**BINDURA UNIVERSITY OF SCIENCE EDUCATION**



**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**

**DEPARTMENT OF SOCIAL WORK**

**ACCESSICIBILTY OF SOCIAL DEVELOPMENT ASSISTANCE FOR PERSONS WITH DISABILITIES IN PERI-URBAN AREAS. A CASE STUDY OF RETREAT,**

**WATERFALLS.**

**BY**

**B203224B**

**DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF BACHELOR OF SOCIAL WORK HONOURS DEGREE JUNE 2024**

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**Approval Form**

Supervisor

I certify that I have supervised Molly T Runo (B203224B) for the research entitled "Accessibility of social development assistance for persons with disabilities in peri urban areas. A case study of Retreat, Waterfalls", in partial fulfillment of the requirements of Bachelor of Science Honors Degree in Social Work (HBScSW) and recommended that it proceeds for examinations.

Supervisor

Name……MR        MAGOCHA        …………………………Signature…

…………Date…14/06/2024………………………….

Chairperson of Department Board of Examiners.

The department board of examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by MOLLY RUNO T for the research entitled, Accessibility of social development assistance for persons with disabilities in peri urban areas. A case study of Retreat, Waterfalls in partial fulfillment of the requirements of Bachelor of Science Honors Degree in Social Work.

Chairperson

 Name……………………………….signature……………………date………….

**DECLARATION**

Student registration number: B200957

I declare that **"Accessibility of social development assistance for persons with disabilities in peri-urban areas. A case study of Retreat, Waterfalls",** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

MOLLY T RUNO     ………………                          **DATE: 14/06/2024**


SUPERVISOR'S                                 SIGNATURE

**DATE: 14/06/2024**

**DEDICATION**

I dedicate this dissertation to my family for their love and support. They have been instrumental in helping me complete this dissertation. Additionally, my supervisor has been invaluable, providing me with guidance and direction throughout the process. My parents have also been incredibly supportive. Lastly, I acknowledge the strength and fortitude bestowed upon me by the Almighty, which has enabled me to undertake and complete this work.

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## ABSTRACT

*This dissertation explores the accessibility of social development assistance for people living with disabilities in peri-urban areas. People living with disabilities are defined and subjected to social exclusion from social services starting with low expectations from their family members which then leads to exclusion from education and opportunities. Despite efforts to promote inclusion and improve the quality of life for individuals with disabilities, they continue to face significant challenges in accessing social development programs in these areas. The study aims to identify the barriers and challenges faced by people with disabilities in accessing social development assistance in peri-urban areas. Qualitative methods such as interviews, focus groups, and observations are used to explore the experiences and perspectives of individuals with disabilities, their families, and relevant stakeholders. The findings of the study highlight several key challenges faced by people with disabilities, these include inadequate transportation systems, limited healthcare facilities, insufficient support networks, and social stigma. The recommendations and strategies proposed in this dissertation aim to inform policymakers, development practitioners, and relevant stakeholders about the specific needs and challenges faced by people with disabilities in peri-urban areas. This dissertation therefore contributes to the body of knowledge on disability inclusion and social development in peri-urban areas. It highlights the barriers faced by people with disabilities in accessing social development assistance and provides recommendations for improving accessibility. The findings of this study can inform the design and implementation of more inclusive social development programs, ultimately promoting equal opportunities and social inclusion for all individuals, regardless of their abilities or geographical location. 8 people with disabilities from Retreat ward took part in the interviews and contributed their accounts of life experiences.*

LIST OF ACRONYMS

**AMTO**          **Assistance Medical Treatment Order**

**CRPD**          **Convention on the Rights of People with Disabilities**

**DPA**          **Disabled Persons Act**

**DSD**          **Department of Social Development**

**FGD**          **Focus Group Discussions**

**NCDPZ**          **National Council of the Disabled People in Zimbabwe**

**NDP**          **National Disability Board NGO Non-Governmental Organizations**

**PLWD**          **People living with Disabilities**

**UNCPD**          **United Nations Convention on the Rights of People with Disabilities**

**WHO**          **World Health Organization**

**ZPHCA**          **Zimbabwe Parents of Handicapped Children Association**

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# CHAPTER ONE

## INTRODUCTION AND BACKGROUND TO THE STUDY

## 1.0 INTRODUCTION

The accessibility of social development assistance plays a crucial role in ensuring equal participation and integration for PWDs, access education, healthcare, employment, and other essential services. However, the unique characteristics of peri-urban areas, such as inadequate transportation systems, limited healthcare facilities, and insufficient support networks, pose significant barriers to the effective delivery and utilization of social development assistance for individuals with disabilities. This chapter therefore presents the background of the study, aim, objectives, significance of the study, problem statement, research questions, limitations and delimitations.

### 1.1 Background

According to Alkire, 2002, people with disabilities make up the largest minority group. They are the most likely to be denied services, are largely disregarded by society, and live in poverty, segregation, poverty, charity and even pity. As a result of stigma, discrimination, poverty, institutional barriers, traditional beliefs, higher costs and a lack of services to meet their special needs, they encounter challenges in all aspects of their lives. Discrimination results into them not going to public places and not free to get those rights that a non-disabled person get. Although all strategies and efforts put to improve the lives of PWDs by the Department of Social Development, a number of barriers still make it extremely difficult or even impossible for people living with disabilities to access social welfare services such as structural barriers, programmatic barriers, transportation barriers, discrimination and shortage of resources.

According to the World Bank's report of 2010, around 1 billion people or 15% of the global population are more likely to experience adverse socioeconomic outcomes compared to those without disabilities. The World Health Survey found that 2.2% of adults have significant difficulties in functioning while global burden of disease data indicates that 3.8% of the adult population has severe disability. Based on 2010 population estimates of 6.9 billion people, with 5.04 billion aged 15 and older, a significant number are living with some form of disability. The Irish census and disability survey of 2006 found that 393 785 people in Ireland or 9.3% of the population were disabled. The World Health Survey also suggests that the prevalence of disability is higher among older adults (aged 60 and above) in lower income countries (43.4%) compared to higher income countries (29.5%). An analysis of the global burden of disease data from 2004 re-estimates that 15.3% of the world's population had moderate or severe disability while 2.9% or around 185 million people experienced severe disability. For those aged 0-14 years the figures were 5.1% and 0.7% or 93 million and 13 million children respectively.

According to the Ministry of Primary and Secondary Education's Annual Statistics Report in 2014, the prevalence of in-school children with impairments was 34,734. This number increased by around 50% to 52,232 in 2016. People with disabilities make up around 15% of the global population, which is about 1 billion people. This proportion is higher in developing countries, largely due to the cyclical relationship between disability and poverty. In Zimbabwe, the 2013 National Survey on Living Conditions among Persons with Disabilities estimated the prevalence of disability in the country to be 7%, amounting to approximately 914,287 people out of a total population of 13,061,239. The World Health Organization states that about 15% of the world's population lives with some form of disability, and 2-4% experience significant difficulties in functioning. The global disability prevalence is higher than previous WHO estimates, which is attributed to population aging, the rapid spread of chronic diseases, and improvements in disability measurement methodologies. The Government of Zimbabwe's

Department of Social Development aims to establish a social protection system that promotes a decent standard of living for all, including people with disabilities. In 2018, a new Department of Disability Affairs was created within the Department of Social Development to advance the rights of persons with disabilities and improve access to rights-based services by 2030. However, people with disabilities still face challenges in accessing the social development assistance services, due to factors like distance barriers and lack of awareness or understanding of the available support. Social workers play a crucial role in linking people with disabilities to the services and resources they may be unaware of, helping them understand the financial assistance options, guiding them through the application process, and advocating for their representation in various forums.

The research focused more on the Retreat, Waterfalls are, with the aim to point out the reasons why people living with disabilities fail to access services and the challenges associated with accessibility. The research focused on this area because of the need to understand the challenges associated with accessibility of social development assistance for PWDs despite efforts being made by the government and the coping strategies they employ in order to sustain their lives. The research mainly based on the Retreat area as it is one of the places that remain undocumented, underexplored.

**1.2 Statement of the problem**

Despite the implementation of various legal policies and legislative frameworks at the international, national, and local levels to improve the lives of people with disabilities, individuals with disabilities in Zimbabwe continue to face persistent barriers that prevent them from fully exercising their civil, political, economic, social, cultural, and developmental rights. Some of the key policies and laws mentioned include the Americans with Disabilities Act (ADA) (1990), which prohibits discrimination against people with disabilities in employment, public accommodations, transportation, and other areas. There is also the UN Convention on

the Rights of Persons with Disabilities (CRPD) (2006), an international treaty that sets out the rights of people with disabilities and requires countries to take action to protect and promote these rights. Additionally, the Individuals with Disabilities Education Act (2017), is a federal law that provides for the education of children with disabilities. While everyone faces hardships and difficulties at times, for people with disabilities, barriers can be more frequent and have a greater impact. Persons with disabilities in Zimbabwe remain one of the most vulnerable groups, facing several persistent challenges that have not been adequately addressed. These challenges include a lack of universal access in buildings, persons with disabilities living in extreme poverty, high unemployment rates among this population, and poor provision of education and health services. Despite the existence of legal frameworks, people with disabilities in Zimbabwe continue to face significant barriers to the full enjoyment of their rights and inclusion in society.

## 1.3 Aim

To examine the accessibility of social development assistance by persons with disabilities in peri-urban areas in Zimbabwe.

## 1.4 Objectives

- ❖ To investigate challenges faced by PWD's in accessing social protection services.
- ❖ To identify social protection mechanisms available for persons with disabilities.
- ❖ To proffer measures that can be taken to assist people with disabilities to access social development assistance.

## 1.5 Research Questions

- ❖ What are the challenges being faced by people with disabilities
- ❖ What are the coping strategies that are being people with disabilities when they fail to access social development services
- ❖ What are the measures that can be taken to assist people with disabilities to access social development assistance

**1.6 Assumptions of the study**

The study assumes that:

❖ People with disabilities live with some threats and challenges that make them vulnerable.

❖ System that is not adequately assisting people with disabilities to access assistance is the main cause of threats and challenges.

❖ Possible coping mechanisms can be employed to reduce the threats and challenges people with disabilities are facing.

**1.7 Significance of the Study**

Basically, people with disabilities have difficulty reaching welfare assistance and are marked by economic instability, have more significant health issues, and are less involved in all aspects of society. The study focuses on the accessibility of social development assistance, which refers to the extent which individuals with disabilities can readily access and benefit from various forms of support. Based on the overall population of 13 061 239 (Zimbabwe 2012 Population Census), the National Survey on living circumstances among Persons with Disabilities in Zimbabwe (2013) estimates that the prevalence of disability in the nation is 7%, or about 914 287 people. Disability is becoming a significant matter; its prevalence is increasing, and this is a cause for concern (WHO, 2011). In a research covering 29 countries in Africa, the World Health Organization (WHO) concluded that infectious diseases were the main cause of disability. Leprosy, polio, malaria and other communicable illnesses like trachoma, media, meningitis, TB and parasitic disease were among the most common ailments. Although many of these infectious diseases are no longer as common in affluent nations, they can cause a considerable amount of impairment.

