

**BINDURA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES**



**A MODEL ON FOOD DEFICIT MITIGATION STRATEGY IN ENHANCING THE
LIVES OF PERSONS WITH DISABILITIES IN ZIMBABWE. A CASE STUDY OF
UZUMBA MARAMBA PFUNGWE DISTRICT.**

BY

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**A dissertation submitted to the Department of Social Work, Bindura University of Science
Education in partial fulfillment of the requirement of the Bachelor of Science (Honors)
Degree in Social Work.**

JUNE 2025

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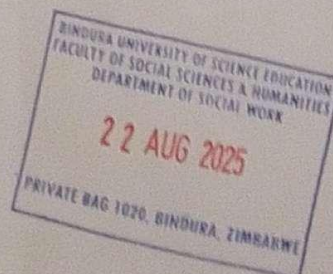
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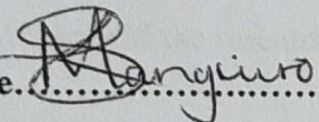


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APPROVAL FORM

I certify that I have supervised **MUZVUWE SHAMISO** in undertaking the research titled: **A model on food deficit mitigation strategy in enhancing the lives of persons with disabilities in Zimbabwe. A case study of Uzumba Maramba Pfungwe district.** This is in partial fulfilment of the requirements of a Bachelor of Science (Honours) Degree, in Social Work, and I hereby recommend it for acceptance by Bindura University of Science Education.

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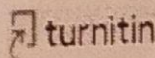
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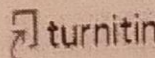
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ACRONOMYS

CRPD- Convention on the Rights of Persons with Disabilities

DFP- District Focal Person

DSD- Department of Social Development

FAO- Food and Agricultural Organization

FDMS- Food Deficit Mitigation Strategy

IFAD- International Fund for Agricultural Development

IGAD- Intergovernmental Authority Development

NDP- National Development Programme

NDS1- National Development Strategy 1

NGOs- Non Governmental Organizations

SDGs- Sustainable Development Goals

UNDP- United Nations Development Programme

UNICEF- United Nations Children's Fund

WFP- World Food Programme

WHO- World Health Organization

MARKING GUIDE

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
Total	100	
Weighted Mark	15	

Comments.....
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	

Weighted Mark	20	
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Comments.....

Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	
Weighted Mark	25	

Comments.....

Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	5	
Data presentation	50	
Is there any attempt to link literature review with new findings	10	
How is the new knowledge trying to fill the gaps identified earlier	10	
Discursive and analytical skills	20	
Summary	5	
Total	100	
Weighted Mark	30	

Comments

Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	5	
Summary of the whole project including constraints	25	
Conclusions- have you come up with answers to the problem under study	30	
Recommendations(should be based on findings) Be precise	30	
References	5	
Appendices i.e. copies of instruments used and any other relevant material	5	
Total	100	
Weighted mark	10	

Comments
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SUMMARY:-

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<u>Chapter 1</u>		
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ABSTRACT

Drought induced famine has been the severe disaster from which most disabled people experience immense excruciating distress. It still remains a National Policy agenda and a problem in most developing countries like Zimbabwe. Due to climate change, the impacts of droughts are expected to deepen where the capacity to adapt is low. The researcher found out that, it remains a quagmire in communities, local people have devised different coping mechanisms based on the resources that are locally available but the effectiveness of these mechanisms are questionable. Therefore, using qualitative research method, the researcher managed to come up with a model on food deficit mitigation strategy in enhancing the lives of persons with disabilities in Zimbabwe. Results indicated that, in UMP, people, NGOs and government are effortlessly using drought mitigation strategies which include food aid, agricultural inputs, nutritional gardens and sale of livestock, remittances and irrigation scheme. It was also revealed that the most effective drought mitigation strategies were provision of food aid and provision of agricultural inputs. These strategies are held back by challenges in the District, which include poor service delivery by NGOs and Government departments in mitigating droughts, poverty, corruption, lack of resources and unclear selection criterion of beneficiaries as well as lack of markets thereby leading to inefficiency of the drought mitigation strategies. To eradicate the mentioned challenges the researcher recommended the funds aid, leadership education and necessary infrastructure for irrigation, improving access to agricultural inputs and enhanced provision of technical assistance to persons with disabilities in the area. At the end the researcher managed to come up with a model to enhance the lives of persons living with disabilities.

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CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

The section is an introductory to the study giving a background and a conceptualization of the Food Deficit Mitigation is a program under the National Social Protection scheme in ameliorating food insecurity among people with disabilities in Zimbabwe. Food Deficit Mitigation Program refers to a range of interventions aimed at addressing the root causes of food deficits including poverty, inequality and climate change (United Nations Development Programme, 2020). Food insecurity is defined as lack of consistent accessibility to adequate food for every individual in a household to live an active and healthy life. It might be a temporary or can last long time (World Food Program, 2020). National Disability Policy (2021), defines persons with disabilities as any person with a sensory, mental or physical disability, including a visual, hearing or speech functional disability, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Food insecurity remains a significant challenge in the country of Zimbabwe, particularly for vulnerable populations, including persons with various disabilities. This study thrust of this study is to investigate and develop a model for food deficit mitigation program specifically tailored for people with various disabilities in Uzumba Maramba Pfungwe district. The goal is to enhance their livelihoods, ensure there is food security and the promotion of inclusive community development. The study will take into account the efficacy, that is the impact of the program to produce intended change (Cartwright, 2009), which is food security towards persons with disabilities focusing on ensuring food security and inclusive community development that is in line with the National Development Strategy 1 mantra that is leaving no one and no place behind. It has sections on the aim of the research, problem statement, research objectives, questions, assumptions of the research study and significance of the research study.

1.1 Background of the research study

The worldwide countries are is on the way towards meeting Sustainable Development Goal (SDG) 1 no poverty, 2 zero hunger and 3 quality health and well-being. FAO, UNICEF, WFP and WHO (2021) highlighted that the world wide it is at critical moment and not generally progressing either towards these targets. Notably, with Covid-19 pandemic causing devastating effects on world's

food security situation. Post-pandemic period has seen almost 2.37 billion of individuals who are food insecure with no region being left out. Political chaos and upheavals, climate change, natural disasters, ongoing Russia-Ukraine war and economic crises among others equally share the contribution. The global hunger index classified Zimbabwe's situation as serious. The country also ranked 159 out of 193 in the 2022 human development index (UN World Food Programme, 2023). According to other scholars, Asia consisted of more than half of the food insecurity population and one third in Africa. It is of paramount importance to acknowledge that, people with disabilities are at risk to this world plight because of factors like socio-economic barriers and exclusion. Article 28 of United Nations Convention on the Rights of People with Disability (UNCRPD), the member states have to ensure access by people with various disabilities to programs to do with social protection and that is in line with the National Disability Policy (2021).

In Africa, World Food Program Global Operational Response Plan (2022) shows that serious food insecurity vulnerability levels in Africa are still disturbing, with no exception from climate change, Covid-19 pandemic, natural disasters, political instability, insurgencies and Russia-Ukraine war. The horn of Africa (Ethiopia, South Sudan and Somalia), Western and Central Africa (Ghana, Togo and Sahel region) and Southern Africa are experiencing acute food insecurity. World Food Programme (2020) on food security and disability notes that people with disabilities have higher and greater risk in accessing food, therefore it recommended a targeted assistance to consider disability and prioritize livelihood that is accessible and inclusive.

In the SADC region, World Food Programme Global Operational Response Plan (2022) reports intensive food insecurity scenario with no exception of Zimbabwe who was the 'bread basket' of Southern Africa. Angola, Mozambique, Zimbabwe, Malawi and Namibia have been recorded to have food insecurity scenario attributed to droughts, cyclones, economic downturns, conflicts and political instability. Covid-19 pandemic and Russia-Ukraine war have strained the economy of southern Africa countries. On greater risk of this, are the persons with disabilities and their households. Social protection programs should be well programmed in a disability friendly and inclusive approach.

In Zimbabwe, ZimVac Report (2022), the situation of food insecurity in the country has been reported more serious in Matabeleland North, Mashonaland West, Masvingo, Mashonaland Central, Mashonaland East and Manicaland province. Droughts like El Nino-induced drought,

cyclones and macro-economic instability among other causes have been noted. Zimbabwe Food Security and Markets Monitoring Report (2022) has also highlights the situation of food insecurity in the country attributing it to hyper-inflation, economic meltdown and high cost of living. Uzumba Maramba Pfungwe district under Mashonaland East is one of the dry district located in natural ecological region v. ZimVac Report (2022) acknowledges the situation of food insecurity in the district mainly attributing it to El- Nino-induced drought. The whole of the district is generally food insecure yet a more worrisome fact is people with disabilities have already existing various conditions making them more prone to food insecurity. In the drive and spirit of pursuing National Development Strategy 1 (NDS1) mantra, that is ‘leaving no one and no place behind, towards a middle upper class society by 2030,’ the Zimbabwe Second Republic government through the National Disability Policy (2021) has guaranteed to ensure a positive difference in the lives of persons with various disabilities together with their families. It has been clearly stated that, “all programs to do with social protection issues must encapsulate persons with disabilities, ...are likely to be living in poverty which makes their prevalence among beneficiaries of social protection high,” (Zimbabwe National Disability Policy, 2021)). In line with the Zimbabwe Constitution Amend Act of 2013 and Disabled Persons Act (Chapter 17:01) on the eligibility of people with disabilities for social protection, the government of Zimbabwe is implementing Food Deficit Mitigation Strategies (FDMS) to ameliorate food insecurity among beneficiaries, it also targets this population.

Food Deficit Mitigation Program as a food security under social protection program/initiative that has been adopted by the government with the Department of Social Development (DSD) as an implementing department in collaboration with other departments to curb food deficits towards among the vulnerable populations of the society (FDMS manual, 2021). The strategies, include food distribution, nutritional gardens and agricultural inputs. The program has recently revised in 2021 to be in accordance with the NDS1 (2021-2025) and aims at ensuring increased accessibility to the program targeting vulnerable populations with social assistance (FDMS manual, 2021) and in the aim of this study, people with disabilities are seriously affected vulnerable population by food insecurity. Food deficit mitigation manual stipulates the program adopted targeting mechanisms ranges from national level, down to provincial, district, ward, village and finally the individual level. These mechanisms are informed by ZimVAC report done on yearly basis to determine and ensure that the assistance is given to the intended beneficiaries.

1.2 Statement of the problem

People with disabilities (PWD) face significant challenges in accessing adequate food as a result of systemic barriers, socio-economic marginalization, and inadequate of inclusive policies. This problem is exacerbated in regions where there is widespread of food insecurity, making persons with disabilities disproportionately vulnerable to malnutrition and its negative impacts. Current food distribution systems and mitigation strategies often fail to ameliorate the unique needs of people with disabilities, including physical access, appropriate dietary requirements, and equitable involvement and participation in food programs. Despite global initiatives to ameliorate food insecurity, there is a critical gap in the implementation and development of targeted models that prioritize the inclusivity and empowerment of people with disabilities. Without a structured and comprehensive strategy to reduce or ameliorate the food gap, people with disabilities will continue to experience reduced quality of life, hindered social participation and compromised health outcomes. Despite various food deficit mitigation initiatives implemented by the Department of Social Development and Non-Governmental Organizations, there is an implementation gap of the strategies in improving the lives of persons with disabilities. This highlights the important need for a comprehensive framework that integrates inclusive practices, community-based solutions and sustainable resource mobilization to effectively alleviate nutritional deficiencies and enhance the well-being of people with disabilities. Such a model should improve the lives of people with disabilities by ensuring equitable accessibility to food by ameliorating the systemic challenges that perpetuate food insecurity towards this marginalized population.

1.3. Aim

The main aim of the research study is to assess the impact of the food deficit mitigation program in enhancing the lives of persons with disabilities by ensuring inclusive community development and food security.

1.4. Objectives of the Research

- To assess food deficit mitigation strategy in enhancing the lives of persons with disabilities.
- To identify the challenges faced in the implementation of the food deficit mitigation program in enhancing the lives of persons with disabilities.

- To develop a model that can be used to improve the FDMS program in addressing problems that persons with disabilities face.

1.5. Research questions

The following questions are going to guide this research:

- What are the strategies for the food deficit mitigation strategy being implemented to enhance the lives of people with disabilities?
- What are the challenges in the implementation of the FDMS program among people with disabilities?
- What are the possible solutions that can be used to improve the efficacy of FDMS program in addressing the problems among people with disabilities?

1.6. Justification

The researcher assumes that the efficacy of FDMS program to bring about the desired food security levels among people with disabilities is compromised. The researcher assume that the initiative has factors at both planning and implementation phases which are negatively impacting the realization of the desired outcome. The researcher assumes that less disability sensitization like in the rural communities has a negative impact on the implementation of the food deficit mitigation strategy in ameliorating food insecurity among the persons with disabilities. The researcher also assumes that food insecurity among persons with disabilities have been on the significant rise, therefore a great concern as a result of poor performing local economy and the impact of El-Nino-induced drought. The researcher then assumes that food deficit mitigation strategy must be more comprehensive in its scope to alleviate food insecurity to bring about food secured households of and/or with people with disabilities. Finally, the researcher assumes that responsible district offices have database information of people with disabilities who are receiving assistance under food deficit mitigation program.

1.7. Significance of the research

This paper accomplish several contributions to the present literature. First, there are discussion which prominently take into account or integrate strategies to ameliorate and resilience to predict

food security outcomes (Iascano, 2020, Murendo et al., 2020, Murendo et al., 2021). However the existing literature using coping strategies alone to predict food security outcome underestimates the resilience effects, particularly in the long run (Ansah et al., 2019). This research sought to develop a model of Food Deficit Mitigation Strategy in enhancing the lives of people with disabilities. It takes into account the gap being left by the initiative with consideration of ameliorate food insecurity among the persons with disabilities. Notably, individuals with disabilities face significant challenges in accessing the food deficit mitigation programs, hence the interest of the research to explore those challenges in order to develop a model that enhances the lives of people with disabilities. It provided awareness to the community, implementers of the food deficit mitigation program, the government, and relevant stakeholders for example local Non-Governmental Organizations. It availed as the possible recommendations on implementation policy review and for paradigm shift hailing the initiatives to be more disability friendly and inclusive.

1.8. Limitations of the study

The researcher faced communication barriers with intellectual or cognitive disabilities that ended up limiting their abilities to express their experiences and feelings. However the researcher interviewed those who take care of those people with disabilities. This research was confined only within the boundary of Uzumba Maramba Pfungwe district under Mashonaland East.

1.9. Delimitations of the study

This research focuses on a model of Food Deficit Mitigation Strategy in enhancing the lives of people with disabilities. This study will be conducted in Uzumba Maramba Pfungwe district within the time frame 2024-2025. The study considered ward 1, 3, 4, 5, 6 and 17 with attention to special population that is persons with disabilities. Some participants without disabilities will be interviewed as key informants. In case of communication barrier due of the nature of participant's disability, household member(s) who take care of people with disabilities was interviewed since the household is also affected.

