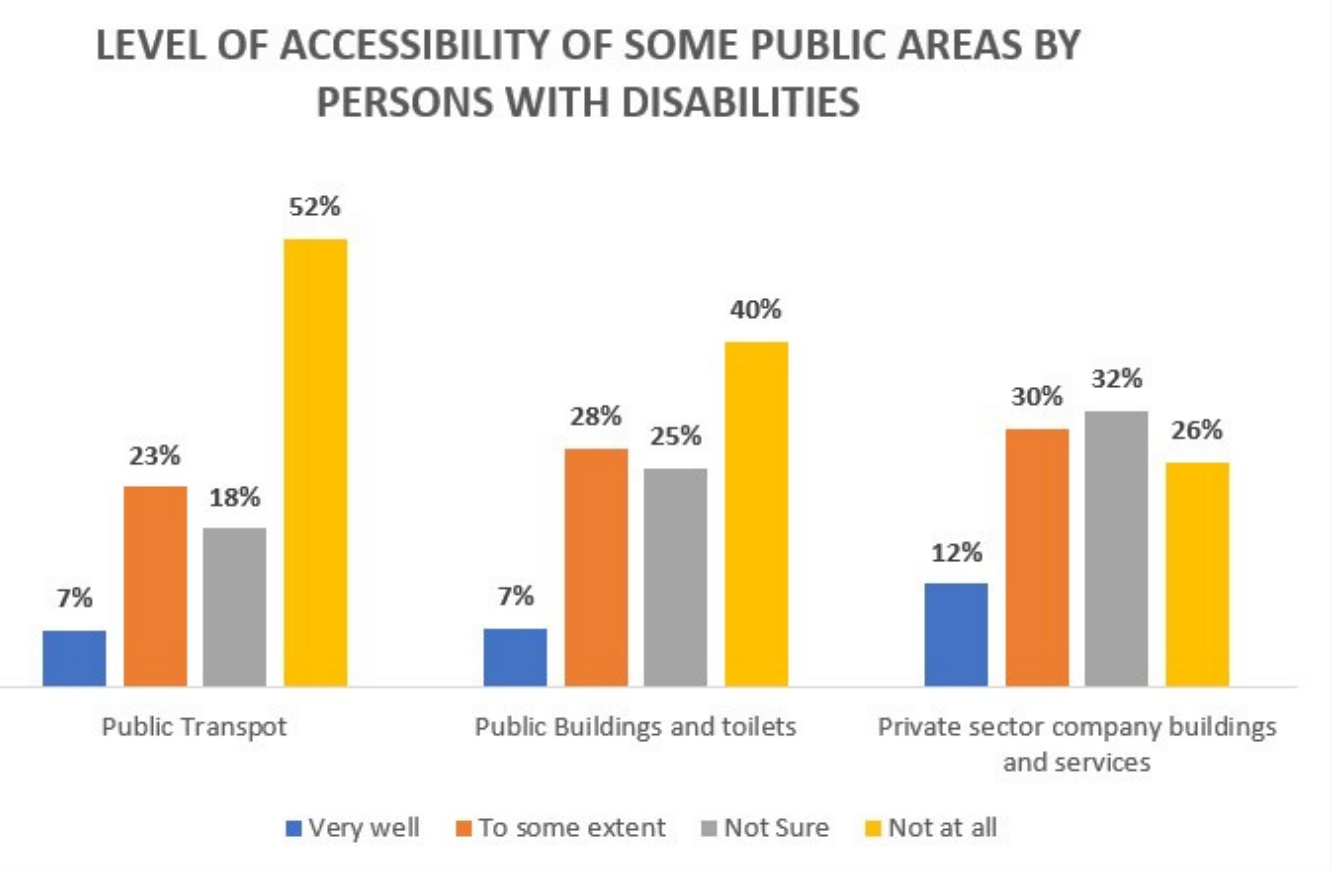


Figure 7: Accessibility of government buildings and services

Fig.7 above shows that 52% of the respondents indicated that public transport was not accessible to PWDs at all while 23% viewed it as being accessible to some extent. 18 % were not sure and only 7% felt that the public transport system was very much accessible to PWDs. Private sector company buildings and services were viewed as follows in terms of accessibility: 32% not sure, 30% to some extent, 26% not at all and 12% very well. Public buildings and toilets were rated as follows: 40% not at all, 28% to some extent, 25% not sure and 7% very well. From the foregoing, public transport was rated as the most inaccessible followed by public buildings and toilets. Thus, the research findings registered the deepening levels of exclusion of PWDs in both the public and private spheres in Zimbabwe.

Respondent's experiences in accessing basic services from local institutions such as police stations, schools, churches and health care facilities showed that most of these institutions do not have disability friendly facilities such as ramps, rails, sign language, wide passageways, braille and lowered lighting switches. For most FGD participants, the root cause of these discrepancies was the negative attitudes towards PWDs in society.

Accessibility of government officials and policy makers to persons with disabilities

The study revealed that 45% of respondents felt that members of parliament (MPs) were accessible to PWDs to some extent; 29% indicated they were not accessible; 14% were not sure and 12% felt that MPs were very well accessible to PWDs. Local government councillors had the following ratings: 47% to some extent; 21% not at all; 20% very well and 12% not sure. Cabinet ministers fared as follows: 40% to some extent; 29% not at all; 17% not sure and 14% very well. The results suggest that PWDs interact more with councillors and MPs than with cabinet ministers.

Utility of dialogue in creating conditions for an inclusive society fit for all

Forty-seven percent (47%) of the respondents were of the opinion that dialogue has a very high probability of creating conditions for an inclusive society; 29% responded “may be” while 16% indicated “not at all” and 8% responded “not sure”. The results suggest a bankable appetite for consensus-based solutions whereby the majority of PWDs feel that engaging in structured conversations around their challenges and that of the broader society might bring about positive changes for them.

Local authority regulations on construction plans in respect of disability provisions