**1.8 Limitations**

The study faced a number of challenges as with qualitative research, and these include sample representativeness, data access, methodological limitations and evolving policies as well as

contexts. Obtaining a representative sample of PWDs can be challenging as disability encompass a wide range of conditions and individuals may have heterogeneous needs and experiences and it can be difficult to ensure that the sample adequately represents the diversity within the disabled population which therefore limit the generalizability of the findings. Also accessing reliable and comprehensive data on accessibility of social development assistance for PWDs can be difficult as data may be fragmented, incomplete making it challenging to obtain a comprehensive understanding of the issue. Privacy concerns and ethical considerations may restrict access to certain types of data. Conducting research in this field often involves using self-report measures or qualitative reports which can introduce biases and limitations of which self-report measures rely on individuals accurately remembering and presenting their experiences which may subject to memory biases or social desirability effects and qualitative methodologies can provide rich insights but the findings may not be easily generalizable to larger populations. Accessibility of social development assistance for PWDs is influenced by various factors, including physical, social, attitudinal and policy-related barriers and the multidimensional nature of these barriers makes it challenging to assess and measure accessibility comprehensively.

## 1.9 Delimitations

The study mainly focused on Retreat as a specific study area due to practical constraints such as limited resources, time and expertise. Also research studies often constrained by available resources and these limitations can impact the scale, scope and depth of the investigation therefore researchers may need to make strategic decisions about the extent of data collection, the sample size or the breadth of analysis based on available resources.

## 1.10 Definition of Key Terms

### 1.10.1 Disability

World Health Organization (1980, 2001) go on to Disability is defined as a trait, either mental or physical, that is identified or understood as causing malfunction or impairment. Altman,

(2001), argue that any limitation (due to an impairment) on one's capacity to carry out a task in a way or within a range that is deemed typical for a person. Boorse (2010), on the surface, disability is thought to consist of a pathological condition severe enough to have certain consequences that are significant from a moral and legal standpoint. Disability is complex, dynamic, multidimensional, and contested. WHO and WB report on disability (2011), the change from a medical model to a social model, where people are perceived as crippled by society rather than by their body, has been called the move from an individual, medical perspective to a structural, social perspective. It is common to characterize the medical and social models as mutually exclusive; nevertheless, disability should not be understood as either medical or social, as people with impairments frequently face health-related issues.

### 1.10.2 Disabled person

D Wasserman (2011) posits that disabled person is a person with an impairment who experiences disability. According to the Social Security Administration (SSA) (2023), being disabled meant being disadvantaged by laws preventing participation in some areas of a community's social, political, or economic life.  According to the UN (2006), a disabled person is someone who has long-term physical, mental, intellectual, or sensory impairments that, when combined with other obstacles, may prevent them from fully and equally participating in society. A person is considered disabled under the Disability Discrimination Act (DDA) if their physical or mental impairment significantly and permanently impairs their capacity to engage in everyday activities.

### 1.10.3 Social Development Assistance

Gore (1973) defined social development as the entire evolution of society across all spheres, including the political, social, cultural, and economic. In contrast, Midgley (1995) views social development as a deliberate process of social change intended to advance and maintain the welfare of the entire populace. Crush (1995), governments and other organizations provide social development aid to help an individual's economic, environmental, social, and political

growth. It also tries to improve an individual's circumstances over time rather than just providing temporary comfort.

## 1.11 Summary

Chapter 1 sets the foundation for the research and establishes the context for the subsequent chapters. The content provides a clear and concise overview to introduce the topic, presents background information on the study, articulates the problem statement, outlines the research objectives and questions, identifies any underlying assumptions and specifies the limitations and boundaries of the study. This chapter aims to engage readers and establish the researcher's importance in addressing accessibility challenges faced by individuals living with disabilities in social development assistance programs. The next chapter reviews related literature on the topic.

## CHAPTER TWO: LITERATURE REVIEW

**2.0 Introduction**

The areas of focus on this chapter are disability, the accessibility of social welfare services, the coping strategies used by people with disabilities and the legislations or policies that promote the rights of people with disabilities. In most countries there are policies that state that persons with disabilities have the rights just like their able-bodied counterparts have to be respected and some of the laws and regulations are specifically designed to ensure equal opportunities for people with disabilities so that they receive full benefits at all levels. However, the progress remains patch in many African countries mainly. According to Mtetwa (2011), persons with disabilities are consistently marginalized based only on their conditions, which will further impair them in the future. There are legislations that are put into action that promote the rights of people with disabilities which are The Convention on the Rights of Persons with Disabilities (CRDP), The Disabled Persons Act (Chapter 17.01) (1996) and the Zimbabwean constitution but however today disabled people still encounter social, political and economic challenges in accessing information and services, unlike their able-bodied counterparts henceforth proving the policies are more theoretical than practical as the people living with disabilities still face challenges and threats.

## 2.1 THEORETICAL FRAMEWORK-THE SOCIAL MODEL OF DISABILITY

The study adapts the social model of disability. While not a specific legislation, the social model of disability has influenced disability has influenced disability rights frameworks worldwide. The social model of disability is a theoretical framework that emerged in the 1970s as a response to the medical model of disability. It views disability as a social construct rather than a purely medical or individual issue.it places emphasis on the barriers and societal factors

that limit the full participation and inclusion of people with disabilities. The social model posits that disability is not solely caused by an individual's impairment or medical condition but by the interaction between the individual and physical, attitudinal and social barriers present in the society. These barriers may include inaccessible environments, discriminatory attitudes, lack of accommodations and exclusionary policies. The social model, disability is seen as society's responsibility and this study will focus on this model of disability. It makes the claim that a person's impairment is not a reflection of their condition but rather a social construct (Mtetwa 2011), which goes on to show that society determines disability and happens to discriminate and define disability as inability. Jairos Jiri association (2013) goes on to state that society has a responsibility to prevent, rehabilitate and accommodate its differently able members. The constitution of Zimbabwe affects every aspect of life so construction of the constitution was done hand in hand with the social model.

The social model explains disability in terms of the relationship between an individual and their social environment. It focuses on how people with certain physical and mental characteristics or impairments are excluded from major areas of social life. This exclusion arises not just from deliberate segregation but from a built environment and organized social activities that preclude or restrict the participation of those perceived as having disabilities. It is society itself that disables people with physical impairments. Disability is something imposed on top of our physical limitations by the way are unnecessarily isolated and prevented from fully participating in society. Therefore society has a responsibility to prevent, rehabilitate and accommodate its differently able members (Jairos Jiri association 2013). As a result, disabled are an oppressed group in society. Disability is the disadvantage or restriction of activity caused by a contemporary social structure that fails to accommodate or include people with physical impairments, thereby excluding them from mainstream social activities.

The idea that disability is a universal experience can be viewed simply as a prediction that will all likely develop familiar disabilities at some point in our lives. However, this claim is better understood as a statement about the nature of disability itself. It suggests that all human beings have physical or mental variations that can potentially become a source of vulnerability or disadvantage, depending on the particular circumstances or settings we find ourselves in.

The social model of disability was developed by disabled individuals themselves. It focuses on the obstacles and barriers erected by society that prevent disabled people from fully participating in everyday life. The goal of the social model is to remove unnecessary barriers that impede disabled people's ability to engage in society, access employment and live independently. The social model asks what can be done to eliminate these barriers to inclusion. It also acknowledges that societal attitudes towards disabled people create unnecessary barriers and requires proactive steps to remove these barriers. For the Social Model, individuals with a disability are considered part of the collectivity, the surroundings and the economy (Raiter, 2008). It is the obstacles that keep any person with disabilities from actively participating in society, not the person per se hence, the need to assess these obstacles and help people living with disabilities have access to aid.

According to M Oliver (1988), there are five key principles of the social model of disability and these are disability as a social construct, focus on barriers and discrimination, shift of responsibility, equal rights and social justice and finally need for collective action. To begin with disability as a social construct, the social model recognizes that disability in not an inherent characteristic of individuals but is created by society's failure to accommodate and include people with impairments. Secondly focus on barriers and discrimination, the model emphasizes identifying and removing the barriers that prevent individuals with disabilities from participating fully in all aspects of life and these barriers can be physical, attitudinal or systemic. Moving on, shift of responsibility, the social model places the responsibility for

addressing disability-related issues on society rather than solely on people living with disabilities. It calls for changes in law, policies, and practices to promote inclusion and accessibility, for instance in Zimbabwe beliefs and superstitions have it that albinos were killed after birth as they were viewed as a symbol of bad luck thus responsibility now comes back to the society. Furthermore, equal rights and social justice, the social model promoted the idea that people living with disabilities have the same rights as everyone else and should be treated with dignity and respect. It therefore goes on to help in advocating for equal opportunities, non-discrimination and the full participation of people with disabilities in society. Lastly, need for collective action, the social model recognizes that achieving disability rights and inclusion requires collective efforts from people's organizations, advocacy groups, policymakers and society as a whole.

The Social model has influenced the development of anti-discrimination legislations, accessibility standards and the promotion of inclusive practices across various domains, including employment, education, transportation and public services. However, it is of great importance to note that the social model does not disregard the medical aspects of disability or the individual experiences of impairment, instead it seeks to challenge the societal barriers that exacerbate disability and hinder the full participation of individuals with disabilities in society.

## 2.2 Challenges faced by people living with disabilities

### 2.2.1 Introduction

People with disabilities face significant barriers and challenges in accessing the social development assistance they need to participate fully in society and improve their quality of life. Despite the existence of various social welfare programs, persons with disabilities often find these services inaccessible, inadequate, or poorly tailored to their specific needs. Many persons with disabilities are not aware of the social development programs and benefits available to them, or they may lack the knowledge and resources to navigate complex application and eligibility processes. Social service facilities, infrastructure, and information

materials are frequently inaccessible to individuals with physical, sensory, or intellectual disabilities, preventing them from accessing assistance. Negative societal perceptions, stigma, and institutional biases often lead to the exclusion of persons with disabilities from mainstream social development initiatives. The level of disability benefits, such as income support and healthcare coverage, is often insufficient to cover the additional costs and needs associated with living with a disability. People with disabilities are frequently marginalized from the design, implementation, and evaluation of social development programs, limiting their ability to influence the policies and services that affect their lives. Addressing these multifaceted challenges is crucial to ensuring that people with disabilities can access the social development assistance they require to achieve equal opportunities, independent living, and full participation in their communities. Adopting a comprehensive, rights-based approach is essential to overcoming the barriers faced by this vulnerable population.

**2.2.2 Limited access to assistive devices**

Limited access to assistive devices is a significant challenge faced by many people living with disabilities around the world. This is a major barrier to the full inclusion and participation of persons with disabilities in society. Assistive technologies like wheelchairs, prosthetics, hearing aids, screen readers, etc. can be prohibitively expensive, often costing hundreds or thousands of dollars. This puts them out of reach for many people, especially in low and middle-income countries. People with disabilities are prone to not afford the equipment that may help them have a better life as they mostly live under poverty datum line. According to L. Magnusson (2022), compared to the general population, people with disabilities are more likely to live in poverty, be unemployed and have fewer access to healthcare.