1.10. Key terms

- **Persons with disabilities** refers to any individual or any person with a sensory, mental or physical disability, including a visual, hearing or speech functional disability, which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. (National Disability Policy, 2021).
- A **person with disability** refers to a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society,” Disabled Persons Act (Chapter 17:01).
- A **model** is a conceptual framework that is used to explain and predict the behavior of a system process (Merton, 1973). A simplified representation of a complex social phenomenon (Babbie, 2010).
- **Food Deficit Mitigation Strategy** refers to a range of interventions aimed at addressing the root causes of food deficits including poverty, inequality and climate change (United Nations Development Programme, 2020).

Dissertation Outline

- **Chapter 1 Overview of the study**
- This is the first segment of the research. It provides the background to the study, the study aims and objectives, the problem statement, definition of key terms, and justification of the study.
- **Chapter 2 Literature Review**
- The chapter comprise of a presentation of other researchers on the challenges being faced by people with disabilities (PWD) in accessing adequate food as a result of systemic barriers, socio-economic marginalization, and inadequate of inclusive

policies from a local, regional and global perspective. The theoretical framework of the study is also placed under the scope in this chapter.

- **Chapter 3 Research Methodology**
- The chapter provides the methodology that was utilised by this study. It deliberates the study approach, study population, research design, sample and sampling procedures and ethical considerations.
- **Chapter 4 Presentation of findings, Interpretation and Discussions of findings**
- The chapter focuses much on the presentation of study findings and discussions resulting from the data that was collected within the setting of the reviewed literature and the theoretical framework of the study.
- **Chapter 5 Summary, conclusions and recommendations**
- The chapter encompasses of the closing remarks of the study. It delivers the summary of study findings, conclusions and recommendations based on the findings of the study.

1.11. Chapter summary.

This chapter provide a background to this study on Food Deficit Mitigation Strategy in response to food insecurity specifically towards persons with disabilities and the development of a model of food deficit mitigation strategy in enhancing the lives of people with disabilities. Purpose of the study has been established drawing it from the statement of the problem. The chapter captures the objectives of the research, research questions, and assumption of the study, significance, limitations and delimitations of the study.

CHAPTER 2: LITERATURE REVIEW

2.0 INTRODUCTION

The section details an overview of the theoretical framework and literature review that underpins the study topic. It exhibits the theoretical framework of the study, global, regional and national legislations on food deficit mitigation strategy as an initiative for food insecurity among persons with disabilities, the experiences faced by persons with disabilities on their health, the overview of food deficit mitigation strategy for food insecurity, the strategies by the government of Zimbabwe in dealing with food insecurity. Literature reviewing of local government initiatives will be also considered to lay open a research gap therefore justifying the purpose of this study.

2.1. Theoretical framework

Progressively to understand social protection issues for persons with disabilities, the following theories help in explaining policy planners', program implementers' and the general public's perceptions, philosophies and actions towards persons with disabilities or issues of disability. Oliver (2015), disability is a social construct and that persons with disabilities are not inherently unable and thus in reality, disability is differently defined and perceived based on culture, knowledge base, context, beliefs and the societal values. Therefore two theories that are going to be used are resilient theory and right-based model of disability and they are to be discussed below.

2.1.1. Resilience theory

Resilience theory, as applied to disability, focuses on the ability of persons with disabilities to resist, recover, and adapt in the face of adversity, trauma, or stress. This theory recognizes that persons with disabilities are not defined by their disabilities, but by their ability to adapt and thrive in the face of challenging circumstances. Resilience theory, developed by Norman Garmezy (1983) and further researched by Ann Masten (1986) and Michael Rutter (1986), focuses on individuals' ability to adapt and thrive despite challenges. It emphasizes individual strengths and resources, shifting the discourse from limitation to potential. Environmental factors, such as family and community support, play an important role in building resilience for individuals with disabilities. Resilience is not magic, but comes from everyday resources and relationships. In rural

Zimbabwe, families and communities provide support and help individuals with disabilities adapt and attribute to society. By using resilience theory, a more inclusive perspective is fostered, empowering individuals and encouraging communities to create supportive environments. This approach is important in countries like Zimbabwe where persons with disabilities encounter daily challenges.

2.1.2. Relevance of the resilience theory

The main important of resilience theory of disability is positive adaptation. This refers to the ability of persons with disabilities to adapt and thrive in the face of difficult circumstances. This may include developing effective coping strategies, seeking social support, and finding ways to manage problems and adversity. By emphasizing positive adaptation, resilience theory promotes the empowerment of people with disabilities to take control of their lives and make their own decisions. For example during Covid-19 pandemic they developed a senses of internal resiliency such that they were able to deal with the unwanted changes as propounded by the theoretical framework in support with Sadang and Palompon (2021). In the case of limited access to food deficit packages, resilience theory can contribute to the breakdown of dependency syndrome thereby creating independence. In Zimbabwe, traditional and cultural beliefs often influence attitudes towards disability. For example, some communities may view disability as a curse or a punishment. Resilience theory can help to challenge these negative attitudes and promote a more positive and inclusive understanding of disability.

Another important principle of resilience theory on disability is the recognition of personal strengths and assets. Persons with disabilities bring a unique set of skills, experiences, and perspectives. For example there are musicians in Zimbabwe with disabilities like Chipso Muchengwa. By recognizing and valuing these strengths, resilience theory promotes the empowerment of people with disabilities to take control of their lives and make their own decisions. This can include providing opportunities for skills development, education, and training, and also promoting social inclusion and participation. In Zimbabwe individuals with disabilities face significant challenges, including poverty, lack of accessibility to education and employment, and social stigma. The economic challenges faced by Zimbabwe, including high levels of poverty and unemployment, can have a disproportionate impact on individuals with disabilities. Garmezy (1983), Masten (1986) and Michael Rutter (1986) posit that resilience theory can inform initiatives

aimed at promoting economic empowerment and inclusion for individuals with disabilities. For example in Zimbabwe it provides a framework for understanding how individuals with disabilities in Zimbabwe can develop coping strategies and adapt to these challenging circumstances.

Disability resilience theory also emphasizes the importance of social support. Social support networks, including family, friends, and community, play a vital role in promoting resilience and well-being in people with disabilities. By providing emotional support, practical assistance, and advocacy, social support networks can help people with disabilities navigate difficult situations and achieve their goals.

Overall, disability resilience theory provides a powerful framework for promoting the well-being, empowerment, and social inclusion of people with disabilities. By emphasizing the importance of positive coping, personal strengths, and social support, resilience theory provides a valuable tool for practitioners, policymakers, and researchers seeking to ensure a positive difference in the lives of people with disabilities. Resilience theory can inform policy and practice initiatives aimed at promoting the inclusivity and empowerment of individuals with disabilities in Zimbabwe.

2.2.1. Rights-based model of disability

The Rights-Based Model on Disability is a framework that emphasizes the rights and dignity of individuals with disabilities. This model shifts the focus from a medical or charitable approach to one that recognizes the inherent rights and autonomy of people with disabilities. At its core, the model is centered on the value of equality, non-discrimination, autonomy, participation, and accessibility. The Rights-Based Model is built on the understanding that disability is a natural part of human diversity. Societal barriers and discrimination are the main obstacles to inclusion. Central to this model is the idea that disability is not just a personal condition but also a societal construct. Barriers whether physical, attitudinal, or systemic are seen as the primary challenges that prevent persons with disabilities from enjoying equal opportunities and living independently. The focus therefore shifts from "fixing" the individual to addressing and dismantling these societal barriers, such as inaccessible infrastructure, discriminatory practices, and exclusionary policies. This approach recognizes the importance of the rights of people with disabilities as everyone else, including the right to education, employment, healthcare, and social participation. By emphasizing

the rights and dignity of individuals with disabilities, it promotes a more inclusive and equitable society.

The model is based on the principle of human rights value enshrined in UNCRPD which Zimbabwe ratified in 2013 recognizing persons with disabilities as a natural aspect in human diversity that has to be respected and supported across all its forms (Korolkova and Anthony, 2016). The model argues that people with disabilities have same rights to their able-bodied counterparts taking into consideration that impairments must not be considered an excuse for denying or restricting people's rights. Wegener (2017), notes that the model offers a theoretical framework for disability policy with emphasis on human dignity of people with disabilities and encompasses all sets of human rights. The model purports the constructive proposal for improving life of people with disabilities, for which food security is one of the basic right. This model provides best lens to account for the desired result of FDMS program as well its involvement of all humankind into mainstream discourse of development, vulnerable groups (PWDs) included (Katsui, 2009).

The rights-based model emphasizes the importance of empowerment and active participation. People with disabilities are recognized as agents of change with the rights to make decisions about their lives and to participate fully in social, political, and economic activities. This aligns closely with international human rights frameworks, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which provides a comprehensive legal foundation for advancing the rights and inclusion of persons with disabilities worldwide. By prioritizing equality, non-discrimination, and social inclusion, the rights-based model advocates for creating an inclusive society where people with disabilities have access to the same opportunities and resources as everyone else. This requires governments, organizations, and communities to take proactive steps to promote accessibility, remove barriers, and challenge discriminatory norms, ensuring that disability is no longer a basis for exclusion or inequality.

2.2.2. Relevance of the Right-based model of disability

The rights-based model on disability is highly relevant in Zimbabwe, where individuals with disabilities face significant challenges and barriers. The model is enshrined in Zimbabwe's Constitution Amendment 20 of 2013, which recognizes the rights of individuals with disabilities

to equality, dignity, and freedom from discrimination. This constitutional framework provides a solid foundation for promoting the rights and inclusion of individuals with disabilities in Zimbabwe.

Zimbabwe's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) of (2008) number 15 further underscores the country's commitment to promoting the rights and inclusion of individuals with disabilities. The CRPD provides a comprehensive framework for promoting the rights and inclusion of individuals with disabilities, and Zimbabwe's ratification of the convention demonstrates its willingness to uphold these rights.

The rights-based model provides a powerful tool for advocating for the rights of individuals with disabilities in Zimbabwe, where they often face stigma, discrimination, and exclusion. For example in Uzumba Maramba Pfungwe where the society holds negative perceptions towards disability. Disability rights in National climate policies status report (2022) support the view right base model promotes social justice towards persons with disabilities where it advocate for the rights of inclusion. Therefore by emphasizing the importance of accessibility and inclusivity in all aspects of life, including education, employment, healthcare, and transportation, the model promotes a more inclusive and equitable society for all. This is particularly relevant in Zimbabwe, where many public buildings, roads, and services are inaccessible to individuals with disabilities. The right based model come up as a tool of promoting disability friendly structures, initiative and promotion of their rights.

Furthermore, the rights-based model promotes the empowerment and self-advocacy of individuals with disabilities, which is critical in Zimbabwe, where they often face marginalization and exclusion. This supported the Conscientization theory by Freire (1968), where there is support for active participation and education to empower individuals with disabilities. By recognizing the importance of self-advocacy and empowerment, the model promotes a more participatory and inclusive approach to disability, one that recognizes the autonomy and agency of individuals with disabilities. Overall, the model on disability provides a powerful framework for promoting the rights, inclusion, and empowerment of individuals with disabilities in Zimbabwe.

2.3. The food deficit mitigation strategy in enhancing the lives of people with disabilities.

Across the world, efforts to ensure food security are an old phenomenon, intertwined with humanity's struggles with disaster risks that negatively impact livelihoods. Food security efforts date back to folklore, legends and religious stories (Niekerk, 2005). Oliver and Atmore (1975) stipulate that the legendary Mutota escaped the Great Zimbabwe kingdom in search of food, reaching a land where he established his kingdom in Northern Zimbabwe and parts of Southern Zambia. The Bible 1995 indicates that Joseph predicted 7 years of plenty and 7 years of famine in Genesis 37:25–36. Massive investment in food security denotes the value and benefits humans attach to food.

Globally, there are initiatives tailored to specific needs and circumstances of persons with disabilities especially those to do with food security. These include cash transfers, social insurance and cash-in-kind. Cash transfers are one of the most common forms of social protection for persons with disabilities. These include both conditional and unconditional cash transfers. Conditional cash transfers (CCTs) require recipients to meet certain conditions, such as enrolling children in school or attending medical check-ups, while unconditional cash transfers (UCTs) are provided without specific requirements, allowing more flexibility for beneficiaries. Research shows that cash transfers significantly reduce poverty and economic barriers for persons with disabilities, enabling them to access essential services such as food, healthcare and education (UNICEF, 2019). In low- and middle-income countries, cash transfers have been particularly impactful in mitigating financial hardships faced by households with disabled members

Social insurance programs provide coverage against risks such as disability, illness, and unemployment. These programs are typically contributory, with funding from employers, employees, or governments. Disability pensions, for instance, ensure income security for individuals unable to work due to physical or mental impairments. Health insurance schemes tailored to persons with disabilities help reduce the high costs of medical care and rehabilitation services. According to the World Bank (2021), inclusive social insurance systems are critical for empowering persons with disabilities and fostering their social and economic inclusion.

In-kind transfers and subsidies also play a vital role in supporting persons with disabilities. These include the provision of assistive devices, such as wheelchairs, hearing aids, and prosthetics, as

well as subsidies for transportation and housing. For example, programs in countries like Sweden and Germany provide extensive in-kind support to enhance the mobility and independence of individuals with disabilities (ILO, 2020). Such measures reduce the physical and social barriers that hinder full participation in society.

UN and Non-Governmental organizations report shows that in countries like the United States, programs such as the Supplemental Nutrition Assistance Program (SNAP) support low-income individuals, including persons with disabilities, by subsidizing food costs (Choi, Fram and Frangillo, 2017), Community Gardening and Congregate Meal Programs in Netherlands (Waltz, Schippers, Gittins and Mol (2018). This program has been critical in reducing food insecurity and promoting better health outcomes for its beneficiaries (USDA, 2023). Globally, adaptive social protection systems promoted by the World Bank aim to help vulnerable populations, including persons with disabilities, prepare for and respond to crises, thereby ensuring sustained food security (World Bank, 2023).

A number of researches have been conducted both local and abroad to assess the contribution of programs of like nature to deal with food insecurity issues among the persons with disabilities. Social protection programs for persons with disabilities are important as they help in reducing the complex vulnerabilities of this group through provision of basic needs (Park, Kim, Kim, Jeoung and Park (2020). Nyathi and Ndlovu (2022) also noted that these programs at least help PWDs to achieve living up to a certain degree of life with inherent dignity (UNCRPD). Ghosh and Parish (2015), postulate that research which had a focus on broader U.S.A. government initiatives towards persons with disabilities, it highlighted that they improve the lives of PWDs in general, for example and of interest was food insecurity. Having literature covering this area, a gap still exists since there was none covering the specific FDMS program. In as much as the efficacy of the program in addressing food insecurity among PWDs, the post Covid-19, Russia Ukraine conflict and current economic meltdown are the distinct conditions in history timeline which have strained funding and/or resources hence the need for this study.

