



Inclusive Futures

Promoting disability inclusion

Organisations of People with Disabilities and COVID-19 in Zimbabwe

Disability Inclusion Helpdesk, October 2021



UKaid

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Rapid Assessment by the Disability Inclusion Helpdesk

- Rapid literature review
- Interviews with 16 OPDs (6 in Zimbabwe)
- Focus Group Discussions with 27 representatives of 23 OPDs



People with disabilities and OPDs were largely excluded from governments' planning and delivery of COVID-19 responses

- Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) states 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 (FODPZ) continue to advocate for people with disabilities to be included in COVID-19 taskforces, however this demand has not been met.

“We didn't only have the COVID-19 pandemic, we also had the Cyclone Idai induced hardships in some parts of our country. We were of the opinion at the end of the day that not much was done for people with disabilities by the government [during both emergencies]. ...And COVID-19 is not the last pandemic. There could be many more pandemics that are going to arise.” OPD representative in Zimbabwe.



A lack of official data and having no register of people with disabilities was a major barrier to supporting people with disabilities

- 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.
- 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.



The exclusion of people with disabilities and OPDs from planning and delivery of responses resulted in increased pressure on OPDs.

- 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.

Increased pressures on OPDs to deliver services or advocate for more inclusive services:

- **Accessible information**
- **Social Protection**
- **Health**
- **Gender-based violence**
- **Education**

“We would receive phone calls from members needing assistance. That’s the thing which gave us sleepless nights, to know that our members are now suffering more and more because there’s no food to put on the table and they don’t know what is going on. Especially those with hearing impairments [who could not access information]. The distress calls were really, really painful because even the government didn’t have a solution, we had to wait for [their response], until help could come so really there was so much distress ... it was really, really terrible.”
OPD representative in Zimbabwe.

Limited access to technology

- OPDs adapted to using digital technology for outreach and information sharing.
- But it was difficult to reach people with disabilities online due to their limited and unequal access.

Dramatic reductions to funding and operational capacity

- Donors and INGOs redirected, paused, or reduced funding.
- CSR funding also reduced.
- 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.



Psychological impacts

- OPD staff were traumatised by distressing phone calls from people with disabilities who were left behind.
- OPD staff worked overtime and without pay.
- OPD staff with disabilities were experiencing the same challenges as the people they were supporting.

“What affected our members also affected our staff. How do they move on with their own life? How would they move on with the people who they are leading? I’ve seen my staff and volunteers working with no salary, with no income, with nothing to put on the table for their families. They worked voluntarily because of the passion for their work. Even though there were no salaries, no allowance, they worked tirelessly.”

OPD representative in Zimbabwe.

The pandemic highlighted the importance of long-term, co-operative relationships between OPDs, governments and civil society.

“We need to reconsider new ways of working in advocating for the rights of people with disabilities. Zimbabwe just approved a new National Disability Policy in February. It is an opportunity for us to engage with government to capacitate them, to mainstream disability in the National Development Strategy running up to 2025. What we learned due to COVID-19 was where we are not there, then decisions are made for us, there is no one to advise. So this is another part of our vision, to push for self-representation in different decision-making structures.” OPD representative in Zimbabwe.



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Implications:

- Disability inclusion in disaster planning
- Data disaggregation, registration and needs assessments
- Long-term engagement with diverse OPDs
- Accessible information and digital inclusion
- Disability-inclusive social protection
- Mental health responses to emergencies
- Coordination for inclusive GBV services
- Inclusive education during emergencies
- Sustainable funding for OPDs
- Use diplomatic influence for disability inclusion during COVID recovery.
- Need for further research