According to the (WHO and World Bank, 2011) the high cost of assistive devices or equipment of people with disabilities further makes it difficult to even access them, and if they cannot be assisted by the department of social development, usually results in them developing secondary

health conditions and even premature death after the initial onset of impairment. Even when assistive devices are available, access is often limited due to factors like lack of infrastructure, inadequate service delivery systems, and insufficient training of healthcare providers. The CRPD recognizes the importance of access to assistive technologies and calls on governments to take measures to ensure their availability and affordability for persons with disabilities. Some countries have made efforts to increase access, such as providing assistive devices through public health systems or subsidizing their costs. However, progress has been uneven globally. Innovative approaches like leveraging new technologies, developing low-cost alternatives, and involving persons with disabilities in design and production have shown promise in improving access. Ensuring affordable and widespread access to assistive devices remains a major challenge in fully realizing the rights and inclusion of persons with disabilities as envisioned by the CRPD. Addressing this barrier will require sustained commitment and collaboration between governments, the private sector, and the disability community. It's a critical issue that deserves greater attention and action.

### 2.2.3 Distance and transportation barriers

Reaching the social development offices is a barrier for PWDs in trying to access social development assistance, as pay points are often distant from applicants' homes, a particular problem for persons with mobility challenges and others may live too far away from the registration centers or face high transport costs. This may result in PWDs not able to get social development assistance as per distance barriers. Some encounter difficulties in entering pay points and banks where for example, there will be no wheelchair ramps or elevators (Chase, 2008). Basic amenities such as accessible transportation, ramps and disability-friendly buildings may be scarce or non-existent hence making it difficult for people living with disabilities to access social development assistance programs, as they may face physical barriers in reaching service centers or government offices in peri-urban areas. Public

transportation systems are often inaccessible and inadequate in peri urban areas thus greatly restricting their mobility, independence thus making it challenging for them to travel to service centers, employment opportunities and social development assistance programs.

## 2.2.4 Communication barriers

Communication barriers pose significant challenges for PWDs when accessing social development assistance and these barriers can hinder effective communication between individuals with disabilities and service providers, leading to limited understanding, inadequate support and limited access to assistance. People with disabilities fail to communicate their needs, for example, although the number of persons with moderate to profound hearing loss worldwide is estimated to be 360 million, less than 10% of the requirement is met by the manufacture of hearing aids WHO, (2016). When someone is unable to hear, talk, read, write, or comprehend information that is available to them, a communication barrier arises. Individuals who are blind or visually impaired may require screen readers, large print text, or printed materials in Braille, but due to lack of sufficient resources in developing countries communication barrier remains a challenge.

## 2.2.5 Limited information and awareness

Lack of awareness and understanding about the rights, needs and capabilities of persons with disabilities among the general public, policymakers, and even service providers can lead to the exclusion of this population from social development initiatives. Farrant (2010) states that not enough is done to increase public awareness of benefits that are available, especially for those with impairments. It can be necessary to find alternatives to printed materials in order to properly provide information on disability benefits. Information about available social services, benefits, assistive technologies, and other resources for persons with disabilities is often not readily accessible or communicated effectively. The PWDs may not be aware of even their rights and benefits available for them or the procedures to access support. Particularly, information dissemination efforts by the government agencies or non-profit making

organizations may not reach remote peri-urban areas thus further exacerbating the knowledge gap. Persons with disabilities, especially in marginalized communities, may have limited access to information and communication channels, making it difficult for them to learn about and access relevant social programs. Negative stereotypes and stigma around disability can also contribute to a lack of awareness and priority given to the social inclusion of this population. The CRPD recognizes the importance of awareness-raising and access to information as a way to combat discrimination and promote the rights of persons with disabilities. Strategies to address this challenge include public education campaigns, disability-inclusive communication, training for service providers, and empowering persons with disabilities to advocate for their rights. Involving PWDs in the design and delivery of social development programs can also help ensure they are responsive to the community's needs and barriers. Overcoming the information and awareness gap is crucial for persons with disabilities to fully participate in and benefit from social development initiatives. It requires a multi-pronged approach and sustained efforts by governments, civil society, and the disability community.

**2.2.6 Social stigma and discrimination**

People with disabilities in peri-urban areas may face social stigma and discrimination which may impede their access to social development assistance. Living an independent and dignified life within society, people with disabilities should have access to services and equipment such as devices that facilitate their participation in the community on an equal basis with others. Social protection programs including disability pensions are essential for some to secure a normal livelihood. People with disabilities often are marginalized as they are viewed as useless members in the community and the social stigma involves stereotyping, aggression, bullying and devaluation of the self-worth of the person. For example, societies in Zimbabwe refer to disability by different names, the Shona's used "Chirema" when referring to a disabled person,

alluding to a person incapable of doing certain tasks. Henceforth exacerbating dehumanization and thus reducing them to objects, (Chimedza and Sithole 2001). Social stigma and prejudice towards people with disabilities is a barrier they face and it creates challenges for them to access social development assistance and it impedes their ability to benefit from social support programs designed to assist them.

## 2.2.7 Limited financial resources and lack representation alongside advocacy

Many people with disabilities in peri urban areas may face economic disadvantages. Poverty and limited financial resources can restrict their ability to access social development assistance programs, they may even struggle to afford transportation costs or meet other financial requirements associated with accessing support services. Peri urban areas often lack representation and advocacy for the rights of PWDs. The absence of disability focused organizations or community groups or these located very far from the peri urban areas such that it becomes difficult for them to be part of the groups can result in a lack of collective voice, making it harder to address the specific challenges faced by individuals with disabilities in peri urban areas.

### 2.3 The coping strategies being employed by PWD's to cope when they fail to access social development assistance

When people with disabilities face challenges in accessing social development assistance, they often have to resort to various coping strategies to get by. Here are some of the key coping strategies that have been observed and these are self-advocacy, peer support, building resilience and social support. These coping strategies, while understandable, often come at a significant personal, social, and economic cost for persons with disabilities. Addressing the root causes of limited access to social development assistance is crucial to enable this population to live with dignity and fully participate in their communities.

### 2.3.1 Self-advocacy and peer support

People with disabilities may develop self-advocacy skills to assert their rights and needs and this involves speaking for themselves, seeking information about available resources and services also actively engaging with relevant organizations or authorities. Connecting with others who are or share similar experiences can be highly beneficial as it may help them feel better as they will be able to offer each other psychosocial support. PWDs often form support networks or join support groups where they can share their challenges, exchange advices and provide emotional support to one another. Some persons with disabilities and their representative organizations actively advocate for improved access to social development programs and services through protests, legal challenges, or lobbying efforts.

### 2.3.2 Building resilience and self-Reflection

Building resilience and engaging in self-reflection are important coping strategies for persons with disabilities who face barriers in accessing social development assistance. Dunn & Brody, (2008) posit the emphasis is on people's capacity to confront and overcome adversity, as opposed to characterizing a successful life as the absence of it. Developing personal resilience can help persons with disabilities better adapt and respond to the challenges they face in the absence of adequate social support. This may involve cultivating a positive mindset, learning problem-solving skills, building a support network, and developing healthy coping mechanisms. Resilience-building programs and training can empower persons with disabilities to navigate adversity and maintain their well-being. When faced with the frustration and disappointment of not being able to access needed social services, self-reflection can be a valuable coping strategy. Engaging in introspection and evaluating one's own strengths, resources, and coping abilities can help persons with disabilities identify areas for personal growth and develop effective strategies to overcome barriers. Self-reflection can also foster a deeper understanding of one's rights, responsibilities, and the systemic issues that contribute to the lack of social development assistance. By building resilience and practicing self-reflection,

persons with disabilities can develop a stronger sense of agency, confidence, and problem-solving abilities. This can enable them to advocate more effectively for their rights, identify alternative solutions, and actively participate in efforts to improve the accessibility and inclusivity of social development programs. The combination of resilience and self-reflection can help persons with disabilities maintain their dignity, well-being, and sense of empowerment, even in the face of significant challenges. Empowering persons with disabilities to cultivate these coping strategies, in addition to addressing the systemic barriers they face, is crucial for promoting their full inclusion and participation in social development initiatives. This holistic approach can help them navigate adversity and work towards a more equitable and accessible future.

### 2.3.3 Social support

Social support is a crucial coping strategy for people with disabilities who face challenges in accessing social development assistance. When formal social services are lacking, many persons with disabilities turn to their immediate and extended family members for emotional, practical, and financial support. Community-based networks, such as disabled people's organizations, self-help groups, and local support systems, can also provide invaluable social and peer-to-peer support. Connecting with other individuals with disabilities can foster a sense of solidarity, understanding, and shared experiences. Peer support groups, both in-person and online, can serve as spaces for mutual encouragement, resource-sharing, and collective problem-solving. This sense of community and shared experience can be a powerful coping mechanism for persons with disabilities facing systemic barriers. Folkman (2004) posits that, social support involves individuals, groups, communities or institutions that assist to help others overcome stressful situations of life. When faced with limited access to social development assistance, persons with disabilities and their representative organizations may come together to advocate for their rights and push for policy changes. Collective advocacy

efforts, such as protests, lobbying, and legal challenges, can help raise awareness, challenge discriminatory practices, and create momentum for more inclusive and accessible social development programs. This collective social support and solidarity can empower persons with disabilities to address the root causes of the challenges they face.

### 2.3.4 Livelihoods projects

As people with disabilities face challenges, it might lead them to join or establish their own income-generating projects or small businesses as that would provide them a means to earn a living and generate income. Through livelihood projects such as animal farming especially hens, detergent making, baking and agricultural practices, for example in Waterfalls Retreat area people living with disabilities are promoted with different skills through skills training at the Waterfalls hall with the support of the current local councilor thus the livelihood projects would serve as a source of income. People with disabilities often become self-employed and mobilize auto-learn skills in activities such as retail of vegetables, poultry, refreshments or telephone cards and temporary jobs as once stated by Loeb 2009. This is to say that people living with disabilities can get some sort of income in order for them to sustain themselves however they happen to face challenges such as market shortages, long distances to get skills trainings and hostility.

## 2.4 Measures that can be taken to assist people living with disabilities to access social protection schemes

### 2.4.1 Adequacy of disability benefits

Disability benefits, such as income support, healthcare coverage, and access to assistive devices, can be a crucial lifeline for persons with disabilities, especially when other social development programs are lacking or inaccessible. Ensuring that these benefits are sufficient to cover the additional costs and needs associated with living with a disability is essential for enabling this population to participate fully in social and economic development. In many contexts, the disability benefits provided are often inadequate, falling short of the actual needs

and expenses faced by persons with disabilities. This "adequacy gap" can exacerbate the challenges they experience in accessing other social development assistance, such as education, employment, and community-based services. Addressing this gap by increasing the level of disability benefits and indexing them to the rising cost of living can help alleviate the financial burden and enable persons with disabilities to better access the support they require. That disability supplement is provided following the needs of the individual and there is no fixed maximum (Danmark Statistik, 2015). However in Zimbabwe, people receive a fixed amount regardless of their type of disability and needs due to economic instability and a number of people with disabilities do not have access to social development welfare thus in the end poverty becomes a norm for people living with disabilities. The process of accessing disability benefits should be streamlined, user-friendly, and free of unnecessary bureaucratic hurdles that can act as barriers for persons with disabilities. Simplifying the application and eligibility criteria, as well as ensuring timely and efficient processing of claims, can go a long way in facilitating access to these critical benefits. Disability benefits should be integrated and coordinated with other social development programs, such as education, employment, and community-based services, to create a holistic and inclusive support system. This approach can help ensure that persons with disabilities are able to access a comprehensive package of assistance, enabling them to participate more fully in social and economic development. Ensuring the adequacy and accessibility of disability benefits is a fundamental step in supporting people with disabilities to access and benefit from social development assistance. This is a crucial element in the broader effort to promote the inclusion and empowerment of this population.