Regional strategies have been implemented to enhance the lives of persons with disabilities, particularly in addressing food insecurity. In Africa, the African Union's (AU) Disability Protocol, adopted in 2018, emphasizes the importance of ensuring access to food and nutrition for persons with disabilities (African Union, 2018). The protocol encourages member states to implement

policies and programs that promote food security and nutrition for persons with disabilities. In the Southern African Development Community (SADC) region, the SADC Disability Protocol, adopted in 2012, provides a framework for promoting the rights and inclusion of persons with disabilities, including access to food and nutrition (SADC, 2012). For example, in South Africa, the government has implemented a range of initiatives to promote food security for persons with disabilities, including the provision of food assistance and support for disability-friendly agricultural projects (Department of Social Development, 2019).

In West Africa specifically Nigerian and East Africa in Kenya there is the implementation of disability friendly agricultural inputs for persons with disabilities. According to Africa Agriculture Status Report (2022), in East Africa, the East African Community has implemented disability friendly agricultural projects like in Kenya, and in West Africa, the Economic Community of West African States (ECOWAS) in Nigeria (Africa Agriculture Status Report, (2022)

According to the Global report on food crises and the United Nations World Food Programme (2021), in East Africa, the East African Community (EAC) has implemented a range of initiatives to promote food security for persons with disabilities. For example, in Kenya, the government has implemented a range of initiatives to promote food security for persons with disabilities, including the provision of food assistance and support for disability-friendly agricultural projects (UN World Food Programme (2021) and the National Council for Persons with Disabilities, 2020). The EAC has also established a Disability Desk to coordinate the implementation of disability-related policies and programs in the region, including those related to food security (East African Community, 2019).

In West Africa, according to the UN World Food Programme (2021), the Economic Community of West African States (ECOWAS) has implemented a range of initiatives to promote food security for persons with disabilities. For example, in Nigeria, the government has implemented a range of initiatives to promote food security for persons with disabilities, including the provision of food assistance and support for disability-friendly agricultural projects (National Commission for Persons with Disabilities, 2020). ECOWAS has also established a Disability Unit to coordinate the implementation of disability-related policies and programs in the region, including those related to food security (ECOWAS, 2019).

In Zimbabwe there is Food Deficit Mitigation Strategies (FDMS) a social protection program/initiative/approach that has been adopted by the government to address continuous food deficits among the vulnerable members of the society (FDMS manual, 2021). The strategies within, include free food distribution, nutritional gardens, and agricultural input support. The program is in line with the NDS1 (2021-2025) and aims at ensuring improved access to inclusive Social Protection targeting vulnerable populations with social assistance (FDMS manual, 2021). In the interest of this study, persons with disabilities are the most affected vulnerable population by food deficit (Mitra, Palmer and Kim, 2017), (Park, Kim, Kim, Jeoung and Park, 2020) and (Nyathi and Ndlovu, 2022). As highlighted in the above mentioned manual, the program adopted targeting mechanisms from as at national level, down to provincial, district, ward, village and finally the household level. These mechanisms are informed by the ZimVAC report done on yearly basis to determine and make sure that the assistance is given to the neediest beneficiaries, hence it ascribes to the residual model of social welfare. Various legislative frameworks have stood in support, like the United Nations Convention on the Rights of People with Disabilities (UNCPRD) Article 28 entitled '*Adequate standard of living and social protection*' is very fundamental to this study. In this regard, the governments have a chief mandate to ensure their access and inclusion in social protection and poverty reduction programs. Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa (2018), the Constitution of Zimbabwe (2013) in Section 15, 22 and 30 and Social Welfare Assistance Act (Chapter 17:06) and the National Disability Policy (2021) give a legislative basis for PWDs' solid rights to welfare assistance and programs.

In addition, the program includes a number of strategies which are implemented throughout the year in a bid to address food insecurity as shown above. This research has an interest in food distributions, assistive devices, nutritional gardens and agricultural input support strategies. Most vital to acknowledge is one the program objectives which is, according to the Food Deficit Mitigation manual: to avail adequate and nutritious food assistance to the vulnerable members of the society. Various legislative frameworks have stood in support, the UNCPRD which state of quality standard of living and social protection is very important to the study. In this regard, the governments have a chief mandate to ensure that persons with disabilities have access and inclusion in social protection and poverty reduction programs.

2.4. Challenges faced in the implementation of the food deficit mitigation strategy in enhancing the lives of people with disabilities.

Addressing food security for persons with disabilities at the global level presents unique challenges, many of which stem from systemic gaps in data collection and understanding. A significant issue is the lack of disaggregated data on persons with disabilities, which hinders targeted intervention efforts. Without clear statistics, policymakers and organizations cannot adequately plan or allocate resources (World Health Organization, 2021). Moreover, limited research on the specific nutritional needs of persons with disabilities exacerbates this problem, leaving their unique requirements unaddressed (Food and Agriculture Organization, 2022). Social stigma and discrimination further complicate food security efforts. In many communities, persons with disabilities are marginalized and excluded from food security programs, often due to cultural biases or misconceptions about their abilities (United Nations, 2020) and the UNESCO Global Education (2020) report titled *Inclusion and Education*). The report highlights global misconceptions about disability and inclusion in education as a result of systemic biases and structural barriers that continue to marginalize learners with disabilities worldwide. These biases may result in insufficient prioritization of their needs when resources are distributed, leaving them at a higher risk of hunger and malnutrition. According to the participatory Learning Action for disability (PLAD) project in Luuka district, it shows that Uganda, societal perceptions towards persons with disabilities capabilities often lead to smaller land allocations for them compared to non-disabled individuals, restricting their ability to engage in meaningful agricultural production (Kuper, 2023).

In addition, accessibility barriers are another significant challenge. Many food distribution centers and agricultural training programs are not designed with inclusivity in mind. For example, persons with mobility impairments may struggle to access distribution points, while others may lack access to assistive technologies necessary for independent food production (Global Disability Inclusion, 2021). This lack of accessibility perpetuates a cycle of dependence and food insecurity.

Furthermore, economic marginalization is also a challenge faced during the implementation of food security programs among persons with disability at global level. Persons with disabilities are disproportionately affected by poverty, reducing their purchasing power for nutritious food (International Labor Organization (ILO, 2022). Limited income opportunities, combined with the

often higher costs associated with disability, make it challenging for them to secure consistent and adequate nutrition. Addressing these interconnected challenges requires a comprehensive and inclusive approach to food security that acknowledges and accommodates the diverse needs of persons with disabilities.

Regionally, persons with disabilities face significant challenges during the implementation of the Food Deficit Mitigation program, particularly in trying to promote inclusion. Vulnerable populations, including people with disabilities, women, children and the elderly, are often excluded from the design and implementation of the strategy. For example, many FDMS initiatives fail to address accessibility needs, preventing marginalized groups from benefiting from them. Furthermore, decision-making processes often do not adequately represent these populations, leading to strategies that do not reflect their specific needs or situations.

A number of studies have shown that social protection programs always have implementing challenges among persons with disabilities. Another study was conducted in Ghana, of government funded social protection initiative, among other things to address food insecurity among the PWDs. Arkorful, Anokye, Basiru, Hammond, Mohammed and Micah (2019) found out that the initiative was plagued with, among other things access difficulty, disbursement delays, assistance inadequacy and partisan politics. The study found out that these challenges stalled the effectiveness of the program by stagnating the efforts being made by governments in developing countries. The study made strides in proffering the efficacy of the program/initiative. Local studies have also raised same concern over such seemingly usual challenges in administering social protection assistance especially to persons with disabilities (Handina, 2010). Though the results resonate well with local researches on other social protection programs, it cannot be generalized to food deficit mitigation strategy program, hence the need for this research.

In Africa, logistical and infrastructural are constraints that hinders the effectiveness of food deficit mitigation strategy. In Africa, many rural and remote areas suffer from inadequate road networks, making it difficult to deliver food aid to populations in need. The lack of infrastructure also hinders the establishment of food distribution points, which often remain inaccessible to populations living in isolated areas. These obstacles exacerbate food insecurity in areas that are already more vulnerable to food shortages. Resource constraints are another major obstacle. Many African governments and organizations implementing food deficit mitigation strategy face financial

constraints, which limit their ability to procure and distribute sufficient food resources. Furthermore, unreliable funding flows often disrupt the continuity of these programs, depriving beneficiaries of ongoing support. Furthermore, the lack of investment in capacity building of local actors hinders effective implementation at the community level.

Persons with disabilities in Africa frequently experience social exclusion, which limits their access to food security programs. Cultural stigma and discriminatory attitudes often prevent their inclusion in community-based agricultural initiatives. In Sierra Leone, for instance, individuals with physical disabilities, including amputees, are often marginalized and denied opportunities to participate in economic activities, including farming (Dorothy Springer Trust (2020) report). It shows that persons with disabilities face challenges in public sector as a result of systemic barriers and biases. This exclusion perpetuates poverty and food insecurity among this demographic.

Access to critical resources such as land, credit, and agricultural inputs remains a significant barrier for persons with disabilities. In Uganda, societal perceptions of PWDs' capabilities often lead to smaller land allocations for them compared to non-disabled individuals, restricting their ability to engage in meaningful agricultural production (Light for the World, 2021). Without access to sufficient land and resources, PWDs cannot contribute to or benefit from food security programs effectively.

Communication challenges, particularly for persons with hearing or visual impairments, hinder their participation in agricultural training and food security initiatives. For example, in South Africa, programs like the Voice out Deaf Farming Collective address these barriers by incorporating sign language into agricultural training. However, the lack of similar inclusive approaches in many other regions continues to marginalize PWDs (World Bank, 2022).

In Zimbabwe there is a gap in the education and training that becomes a challenge when it becomes to the implementation of food deficit mitigation strategy. Persons with disabilities often lack access to tailored education and training necessary for agricultural productivity. In Zimbabwe, deaf farmers in Mashonaland face significant challenges due to inadequate training and exclusion from agricultural policymaking processes (African Journal of Social Work, 2023). This lack of capacity-building initiatives undermines their ability to contribute to food production and secure their own food needs.

The economic challenges faced by persons with disabilities in Zimbabwe further exacerbate food insecurity. PWDs are living in poverty limiting their ability to purchase food or invest in agricultural activities. In Ethiopia, many PWDs rely on family support or charity, with a large proportion being chronically food insecure. Coping mechanisms often include reducing meal portions or consuming less preferred food, highlighting their vulnerability (Ethiopian Journal of Social Sciences and Humanities, 2017).

Finally, climate change and political instability pose ongoing challenges in Zimbabwe. Chikwati (2019), notes that food aid programs in Zimbabwe include those meant for persons with disabilities, have been used for political patronage, with food aid being distributed to supporters of the ruling party in the run up to the 2018 elections. Irregular weather patterns, such as droughts like El-Nino induced drought and floods like Cyclone Idai of 2019, case of Mozambique cyclone Idai 2019 case study by UNICEF. The case study shows that persons with disabilities face challenges in accessing aid from the distribution points. Many food distribution centers and agricultural training programs are not designed with inclusivity in mind have a severe impact on agricultural productivity, increasing the demand for food aid. Mutasa (2015), states that climate change and vulnerability in rural Zimbabwe hinders the implementation of strategies that aimed at alleviating food deficit. United Nations Development Programme (UNDP) Zimbabwe report 2017, illustrate how recurrent droughts and flooding events linked to El Nino weather patterns have intensified food insecurity and weakened efforts to mitigate food deficits. At the same time, political conflicts and governance issues can disrupt the coordination and distribution of aid, further complicating efforts to alleviate food deficits. These multifaceted challenges highlight the need for a more comprehensive, more resourceful and tailored approach to implementing food deficit mitigation strategy.

2.5. A model that can be used to improve the FDMS program in addressing problems that people with disabilities face.

At global level there are strategies that are implemented to enhance quality of life among persons with disabilities, particularly food security. The United Nations' Convention on the Rights of Persons with Disabilities (CRPD) of (2008) emphasizes the importance of ensuring access to food and nutrition for persons with disabilities (United Nations, 2006). The CRPD encourages states to implement policies and programs that promote food security and nutrition for persons with

disabilities. The World Food Programme (WFP) has implemented a range of initiatives to promote food security for persons with disabilities. For example, the World Food Programme is implementing the Food Assistance for Assets program which provides food assistance to vulnerable populations, including persons with disabilities, in exchange for work on community assets such as roads, schools, and healthcare facilities (WFP, 2020). The Food and Agriculture Organization (FAO) of the United Nations has also implemented initiatives to promote food security for persons with disabilities. For example, Disability and Agriculture program provides support to countries to promote the inclusion of persons with disabilities in agricultural development programs (FAO, 2019). The International Fund for Agricultural Development (IFAD) has also implemented initiatives to promote food security for persons with disabilities. For example, Rural Development and Disability program provides support to countries to promote the inclusivity and participation of persons with disabilities in rural development initiatives (IFAD, 2020). In addition, the Global Disability Partnership, made a collaborative effort between the World Bank, the United Nations, and other organizations, aims to promote the inclusion of persons with disabilities in development programs, including those related to food security (Global Disability Partnership, 2020).

Efforts to improve food deficit mitigation strategies for people with disabilities are underway at both national and regional levels in Africa. At the national level, countries such as Zimbabwe have taken steps to address food insecurity among individuals with disabilities. The Food and Nutrition Council (FNC) in Zimbabwe plays a crucial role in coordinating food security initiatives (Food Nutrition Council, 2020). The FNC has developed a National Food and Nutrition Security Policy, which aims to promote food security for all, particularly vulnerable groups like people with disabilities (Government of Zimbabwe, 2019).

At regional level, organizations such as the Intergovernmental Authority on Development (IGAD) have taken steps to ameliorate food insecurity in East Africa. Inter-governmental Authority Development (2020), posits that IGAD's Regional Ministerial Meeting brought together ministers and heads of delegations to strengthen national and regional efforts to address food insecurity. The meeting resulted in a communique outlining efforts to develop a comprehensive roadmap for scaling up famine prevention, strengthening food systems, and promoting resilience to shocks (IGAD, 2020).

Additionally, organizations like the World Bank are working to address food insecurity and boost resilience in food systems across Africa (World Bank, 2022). These efforts demonstrate a growing recognition of the need to prioritize food security and nutrition for vulnerable populations, including people with disabilities. World Bank, "investing in food security and nutrition is critical for reducing poverty and promoting economic growth in Africa" (World Bank, 2022).

Anokye, Basiru, Hammond, Mohammed and Micah (2019), argue that if the government considers adhering to the blue prints which are international and local legislative frameworks to ease the access difficulties. Also consideration of adequate and comprehensive assistance packages, early disbursement of funds to the implementing partners or government arm and principled politics which does not interfere or merge with the implementation of social protection assistance. Hence, there is need for a model on food deficit mitigation strategy in enhancing the lives of persons with disabilities.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 INTRODUCTION

The section gives emphasis on research methodology utilized in conducting research to come up with a model on food deficit mitigation strategy in enhancing the lives of persons with disabilities. In this section, the researcher will dwell much on the research philosophy, whereby the researcher used the interpretivism research paradigm, which is a qualitative research approach. The researcher used the case study as research design. The researcher used a small sample to reduce data saturation. The justification of the research approach will be given together with the study population, sampling methods, procedure and sample size were encapsulated. Data collection was discussed, and how data was presented and analyzed was shown. The ethical considerations and limitations of the study to be the part of the chapter. Finally the summary of the chapter was given.