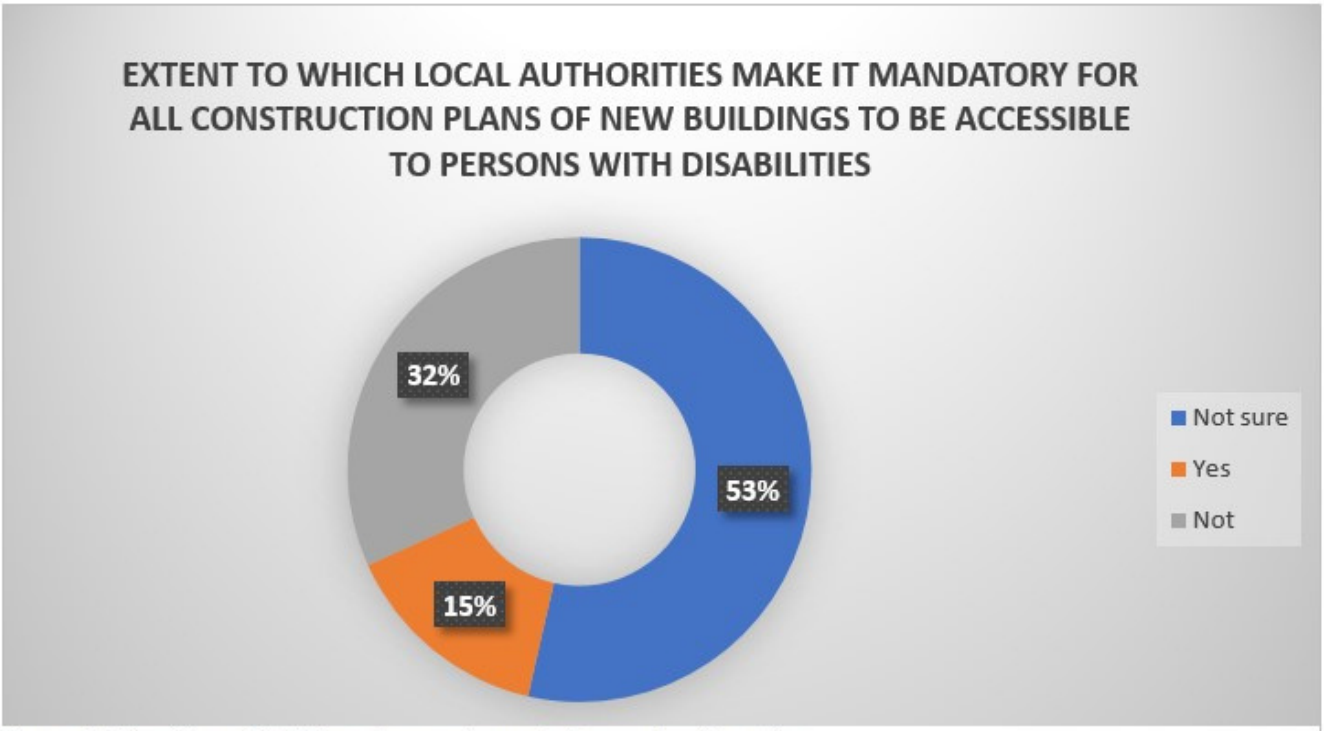


Figure 8: Mandatory disability policy requirements for construction plans

The study also revealed that 53% of respondents were not sure if their local authorities had mandatory pre-approval disability friendly construction plan requirements. Thirty two percent (32%) felt that their local authorities had no mandatory policies for disability provisions for construction plans. Only 15% of respondents stated that their local authority had mandatory disability friendly construction plans. This affirms the earlier finding that most respondents were not aware of disability policies by the private and public sector.

Views on how Zimbabweans should respond to disability issues

“There is deep mistrust between those without disabilities and those with disabilities as even in the corporate sector, PWDs are not trusted. The mistrust is carried forward such that the capacities of PWDs are limited and confined in small spaces that cripple growth and development of skills” (male participant in a consultation and dialogue meeting with PWDs in Bulawayo).

FGD respondents felt that the best way in which citizens could respond to issues of disability is to provide basic needs to persons with disabilities, while promoting their socio-economic empowerment. Respondents also felt that families should provide inclusive care and support for persons with disabilities, emphasizing the need to minimise the temptation to overprotect PWDs.