## 2.4.2 Non-discriminatory treatment

Persons with disabilities often face systemic discrimination and barriers in accessing social development programs and services due to negative societal attitudes, institutional biases, and

physical or communication inaccessibility. Addressing these systemic forms of discrimination is essential to ensuring that people with disabilities can equitably participate in and benefit from social development initiatives. Governments and institutions responsible for social development should implement inclusive policies, guidelines, and practices that explicitly prohibit discrimination against persons with disabilities and mandate the provision of reasonable accommodations. This includes ensuring that the design, implementation, and monitoring of social development programs are inclusive and accessible to people with diverse disabilities. Changing negative societal attitudes and misconceptions about the abilities and potential of persons with disabilities is crucial for promoting their full inclusion in social development initiatives. Awareness-raising campaigns, training programs for service providers, and advocacy efforts can help challenge stigma and promote a culture of respect and non-discrimination. Social development programs and infrastructure must be implemented ensuring physical accessibility, information and communication for persons with different types of disabilities. This may include accessible built environments, assistive technologies, alternative communication formats, and the provision of sign language interpretation or other support services. Persons with disabilities should be actively involved in the design, implementation, and monitoring of social development programs to ensure that their perspectives, needs, and priorities are reflected. This participatory approach can help identify and address discriminatory practices, promote the development of inclusive and accessible programs, and empower persons with disabilities as agents of change. Robust accountability mechanisms, such as grievance procedures and anti-discrimination laws, should be in place to ensure that any incidents of discrimination are promptly addressed and that persons with disabilities have access to effective remedies. These mechanisms can help reinforce the principles of non-discrimination and hold institutions and service providers accountable for their actions. Adopting a comprehensive approach to promoting non-discriminatory treatment,

governments and stakeholders it can create an enabling environment that promotes full integration and participation of PWDs in social development assistance programs and initiatives. This is a critical step towards achieving inclusive and equitable development for all.

## 2.5 LEGISLATIONS THAT PROMOTE THE RIGHTS OF PEOPLE WITH DISABILITIES

### 2.5.1 The Convention on the Rights of People with Disabilities (CRDP)

In 2006, the United Nations General Assembly enacted the Convention on the Rights of Persons with Disabilities (CRPD), an international treaty pertaining to human rights. Its goal is to guarantee that every disabled person has the opportunity to fully and equally enjoy all fundamental freedoms and human rights. It defines people with disabilities including "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. It requires countries that ratify the convention to promote, protect and ensure the full enjoyment of human rights by persons with disabilities. It covers a wide range of areas including accessibility, personal mobility, health, education, employment, social protection, and participation in political and cultural life. As of 2023, 184 countries have ratified the CRPD, making it one of the most widely ratified human rights treaties. The CRPD has an optional protocol that allows individuals to file complaints about violations of their rights under the convention. The implementation of the CRPD is monitored by the Committee on the Rights of Persons with Disabilities, which is a body of independent experts. The CRPD represents a major international effort to advance the rights and inclusion of persons with disabilities around the world. It has been an important driver of legal and policy reforms in many countries.

### 2.5.2 The Disabled Persons Act (Chapter 17.01)

The Disabled Persons Act was initially enacted in 1992 and has been amended several times since then. The main purpose of the act is to promote the welfare and rehabilitation of persons

with disabilities in Zimbabwe. The disabled persons act aims to eliminate discrimination against individuals with disabilities in various areas including employment, education, access to premises, provision of goods and services even accommodation. Zimbabwe was one of the first countries in the world to enact disability discrimination legislation. The Disabled person act (Chapter 17.01) is the primary law that addresses disability in Zimbabwe and the law provides for the welfare and rehabilitation of PWD's. As noted by Mwalimu (2003), the act covers two main areas; prohibiting discrimination against PWD's giving them access to public services. People with disabilities are however still being treated as second class citizens besides having a large population of individuals with disabilities as it is estimated that 7% out of the total population prevails in Zimbabwe. However, it requires reasonable adjustments to be made and promotes equal opportunities and access to public services.

### 2.5.3 The Zimbabwean constitution

The 2013 Constitution of Zimbabwe contains several provisions related to the rights and protections for people with disabilities and these are non-discrimination, Section 56 of the constitution prohibits discrimination on the basis of disability and guarantees equal treatment and opportunities for people with disabilities. The demand of including PWDs in every aspect of society was met in section 22 which says that the state shall consider the specific requirements of persons with all forms of disabilities as one of the priorities in development plans. This was supported by (Mandipa 2013), who noted that disability is an evolving high contentious, knotty and cross-cutting concept it cannot be adequately addressed by a single ministry. Thus the new constitution mandates all government ministries and departments to recognize the rights of people living with disabilities to ensure the implementation of such rights. The constitution mandates that the State must take reasonable legislative and other measures to enable people with disabilities to have access to educational institutions and public facilities thus promoting access and inclusion. It also requires the State to promote the

integration of people with disabilities into the community. The constitution allows for the implementation of special measures to advance the rights of people with disabilities. This includes enacting laws and programs to achieve substantive equality and to enable people with disabilities to access opportunities. Section 65 provides for fair and reasonable employment practices, including measures to promote the employment of people with disabilities in both the public and private sectors thus promoting employment equity.

Overall, the Zimbabwean constitution recognizes the inherent dignity of people with disabilities and their right to equal treatment, accessibility, and inclusion in Zimbabwean society. It provides a strong legal foundation to advance the rights and wellbeing of the disability community in the country. However, due to economic instability the implication of what is stated by the constitution can be very difficult henceforth people living with disabilities keep on facing challenges.

## 2.6 Chapter summary

This chapter provides an overview of the relevant literature on the accessibility of social development assistance programs for people living with disabilities. The chapter begins by discussing the importance of social development assistance (SDA) in supporting the wellbeing and inclusion of people with disabilities. SDA programs can provide critical resources and services related to education, employment, healthcare, housing, and community integration. However, research indicates that people with disabilities frequently face barriers in accessing these programs. The chapter then reviews studies examining the specific accessibility challenges faced by people with disabilities. Common barriers include lack of awareness, scarcity of resources and discrimination. The chapter also reviews the coping strategies being used to uphold the livelihood of disabled persons as well as what can be done to make lives for PLWD's better, the policies and legislation that have been ratified, enacted and established. However, it can be noted that despite of the interventions done so far people with disabilities

still have and face social and economic challenges in their lives. These legislations, among others, play an important role in advancing the rights and inclusion of people living with disabilities. They aim to eliminate discrimination, ensure equal opportunities and create accessible environments in various spheres of life. The specific provisions and impact of these legislations can vary depending on the country or region in which they are implemented. The next chapter presents the research methodology employed in exploring challenges faced by people living with disabilities.

# CHAPTER THREE: RESEARCH METHODOLOGY

## 3.0 Introduction

This part of the dissertation seeks to describe the research design, methodology engaged and the data collection methods and it will discuss the sampling techniques used to acquire information from PWDs as well as the service providers.

## 3.1 Research Approach

A research approach is the procedure selected by the researcher to collect, analyze, and interpret data. There are three approaches to research that are quantitative, qualitative, and mixed methods. The researcher is going to use qualitative approach to understand people's beliefs, experiences, attitudes, behavior, and interactions. It generates non-numerical data. The integration of qualitative research into intervention studies is a research strategy that is gaining increased attention across disciplines. Also, of its ability to provide complex textual descriptions of how people experience a given research issue makes it valid and advisable to be used in this research. It provides information about the "human" side of an issue that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals.

## 3.2 Research design

The research design refers to the overall strategy that a study chooses to integrate the different components of the study coherently and logically thereby ensuring that the problem will be effectively addressed (Bacon, 2007). The case study research design is typically more flexible and it allows the interaction between the researcher and the study participants therefore the researcher gets an insight on how, what are the factors leading to the challenges being faced by people living with disabilities, which coping strategies they are using and the government efforts to curb the challenges thus leading to a great insight direct from the affected sources.

**3.3 Study setting**

The research used the case study of Waterfalls Retreat area and how they access Social Welfare services at the Department. A setting study is an in-depth and multi-faceted research approach that focuses on a particular research problem and narrows down a very broad field of research into one or a few reachable examples. The study is conducted in a peri urban area that has diverse population and a significant number of people living with disabilities.

**3.4 Target population**

The target population for this research topic is the individuals that are living with disabilities and require social development assistance. This population includes people with wide range of disabilities, such as physical disabilities, sensory impairments, cognitive disabilities and mental health conditions. Burns & Glove (1997), defines a target population as the entire aggregation of respondents, the total group of people who take part in the investigation. The target population may also include individuals with temporary disabilities or chronic illnesses that affect their daily functioning and require social development assistance programs. The focus was on those who are seeking or are currently enrolled in social development assistance programs aimed at providing support, resources and services to enhance their quality of life and promote their social inclusion.

**3.5 Sample and sampling procedures**

Polit & Hungler, (1995) posit that sampling involves a process of selecting a subsection of a population that represents the entire population to obtain information. Sampling was convenient for the study because, in the study of this nature, it was neither desirable nor possible to cover the entire population. The sample size hence took into consideration desirability and feasibility. The researcher strives for diversity and inclusivity, considering factors such as age, gender, types of disabilities and socio-economic backgrounds.

## 3.6 Data presentation and analysis procedures

In this study the data was put in an analytical format. Thematic analysis is an independent qualitative descriptive approach to identify, analyze and report patterns (Braun et al, 2006), the researcher will therefore compare and contrast information obtained from the questioners and observations to make a comprehensive summary. Data presentation and analysis procedures play a vital role in organizing, summarizing and interpreting the data collected on the accessibility of social development assistance for people with disabilities. The chosen procedures will align with the research questions, data types and the desired level of understanding and rigor in order to effectively communicate the findings and support evidence-based recommendations.

## 3.7 Data Collection Techniques

The easiest and most direct data collection technique is observation and another direct data collection technique is conducting interviews and focus groups. The aim of the study is to gather the information that is relevant to the research purpose.

**3.8 Focus group discussions**

The focus group approach is a qualitative method to collect the data on the selected topic with a structured and focused discussion in a small group of people. Focus groups involve bringing together a small group of individuals with disabilities who are using social development assistance programs. In a facilitated discussion, participants can share their experiences, exchange ideas and provide insights into the accessibility of the programs. These focus groups are especially useful as a complement to other methods of data collection for providing in-depth information in a relatively short period of time. These are an exploratory research method or a structured group process to explore people's thoughts and feelings and obtain detailed information about a particular topic or issue (Sherraden, 2001). These will be grouped taking into account the form of disability, sex and age factors and will assist the researcher to have a better understanding of the essential themes and controversial issues concerning challenges faced by disabled persons. Focus groups can uncover shared perspectives, identify common challenges and generate ideas for exacerbate accessibility and the researcher will conduct multiple focus groups with different subgroups to capture a range of perspectives.