3.1. Research Philosophy

The researcher applied the interpretivism as the research philosophy when conducting the research. Crotty (2016), posits that interpretivism is a research philosophy that emphasizes the importance

of understanding the meaning and interpretation of subjective data rather than just focusing on objective facts. The research philosophy well suited for complex social phenomenon that is social world from perspective of actors involved in this case persons with disabilities in relation to food deficit. For instance when one with the aim to assess the efficacy or the impact of the strategies meant to ameliorate food deficit among persons with disabilities by ensuring food security and inclusive community development. Interpretivism is a research philosophy that is based on understanding the meaning and interpretation of qualitative data. This philosophy well fashioned for the research under this study because it gives emphasizes on understanding the experiences and challenges of persons with disabilities related to food deficit. The interpretivism postulates that subjective and is constructed through interactions depending on social and cultural context of that particular environment or individuals. The researcher opted to apply the interpretivist research philosophy so as to have a deeper understanding of the experiences and challenges of persons with disability in relation to food deficit.

3.2. Research Approach

In this study, the researcher employed qualitative research methodology. Research is an activity that leads the researcher to find new facts and information that can assist in the verification of the available knowledge and in making questioning things that are intricate to understand as per existing information/data (Patnaik and Pandey, 2019). During the course of the study, qualitative research approach was employed, and basing on the definition which highlighted qualitative research approach as design which stipulates the study of the nature and its phenomena in encapsulate individual quality, different manifestation and the context in which they appear (Robson and Evans 2012). Kothari & Garg (2019), posit that qualitative approach is a research paradigm concerned with subjective assessment of attitudes, opinions and behavior thus the study is a result of the researcher's perception and insight is practiced in the natural setting, interacting directly with the participants hence data collected will be firsthand. This researcher applied qualitative research approach because qualitative research approach helps explore the challenges, experiences and perspectives of people with disabilities (Creswell and Creswell, 2014), it allows flexibility in data collection and analysis, accommodating the complexities of the research context and it can inform theory development on effective food deficit mitigation strategies for people with disabilities. The data collected is in the form of words. When working with persons with

disabilities qualitative research is important because it helps to amplify the voices and perspectives of people with disabilities, who are often marginalized and excluded from research and decision-making processes (Grech, 2015). Oliver (2013), qualitative research provides a platform for marginalized voices to be heard. In the context of disability research, qualitative methods can help to capture the lived experiences and perspectives of people with disabilities (Shakespeare, 2014).. Therefore, this research methodology enabled the researcher to study and present the challenges associated with the Food deficit Mitigation Strategy in enhancing the lives of persons with disabilities and the information cannot be easily quantifiable. Qualitative research methods of data collection enabled the researcher to gather thoughts, perceptions and ideas of the persons with disabilities and other concepts that cannot be numerically presented.

3.3. Research Design

Creswell and Creswell (2018), postulate that a research design refers to plans and procedures for research that span steps from broad assumptions to detailed methods of data collection, analysis and interpretation. Bryman and Bell (2019), a research design is a framework for the collection and analysis of the data that will be used to answer the research question. On this research the researcher used the case study as research design endeavor to look at the impact of the Food Deficit Mitigation Strategy in their lives. Gomm (2017), argues that case study research design is a qualitative research approach that involves the in-depth examination of cases to identify patterns, themes and relationships. Simons (2019), postulates that a case study is a methodology that involves a comparative analysis of case study to develop a detailed understanding of complex phenomena. Case study as a research design to explore a model on food deficit mitigation strategy in enhancing the lives of persons with disabilities in Zimbabwe is important because it allows for in-depth understanding of a specific context, providing a rich and detailed insight of issues, challenges and experiences of persons with disabilities in Zimbabwe (Mugumbate and Nyikah, 2020, Yin 2016). The main function of the research design is ensuring that information obtained by the researcher effectively address the research problem logically, (De Vaus, 2012). Mhlophe and Dube, (2022), posit that case studies allow the researcher to discover the perspectives and experiences of people with disabilities, ensuring that their voices are heard and their needs are understood. Case study is well-suited for the exploration of complex issues, such as the impact of food insecurity on the lives of persons with disabilities and the effectiveness of the specific food

deficit strategy in addressing these challenges (Miles, Huberman and Saldana, 2018). This participatory approach promotes empowerment and inclusion, in line with the principles of inclusive disability research (United Nations, 2018). Since the main gist of this research is to come up with a model that enhances the lives standards of living of persons with disabilities in Zimbabwe. In support from previous researchers (Eisanhardt, Graebner and Sonenshein, 2016), elucidate that, case study can be used to develop a model or framework for understanding the relationship between food security ,disability and the effectiveness of a food deficit mitigation strategy in contexts of Zimbabwe when enhancing the lives of persons with disabilities.

3.4. Study area

The study will be confined to wards 1, 3,4,5,6 and 17 in Uzumba Maramba Pfungwe district under Mashonaland East province. The program selected persons with disabilities who are unemployed because these are the most vulnerable to food insecurity.

3.5. Target Population

Cresswell (2018), postulates that target population is a specific group of individuals that a research study aims to represent or generalize. Bryman (2022), argues that target population is a specific group of people that are of interest to the researcher. Given the definition above, the target population are persons with disabilities who are unemployed, people with relevant knowledge about people with disabilities like social development officers, disability community care worker and counsellor living in Uzumba Maramba Pfungwe district.

3.6. Sample Size

Shukla (2020), a sample is defined as a set of population which represents all types of elements of population. Cresswell (2018), defines sample size as the number of observable or participants that provide reliable and generalizable results. The research sample size consist of twenty participants that are fourteen people with disabilities and six key informants which includes ward counsellor, disability care worker, two social development officers, district focal person and community member taking care of person with disability (caregiver). The researcher used a small sample to avoid saturation of data. Morse (2015) and Sandelowski (2018), argue that small sample sizes are often sufficient for qualitative research, as the goal is to achieve depth and richness of data, rather

than breadth. This means that larger sample sizes can lead to data saturation, where the researcher becomes overwhelmed by the amount of data and unable to identify meaningful patterns and themes. However, sampling allows the researcher to get information only from a subset of a population. It is therefore a sample which then represent the whole population under study. Smith et al (2018), argue that sample increase participation engagement and response quality and Bernard (2020), argues that it enhance researcher-participant rapport and trust

3.7. Sampling Method

Sampling refers to a research method that is used to select a subset from individuals or items from the larger population to gather data, make inferences and draw conclusions about the entire population. The researcher is going to use non-probability sampling. Under non probability sampling the researcher utilized purposive sampling in conjunction with the quota sampling technique. Quota sampling techniques refers is a nonprobability sampling technique where researchers divide a population into subgroups and select participants from the each subgroup to ensure representation based on the characteristics. For example in this case the persons with disabilities have differences in nature of their disabilities.

3.7.1. Sampling procedure

The researcher used purposive sampling technique to narrow the research population by including the persons with disabilities only, so as to suit the researcher's topic and aim. The researcher used purposive to know the opinions and experiences of persons with disabilities concerning food insecurity. After utilization of purposive sampling the researcher knows that, there are differences in nature of disability. Due to differences in nature of their disability the researcher goes further to utilize quota sampling to make sure that, most of their differences if not all were included and represented. The population was divided into visual impaired, hearing impaired, physically impaired, mentally impaired and multiply impaired. Since all nature of disabilities need to be represented the researcher set a quota or 2 to 3 participants per nature of disability.

3.8. Data collection

Data collection refers to the process of gathering and measuring data from various sources to provide insights into the research phenomenon, test hypothesis or evaluate outcomes (Cresswell,

2018). Bryman (2016), posits that data collection is the process of selecting and implementing a data collection method, such as surveys, interviews, or experiments to collect data that is relevant, accurate and reliable. Data collection methods that are going to be utilized include in-depth interviews and key informants. They are going to be discussed below. The researcher followed the data collection procedure where the researcher started by greetings and introductions and asked for permission to undertake the research from the participants. The researcher used the approval letter from the Department of Social Development as evidence that shows the researcher was permitted to conduct the research. The researcher observed and upheld the research ethics of informed consent, confidentiality, no harm and voluntary participation. The researcher gained rapport as follows,

“Ndinoda kutora mukana uno chekutanga ndinokukwazisai mese. Zita Rangu ndinonzi Shamiso Muzvuwe ndabvawo kuBindura University of Science Education asi ndiri pasi peSocial Development. Donzvo riri rekuita tsvagurudzo pamusoro pekutsikirirwa kwekodzero dzevanhu vane hurema zviri kuita kuti vagare vari munzara. Ndinoda zvakare kukumbira mvumo yekuita tsvagurudza yangu pamusoro pevanhu vane hurema, asi chekutanga ndinoda kuvimbisa kuti zvese zvaticatauririrana zvese zvichangoshanda patsvagurudzo iyi chete hakunazve kumwe kwamuchanzwa kuchinzi kwakabuda hurukuro dzichange dzichiitika pano. Uye ndinoti kwamuri hapana ari kumanikidzwa kuuva munhaurirano iri pano anonzwa zvake kuti haana kusununguka anosiya.”(Greeting to you all, let me take this opportunity to introduce myself. My name is Shamiso Muzvuwe and I am a student at Bindura University of Science Education and now I am under the Department of Social Development. The aim of the study is to conduct a research concerning persons with disabilities. First of all I would like to ask for your permission for me to conduct research and I promise that every information that is going to be shared here is not going to be used anywhere else, it is for the purpose of this research and any of your names are not going to be used. No one is going to be forced to participate in the research if you are not interested you are allowed to quit).

The questions that was asked was based on the order of the research objectives. Since some of the participants were illiterate due to limited access to education, the researcher used open ended questions throughout the interviews while jotting down in the notebook and recording using a cellphone to avoid going against the research ethics. Data collection methods that are going to be

utilized include in-depth interviews and key informants and they are going to be discussed below. The type of data that was obtained from these tools can therefore be reliable and credible for the study.

3.9.1. In-depth Interviews

Creswell (2015), defines in-depth interviews as a research technique used to collect data through verbal and nonverbal interactions involving question to gather information. .It is a dialogue between interviewee and the interviewer characterized by extensive probing (Creswell, 2015). The researcher conducted interviews to people with disabilities in Uzumba Maramba Pfungwe district ward 1,3,4,5, 6, and 17 in Mashonaland East province. The researcher used open-ended questions whereby the researcher asked questions and jot down in a note book and record the information using a cellphone when conducting and recording data. The interviews lasted for 40-50 minutes. This method utilized to 20 participants (14 people with disabilities and among the 14 participant the researcher interviewed caregivers to represent 4 participants categorized under hearing and mentally disabilities because of the nature of disabilities and 6 key informants). In-depth interviews used open-ended questions and they were optimal for collecting data on individuals' personal histories, perspectives, and experiences. These interviews was face to face interaction.

3.9.2. Key informants

The researcher used key informants to gather information. They are often used in qualitative research to gather data, validate findings, and provide context to the research questions (Bryman, 2016).In this case the researcher interviewed two social development officers, community disability worker, counsellor, and district focal person and village member taking care of person with disability in Uzumba Maramba Pfungwe in their ward centers. The researcher adopted use of key informants as research technique in collecting data because they are of great important especially when working with people with disabilities in the sense that key informants can provide context- specific information about social , cultural and economic environments in which persons with disabilities live, which is essential for understanding their experiences and challenges (Grech, 2016). Shakespeare (2018), postulates that key informants possess valuable insider information and experiences that can provide rich insights into the lives of persons with disabilities. The researcher used a cellphone to record and then write down later. This ensured active listening

during the discussion and allowed the collection of every information. The interview took 40-50 minutes.

4.1. Data analysis and presentation

Neuman (2014), postulates that data analysis entails is a systematic organization, integration and examination of data, searching for patterns and relationships among the specific details. In this regard, the researcher applied thematic data analysis to analyses qualitative data. Brown and Clerk, (2006), discuss thematic data analysis as a method for identifying, coding, and categorizing patterns and themes within qualitative data. Denzil and Lincoln, (2017), postulate that data analysis is a set of qualitative methods, techniques and processes used to transform data into meaningful and useful information for decision making, problem-solving and knowledge discovery. The research used qualitative method that is the thematic analysis approach which is defined as is a method of analyzing qualitative data by identifying, analyzing, and reporting repeated themes or patterns within data to understand the underlying meanings and concepts (Creswell, 2014). The process starts by data coding which is a way of assembling and categorizing data to derive themes and patterns (Williams and Mozer, 2019). Thematic data analysis is importance when working with persons disabilities because it allows the researcher to understand challenges and experiences of persons with disabilities related to food security. Thematic data analysis may help in the development of comprehensive model for food deficit mitigation strategy in enhancing the lives of persons with disabilities (Kitchin, 2017). Thematic data analysis can foster a participatory approach whereby the researcher actively interact with persons with disabilities so that their voices and opinions will be heard since persons with disabilities are marginalized and excluded in community participation. In that way the research applied thematic data analysis to analyses data gained through interacting with persons with disabilities, the key informants and the researcher managed to understand the experiences and challenges persons with disabilities face related to food security so as to develop a model of food deficit mitigation strategy in enhancing the lives of persons with disabilities. Cresswell (2014), posits that thematic data analysis is a qualitative research method used to identify, analyses and interpret patterns and themes in qualitative data.

- **Recognition**

The researcher began with recognition, whereby the researcher acknowledged data provided by the persons with disability through interviews, stakeholders and key informants who shared their experiences and opinions to mitigate food deficit so as to enhance the lives of persons with disabilities. The researcher gratitude to stakeholders, persons with disabilities and key informants who provided support and facilitation during the course of the research. The researcher reads and re-reads the data, takes notes and initial assessment and it helps the researcher to understand the content, context and structure of data. This step involves the identification of preliminary themes and the development of a coding framework, which can be inductive or deductive.

- **Data coding**

The researcher made data coding whereby the researcher assigned codes to segments of data, such as text that is the coding stage for example food accessibility, inclusive policies, food security and disability rights to identity patterns and themes related to food deficit mitigation strategy. This helped the researcher to organize the data and identify areas of the study (Cresswell, 2014). The researcher highlighted portions of the text and apply labels and codes to them that describes the nature of their content. This was done by hand. The goal is to identify trends and relationships in the data.

- **Generating themes**

After coding is completed, the researcher identified and developed themes from the coded data themes by analyzing the codes and grouping them into categories. This step requires careful consideration of the context and meaning of the data. The themes that are emerged from this stage are refined to make sure that they are clear enough and meaningful for the last analysis and interpretation of the information (Braun and Clerke, 2006, Cresswell, 2014).

- **Topic refinement**

The researcher conducted topic refinement that involves reviewing and refining topics to ensure they are distinct and consistent. At this stage the researcher made sure that the themes they have generated accurately and correctly represented the data. This took a back and forth approach that includes review, assessment, and inquiry.