Knowledge of CSOs that advance inclusion of people with disabilities

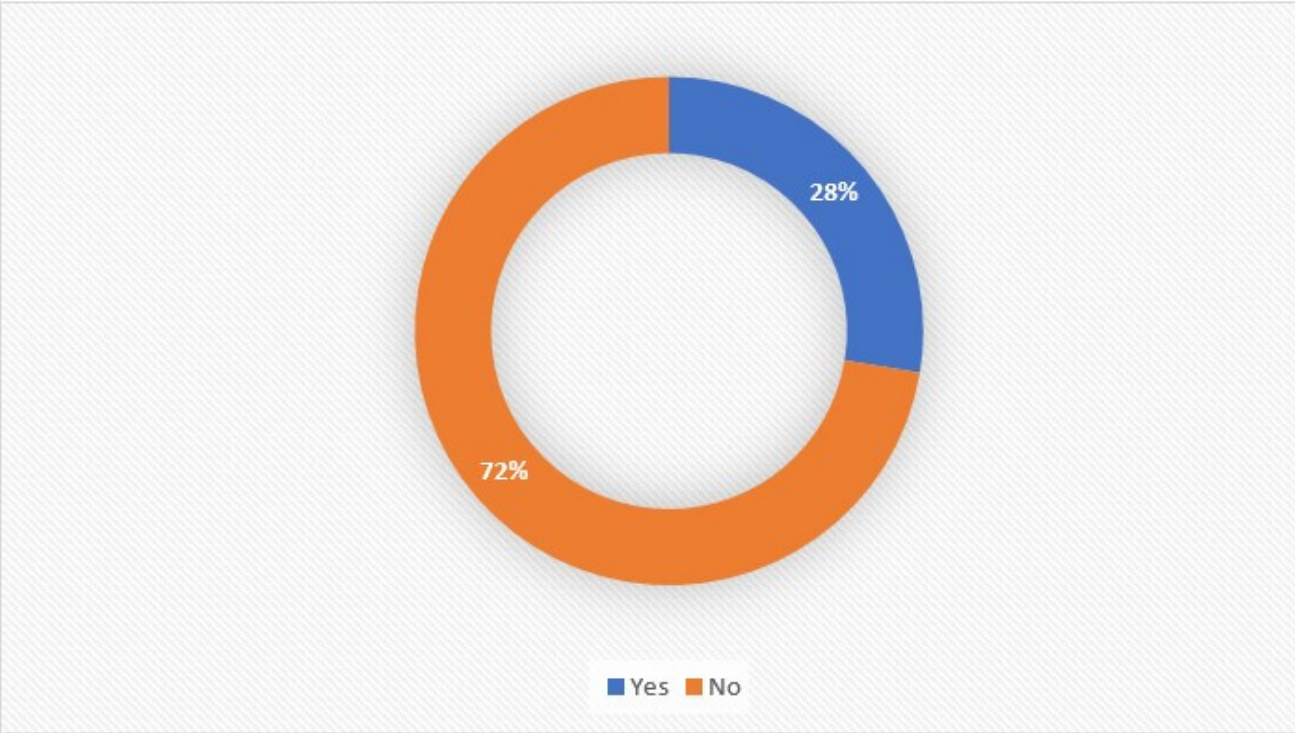


Figure 9: Respondents` knowledge of CSOs that advance inclusion of people with disabilities

Only 28% of respondents indicated they knew CSOs which advocate for inclusion of PWDs, while 72% indicated that they did not know of any such CSOs. The question specifically required them to identify at least one CSO (Non-OPD) that advocates for inclusion of PWDs. Participants in virtual consultation and dialogue meetings were concerned that in most cases, the inclusion of persons with disabilities is more cosmetic or window dressing, rather than being guided by the rights-based approach to disability inclusion.

Sensitivity of the country's laws to the needs and aspirations of PWDs

A male parliamentarian participating at a consultation meeting, noted that “the timing of the consultations on Bill No. 2 was not conducive for PWDs due to COVID-19 travel restrictions hence their voice was not effective in the process …”.

“During the nationwide constitution making consultations by COPAC, the constituency of people with disabilities proposed that 15 parliamentary seats be reserved for them, but this never passed and to their surprise, only 2 seats were reserved at senate level and not at national assembly level” (male participant at a consultation meeting).

Forty-two percent (42%) of respondents indicated that the nation’s laws are to some extent sensitive to the needs and aspirations of persons with disabilities while 24% stated that they were not sure and 21% had it that the laws are not at all sensitive and 13% were of the view that the laws are very sensitive to the needs and aspirations of PWDs.