**3.9 Key informant interviews**

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community and they provide an opportunity for an in-depth exploration of participants' experiences and perspectives on accessibility. The purpose of key informant interviews is to collect information from a wide range of people including community leaders, professionals, or residents who have first-hand knowledge about the community. Namey et al (2005) state that these are optimal for collecting data on an individual's personal histories perspectives and experiences particularly when sensitive topics are being explored. The researcher conducted interviews with people with disabilities who are receiving and seeking social development assistance and can be conducted face to face. Interviews allow for open-ended questions and follow-up inquiries to gain a deeper understanding of participants'

challenges, needs and suggestions for improving accessibility. The researcher engaged social workers and case care workers.

## 3.10 Ethical considerations

The ethical principles require that any research involving human subjects is framed and conducted in a way that respects the human rights of the individuals' concerned meaning that it does not have to violate human rights. The UN Convention sets out what recognized human rights principles mean in respect of people with disabilities. The essential focus on the ethical considerations for the study related to questions of informed consent, confidentiality and anonymity as well as the principle of no harm to the participants (Economic and Social Research Council, 2010). Central to the case of ethically sound research, participants are able to consent freely to their involvement and this minimizes disruptions to the lives of participants.

### 3.10.1 Informed consent

Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. Researcher must obtain informed consent from the participants before collecting data and in the context of the accessibility research this includes ensuring that participants understand the purpose of the study, potential risks and benefits of participation and their rights as research subjects. The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention. As consent is not a once and for all obligation (Social Research Association, 2003), there was continuous confirmation of the participant's willingness to participate and reminded them of their right to withdraw from the research at any stage for any reason. Given the diverse range of disabilities, the researcher will consider accessible formats for consent forms and ensure that participants have the necessary accommodations and support to provide informed consent.

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### 3.10.2 Respect for Autonomy and Dignity

Respecting the dignity of the person in research involves upholding the person's multiple and interdependent rights and interests (Canadian Tri-Council Policy Statement, 2005). The researcher should respect the autonomy and dignity of participants throughout the research process. This includes treating participants with respect, acknowledging their expertise and lived experiences and involving them as active partners in the research whenever possible. The preamble to the Universal Declaration of Human Rights recognizes the "inherent dignity" of "all members of the human family". By recognizing dignity, the Declaration acknowledges ethical limits to the ways we can treat other people. The researcher will also consider the potential power imbalances between the researcher and the participants and strive to create a collaborative and inclusive research environment.

### 3.10.3 Privacy and Confidentiality

The researcher must protect the privacy and confidentiality of participants' personal information. This is particularly important when collecting sensitive information related to disabilities and experiences with social development assistance. Researchers should make every effort to protect the anonymity of the research participants and the privacy of data (Dane, 1990; Miles and Huberman, 1994). Adequate measures should be taken to secure data storage, ensure anonymization or pseudonymization of participation data and limit access to authorized personnel thus the research findings will be presented in a way that prevents the identification of individual participants.

### 3.10.4 Avoiding harm and Ensuring safety

The researcher should take precautions to minimize any potential harm or distress to participants. This can involve using inclusive and non-discriminatory language, providing appropriate accommodations during data collection and ensuring that participants are not put in situations that may jeopardize their physical or emotional well-being. The researcher should also be prepared to provide referrals to support services or professionals if participants express

a need for additional assistance. According to Drolet & Girard (2020) have the potential to both undermine the credibility of research and lead to negative consequences for many stakeholders including researchers, research assistants and personnel, research participants, and the society as a whole.

### 3.10.5 Beneficence and Justice

The researcher should strive for the promotion of beneficence and justice in the research. This includes considering the potential benefits of the research to the participants and the broader community. The researcher should also be mindful of any potential disparities or inequities in the accessibility of social development assistance and work towards promoting inclusivity and equal opportunities for all individuals with disabilities. Our interactive techniques during the data collection process should focus on eliciting information rather that expressing our own opinions and ideas (Mack et al, 2005:11).

By addressing these ethical considerations, the researcher can conduct the study on the accessibility of social development assistance for people with disabilities in a responsible manner, respectful manner, ensuring the well-being and rights of the participants are prioritized throughout the research process.

### 3.11 Feasibility of the study

The study is feasible because it was conducted in Retreat, Waterfalls area where the researcher did her work-related learning where she is familiar with the area. Familiarization with the areas was therefore easy because of the good working relationship with most of the people which were involved with the study because she was familiar with them. It will also be easier for the researcher to obtain authority to conduct the study from the service providers.

### 3.12 Chapter Summary

The chapter focused on the methodology used to carry out the research, the study employed a qualitative research design, utilizing in-depth interviews with people with diverse disabilities to explore their experiences and perspectives on accessing social development assistance. A

purposive sampling approach was used to ensure the inclusion of participants with a range of disability types, socioeconomic backgrounds, and geographical locations. The data analysis followed a thematic analysis approach, identifying key themes and patterns that emerged from the interview transcripts. The next chapter presents the findings of the study.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS.

## 4.0 Introduction

This chapter presents, discusses and analyze the findings of the study gathered from interviews and focus group discussions from the key informants from various organizations, departments and girls and women with disabilities from Retreat Waterfalls. A qualitative approach was used to collect data using key informants interviews. Interview guides were used to collect data from participants in the study. Findings were presented and discussed in line with the aim and objectives of the study.

## 4.1 Biography of participants

Participants 1 to 8 are inhabitants of the Hatfield and Waterfalls District under Retreat. 3 key informants which include social workers and case care workers. All the participants showed up for the discussions and everyone responded positively. The researcher also had an in-depth interview with the Social development officer which helped in understanding how services are provided.

## 4.2 Challenges being faced by PWDs in accessing social development assistance

The results show the accessibility challenges of social development assistance for PWDs. This is because most participants cited that a number of factors influence how people living with disabilities can access and benefit fully from social development assistance that can help them sustain themselves. As from the study, accessibility of social development assistance is affected by different factors and these are individual attributes, like lack of awareness, gender, language skills as well as personal resources like money and energy. The community culture and local attitudes dictate how people living with disabilities are aware of the services available and how easily they can access them and this proves how stereotypes affect the wellbeing of PWDs.

### 4.2.1 Lack of Awareness and Sensitization

The lack of awareness and the understanding among service providers and the general public in peri-urban areas, about the needs and the rights of PWDs and which results in discrimination, prejudice or ignorance thus making it more difficult for individuals with disabilities to access services or participate fully in the community has proved to be of great impact on the ability. Most, expressed their threats of neglect, violence and fear of rejection which then acted as a deterrent for them particularly these age groups as they are very young or very old who mainly relied on family support and are unwilling to risk losing it by openly identifying as beneficiaries of Social Development or other specific services that comes with it. This therefore proves how lack of awareness on their rights as PWDs is affecting the accessibility of social development assistance.

One female in depth participant said that:

*"Ini hangu ndakazvimiririra andina ruzivo nezve werofeya inokwanisa kutibatsira takatogutsikana nekurarama nezviripo tichisekiwa nevanhu kuti hatibetsere munharaunda, uye vamwe vanotosvika pakutisvipa."* (Personally, I am not aware of how I can access Social Development Assistance, such that I have become content with who we are and how we struggle to live as people laugh at us seeing us as useless members in the community and others are disgusted by us.)

Another participant said that:

*"Isu tiningorarama nekuda kwekushaya ruzivo nezvewerufeya saka tinoguma totatarika nemararmiro asi tinongobatanidza batanidza kuti tiwane kuchengeta mhuri."*(We just happen to survive without even the knowledge of welfare services and we end up finding ways to be able to sustain our families.)

The above findings and observations made by the researcher clearly show that lack of awareness and sensitization is a challenge faced by PWDs in accessing social development assistance in Retreat, Waterfalls District. This therefore means that many households rely on

their own cultural and traditional ways of living in order to sustain themselves. This economic determinism raises concerns about the wellbeing of people living with disabilities as they are exposed to bad living conditions. Loffel (2008) describes the following as challenges to the delivery of social welfare services with a shortage of social workers, poor recognition of other social service practitioners, a lack of funding and high staff turnover and lack of awareness. The 2 participants all of them were not aware of the resources and facilities that are available to them at the Department of Social Development. They also struggled with the sense of self identity, making them reluctant and unable to seek out help. Although the social welfare assistance act 17:06 was enacted to assist people with disabilities to have access to aid that may help in improving their livelihoods there are still loopholes that may affect the accessibility of social development assistance for PWDs. Section 6 of the Act with regards to eligibility for social assistance clearly state that physically and mentally challenged persons qualify as destitute and indigent persons, however there is a lot that needs to be done in order to put this theory into action as the lack of awareness has been a crucial challenge as proved by the study.

**4.2.2 Social stigma and isolation**

People with disabilities in peri-urban areas face social stigma and isolation as proved by the study, that is negative attitudes and misconceptions about disability can result in exclusion from social activities, education, employment opportunities and community services. The socio-economic status of a person proved to have an impact on the accessibility of social development assistance for PWDs as compared to the individuals with disabilities who lived in affluent areas that are, the urban areas mainly they have access to funds and are well educated which helps them to access knowledge and understand it and the costs of support services are less likely to be a barrier to access. One male participant said that;

*"Muno muZimbabwe kunyanyanya nzvimbo yedu yeRetreat, kutongoita hurema waakutonzi unopemha saka vanotongotarisira kuti unotokumbira pese saka unotozonyara kuenda kuwerofeya kwacho."(*Here in Zimbabwe, especially in Retreat, disabled people are classified as official beggars. So wherever they are, they (non-disabled people) expect to see you begging. This behavior and expectations exist here in Retreat and you will end up shy to go and access welfare with the fear of socio economic status being ruined…)

Another participant said that;

*"Vanhu vemunharaunda medu vanongoti shora kunyangwe ukangoda kuzvifambirawo semunhu kana kurarama kunoita semhosva vanhu vanokukavira kure."* (Just by walking around people marginalize us and dehumanize us as though we are not human beings such that just living becomes a problem in general.)

From the above findings, it is highly lucid that social stigma is a recurring theme in the participants' responses. This proves how social stigma is a challenge faced by PWDs in accessing social development assistance and it affects the way they live and try to sustain themselves. Although the constitution addresses many disability issues, for example, the requirement on mainstream disability. The demand of including PLWDs in every aspect of society was met in section 22 which says that the state shall consider the specific requirements of persons with all forms of disabilities as one of the priorities in development plans. This proves the efforts by the Zimbabwean government to promote inclusion of the PWDs but the community enhances social stigma by marginalizing the people with disabilities. PWDs often depend on social development assistance however they are therefore unable to afford or get access to public transport thus limiting their options and end up being seen as beggars which pushes them out of the society's activities and possible help. The social model asserts that disability is a product of society and not a problem of an individual with a disability (Mtetwa

2011), which goes on to show that society determines disability and happens to discriminate and define disability as inability.