- **Theme interpretation**

The researcher interpreted themes whereby the researcher analyses themes related to the research question and identifying relationships between them. The researcher considered the wider implications and documents the thematic analysis process. The researcher made reporting that involves presenting topics and supporting data, often using visualizations such as tables.

4.3. Feasibility of the study

The researcher assumes that the model will practically and potentially successfully address food insecurity among people with disabilities. The researcher extracted exceptional knowledgeable information since there was a room to compare ideas obtained from different spectacles since the researcher worked in collaboration with different stakeholders like key informants and eventually this reduced bias during the study because the researcher does not solely focus on one response but from many. The offices of the key informants are located in the same geographical area hence convenience on the side of the researcher. Though the wards are sparsely located, the researcher was quite familiar with their geographical locations and the village heads provided the leads to the participants' residence. In this regard, little financial resources were used in undertaking this research.

4.4. Ethical considerations

When one is conducting a research, there are ethical considerations in Social Work research that are of great importance as ethics and principles of research are mandatory and have to be upheld to protect the participants (animals and/or humans) and avoid fraud. Singh and Singh (2020) states that research ethics involves the systematic considerations of the moral and ethical implications of research, including informed consent, confidentiality, data protection and conflicts of interests to ensure is conducted with integrity, transparency and accountability. They do inhabit each and every stage of the research process (Sobocan, Bertotti and Strom-Gottfried, 2018). Research Ethics are defined as the moral standards adhered to in a research to govern conduct. They involve treating everyone involved in the research directly or indirectly, fairly and with honesty. Informed consent, confidentiality, and voluntary participation are some of the ethics that the researcher used in conducting her research.

- ***Informed consent***

The researcher upheld the principle of voluntary and informed consent. The researcher firstly explained the study, its purpose, what it means to participate and their due rights to all participants and key informants before they got to acknowledge on the consent forms upon their willingness (shown on research tools presented as postscript). Angel and Scutt (2013), postulate that voluntary and informed consent is when a participant is given all the information pertaining the research to decide to participate or deny. The researcher first seek consent from participants before engagement with them. Interviewees were guaranteed that the research finding will be used for academic purposes of addressing the experiences that the people with disabilities. The researcher gave participants consent forms to sign as a way of obtaining informed consent.

- ***Avoidance of harm***

Creswell (2014) states that avoidance of harm means that no harm or adverse consequences must come to the participants due to their participation in the research. The researcher upheld this through making sure that no disgrace, emotional or physical harm fell upon the participants during the research.

- ***Confidentiality***

- The researcher maintained privacy and confidentiality whereby the researcher promised the participants that their responses were never to be shared to anyone else and is recorded in a way that it can never be used to link with the respondents (Angel and Scutt, 2013). The researcher did not recorded the name of participants on the response scripts to adhere to confidentiality. Where direct quotations were included in this work, the researcher was going to use pseudo codes which never suggest a clue of the one who makes them. The researcher used verbal and written consultations and permission seeking from the responsible authorities and local leaders to carry out this research. The researcher ensures and assures confidentiality of the respondents shared information as suggested in the work of Seidman (2015) and the assurance that creates trust and openness from the participants' hence actual responses from them. This made them speak freely without hesitation.

- ***Voluntary participation***

The researcher applied the ethical principle of voluntary participation that ensures that all the participants were participating voluntarily, no one was going to be forced or bribed to participate, and they will be free to withdraw from the study anytime they wish to (Newman, 2016, Seidman, 2015).

4.5. Possible Limitations

On this section the researcher highlighted the constraints, weaknesses and biases that arised during the research that affects the validity, reliability or generalization of the research findings. The researcher is likely to face challenges like, communication barrier, resource constraints, time and also cultural limitations.

4.6. CHAPTER SUMMARY

This chapter has provided on the research philosophy, research methodology that was utilized in this research. It also outlined the research design, area of the study, target population, sample size, sampling methods used, data collection, tools and methods used, data presentation and analysis then finally ethical considerations for this study.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.0. Introduction

Persons with disabilities (PWD) face significant challenges in accessing adequate food despite the implementation of the food deficit mitigation strategy due to systemic barriers, socio-economic marginalization, and lack of inclusive policies. The main aim of the study is to analyze the efficacy of the food deficit mitigation strategy in enhancing the lives of persons with disabilities by ensuring food security and inclusive community development. This section presents data presentation, analysis and interpretation of the research findings from in-depth interviews and from the key informants from Uzumba Maramba Pfungwe district concerning persons with disabilities in relation to food insecurity in Zimbabwe. Data was presented in themes, sub-themes and interpretations were made basing on planned research objectives that are to assess the food deficit mitigation strategy in enhancing the lives of persons with disabilities, to identify the challenges faced by persons with disabilities during the implementation of the food deficit mitigation initiatives in enhancing the lives of persons with disabilities so as to develop a model that can be used to improve the FDMS program in addressing food insecurity among persons with disabilities. Interviewed groups are persons with disabilities and the key informants. These individuals were interviewed while focusing on the major aim of the study to assess the efficacy of the food deficit mitigation strategy in enhancing the lives of persons with disabilities by ensuring food security and inclusive community development. Using thematic analysis, a number of themes and sub-themes were identified and are discussed below.

4.1. Biographical information of the participants

This section presents the demographic information of the participants that will be displayed in tabular form. The profile is of great significance as it assists in visualize the participants under study. Table 4.1.1 indicates the number of the participants and table 4.1.2.1

4.1.1 Descriptive statistics

4.1.1.2 Key informants

The table 1 below shows the demographical characteristics of the key informants

Designation	Organisation	Experience	Sex
Social development officer	Department of Social Development	Seven years	Male
Social development officer	Department of Social Development	Four years	Female
District Counsellor	Department of Local Government	Four years	Male
District Focal Person	National Council of the Disabled Persons of Zimbabwe (NCDPZ)	Five years	Male
Disability community worker	Department of Social Development	Three years	Female
Village community member taking care of PWD (Caregiver).			Female

The table above shows the six key informants selected by the researcher two are social development officers from the Department of Social Development one female and a male, District focal person from the National Council of the Disabled Persons of Zimbabwe who was a male , district counsellor from the Department of Local Governance, a female disability community worker, from the department of social development and lastly the village community member taking care of person with disability (caregiver). From the above table there is gender balance of the key informants because there are three females and three males. The selected Social workers as key informants from the Department of Social Development, the one with seven years of

experience working with persons with disabilities and the other with four years of experience. Their working experience shows that they are well-vested with the information relevant to the study topic, varying from the challenges they face, the way they resilient to them and the support systems that are put in place to help them since they present their challenges to the Department. The Department of social development provide social protection services to the vulnerable populations like persons with disabilities and all the support systems came through the Department of Social Development.

The researcher selected the district focal person with five year experience as key informant under the National Council of the Disabled Persons of Zimbabwe (NCDPZ) as one who fights and champions the consideration and inclusion of persons with disabilities in all the programs in the district. He periodically holds meetings with ward focal persons where challenges being met by people with disabilities are shared and discussed then forwarded to the District Development Committee secretariat for agenda awaiting meetings. He is familiar with challenges persons with disabilities are facing in the implementation of FDMS program since he worked with persons with disabilities for five years.

The researcher selected the disability community care worker with three year experience as the key informant with regards to the fact that they work hand in hand with social development officer that are social workers that works under the department of social development. The disability community health workers identify challenges affecting persons with disabilities and they provide psychosocial counselling so they attain vibrant information on the livelihood experiences of people with disability on the area that was under the scope and they intermediate between persons with disabilities and the Department of social development.

Under the ministry of local governance, the researcher selected district counsellor with four year experience as a key informant with regards to assess first-hand information of people with disabilities since the district counsellor resides with them and represents them to the service providers.

The researcher selected a female village community member taking care of person with disability because they have better understanding of the challenges and experiences of person with disabilities at home. They know the challenges being faced by persons with disabilities from a better perspective.

4.1.2.1 Biographic information of the persons with disabilities

Table 2.

Name	Sex	Age	Ward	Nature of disability
T1	F	23	1	Visually impaired
T2	M	42	6	Hearing
T3	F	41	3	Physical
T4	M	56	6	Visually impaired
T5	M	36	1	Hearing
T6	M	18	17	Hearing
T7	F	15	5	Physical
T8	F	12	1	Visual impaired
T9	F	61	5	Physical
T10	F	34	6	Multiple disability
T11	M	16	3	Visual impaired
T12	F	30	17	Mental

T13	F	26	5	Visually impaired
T14	M	52	3	Mental

The above table shows fourteen primary participants that are six male and eight females for this study that are persons with disabilities selected from 6 wards under study, namely 1, 3, 4, 5, 6 and 17 under Uzumba Maramba Pfungwe district. The age of the participants range from twelve years to sixty one. The study expected to involve 14 persons with disabilities for in-depth interviews. The names of the participants was presented using alphabetic letters that are T1upto T14 for confidential purposes among the sample (persons with disabilities).

The table also shows the nature of disability of the participants. It shows that five participant were visually impaired, while four had hearing impairments, three were physical impaired, two were mentally ill and lastly one had multiple disabilities. Ten persons with disabilities of the total sample of twenty managed to participate on their own whilst the other four that is two with hearing challenges and the other with mental disability. They were with their caregivers interviewed on their behalf because of the nature of their disabilities. This was stated in the delimitation of the study which mentioned that caregivers would be interviewed if there is barrier in communication.

4.2.0. Qualitative data presentation and analysis

The below data is going to be presented in qualitative form. For the purposes of this study, the researcher collected data from persons with disabilities and the key informants. The data is going to be presented based on the order of the objectives as themes and under those themes there will be subthemes that will bring out the responses of the participants in direct quotations The study sought to assess the food deficit mitigation strategy in enhancing the lives of persons with disabilities, to identify the challenges faced by persons with disabilities in the implementation of the food deficit mitigation program in enhancing the lives of persons with disabilities so as to develop a model that can be used to improve the FDMS program in addressing food insecurity among persons with disabilities. These three objectives becomes the major themes of the research and they will extend to sub-themes thereby making the data presentation comprehensive and coherent.

4.2. 1.The food deficit mitigation strategy in enhancing the lives of persons with disabilities.

On this objective the researcher found out that food insecurity is one of the major challenges that is affecting the lives of persons with disabilities. There is a gap in the implementation of the strategies in enhancing the lives of persons with disabilities. Persons with disabilities (PWD) face significant challenges in accessing adequate food due to systemic barriers, socio-economic marginalization, and lack of inclusive policies. This problem is exacerbated in regions where food insecurity is widespread, making persons with disabilities disproportionately vulnerable to malnutrition and its negative impacts. Current food distribution systems and mitigation strategies often fail to address the unique needs of persons with disabilities, including physical access, appropriate dietary requirements, and equitable participation in food programs. Therefore the research objective is to assess the food deficit mitigation strategies so as to enhance the lives of persons with disabilities.

4.2.1. 1.Free food distribution

The study reviewed that under the FDMS program there is free food distribution as a social protection package to enhance the lives of persons with disabilities in terms of food security in times of famine or hunger to reduce malnutrition and to address immediate food needs. As a result of climate changes like the Elnino-induced drought the challenges becomes more vibrant among persons with disabilities. Therefore there is free food distribution funded by the government of Zimbabwe under the social assistance as a pillar of social protection. The government is providing free food distribution to persons with disabilities to enhance food security. The study found out that there is a criteria that used for the selection of beneficiaries and under that category and disability is one of those categories that is considered as the first priority and it was said that they are provided with 10kg of grain or sorghum. This was confirmed by the key informant who said;

“...disability is one of the category that is on the selection criteria that is used when selecting beneficiaries for the free food distribution and is a category that is being prioritised first. The persons with disabilities are receiving grain that is 10kg per individual.”

Participant T13 argued that;

“Sevanhu vane hurema tiri kupiwa chikafu chemahara pamwedzi wega wega chinoti chibage, mapfunde. Chibage ichi kana mapfunde acho zvinenge zviri kunzi pamunhu wega wega 10kg. Sevanhu vane hurema tiri kutanga kusarudzwa vamwe vasati vasarudzwa.” (The Government is providing free food distribution and is provided in form of maize, and sorghum. It is given 10kg per person).

This concurs with that view of the key informant who said that:

“Persons with disabilities are the most preferably considered as first choice during the ranking process. The key informants also postulates that the process of selecting beneficiaries who are eligible enough to receive support is effective since it capture the greatest number of participants especially as it open room for different actors like ward councilors, representatives from the Department of Social Development and local authorities in the selection process and also the toolkits used in selecting beneficiaries is efficacy in nature like use of ranking forms and RI forms.”

Participants T4 said;

“.....sevanhu vane hurema tiri kupihwa chi10kg chechibage pamunhu wega wega kana mapfunde. Chikafu chatiri kupiwa tiri kubatsirikanawo chero zvedu tisiri kukwanisa kuzopedza mwedzi nacho.” (As persons with disabilities the government is providing 10kg of maize per individual or sorghum. The food that is being provided helping us to have food though we are failing to finish a month since the food is insufficient).

The researcher found out that free food distribution is provided to persons with disability to curb food insecurity. The participants showed that there is free food distribution that is implemented to them. This shows that the findings are similar to the literature. The rights based model purports the constructive proposal for improving life of people with disabilities, for which food security is one of the basic right. United Nation World Food Programme (2021) report shows that there is a core relationship between services that are provided to persons with disabilities in South Africa, Kenya under East Africa, and Nigeria in West Africa which also provide food assistance to persons with disabilities to promote food security. These responses are in line with the right based model that is the attachment theory of social protection which support the right of persons with disabilities to have access to basic needs and social assistance as a pillar of social protection. It is also in line

with the Sustainable Development Goals number 2 zero hunger and 10 of reducing inequality. According to the Food Deficit Mitigation Manual (2021) used during the selection criteria shows that disability is a category that is considered first before selecting other beneficiaries. Hence, it shows that the world is at work towards achieving the Sustainable Development Goal number 1 that is no poverty and 2 that is zero hunger.

4.2.1.2. Agricultural inputs

The study indicated that government is providing agricultural inputs under the presidential agricultural input scheme to persons with disability to improve their agricultural and empowering productivity. They are provided with agricultural fertilizers, maize seeds and sunflowers during the rain season. This program is trying to improve the food security and economic development among persons with disabilities. This was confirmed by the participant T7 who said;

“... tiri kupiwa futi mafetiraiza nembeu yechibage mapfunde mhunga nembeu yemaringa zuva (sunflower seeds) munguva yekunaya kwemvura kuti tiwanikwewo tiri mune zvekurima nekubudirira kwedu maererano nedambudziko nenzara nekushaikwa kwechikafu.” (As persons with disabilities we are being given fertilizers, maize seeds, sunflowers seeds, sorghum seeds and finger millet seeds during the rainy season. This helps us to participate in agriculture and development as a result of the challenges of food insecurity).

The key informants also confirmed that;

“The persons with disabilities are receiving agricultural inputs like 10kg maize seeds and 50kg bag of fertilizer, 10kg sorghum and sunflowers under the presidential input scheme.”