Preparedness of the private sector to employ PWDs

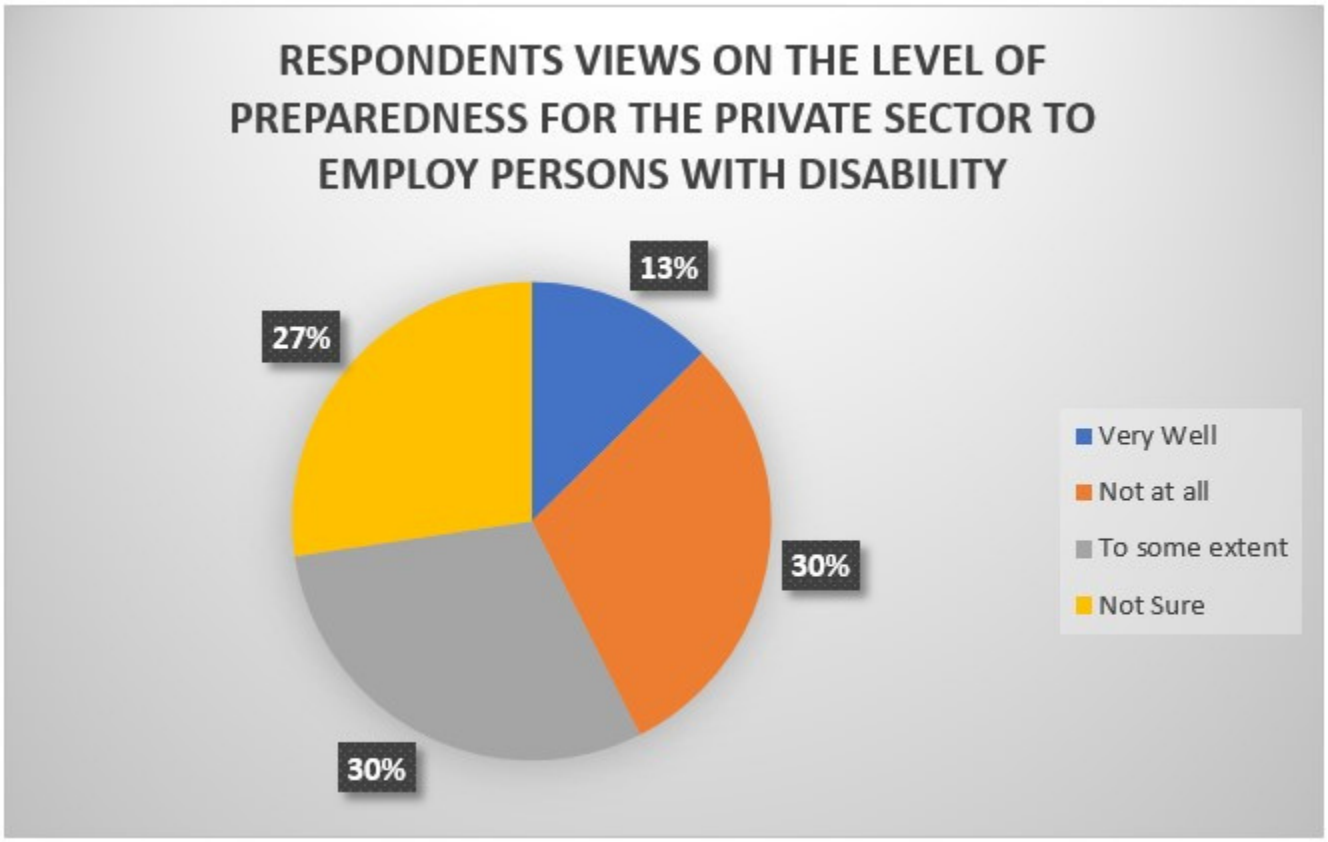


Figure 10: Level of preparedness for the private sector to employ persons with disabilities

Interestingly, 30% of respondents felt that the private sector is not at all prepared to employ persons with disabilities; 30% responded to some extent; 27% responded not sure, while only 13% felt that the private sector is very well prepared to employ PWDs. On the comments sections of the questionnaire, most respondents indicated that private sector actors generally view PWDs as being incompetent and costly to employ because of the support they require in order to perform their work duties and responsibilities. Findings suggest that the private sector is not sufficiently prepared to employ persons with disabilities in Zimbabwe.

4. General Recommendations

4.1 Citizens of Zimbabwe should radically change their attitudes towards disability issues in order to promote a conducive environment for PWDs at all levels of society.