### 4.2.3 Scarcity of resources

The scarcity of resources can indeed pose significant challenges for people with disabilities in accessing social development assistance. Disabilities often require additional support and accommodations to ensure equal participation and access to opportunities. To begin with, people with disabilities may face higher medical expenses, specialized equipment costs, and additional caregiving needs. Limited financial resources can make it difficult for them to access necessary assistive devices, therapy, or transportation services. Also the focus groups alluded that accessibility is a crucial aspect of social development assistance henceforth, inadequate infrastructure, such as lack of ramps, elevators, or accessible transportation, can restrict the mobility and independence of individuals with disabilities. One female participant said that;

*"Ini ndinotadza kuwana mafambiro ekuti ndiende kunowana werofeya nekuda kwekushaya, nekushaya mari sekuti akuna mabasa saka kuzvimiririra kunoti netsei kunyangwe mawirocheya atikwanisi kuawana muno munharaunda medu"* (I fail to get access to welfare due to lack of resources and funds such as wheelchairs in order for us to move well and with better ability but in our community it is rare for anybody to get one.)

Another participant said that;

*"Kutongoshaiwa zvinotirerutsira mararamiro ndiko kunotitadzisa kuzvichengetawo sezvinoita vamwe."* (The scarcity of resources lead to poor living conditions as compared to others.)

Scarce resources can result in long waiting lists or limited availability of support services and this could include rehabilitation programs, vocational training, counseling, or personal assistance services, which are essential for the social development and inclusion of people with disabilities. Henceforth limited access to resources becomes a challenge for PWDs in accessing social development assistance. A number of respondents from the focus groups confirmed that different challenges being faced by people with disabilities are a result of poverty which has

turned some of them into beggars in the street. This was argued to be accelerated by the lack of opportunities for this group. Respondents also noted that disabled people from poverty-stricken families are generally deprived of some basic need which led them to undesirable situations. These can include those with multiple disabilities and those with both parents or families with any form of disability which respondents highlight that they are the most vulnerable and are susceptible to many challenges. Addressing the scarcity of resources as a challenge for people with disabilities requires a multi-faceted approach. It involves increasing funding for disability-related programs, improving infrastructure and accessibility, promoting inclusive education and employment opportunities, and raising awareness to reduce social stigma and discrimination. Additionally, collaboration between governments, organizations, and communities is crucial to ensure that resources are allocated effectively and inclusively to support the social development of individuals with disabilities. Lombard (2005) adds that the challenges include high case loads, which indicates a lack of resources. According to the social model it is the role of the community to accommodate the people with disabilities even when there is scarcity of resources as a challenge in accessing social development assistance, Jairos Jiri association 2013 goes on to state that society has a responsibility to prevent, rehabilitate and accommodate its differently able members.

**4.2.4 Discrimination**

Discrimination against PWDs remains a significant challenge in accessing social development assistance and it was therefore noted by almost all the PWD's during focus group discussions as 85% of them mentioned as another challenge they faced in this area which is beyond their control to overcome. Respondents' also noted that they are seen as useless by society and as a burden by the family. One participant noted that;

*"Tinodanwa tichinzi zvirema kutotisiyanisa nevamwe zvichiratidza kuti tirivashorwa munharaunda."* (We are often referred to as *zvirema* showing how marginalized in the community.)

Another participant said;

*"hatina musi watinombodanwa tonzi imimi mungadei kuti hupenyu hwenyu hushanduke asi tinongonzi tauya nemuono uyu kuti tishandure hupenyu hwenyu."* (There is no pointing time where we are generally asked about our basic needs rather we are just given what they think we need.)

"Chirema" is defining someone by their inability and such stereotyping affects their emotional well-being and it can result in them feeling helpless because of their conditions which led them to be neglected and looked down upon in society. From the in-depth interviews with the key informants, they noted that families and parents on the other hand tend to view their disabled relatives as of no use thereby depriving them access to many services. This can be related to Goreczny (2011) who stated that such discrimination meted against persons living with disability results in oppression against them in all areas of life including their ability to obtain housing, maintaining regular employment, access to health services, engage in meaningful relationships and enjoy the quality of life afforded to all citizens. In addition, as a result of discrimination, they are less economically active, experience a higher rate of poverty and cannot always live independently or participate fully in community activities. From all the information the researcher found on this issue, the researcher found out that discrimination was still a big issue that needs to be considered seriously. Despite all the efforts from the legislations and policies both at an international, regional and local level to prohibit discrimination of PLWDs it has been seen that it was a challenge that needs concrete ideas to address it. The Convention on the Rights of Persons with Disabilities is an international human rights treaty of the United Nations that sets out the rights of people with disabilities, promoting their full

inclusion even participation in society, also to protect the rights and dignity of persons with disabilities, however there is still discrimination despite the effort by the governments.

## 4.3 The coping strategies employed by PWD's when they fail to access social development assistance

Living with disabilities in peri-urban areas can present unique challenges when it comes to accessing social development assistance. Deeply embedded cultural beliefs, values, norms as well as structural barriers make it very difficult for people to access services and these norms influence family, public and professional attitudes towards people with disabilities. These results in them being denied or offered only limited access to social services thus making them look for other ulterior ways to cope with life. However, individuals in these situations often employ various coping strategies to overcome these obstacles.

### 4.3.1 Self-Advocacy

Individuals with disabilities may become their own advocates, actively seeking out information and resources that are available to them. They may reach out to local disability organizations, government agencies, or community groups to inquire about assistance programs and services. One of the participants aged 24 said;

*"isu tatogona kurarama nezviripo tichitotenda kuti ndozvatiri tichizvimiririra patinobatirirwa."* (We have finally accepted the way that we are and we stand up for ourselves when we are being stigmatized.)

The discussions with the research participants proves that the presence of impairment has often excluded people with disabilities from the category of 'resilient', consigning them, instead, to the category of the 'vulnerable' and 'passive'. Most participants have alluded to the fact that even their families have learnt to live with the presence of disability and it has made them resilient, strong and active often because they are forced to face 'at risk' situations. Mwalimu (2003), the act covers two main areas; prohibiting discrimination against PWD's giving them

access to public services thus the access to public services result in self-advocacy. The strategy of self-advocacy is therefore used as a way to be confident despite disability in order to assert their rights, express their needs and preferences through advocating for the necessary support and assistance they require. Knowledge and awareness on their rights therefore results in self-advocacy on available services and resources and this knowledge therefore empowers them to make informed decisions.

### 4.3.2 Social Support

Connecting with others who have similar experiences can be valuable for coping, as proved by the research and how the respondents portrayed it. People with disabilities seek out support groups or networks where they can share their challenges, exchange advice, and provide emotional support to one another. One participant said that;

*"isu sevashorwa mukomuniti tinobatsirana pamwe chete kuti tigonesane kupanana simba rokurarama tichibvisa funwa yekushorewa nekutarisirwa pasi tichitopanana mazano emararamiro atingaita asi tinenge tichitombobatsigwawo nevasingatirisiri vamwe pasi."* (Us the marginalized, help each other strengthening each other in order to live and sustain ourselves, coming up with ideas to help each other live a better life.).

Another participant said that;

*"Pasina kubatirana pamwe chete nerutsigiro rwatinopanana vazhinji tingadai tisina patinowana kunyange magariro akanaka nesimba rekuzviona kuti tirivanhuwo."* (Without social support that we provide for each other we would not be able to have a confident living and having confidence in our disability."

The findings above prove that social support is a crucial strategy being employed by PWDs when they fail to access social development assistance. According to Fidgley (2010) 'social support groups give a sense of belonging and offers the platform to share feelings, discuss their concerns of problem, exchange information and offer advice to one another that focus on

positive outcomes.' Thus social support becomes a way for PWDs of coping when they cannot access social development assistance. Also Mike Oliver according to his social model theory of 1990 societal perceptions and prejudices towards people with disabilities unnecessarily create obstacles that prevent their full participation and integration thus it requires proactive steps and interventions by people to eliminate these barriers and promote true inclusion. Family members and close friends can provide critical support for individuals with disabilities. They may assist with daily tasks, offer emotional support, or help navigate the bureaucratic processes involved in accessing social development assistance. Collaborating with disability rights organizations and advocacy groups can help individuals with disabilities collectively address systemic barriers and advocate for inclusive policies and programs in their communities.

### 4.3.3 Skill Development

Focusing on personal skill development can empower individuals with disabilities to become more self-reliant. They may invest time in learning new skills, such as computer literacy, vocational training, or entrepreneurship, to enhance their employability and create opportunities for income generation. During interviews, the participation by people with disabilities based on the life histories gathered, income-generating projects emerged as an important area or focus. For instance, one participant said,

*"tinokurudzirana kuti tiite zvinhu zvakaita sekutengesa, kubika, kusona kuti tirarame zvakanaka tichiindesawo vana kuchikoro."* (We encourage each other to be involved in self-sustaining programs such as cooking, baking and sewing in order to send our children to school."

A key informant asserted that;

"Every time we always urge the PWDs to engage in programs being initiated at the community hall at Waterfalls such as baking, detergent making and sewing."

The above findings show that skills development is an important strategy being employed by PWDs when they fail to access social development assistance. Also, people with disabilities often develop adaptive strategies to overcome physical or environmental barriers and these may include using assistive devices, modifying their living spaces for accessibility, or finding alternative transportation options. Agarwal, 1994 posits that they initiate their income generating projects to help themselves survive and most of them emphasized the fact that the success of the projects depended mostly on access to loans which empowers people living with disabilities and enables them to have control over their lives. Also the Disabled Persons Act Chapter 17:01 has a function of encouraging and securing the establishment of vocational rehabilitation centers, social employment centers and other institutions and services for the rehabilitation of disabled persons which is evident by institutions in Zimbabwe such Jairos Jiri and Danhiko. The specific coping strategies employed can vary depending on individual circumstances and available resources within the peri-urban area. Additionally, government and community efforts to improve accessibility and support for people with disabilities can significantly enhance their coping abilities

## 4.4.0 Measures that can be taken to assist people living with disabilities to access social development assistance

In order to assist people with disabilities in accessing social development assistance, several measures can be taken at various levels. These include inclusion,

### 4.4.1 Accessibility and Inclusion

Ensuring that social development assistance programs, facilities, and services are accessible and inclusive for people with disabilities is a measure that can be taken in order to promote better accessibility for PWDs in accessing social development assistance. One key informant the social worker at the District Offices said,

*'isu ishuviro yedu kuti pavakwe zvikoro zvinobatsira vanhu vakaremara zvakangofananawo nemunhu wose kuti vawane dzidzo and vave vanhu vanoziva kodzero dzavo.'* (We as social

workers we hope that schools should be built for people with disabilities as well in order for them to get educated and know their rights.)