The researcher found out that agricultural input scheme is a measure that is taken in order to improve food security among persons with disabilities with the highest concern of involving them in the production of food and economic development. The government and other stakeholders are taking empowerment approach to enhance the lives of persons with disabilities so that they may be able to take action and control of their lives. The findings is in support with the rights based model and the resilience theory, whereby the rights-based model emphasizes the importance of empowerment and active participation. The resilience theory emphasizes the importance of empowering people with disabilities to take control of their lives and make their own decisions.

This can include providing opportunities for skills development, education, and training, as well as promoting social inclusion and participation. The findings brought out the similarities with the literature. Africa Agriculture Status Report (2022) shows that in East Africa, the East African Community has implemented disability friendly agricultural projects like in Kenya, and in West Africa, the Economic Community of West African States (ECOWAS) in Nigeria. However, the data shows that nature of disability is a restricting or a limiting factor that hinders persons with disabilities to participate in agriculture. This can also be proved by the case study conducted by Trani et al in Uganda towards the participation of persons with disabilities, it shows that persons with disabilities had low participation in community development projects, community meeting due to their disabilities. This is in line with the National Development Strategy 1 mantra of leaving no one and no place behind. The findings support the resilient theory whereby the findings shows that the agricultural inputs is trying to empower persons with disability to break the dependency syndrome.

4.2.1.3. Nutritional gardens

The study showed that nutritional gardens is a social protection package under the FDMS program that is being provided to the persons with disabilities. The initiative is meant to enhance health of person with disabilities and to empower them so that they can participate in the production of nutritional food. They are grouped into groups and given gardens and seeds like beans, vegetables, butternuts and peas and tomatoes. This program is funded by World Vision in collaboration with the government of Zimbabwe. The program is affected by lack of rain that will lead to wilting and drying off crops. This was indicated by the key informants who said that;

“The nutritional gardens are implemented among persons with disabilities to provide access to fresh, nutrition produce which are essential for maintaining good health. The program can empower persons with disabilities to take control of their nutrition, promote independence and self-sufficient and provide opportunities for social interaction. The program is being funded by World Vision. They are given seeds like butternut seeds, tomatoes, beans, and peas.”

The participant T10 said;

“.....tiri kugadzirirwa mabindu nehurumende neWorld Vision kuti tirime bhinzi, manhanga, madomasi nemuriwo kuti tikwanisewo kusimudzira hutano hwedu, tikwanise kusanganawo

nevamwe sezvo tiri vanhu vanosarudzwa munharaunda. Chirongwa ichi chiri kuitawo kuti tikwanise kuzvimirira kwete kungova vanhu vanomirira kupihwa kana kupemha.” (The government and the World vision is providing nutritional gardens to grow a variety of crops like beans, pumpkins, tomatoes so that we can be able to enhance our health like our well bodied counterparts in the community. The program is making us able to stand and take control of our lives not just being docile member).

The research acknowledged that the nutritional gardens is being implemented to persons with disabilities. It is a program under FDMS and is meant to promote quality health and wellbeing. Giving them opportunities to participate in maintain their health. The findings concurs with the rights based model whereby the rights to health of persons with disabilities are being enhanced through the nutritional gardens. According to the United Nations and Non-governmental organizations report it shows that the initiative is also similar to countries like United States, like in Netherlands where persons with disabilities are given Supplemental Nutrition Assistance Program (SNAP) like community gardening. This is in line with Nutrition-Sensitive Agriculture framework (FAO and UNICEF) and the Sustainable Development Goal 3 which states of good health and wellbeing. However, this strategy is affected by high climatic conditions such as continuous droughts. For example El-Nino-induced drought. United Nations Development Programme (UNDP) Zimbabwe report 2017, illustrate how recurrent droughts and flooding events linked to El Nino weather patterns have intensified food insecurity and weakened efforts to mitigate food deficits. United Nations Development Programme (UNDP) Zimbabwe report (2017), reports high climatic conditions such as continuous droughts in Zimbabwe which shows the difference with the literature. Other countries are not affected by high climatic conditions. Therefore the researcher recommend water conservation techniques like mulching, drip irrigation and rainwater harvesting.

4.2.1.4. Assistive devices

The study highlighted that there is a program that is assisting with assistive devices to persons with disabilities under the Department of Social Development. The assistive devices will assist in participation of persons with disability in the public sector. Participant T11 postulates that,

“As persons with disabilities we heard that the Department of Social Development also assist with assistive devices but as a result of lack of resources the process is being delayed”.

The key informant argued that,

“Under the department of Social Development there offer social protection services that encompasses assistive devices to both children and adults with disabilities. The assistive devices include wheelchairs, prosthetic limbs and also hearing aids devices”.

The research brought out that there is social protection program under the Department of Social Development that is assisting persons with disabilities with assistive devices like wheelchairs, hearing aids and prosthetic limbs. The finding is also similar with the literature from the global level where there is assistance in-kind transfers and subsidies. These services play a vital role in supporting persons with disabilities. These include the provision of assistive devices, such as wheelchairs, hearing aids, and prosthetics. For example, programs in countries like Sweden and Germany provide extensive in-kind support to enhance the mobility and independence of individuals with disabilities (ILO, 2020). Such measures reduce the physical and social barriers that hinder full participation in society. However, having literature covering this area, a gap still exists in Zimbabwe as a result of economic instability, the program is being delayed due to limited resources to fund for those devices.

4.3.2. The challenges faced in the implementation of the food deficit mitigation strategy in enhancing the lives of persons with disabilities.

On this objective the researcher found out that persons with disabilities face challenges during the implementation of the food deficit mitigation programs and these affected them in terms of accessing those services that left them in the food insecure. The challenges are presented in sub-themes below.

4.3.2.1. Misconception towards nature of disability

The study showed that community does not have a positive understanding towards persons with disability. The persons are stereotyped as helpless and dependent and they are excluded from social and cultural activities. They are overlooked, ignored and treated as children. The social constructivist theory states that disability is a social construct, and that societal attitudes and norms

play a significant role in shaping our understanding of disability. This is spearheaded by the traditional knowledge that disability is a result of ancestral spirits or curses or evil spirits. That end up causing social stigma and discrimination that hinders persons with disabilities from having access to land and credit, trainings and exclusion from other resources necessary for food production. This was confirmed by participant T8 who stipulated that;

“... mararamiro atiri kuita sevanhu vane hurema zviri kutiremera nekuti tirikutorwa sevanhu vasina abasa uye vasinachavanogonawo .Unonzwa zvichinzi vari kutambisa zvinhu kupa vanhu vakaremara, uye chero tikazamawo kutaura zvichemo zvedu hakuna anozvinzwa zvinongonzi vasiye avo hapana chavanoziva, tinoonekwa sevana vadiki chaiwo.” (Other community member does not have an understanding of disability, they view person with disabilities as incompetent and docile who cannot make any strong decision towards their lives. Even in terms of decision making they just take the opinion of persons with disabilities for *granted*).

The key informant was quoted saying;

“...persons with disabilities face challenges in their societies as a result that other community members do not have a positive perceptions towards disability. They do not understand about what is disability and they do not know that person with disabilities have same rights as other community members. They attributed disability to curses from the ancestors, as punishments caused by evil deeds. Therefore that traditional perception affect their interaction and perceptions towards disability. That end up causing the exclusion of persons with disabilities in societies.”

The study brought out that persons with disabilities face challenges of social stigma and discrimination that further complicate food security efforts. From the sentiments above it shows that discrimination and social stigma leads to underrepresentation and social exclusion leading to limited access to food deficit mitigation packages. This concurs with the literature. UNESCO Global Education (2020) report titled Inclusion and Education, highlighted the global misconceptions about disability and inclusion in education as a result of systemic biases and structural barriers that continue to marginalize learners with disabilities worldwide. The research brought out that the same challenge of misconception towards disability leads to perpetuation of social stigma and discrimination. This is also the same in Sierra Leone according to the Dorothy Springer Trust (2020) report shows that persons with disabilities face challenges in public sector

as a result of systemic barriers and biases. For instance, individuals with physical disabilities, including amputees, are often marginalized and denied opportunities to participate in economic activities, including farming. Therefore one may argue that despite the implementation of the food deficit mitigation strategies, persons with disabilities are still facing challenges of limited access to food due to discrimination and social exclusion. This shows that the findings are not in line with the rights based model. Therefore the researcher is recommending for education and awareness for the rights of persons with disabilities and the use of community-based inclusive development approach that is in line with the rights based model to challenge stigma and discrimination.

4.3.2.2. Political patronage

The researcher found out that there are members in the community who are taking those services for their personal interests. There are community members who are politically motivated and local members who are taking agricultural inputs to use for their personal gain or to gain political power. There are participants complained that their names was rubbed off in the registration register so that they place the names they like. This concur with the view of the caregiver as a key informant that there are some local leaders who are taking services for persons with disabilities for political patronage and they threatened persons with disabilities that these services are meant for those who support the ruling party. This was indicated by participant T9 who said that:

“Kuno kuUzumba Maramba Pfungwe tiri kusangana nematambudziko ekuti vanotungamirira vari kushandisa zvinhu zvevanhu vane hurema kuti tivasarudze vatitonge, vamwe vacho vanotouya vachitanga vatombovhundutsira vanhu vachiti asingatsigiri bato riri kutonga hapana chake.”

(Here in Uzumba Maramba Pfungwe, the leaders are taking advantage of these services for their political gains. Persons with disabilities are being threatened by community leaders).

The key informant said:

“Here in UMP the challenge is that when we try to implement a program they always think that every program that comes here is for the ruling supporters because here in UMP they are well vested in politics that end up affecting programs meant for persons with disabilities. As service provider under the Department of social development when conducting ranking or selection process we sometimes use the information from registers from the village heads and sometimes we

may fail to conduct home visits as a result of some challenges as a Department so we work with information from the disability community workers and village heads and counsellors.”

The participant T 1 was quoted saying;

“Isu tinoshaya kuti zvirongwa zvekipihwa kwezvekuita kuti tirime nezvechikafu tinoshaya kuti zvinowirirana papi nezvematongerwo enyika. Vekusocial welfare vakatiudza nekutidzidzisa kuti zvinhu izvi zvinotanga kupiwa vanhu vane hurema asi tinozoshaya kuti zvinozofamba sei unogotozonzwa kuti zita rako haripo. In ndakatombonzi nasabhuku kune vaya vasingaisi chiimuti paposition hamuna chamuri kuwana. Zvoreva here kuti nguva yemavhota ndakufanira kuenda nasabhukukuti vaone pandavhotera. Zvinhu zvinotinetsawo wevanhu vane hurema ndomatambudziko atiri kusangana nawo.” (As persons with disabilities we do not understand the link between politics and programs that promotes food security among persons with disabilities. The Department of social development taught us that the programs are meant for persons with disabilities but one would find that those packages will be hijacked by the leaders).

The study highlighted that the political nature of society affected persons with disabilities towards access to food and development programs. From the sentiments above it shows that the services that are meant for persons with disabilities are hijacked by those who are politically affiliated. The findings is not in support with the literature. Basing on the rights based model, person with disabilities have to rights equality, freedom and non-discrimination. It shows that in rural areas people are threatened if they are not in support of the ruling leadership by those who are politically affiliated. This is against their rights. Therefore the researcher is recommending for the community conscientisation and awareness about the services that are meant for persons with disabilities so as to meet the rights of the intended beneficiaries.

4.3.2.3. Insufficient or inadequate of the provision package

From the above comments from participants the study found out that the FDMS program is not successfully meeting their needs because they are being given 10 kg per head. This means that the food is inadequate since it is failing to sustain them up until they are given another assistance. The participants complained that 10kg per head is not enough because they eat 3 times per day since they said they do not have any other means to provide for themselves. The key informants also posits that the assistance is not nutritional because it is only giving them starches and sufficient for

the persons with disabilities since they do not have any other supplements for their daily meal. The key informants argue that the FDMS program is not meeting the needs of person with disabilities, as it focus on food hence making them survive where as they must be developmental and having to sustain themselves not depend on others or on aid. This was supported by the key informant who confirmed that:

“....the package need to be increased so that the beneficiaries will be able to meet the food availability and utilization as pillars of food security.”

The participant T3 said:

“....sevanhu vane hurema tiri kupihwa chi10kg chechibage pamunhu wega wega kana mapfunde pasina mafuta kana zvimwe zvinoita tibatsirikane apa kudya kwedu ndikoko hakuna kana chimwe chinhu chatinowana chekuchinjanisa zvichireva izvo kuti 10kg haikwanisi kupedza mwedzi, mwedzi unotozopera takutambura futi tisisina chekudya apa kuti tiende kunopemha rino igore renzara vanhu hakuna anoda kutipa kana kuti tinopiwa tichitukwa.” (The food quantity is inadequate since we are given 10kg per individual without anything to supliment and the food is giving us starch. The food is failing to sustain us for a month and now it is difficult to go in communities to burg food as a result of famine).

Participant T8 was quoted saying:

“As persons with disabilities the food that is provided to us cannot sustain us up to the time when we get another aid. Our eating habits are different from other well bodied persons and different from those in towns who have plenty food to supliment like rice. Here in rural area we depend on that 10kg of sorghum or maize. This means that do our eating habits does not allow a 10 kg of grain to sustain us for a month.”

The study found out that the packages provided to persons with disabilities is inadequate to sustain persons with disabilities. Based on the sentiments from the key informants and the participants it showed that the quantity of the package is very little for them to be able to survive. This is in line with the literature, Arkorful, Anokye, Basiru, Hammond, Mohammed and Micah (2019) who found out that the initiative was plagued with, among other things access difficulty, disbursement delays, assistance inadequacy. Charema (2020), notes that the food assistance provided to persons

with disabilities in Zimbabwe is insufficient to sustain them and that many persons with disabilities continue to experience food insecurity. The study found out that these challenges stalled the effectiveness of the program by stagnating the efforts being made by governments in developing countries. Therefore the researcher recommend for an increment in the provision package or the reviewing of the allocation per individual so that they will be able to sustain persons with disabilities.

4.3.2.4. Inaccessible focal or distribution points due to lack of assistive devices

The study found out that there are roadblocks and problem hinders service delivery to the persons with disabilities. These include inaccessibility to the distribution points. Nature of disability hinders persons with disabilities access to distribution points like those who are visually, physical and hearing impaired. They face challenges to reach areas where services are launched especially those without assistive□ devices. This was indicated by the key informant who said;

“some of persons with disabilities does not have assistive devices that becomes a barrier as they try to move from point A to point B where services are being distributed. These include persons who are visually impaired and those with physical disabilities.”

The participant T4 said that;

“Vanhu vane hurema tiri kusangana nematambudziko ekuti kuti tikwanise kufamba kubva kudzimba kuenda kunzvimbo dzinogoverwa chikafu kana kuti kubva pakutosarudzwa pachohatise kukwanisa kufamba. Izvi zvinokonzerwa nekuti vamwe hationi vamwe Havana mawiricheya saka zvinoita kuti tisakwanisa kufamba.” (Persons with disabilities we are facing challenging of moving from our homestead to the distribution centers or to the selection points because we do not have assistive devices like us who are visually impaired).