4.2 All sectors should work together to promote the integrity and full functioning of the family institution as a primary provider of care and support for PWDs.

4.3 All sectors of society should promote increased awareness of disability policies and services and develop mechanisms to monitor their implementation.

4.4 All sectors should scale-up efforts to promote self-representation of PWDs in all programs and decision making processes in line with the rights-based approach to disability programming.

4.5 All sectors should conduct physical accessibility audits on existing physical infrastructure and adapt environments where necessary. Additionally, sign language should be embraced in all key local institutions including the police, customary courts, health care centres, church and schools.

4.6 All sectors should strengthen the capacity of umbrella disability organisations and OPDs to mobilise and organise around common agendas. In that regard, all stakeholders should promote nation-building processes that are genuinely inclusive of the aspirations of PWDs.

4.7 Government and civil society should invest in specific programmes and services for persons with disabilities such as rehabilitation, education and health care services.

4.8 The Council of Social Workers and relevant government ministries should promote the employment of Social Workers as key agents of transformation towards a disability inclusive society.

4.9 The private sector should develop innovative interventions to economically empower PWDs as well as produce assistive devices and tailored education and training materials.

4.10 The education sector should effectively mainstream disability inclusion from pre-school to tertiary education in order to systematically address the challenge of negative societal attitudes towards PWDs. All education curricular and materials for primary and secondary education should be reviewed to assess the level of integration of disability inclusion.

4.11 Government, private sector and civil society should improve the employability of PWDs through special education, training and recruitment.

4.12 Government should explore ways to enhance the accessibility, affordability and suitability of public services for persons with disabilities especially public transport. This may include embracing public-private partnerships for better disability inclusion outcomes.

4.13 Government should improve the availability and use of disability disaggregated data for effective policies and programs, bearing in mind that there are different forms of disabilities. Relatedly, research methodologies for collecting data on matters patterning to PWDs need to be developed, tested cross-culturally, and applied consistently.

4.14 Government should adopt a national disability strategy and a comprehensive plan of action in addition to the National Disability Policy.

4.15 Ministry of Local Government and Public Works should institute mandatory local authority construction by-laws to ensure the erection of disability friendly infrastructures for residential, commercial, government and church purposes.

4.16 Parliament should establish a Parliamentary Caucus to champion disability inclusion in the august house and across all government departments and institutions.

4.17 Digital inclusion and digital security for PWDs should be prioritized in the promotion of disability inclusion in Zimbabwe.

4.18 Academia and disability umbrella organizations should scale up research on disability in order to increase the agency of PWDs and enable public understanding about disability issues.

4.19 The ZCC, disability umbrella organizations and interested state and non-state actors should consider establishing a sustained multi-media disability inclusion campaign based on the findings of this research.

4.20 The ZCC should spearhead the establishment of an annual multi-stakeholder Score Card system to systematically track progress in disability inclusion in key sectors of society.

4.21 The church should address all aspects of church life that may limit the participation and leadership of PWDs. This may include increasing the enrollment of trainee pastors or faith leaders with disabilities and reviewing the training curriculum for theological colleges to ensure it embraces disability inclusion.