This involves making both physical and digital environments accessible. Physical accessibility features include ramps, elevators and accessible restrooms, also digital accessibility ensures that online platforms and information can be accessed by PWDs. Sen, 1999 posits that there is a need to understand the conditions that make it difficult to access and get the needed and necessary aid that is developmental as thinking of development as a process helps at expanding human capabilities to leads to valued life. 'We as social workers we hope that schools should be built for PWDs as well in order for them to get educated and know their rights.' This therefore proves that inclusion helps in accessibility of social development assistance as PWDs will be able to have access to social protection services and lead a normal life. It is clear from the Disabled Persons Act Chapter 17:01 that its main goal is to achieve equal opportunities for people with disabilities. This includes ensuring, as much as possible that they can access education and employment, fully participate in sporting, recreational and cultural activities and have full access to community and social services. It is essential therefore to include PWDs and allow them to have equal access to social development assistance.

### 4.4.2 Awareness and Information

Raising awareness about available social development assistance programs and services among people with disabilities and their communities. This can be done through targeted outreach campaigns, community events, and collaborations with disability organizations to disseminate information about eligibility criteria, application processes, and available support. This is confirmed by a 39 year old mother of a disabled child who cannot walk who testified that getting information on organizations that may help provide social development is beneficial for PWDs as her son was given a wheelchair for better movement,

'*ini ndinokurudzira vanhu kuti vave neruzivo nezvemapoka akaita seZPHCA nekuti anobatsira kuti mararamiro evana vedu aite nyore, ndinoda kupa kutenda kune mapoka anokoshesa vanhu*

*vane hurema.*' (I encourage people to have knowledge on groups such as ZPHCA because they assist and stimulate better living and sustainable life for our children and I would like to extent my gratitude to the groups that assist PWDs.)

As per the findings this therefore proves the importance of awareness and information to the accessibility of social development assistance to people with disabilities. Proactively reach out to people with disabilities to provide information and guidance on accessing social development assistance. This can involve conducting outreach activities in peri-urban areas, establishing helplines or hotlines, and organizing information sessions or workshops specifically tailored to the needs of people with disabilities. The Social Model by Mike Oliver (1990) calls for changes in law, policies, and practices to promote inclusion and accessibility, for instance in Zimbabwe beliefs and superstitions have it that albinos were killed after birth as they were viewed as a symbol of bad luck thus responsibility now comes back to the society. Furthermore, equal rights and social justice, the social model promoted the idea that people with disabilities have the same rights as everyone else and should be treated with dignity and respect. It therefore goes on to help in advocating for equal opportunities, non-discrimination and the full participation of people with disabilities in society. Lastly, need for collective action, the social model recognizes that achieving disability rights and inclusion requires collective efforts from people's organizations, advocacy groups, policymakers and society as a whole.

### 4.4.3 Training and Capacity Building

Social development assistance through training and capacity building for staff and volunteers to enhance their understanding of disability issues, including disability etiquette, communication strategies, and reasonable accommodations. This will help ensure that individuals with disabilities receive respectful and effective support throughout the application and service delivery processes. The Waterfalls District officer said that;

"The people with disabilities are being offered vocational skills such as baking, cooking, detergent making and poultry in order to lead a sustainable and better life, however due to lack of resources they often cannot travel to the district offices where the vocational skills trainings take place at."

As affirmed by The Disability Persons Act Chapter 17:01 has a function of encouraging and securing the establishment of facilities and services that provide vocational rehabilitation, employment support and other forms of rehabilitation for people with disabilities which is evident by institutions in Zimbabwe such Jairos Jiri and Danhiko. This shows that training and capacity building help people with disabilities help with confidence, and help them sustain themselves and their families thus reducing discrimination and stigmatization. The Jairos Jiri is a sign of success of the government in order to offer vocational trainings and knowledge for PWDs.

## 4.5 Conclusion

To summation, findings from the study were displayed, deliberated and assessed hand in hand with the objectives and the aim of the study. The aim was to investigate the challenges faced by people with disabilities when accessing social development services. The main objectives of the study were to identify social protection mechanisms available for persons with disabilities, to investigate challenges faced by PWD's in accessing social protection services and to proffer measures that can be taken to assist people with disabilities to access social development assistance. The results of the study aligned with the existing literature and the insights gathered from the key informants. The next chapter presents the summary, conclusions and recommendations of the study.

# CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Introduction

The major aim of undertaking the study to examine the accessibility of social development assistance in peri-urban areas for PWDs that is Retreat, Waterfalls area and the chapter basically focuses on the accessibility challenges and is surrounded on three main objectives that are investigating the challenges faced by PWDs, identifying social protection mechanisms available for PWDs and proposing measures to assist PWDs in accessing social development assistance. The chapter goes on to connect with the existing literature, particularly the social model of disability.

## 5.2 Summary of the study findings

The study findings inform the subsequent chapter's exploration of the challenges, social protection mechanisms and measures to improve accessibility of social development assistance for PWDs. The findings show the barriers faced by PWDs in the Retreat, Waterfalls area, disparities in service provision, personal experiences and coping strategies. These findings serve as a basis for the development of recommendations aimed at enhancing accessibility and promoting inclusive practices in social development assistance programs and policies. Findings noted the challenges in accessing social development assistance as lack of awareness, discrimination, social stigma and scarcity of resources. The PWDs often employ certain coping strategies or mechanisms that were noted in the findings and these are social support, self-advocacy and skills development. The participation by people with disabilities in income-generating projects was also an area that came through in their life histories during the interviews.

### 5.2.1 Challenges faced by PWDs in accessing social development assistance

People with disabilities encounter several challenges when accessing social development assistance, this summary therefore highlights the key challenges that are discrimination, lack of awareness, scarcity of resources and social stigma. Discrimination against people with disabilities remains a significant barrier to accessing social development assistance. Negative attitudes, stereotypes and prejudiced beliefs can lead to exclusion, unequal treatment and limited opportunities, discrimination may manifest also in various forms such as denial of services, and biased decision-making processes. Limited awareness about available social development assistance programs is a common challenge faced by PWDs. Many people may not be aware of their rights, entitlement and the specific support services available and this lack of information can prevent them from accessing the assistance they need to enhance their social and economic well-being. There is also the scarcity of resources dedicated to social development assistance for PWDs can impede their access to support. Insufficient funding, limited availability of services and inadequate infrastructure can barriers and prevent individuals with disabilities from accessing the necessary assistance programs. This scarcity of resources can disproportionately affect marginalized groups within the disability community. Social stigma attached to disability remains a challenge that affects the access to social development assistance. Negative societal attitudes and stereotypes can lead to the marginalization and exclusion of individuals with disabilities. Stigma can discourage people from seeking assistance or prevent them from fully participating in social development programs due to fear of judgment, discrimination or social isolation. Addressing these challenges requires concerted efforts from multiple stakeholders, including policymakers, service providers, communities and individuals themselves. Strategies such as implementing anti-discrimination policies, promoting inclusive education and awareness campaigns, allocating adequate resources and funding and fostering a supportive and inclusive society can help mitigate these challenges.

**5.2.2 Coping strategies employed by PWD's when they fail to access social development assistance**

Coping strategies employed by people with disabilities when they fail to access social development assistance often involve a combination of self-advocacy, social support, and skills development. These strategies aim to address the challenges and barriers faced by individuals with disabilities in accessing the necessary support and services they require. Self-advocacy involves individuals with disabilities speaking up for themselves, expressing their needs, and asserting their rights. This strategy empowers individuals to actively engage in decision-making processes and advocate for the necessary assistance and accommodations. Self-advocacy may involve seeking information about available resources, understanding disability rights legislation, and effectively communicating with relevant authorities and service providers to address their needs. Also social support plays a crucial role in helping individuals with disabilities cope with the challenges they face. This support can come from family members, friends, support groups, and disability advocacy organizations. By connecting with others who have similar experiences, individuals can share their concerns, seek advice, and learn from one another. Social support also provides emotional encouragement, validation, and a sense of belonging, which can boost resilience and well-being. Lastly, enhancing skills and capabilities is another important coping strategy for individuals with disabilities and this can involve acquiring knowledge and developing skills in areas such as communication, problem-solving, independent living, and accessing available resources. By improving their abilities, individuals can become more self-reliant and better equipped to navigate systems and overcome barriers they encounter. Skills development programs, vocational training, and educational opportunities can contribute to increased independence, empowerment, and overall well-being. These coping strategies are not mutually exclusive and often work together to address the challenges faced by individuals with disabilities. By combining self-advocacy, social support, and skills development, individuals can enhance their resilience, improve their

quality of life, and work towards achieving their goals. It is important to note that these strategies may vary depending on individual circumstances and available resources within specific communities such as the Retreat area.

**5.2.3 Measures that can be taken to assist people living with disabilities to access social development assistance**

The key measures that can be taken to assist people with disabilities to access social development assistance are inclusion, capacity building, awareness and collaboration. Accessibility includes ensuring physical infrastructure, information, and communication channels are designed to be accessible and inclusive for individuals with diverse disabilities, implementing universal design principles to create environments, products, and services usable by all people, without the need for adaptation and removing barriers and providing reasonable accommodations to enable equal access to social development programs and resources. Awareness includes conducting public awareness campaigns to educate the general population about the rights, needs, and capabilities of people with disabilities, providing training and sensitization programs for service providers, policymakers, and community members to increase understanding and reduce stigma and engaging with people with disabilities and their representative organizations to amplify their voices and perspectives. There is also training and capacity building which includes offering specialized training programs for people with disabilities to develop skills, knowledge, and confidence in accessing assistance, empowering people with disabilities to become self-advocates, navigate systems, and effectively communicate their needs and strengthening the capacity of disability-focused organizations and service providers to deliver quality, inclusive, and responsive support. Collaboration and coordination includes fostering partnerships between government, civil society, and disabled people's organizations for a comprehensive approach, promoting cross-sectorial coordination to address the multifaceted needs of people with disabilities and establishing feedback

mechanisms and grievance redressal systems to address challenges faced in accessing assistance. By implementing these measures, communities and governments can work towards creating an inclusive environment that enables people with disabilities to fully participate in and benefit from social development initiatives, enhancing their quality of life and social inclusion.

## 5.3 Conclusions of the study

The main aim of the study was to examine the accessibility of social development assistance in peri-urban areas for PWDs that is Retreat, Waterfalls area, and the research was grounded in the social model of disability, which emphasizes the role of societal and environmental barriers in limiting the participation and inclusion of individuals with disabilities. The research objectives were to investigate the challenges faced by PWDs, identify social protection mechanisms available for PWDs and proffer measures to assist PWDs in accessing social development assistance.

The literature review provided a comprehensive overview of the social model of disability, which frames disability as a result of environmental and societal factors, rather than solely as an individual's impairment. The review highlighted how the social model has shifted the focus from the medical treatment of disabilities to the removal of disabling barriers and the promotion of inclusive practices. The study employed a qualitative research design, utilizing in-depth interviews with people with diverse disabilities to explore their experiences and perspectives on accessing social development assistance. The data analysis followed a thematic analysis approach, identifying key themes and patterns that emerged from the interview transcripts. The findings revealed multiple barriers to accessing social development assistance, including communication challenges, lack of awareness, discrimination, social stigma and scarcity of resources. Participants highlighted the need for improved accessibility, better-trained staff, and more personalized assistance to address their unique needs. The study also identified

facilitators, such as peer support networks and the availability of assistive technology that enhanced the accessibility of social development assistance. The study's conclusions underscored the critical importance of applying the social model of disability to understand, address the accessibility challenges being faced by PWDs in accessing social development assistance.