Participant T3 said;

“.... isu sevanhu vasina mawiricheya zvekare kuti tifambe ndiwo kakumbo edu mawiricheya, saka kana tisina zvinotitadzisa kufamba toswera tichingogwesha nemadziro.” (We are failing to walk from point home to the distribution centers because we do not have wheelchairs that assist us to move to the distribution points).

The study reviewed that persons who are visually impaired and those with physical disabilities are at a greater risk in accessing food deficit mitigation packages due to the fact that they do not have assistive devices. They do not have assistive devices that assist them to move like any other able bodied. The research shows that the findings is also the same as from Mozambique. A case of Mozambique cyclone Idai 2019 case study by UNICEF. The case study shows that persons with disabilities face challenges in accessing aid from the distribution points. Many food distribution centers and agricultural training programs are not designed with inclusivity in mind. For example, persons with mobility impairments may struggle to access distribution points, while others may lack access to assistive technologies necessary for independent food production (Global Disability Inclusion, 2021). Therefore the researcher is recommending for disabilities inclusive technology in every sectors so as to accommodate everyone.

4.3.2.5. Inaccessibility of roads and poor communication due to poor networks

The study showed that wards that are under Pfungwe are inaccessible in term of road and networks. The types of roads are dust roads full of potholes and the roads are rocky that makes it difficult to reach the ward centers in time. Communication is also another challenge being faced in some wards under Uzumba Maramba Pfungwe like network. There are some areas without network connections that makes it difficult to communicate with people. This was supported by the key informant who posits that;

“...social resources like transport for easy accessibility and the program is time consuming because it was done based on manual work. □ Some of the distribution points are inaccessible like wards under Pfungwe, there are no roads that becomes a barrier. The poor mobilization as some of our clients live in remote areas and resources are often few to assist everyone then providing few to them which is then few for the time that will be provided next. Although there must be some changes, like little political interference, time management and mobilization should be done properly like the government should provide vehicles that are eligible to transport not this old ragged cars which are prior to face breakdowns hence late distribution. Network is another challenge faced during the implementation of the food deficit mitigation strategy, in trying to communicate with people sometimes network become a barrier in conducting important meetings.”

The participant T10 indicated that;

“..... kuno sekwatiri kuno dambudziko ratiinaro nderekuti kwakasara hatina kana masaisai anoita kuti tinzwe kuti kune zviri kurongwa kana kuitwa munharaunda medu masai sai anonetsa. Zvakare nzira chaidzo hatina tara kunoku hakuna sedzimwe nzvimbo, unotoona kuti mafambiro avanhu sevanobva kure anonetsa. Saka rinotoita dambudziko chairo kwatiri isu vanhu vane hurema.”

(Here in Uzumba Maramba Pfungwe there is no network. This means that when there is no network there is no communication. This affected us as persons with disabilities to get important information and our movements are affected by poor roads especially to us who are visually impaired and without assistive devices).

Based on the above findings from the participants, the research reviewed that road network is an important factor that can limit persons with disabilities from accessing food deficit mitigation packages. In Africa, logistical and infrastructural are constraints that hinders the effectiveness of food deficit mitigation strategy. In Africa, many rural and remote areas suffer from inadequate road networks, making it difficult to deliver food aid to populations in need. The challenges is different from other at global and in some regions, in Zimbabwe the reasons might be insufficient funding for road maintenance and construction and lack of regular maintenance that leads to the deterioration of roads like in Pfungwe there is no tarred roads, the roads are deteriorated and rocky. The lack of infrastructure also hinders the establishment of food distribution points, which often remain inaccessible to populations living in isolated areas especially in Pfungwe. These obstacles exacerbate food insecurity in areas that are already more vulnerable to food shortages. Especially in wards under Pfungwe is affected by the poor network connections that hinders communication between service providers and beneficiaries.

4.3.2.6. Inaccessible agricultural infrastructure

The study found out that persons with disabilities face challenges of inaccessible agricultural infrastructure for example the farms and markets. The community members view them as people who are not capable to take care for themselves and are people who cannot be able to do anything productive. This was supported by the participant T6 who confirmed that:

“Tiri kusangana nematambudziko akaita sekuti patinodawo kuita zvekurima minda yacho hatisi kupiwa nekuti vanoti sevanhu vane hurema hatizvigona zvekurima izvi. Chero tikati toitawo

zvekutengesesa zvatinenge tawana pekutengesera pachopanonetsa panenge pachidiwa matsamba ekanzuru. Saka sevanhu vane hurema zvinozoita kuti tioneke sevanhu vasina chavanogona kuita chinobatika.” (We are facing challenges when trying to participate in agriculture like we do not have enough farms or land, trading license or permit that allows us to be at market places. As person with disabilities the community views us as persons who are not eligible to make something productive).

The key informant said;

“The challenges faced by persons with disabilities during the implementation of the food insecurity alleviation measures include that they do not have agricultural facilities. For example farms, and some of the inputs meant for persons with disabilities are high jacked by well able bodied for example fertilizers and seeds.”

The research brought out that persons with disabilities face challenges in accessing agricultural infrastructure due to the perceptions that the society holds. Societies hold the perceptions that persons with disabilities does not have the capacity to participate in development initiatives. Access to critical resources such as land, credit, and agricultural inputs remains a significant barrier for persons with disabilities. World Health Organisation (2011), concurred with the participant and the key informants that they face challenges of inaccessible agricultural infrastructure that hinders them from participation in food production and distribution. Mhaka and Charema (2020), argue that inaccessible agricultural infrastructure, including storage facilities and transportation systems, markets and farms is a major barrier that hinders participation of persons with disabilities during the implementation of the food deficit mitigation strategy in Zimbabwe. This shows that the findings concurs with the literature. According to the participatory Learning Action for disability (PLAD) project in Luuka district, it shows that Uganda, societal perceptions towards persons with disabilities capabilities often lead to smaller land allocations for them compared to non-disabled individuals, restricting their ability to engage in meaningful agricultural production. This is also the same in Uzumba Maramba Pfungwe district, persons with disabilities have little or limited access to lands because of perceptions people have towards persons with disabilities. Therefore one is recommending for policy development to promote social justice so as to increase disability access to lands and resources so that they will be able to participant in agriculture thereby promoting rights and resilience among persons with disabilities.

4.4.3. A model that can be used to improve the FDMS program in addressing problems that persons with disabilities face.

The researcher found out that persons with disabilities are continuing to encountering challenges in accessing the FDMS program. From the above it shows challenges faced by persons with disabilities in accessing FDMS packages. These challenges have negatively impacted them and still leaving them food insecure at times despite the implementation of this program. A number of ways are suggested from both the key informants and the persons with disabilities expressed during the interviews to improve the food deficit mitigation program in addressing the problems that persons with disabilities face. However in trying to cover up the gap that is left by other literature, the researcher come with a model on FDMS in enhancing the lives of persons with disabilities that enhances the lives of persons with disabilities so as to promote resilient among persons with disabilities (Resilience theory). These are presented in the form of sub-themes below:

4.4.3.1. Conscientisation of community

Based on the data collected by the researcher, all the challenges faced by persons with disabilities in the implementation of the food deficit mitigation program is a result of the community's pre-conceived biased beliefs and knowledge about disability. The data from the research brought out the challenges like exclusion of persons with disabilities, political patronage of programs meant for persons with disabilities and misconception of disability. According to the key informant, the community have bad knowledge, beliefs and philosophical perceptions concerning persons with disabilities for example that they are a senseless liabilities and they should just be contented with the charity they receive. There is need for conscientization of community member and the local leaders in order to be able to understand persons with disabilities as just normal human beings not viewing them as helpless, dependent and incompetent. This concurs with that of the key informant who argues,

“The communities need education so that they understand about disability so that persons with disabilities will not be excluded from social and economic activities”.

The participant T9 indicated that:

“Munharaunda matinogara naihwo hutungamiriri hwedu uhu, ngahumborambe huchidzidziswa nekutaurirwa vanzwisise chinhu chinonzi hurema, pamwe vangationawo nekutigashira savanhu vatorinewo kodzero sevamwe vanhu vese.” (In communities we live there is need for conscientisation of our local or community leaders and continuous education and taught so that they may consider us as human beings like others with human rights to promote inclusion in social and economic activities).

The above statements concurred with that of the key informant who said;

“Community members and community leaders need to be conscientised about disability so that they understand about disability, they know about the rights of persons with disabilities and even to have a positive perception towards disability.”

The research reviewed that during the implementation of the food deficit mitigation strategy person with disabilities face challenges of some leader who lack knowledge about disability and food deficit mitigation strategy. It showed that the community still have a traditional perception of not viewing persons with disabilities as just human being. Therefore there is need for the community to be conscientised so that they move from traditional perceptions on disability to modern approaches like the human right based approach.

4.4.3.2. Empowerment and capacity building

The study found that due to the challenges faced by person with disabilities, there is need for the take empowerment approach and capacity building of persons with disabilities so that they will become more resilient. The participant T11 said,

“There is need for the empowerment and capacity building for example training, education and capacity building programs so that we well be able to stand and advocate for our rights including right to food, health, participation and other rights that are essential for human beings. These include income generating projects, businesses and disability vocational trainings.”

This concurs with the views of the key informants that,

“... for persons with disabilities to be able to stand for themselves , there is need for locality development model to be taken into cognizance in the planning and implementation process of

programs that are meant to enhance the lives of persons with disabilities. There is need for the sustainable livelihoods programs that provide training, resources and support to enable persons with disabilities to engage in income generating activities for example vocational trainings, agriculture and businesses.

Participant T 10 said;

“Sevanhu vane hurema tinotokumbirawo kuti mutisimudzirewo mune zvemabhizimusi kana kutidzidzisa kuti tiwane ruzivo rwekuti tikwanise kurarama tirege kungomirira zvirongwa zvehurumende kana madhona. Tinotodawo kufundiswa kuti tigone kuzvimirira zvinozoita izvo kuti chero nzara yacho iite shoma.” (As persons with disabilities we are making a humble request to be involved in businesses or to educate our to get knowledge to do our own things rather than waiting for assistance from the government or donors .We need education so that we will become self-reliance not depending on government and donor assistance to reduce food insecurity.

Based on the above responses the research brought out that for food deficit mitigation strategy to be effective there is need for the integration of different perspectives and approaches that can stimulate creativity and innovation to promote resilience. For instance, the use of emancipatory and strength based approach to achieve resilience among persons with disabilities.

4.4.3.3. Increase in the provision package

Based on the above quantity of the free food distribution, it show that the package is inadequate or insufficient to sustain person with disabilities for a month. Both persons with disabilities and key informants who participated in this study suggested recommendations that if the government would consider reviewing the allocation under free food distribution in terms of quantity and nutritional value (utilization) it will help to sustain them. The current allocation is only 10kg of maize per individual per month. In order to curb food insecurity among persons with disabilities, the participants strongly recommended an increase in the allocation of in terms of quantity to cater for their feeding habits and the inclusion of other basic needs like cooking oil. With this consideration, those who participated argued the program will help them to meet food security. Therefore there is need for an increase in the quantity of the grain or sorghum so that the food will be able to sustain them. This is supported by the key informant who confirmed that;

“.....the package need to be increased so that the beneficiaries will be able to meet the food availability and utilization as pillars of food security.”

The participant T3 said that;

“..... chikafu chatiri kupihwa hachisi kukwanisa kupedza mwedzi apa dzimwe nguva sevanhu vemapiritsi tinotoda chikafu chakawanda kuti munhu umwe chete azokwanisa kupedza mwedzi ne10kg hazvikwanisiki nekuti madyiro acho akatosiyana nevanhu vari mumataundi vanowana zvekuchinjanisa zvakawanda. Tinongomirira sadza irori ndiro rinototiraramisa.Uye dai vatiwedzererawo semafuta ekubikisa zvaigona kutibatsira chaizvo nekuti tinosvika pakudya muriwo usina mafuta nekushaya kuti tomawanepi. Saka vakawedzera nemafuta uyu huwandu wechibage chavari kutipa taigona kurarama zvakanaka tisina nzara.”(The food that is provided is failing to finish the whole month. Sometimes some of us we are on medication and we need enough food. For a person to finish a month with only 10kg it is impossible our eating habits are different from those in towns who have other suppliments. We only wait for sadza that is saving our lives. And we are questing for cooking oil because sometimes we eat relish without cooking oil and also increase in the provision package so that we will be able to survive without hunger)

The other key informant concurs with the above statement that:

“The food that is provided to the persons with disability is insufficient to sustain them until they are given another food .This means that there is a need in the increase in the allocation in terms of quantity.”

4.4.3.4. Collaboration and partnership

From the data collected by the researcher it shows that some people fail to move from one point to the other as a result of their nature of disability for example those with visual impairment. There is need for an improvement in the partnership and collaboration with other service providers in service delivery especially with those that provide services like assistive devices like wheel chairs so that these can easily make persons with disability have access to the focal points for service delivery. The key informants said:

“For the persons with disabilities to be able to move from one place to the other there is need for assistive devices and this shows that there is need for a multidisciplinary approach where there is need for collaboration with others stakeholders.”

The participant T 4 said:

“Hatikwanisi kufamba tichienda kunogoverwa chikafu kana mbeu nenhau yekut hationi uye vamwe havagoni kufamba hatina midziyo inotibatsiridza. Isu takungotiwo dai zvaikwanisika mabatanawo nevamwe vanopa midziyo inoita kuti tibatsirikane pakufamba kana kuona zvaigona kutibatsirawo sevanhu vane hurema.”(We are failing to move from home to the distribution because we do not have assistive devices. So now we are encouraging for collaboration with other stakeholders that will help us to get assistive devices).

The research found out that collaboration and partnership is important to alleviate challenges being faced by persons with disabilities. Global Disability Partnership (2020), shows that Global Disability Partnership, made a collaborative effort between the World Bank, the United Nations, and other organizations, aims to promote the inclusion of persons with disabilities in development programs, including those related to food security. Therefore the researcher is recommending for an improvement in collaboration and partnership as measure for effective service delivery to promote resilience among persons with disabilities.

4.4.3.5. Disability representation

The above information shows that there is poor disability presentation in community activities. It shows that people does not have a positive understanding of disabilities. Thus left persons with disabilities in food insecure. Therefore there is need for the equal representation of persons with disabilities in communities. The participant T13 was quoted saying;

“Vanhv vane hurema tiri kutsikirirwa kodzero dzedu dzekuwanawo zvinzvimbo mune zvinhu zvekusimudzira zvinoitwa munharaunda saka takuti ndakamiririra vamwe vangu ava vane hurema tiiseiwo muhurongwa hunoitwa munharaunda zvinoitawo kuti tikwanise kuwana mikana yekuzvimiririra kukodzero dzedu dzekuti tiwane chikafu,kukwanisawo kubata basa sezvinoita vasina hurema nehutano .”(The rights of persons with disabilities are violated like the right to participate in community development activities. We are encouraging for the improvement of

persons with disabilities in community development activities so that we will be able to enjoy our rights like any other human being).