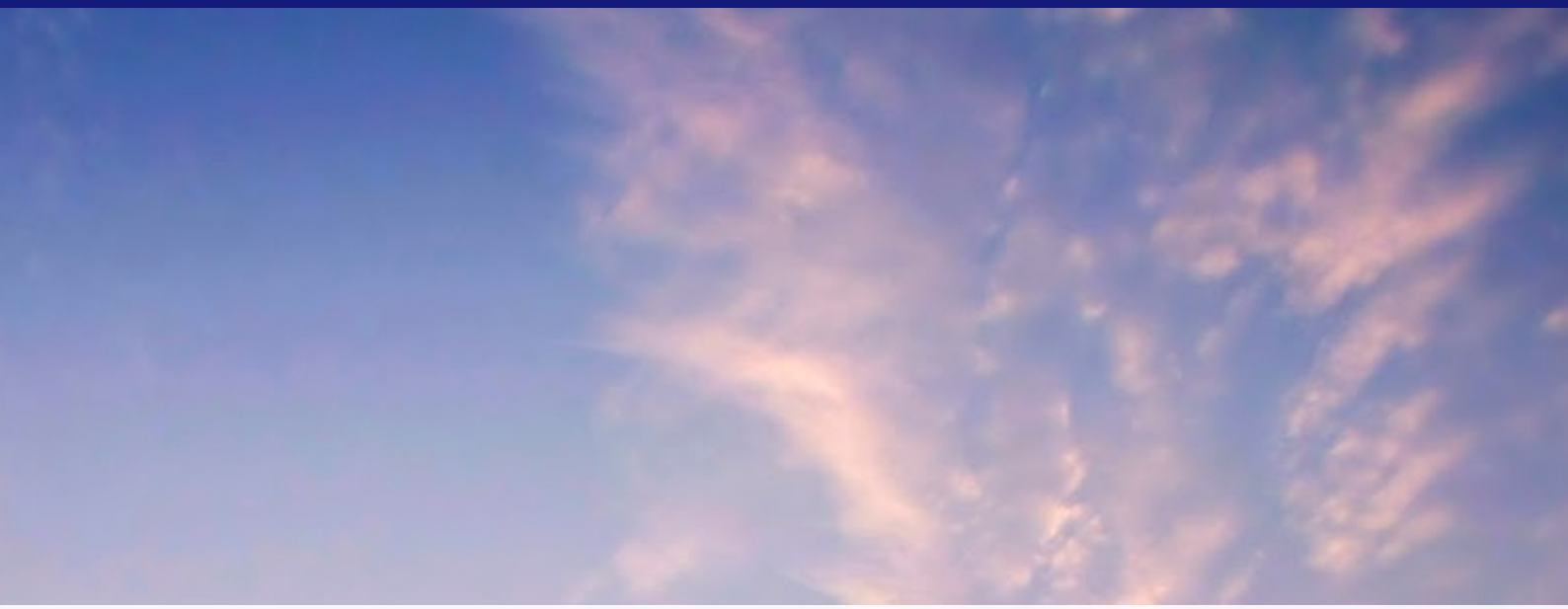
4.22 Civil society organizations should closely engage with and collaborate with DPOs and disability umbrella organizations in promoting disability inclusion.

4.23 Disability umbrella organizations and the ZCC should commission a multi-sectoral Zimbabwe Disability Inclusion Assessment once every three years to systematically track progress on disability inclusion based on clearly defined indicators.

5. Conclusion

The study findings suggest that PWDs are significantly excluded from key sectors, services and processes of society. This observation implies that PWDs are relatively more vulnerable than the non-disabled members of society- many of them will be left behind owning to the effects of the Covid-19 pandemic. From the findings, it is also clear that the major setback to the advancement of disability inclusion in Zimbabwe is stigma and discrimination at all levels of society. Key sectors of society have not meaningfully transformed their policies and practices to promote disability inclusion. The research has also shown some worrying contradictions: that the majority of citizens admit the possibility of being disabled at any point in life, yet the levels of stigma and discrimination against PWDs remain deep and high. That most respondents found the country's laws and policies to be theoretically sensitive to the aspirations and needs of PWDs yet the practice on the ground robs PWDs of their self-esteem and dignity is a cause for concern. The levels of agency by OPDs remain inadequate owing to the crippling effect of the mutually reinforcing structural limitations on PWDs in our society.

Lastly, the research findings depict Zimbabwe as a country that is deeply fragmented on the basis of ability and disability, and thus points to the imperative for a structured whole-of-society process to foster social cohesion and inclusive national envisioning based on principles of justice, peace, prosperity and unity.



ZCC

Zimbabwe Council of Churches

Designed By

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