While PWDs are capable of meaningfully participating in community and have access to social development assistance, more capacity building is still needed to empower people with disabilities with knowledge about their rights and the ability to share their perspective. A number of challenges have limited the meaningful participation of people with disabilities, including the fact that the decentralization of disability-related issues has not been fully achieved. Overall, the research provided a comprehensive evaluation of the accessibility challenges faced by PWDs in accessing social development assistance, as proven by social model. The findings and recommendations offer valuable insights to inform policy, program design, and service delivery to enhance the inclusiveness and accessibility of social development assistance for persons living with disabilities.

### 5.3.1 Challenges being faced by PWDs in accessing social development assistance

The persistent and multifaceted challenges that people living with disabilities in Zimbabwe continue to face in accessing social development assistance and fully exercising their rights. Key barriers include discrimination and stigma, lack of awareness about available support services, scarcity of dedicated resources, and entrenched societal attitudes that marginalize this vulnerable population. Addressing these challenges will require concerted, coordinated efforts from policymakers, service providers, communities, and individuals themselves. Strategies such as strengthening anti-discrimination measures, promoting inclusive education and awareness campaigns, allocating adequate funding and resources, and fostering a more supportive and inclusive society will be crucial in ensuring that people with disabilities in

Zimbabwe can access the support they need and fully participate in the social, economic, and developmental progress of the country. Overcoming these persistent barriers is essential to upholding the rights and dignity of persons with disabilities and creating a more equitable and inclusive society.

**5.3.2 Coping strategies being employed by PWDs when they fail to access social development assistance**

The coping strategies employed by people with disabilities in the face of barriers to accessing social development assistance are multi-faceted and interdependent. Self-advocacy, social support, and skills development work in tandem to empower individuals, build resilience, and enhance their ability to navigate and overcome the challenges they encounter. Through self-advocacy, individuals assert their rights, communicate their needs, and actively engage with authorities and service providers to secure the necessary support and accommodations. Complementing this, the role of social support from family, friends, support groups, and advocacy organizations cannot be overstated. These networks provide emotional validation, practical guidance, and a sense of community that is crucial for individuals' well-being and ability to cope. Furthermore, investing in skills development, whether through educational opportunities, vocational training, or programs that build practical life skills, equips individuals with the knowledge and capabilities to become more self-reliant and better equipped to navigate complex systems and access available resources. While the specific strategies may vary depending on individual circumstances and community contexts, the overarching approach of combining self-advocacy, social support, and skills development represents a holistic and effective means for people with disabilities to enhance their resilience, improve their quality of life, and work towards achieving their goals in the face of persistent barriers. Recognizing and empowering these coping mechanisms is essential to upholding the rights and inclusion of persons with disabilities.

**5.3.3 Measures that can be taken to assist PWDs to access social development assistance**

In summary, a multifaceted and collaborative approach is essential to enable people with disabilities to meaningfully access and benefit from social development assistance. This approach involves four key pillars: inclusion, capacity building, awareness, and coordination. Ensuring accessibility and inclusive design in physical infrastructure, information, and service delivery is foundational to removing barriers and enabling equal participation. Complementing this, capacity building initiatives that empower individuals with disabilities through skills training, self-advocacy, and organizational strengthening are crucial for enhancing their agency and ability to navigate support systems. Awareness-raising campaigns and sensitization programs targeting the general public, service providers, and policymakers are equally vital in addressing stigma, promoting understanding, and amplifying the perspectives of persons with disabilities. Underpinning these efforts, strong collaborative partnerships and cross-sectoral coordination between government, civil society, and disabled people's organizations can foster a comprehensive, responsive, and accountable approach to social development assistance. By strategically implementing these multifaceted measures, communities and governments can work towards creating an environment that is truly inclusive, empowering, and supportive of the rights and needs of people living with disabilities. This holistic approach is essential for enhancing the quality of life and social inclusion of this marginalized population and realizing the goals of equitable and sustainable social development.

**Recommendations**

**5.4.1 Recommendations to the government**

❖ Increase Funding and Resource Allocation: The government should allocate more funding and resources towards programs and initiatives that improve accessibility and integration. This could include expanding disability benefits, increasing accessibility features in public infrastructure, and providing more financial support for disability organizations.

❖ Strengthen Legislation and Enforcement: The government should review and strengthen laws and regulations related to accessibility and disability rights. This could involve enhancing anti-discrimination protections, mandating accessibility standards for public and private facilities, and improving enforcement mechanisms to ensure compliance.

❖ Improve Accessibility of Government Services: The government should take steps to make its own services and programs more accessible to people with disabilities. This could involve optimizing digital platforms, providing assistive technologies, offering accessible formats of information, and training staff on disability awareness.

❖ Increase Community Engagement and Consultation: The government should proactively engage with the disability community, including people with disabilities, their caregivers, and disability organizations. This can help ensure that policies, programs, and services are designed with their needs and perspectives in mind.

❖ Invest in Data Collection and Research: The government should invest in comprehensive data collection and research on the accessibility challenges and needs of people with disabilities. This evidence can inform the development of more effective and targeted interventions.

❖ Foster Cross-Sectoral Collaboration: The government should facilitate collaboration between different government agencies, as well as between the public, private, and

nonprofit sectors, to adopt a holistic and coordinated approach to improving accessibility and social inclusion.

❖ Promote Awareness and Attitudinal Change: The government should implement public awareness campaigns and educational initiatives to challenge stigma and promote a greater understanding and acceptance of people with disabilities within society.

### 5.4.2 Recommended areas for future studies

It is recommended that further research should be carried in the following areas:

❖ Further research is needed on strategies to enhance the effectiveness of national legal frameworks in promoting the participating of people with disabilities and increasing the accessibility of social development assistance. This is important because limited participation remains a challenge, despite the existence of policies like the Disability Act Chapter 17:01.

❖ Assess the effectiveness of disability mainstreaming efforts at the community level, in order to better protect and promote the rights of people with disabilities.

❖ Evaluate the effectiveness of the services offered by the Department of Social Development and ensure the long-term sustainability of the assistance provided.

### 5.5 Chapter Summary

This was the concluding chapter of the study. The dissertation provided a comprehensive examination of the accessibility challenges faced by people with disabilities in accessing social development assistance, grounded in the social model of disability. The findings and recommendations offer valuable insights to inform policy, program design, and service delivery to enhance the inclusiveness and accessibility of social development assistance for persons with disabilities.

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**APPENDIX A: LETTER FROM BINDURA UNIVERSITY OF SCIENCE EDUCATION TO CONDUCT THE RESEARC**

**FACULTY OF SOCIAL SCIENCES & HUMANITIES**
**DEPARTMENT OF SOCIAL WORK**

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

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## BINDURA UNIVERSITY OF SCIENCE EDUCATION

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Date: 23 February 2024

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, _Molly Runo_, Student Registration Number _B2G2224B_, who is a **BSc SOCIAL WORK** student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you pleasé assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON

Yours faithfully

**2 2 NOV 2023**

FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

MR L.C. Nyamaka
Acting Chairperson - Social Work

**APPENDIX B: APPROVAL LETTER FROM HARARE CITY COUNCIL TO CONDUCT RESEARCH**

23 February 2024

**RE: AUTHORITY TO UNDERTAKE RESEARCH: MOLLY.T.RUNO**

This letter serves as authority for Molly.T. Runo to undertake a research survey on the topic: **"ACCESSIBILITY OF SOCIAL DEVELOPMENT ASSISTANCE FOR PERSONS LIVING WITH DISABILITIES IN PERI URBAN AREAS.A CASE STUDY OF RETREAT AREA".**

The City of Harare has no financial obligation and neither shall it render any further assistance in the conduct of the research. The researcher is however requested to avail a soft and hard copy of the research to the undersigned so that residents of Harare can benefit out of it. The research should not be used for any other purpose other than the study purpose specified.

This letter is issued upon payment of 5usd administration fee.
Receipt number:13747266

Yours faithfully

**RTD MAJOR M. MARARA**
**ACTING HUMAN CAPITAL DIRECTOR**

CITY OF HARARE
HUMAN CAPITAL DEPT.
0 3 APR 2024
P.O. BOX 990, HARARE
TEL 752979

**Harare to achieve a WORLD CLASS CITY STATUS by 2025**

**APPENDIX C: INFORMED CONSENT FORM**

This part of the research is to seek consent for participation in the research titled: Accessibility of Social Development Assistance for Persons living with Disabilities in Rural Sectors. Participants' information will be kept confidential, and the results will only be utilized for academic purposes. Be certain that all information will not be disclosed to anyone and not even directed back to you. The research study will use pseudo names for protecting participants' information. It is voluntary to participate in this study and whenever you feel uncomfortable you are allowed to withdraw without any consequences.

Consent: If you agreed to the conditions of the study and willing to take part in the study, may you put your signature below.


Signaturee of participant....................Date....................
Signature of researcher....................Date....................

**APPENDIX D: In-depth interview guide**

**Interview guide**


**To investigate challenges faced by PWD's in accessing social protection services.**


I'm Molly Tofara Runo, a social work student at Bindura University of Science Education. As part of my studies, I am conducting a study on the topic of "Accessibility of social development assistance for persons living with disabilities in rural sectors". Participant information will be kept confidential, and the results will only be utilized for academic purposes and also once one feels that they want to withdraw from the interviews it is allowed.

1. What are the factors leading to challenges associated with accessing social development assistance for people living with disabilities?

2. What are the challenges being faced by people living with disabilities?

3. How would you describe the treatment of people living with disabilities in your area?

4. How are people living with disabilities benefiting from the government efforts?

**APPENDIX E: Key informants interview guide**

**Key informants interview guide**

**To identify social protection mechanisms available for persons with disabilities.**

I'm Molly Tofara Runo, a social work student at Bindura University of Science Education. As part of my studies, I am conducting a study on the topic of "Accessibility of social development assistance for persons living with disabilities in rural sectors". Participant information will be kept confidential, and the results will only be utilized for academic purposes.

1. What is your role as social workers in dealing with PWD's?

2. What are the challenges you face in dealing with people living with disabilities?

3. What are you doing to address the challenges associated with PWD's?

4. What recommendations would you make to improve the implementation and effectiveness of government efforts to address the challenges in accessing social development assistance to PWD's?

**APPENDIX F: Focus group discussion guide**

**To proffer measures that can be taken to assist people living with disabilities to access social development assistance.**

I'm Molly Tofara Runo, a social work student at Bindura University of Science Education. As part of my studies, I am conducting a study on the topic of "Accessibility of social development assistance for persons living with disabilities in rural sectors". Participant information will be kept confidential, and the results will only be utilized for academic purposes.

1. What are the efforts being done by the government and also non-governmental organisations to cub these challenges?

2. What are your expectations or desired outcomes from the government and non-governmental organisations in their effort to address the accessibility of social development assistance to people living with disabilities?

3. What resources did you find the most helpful in sustaining social development assistance gains to the people living with disabilities?

4. What skills did you gain from the skills trainings offered by the government in order to cub poverty among people living with disabilities?