The other participant T7 was quoted saying;

“Tinokumbirawo kuiswawo muzvigaro zvine chekuita nekubudirira kwedu . Izvi zvinoitawo kuti tikwanise kusimudzawo matambudziko chaiwo chaiwo atinenge tichisangana nawo. Nekuti mukatarisa vanhu vakawanda muzvigaro ndeavo vasina hurema apa isu pane eduwo matambudziko anozosara asina kugadziriswa nenhau yekuti hakuna anotimirira. Saka chikumbirowo chedu chekuti pawedzerwe vanhu vane hurema kuhutungamiriri tikwanise kuwana vanotimirirawo.”(We are making request for the inclusion of persons with disabilities in programs that has to do with disability representation because some of our challenges are going unaddressed as a result of underrepresentation. Therefore we are encouraging for an increase in disability representation so that our concerns will be raised through those people).

The above statements concurred with that of the key informant who was quoted saying;

“As a result of the underrepresentation of persons with disabilities in matters concerning their day living, this causes issues to do with disabilities to be left out during programs and discussions towards the improvement of the lives of persons with disabilities. This is because the victim is the one who knows a certain thing through experience than those without disabilities. In that way therefore, there is need for improvement in the representation of persons with disabilities.”

The study brought out that there is need for the equal representation of persons with disabilities in communities. The findings are in support with the literature. This is supported by the National disability policy (2021), states that there should be the increase representation of persons with disabilities in decision making positions, including government offices, cooperative boards and other leadership roles, through the establishment of quotas and inclusive hiring practices. Based on the above responses coined the researcher found out that there the FDMS is ineffective in meeting the needs of persons with disabilities of food insecure. Therefore there is need for a model on food deficit mitigation strategy in enhancing the lives of persons with disabilities so as to promote the rights of persons with disabilities as well as promoting resilience.

4.4. Chapter summary

This chapter presented data that was collected by the researcher on persons with disability and the key informants. The above data shows that there are programs being implemented persons with disabilities as measure to enhance food security. These include free food distributions, nutritional gardens and agricultural inputs. The above data has highlighted the challenges and recommendations made by the key informants and the persons with disabilities to enhance food security.

CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENTATIONS

5.1 Introduction

The researcher found that, drought induced famine has been the severe disaster from which most disabled people experience immense excruciating distress. It still remains a National Policy agenda and a problem in most developing countries like Zimbabwe. Due to climate change, the impacts of droughts are expected to deepen where the capacity to adapt is low (Mushore, 2013). The researcher found out that, it remains a challenge in communities, local people have devised different coping mechanisms based on the resources that are locally available but the effectiveness of these mechanisms are questionable. Therefore, using qualitative research method, the researchers managed to come up with a model on food deficit mitigation strategy in enhancing the lives of persons with disabilities in Zimbabwe. Through identifying the drought mitigation strategies used in Uzumba Maramba Pfungwe district, the researcher assess food deficit mitigation strategies in enhancing the lives of persons living with disability and examine the challenges faced during attempts to implement them. Results indicated that, in UMP, people, NGO and government are effortlessly using drought mitigation strategies which include food aid, agricultural inputs, nutritional gardens and sale of livestock, remittances and irrigation scheme. It was also revealed that the most effective drought mitigation strategies were provision of food aid whereas the least effective were remittances. Variation and similarities of the present study with previous literature to be discussed below.

5.2. SUMMARY OF FINDINGS

The study aimed at assessing the efficacy of the food deficit mitigation strategy in enhancing the lives of persons with disabilities by ensuring food security and inclusive community development. The summary is going to be presented on each and every objective. The study was based on right based model and the resilience theory. The study used the qualitative research methodology.

5.2.1. The food deficit mitigation program in enhancing the lives of persons with disabilities

The study reviewed that there are food deficit mitigation strategies that are being implemented to enhance food security towards persons with disabilities. This is due to the fact that persons with

disabilities are facing significant challenge of food insecurity due to systemic barriers and social exclusion. The strategies include free food distribution, agricultural inputs, nutritional gardens and assistive devices. The researcher found out that, the food deficit mitigation is provided under the social protection under the Department of Social Development in collaboration with world food program. The aim of these services that are provided to persons with disabilities are to promote access to nutritious food, to alleviate food insecurity and to empower, support and promote inclusion so that they will be able to enjoy their rights to food, participation and health. These result are in line with previous researchers such as Mushore, (2013) who also did a research in Bikita ward 2, he found out that, the government is effortlessly using drought mitigation strategies which include food aid, agricultural inputs, nutritional gardens and construction of irrigation scheme.

5.2.2. The challenges faced in the implementation of the food deficit mitigation strategy in enhancing the lives of persons with disabilities

The research brought out that persons with disabilities (PWD) face significant challenges in accessing adequate food despite the implementation of the food deficit mitigation strategy due to systemic barriers, socio-economic marginalization, and lack of inclusive policies. These challenges include misconception towards disability, underrepresentation of persons with disabilities, lack of nutritional diet/inadequate package, poor communication due to network challenges and lack of assistive devices. These challenges were exacerbated in regions where food insecurity is widespread, making persons with disabilities disproportionately vulnerable to malnutrition. The researcher found out that these challenges during the implementation of the food deficit mitigation programs affected them in terms of accessing those services that left them in food insecure. A case study done by Mushore (2013), also revealed that the community was not satisfied with the effectiveness of all the drought mitigation strategies being used. These strategies are held back by challenges in the Ward which include poor service delivery by NGOs and Government departments in mitigating droughts, poverty, corruption, lack of resources and unclear selection criterion of beneficiaries as well as lack of markets thereby leading to inefficiency of the drought mitigation strategies. To eradicate the mentioned challenges the researcher recommended the funds aid, leadership education and necessary infrastructure for irrigation, adoption of local knowledge into mitigation strategies, improving access to agricultural inputs and enhanced

provision of technical assistance to disabled persons in the area. Hence, the need for a comprehensive model that addresses these challenges thereby promoting food insecurity. According to Murendo et al, (2020), on their study, assessed how dietary diversity and food coping strategies differ by resilience and food security status. Results shows that, resilient and food secure household had good diet diversification and were less likely to adopt food coping strategies when compared to less resilient and food insecure ones. Adaptive and absorptive resilience capacities and income reduced the use of food coping strategies. Interventions that improve household resilience capacity and income should be promoted to reduce the use of food coping strategies (Murendo et al, 2020).

5.2.3. A model on food deficit mitigation strategy in enhancing the lives of persons with disabilities.

The study showed that for the lives of persons with disabilities to be enhanced in terms of food security there is need for a comprehensive model that addresses those challenges encountered during the implementation of food deficit mitigation strategy. There are recommendations or interventions suggested by the participants. The interventions suggested by the participants include education awareness and training/community conscientisation to foster inclusion, representation of persons with disabilities, education and empowerment through the provision of agricultural inputs, implementation of livelihoods projects, provision of nutritional gardens, collaboration and partnership with other stakeholders like NGOS, Health sector to assess the types of assistive devices needed , infrastructure development like roads and boosters to cater for communication and movement challenges. Previous researches witness that, there are programs in countries like Sweden and Germany provide extensive in-kind support to enhance the mobility and independence of individuals with disabilities (ILO, 2020). Such measures reduce the physical and social barriers that hinder full participation in society. Resilience theory, developed by Norman Garnezy (1983) and further researched by Ann Masten (1986) and Michael Rutter (1986), focuses on individuals' ability to adapt and thrive despite challenges. It emphasizes personal strengths and resources, shifting the discourse from limitation to potential. Environmental factors, such as family and community support, play a crucial role in building resilience for individuals with disabilities. Resilience is not magic, but comes from everyday resources and relationships. The model is going to be coined based on the recommendations from the participants.

5.3. Conclusion of findings

Basing on research findings, the study reviewed that the Department of Social Development is providing assistance to curb food insecurity. These services free food distribution, nutritional gardens, agricultural inputs and assistive devices. However, having these services being provided to promotes food security, persons with disabilities are continuing to face challenges during the implementation of the food deficit mitigation strategy. The challenges contribute to discrimination and social exclusion that leads to underrepresentation of persons with disabilities in community development programs leading to food insecurity.

5.4. Implications of the findings to the Social Work Profession

- The research is important to the social work profession because it informs policy development that promotes food security and inclusion and it raises awareness about the importance of food security among persons with disabilities.
- The study promotes professional development through enhanced skills and knowledge to address food insecurity.
- It fosters collaboration among stakeholders to support persons with disabilities.
- The study promotes empowerment and advocacy of persons with disabilities
- The study promotes disability friendly infrastructure.

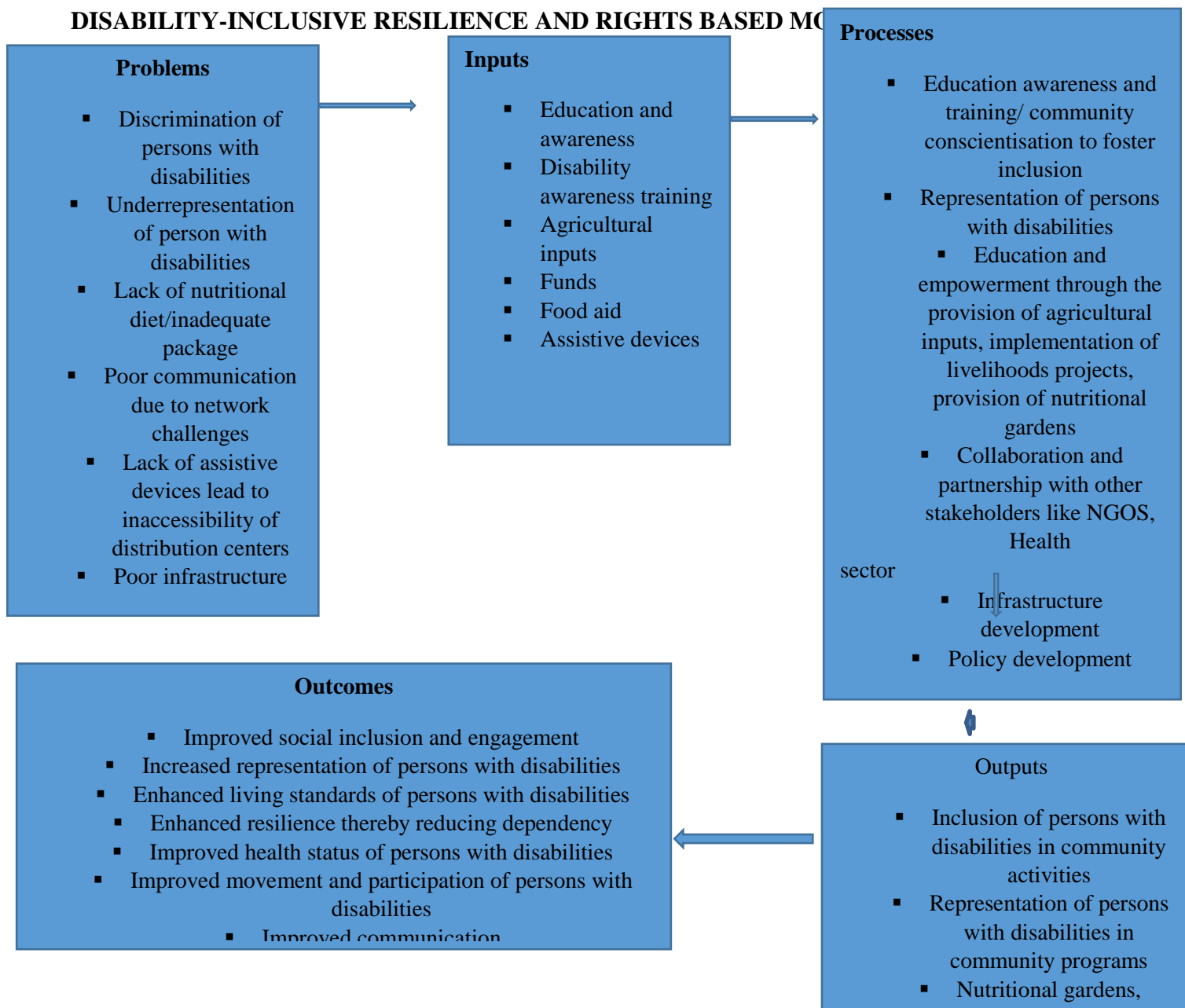
5.5. Recommendations

- The researcher recommend for continuous education and trainings of service providers or service implementers of food deficit mitigation strategies especially towards persons with disabilities.
- The researcher is encouraging for multi-sectorial approach among stakeholders so as to meet the rights and need for persons with disabilities.
- The researcher is also recommending for the empowerment of persons with disabilities to promote resilience.

- The researcher is recommending for disability inclusive policies in every sector to promote the participation of persons with disabilities.

5.6. Model

DISABILITY-INCLUSIVE RESILIENCE AND RIGHTS BASED MODEL



Based on the data collected and analyzed, the researcher coined a six phase model called the Disability-Inclusive Resilience and Rights model. The model was developed to answer the three problem questions under this study which are; what are the strategies for the food deficit mitigation strategy being implemented to enhance the lives of people with disabilities?, what are the challenges in the implementation of the FDMS program among people with disabilities? And what are the possible solutions that can be used to improve the efficacy of FDMS program in addressing this problems among people with disabilities?. The objective of the DIRR Model was to move beyond the prescriptive literature describing the general strategies implemented towards persons with disabilities, challenges being faced by persons with disabilities in the implementation of the food deficit mitigation strategy, going on to provide the best intervention strategies that the persons with disabilities recommended and provides the potential outcomes if the interventions are carried out.

The model above illustrates the first stage of the model that are the problems. These problems are encountered in the implementation of the food security strategies and these are discrimination of persons with disabilities, underrepresentation of person with disabilities, lack of nutritional diet/inadequate package, poor communication due to network challenges and lack of assistive devices. These challenges were exacerbated in regions where food insecurity is widespread, making persons with disabilities disproportionately vulnerable to malnutrition and its negative impacts.

The second stage of the model illustrates the inputs required for the effective implementation of the strategies to enhance the lives of persons with disabilities. These services include education

and awareness, disability awareness training, agricultural inputs, funds, food aid and assistive devices.

The third phase of the model demonstrates the implementation process where the participants interviewed suggested these interventions. The interventions suggested by the participants are education awareness and training/community conscientisation to foster inclusion, representation of persons with disabilities, education and empowerment through the provision of agricultural inputs, implementation of livelihoods projects, provision of nutritional gardens, collaboration and partnership with other stakeholders like NGOS, Health sector to assess the types of assistive devices needed , infrastructure development like roads and boosters to cater for communication and movement challenges.

The fourth stage and the last phases illustrate the end results if the model implementation process is implanted successfully. These results include inclusion of persons with disabilities in community activities, representation of persons with disabilities in community programs, nutritional gardens, and livelihood projects like poultry, accessible distribution centers and infrastructure developed. Successful implementation of the above mentioned interventions will lead to long term effects. These effects include improved social inclusion and engagement, increased representation of persons with disabilities, enhanced living standards of persons with disabilities, enhanced resilience thereby reducing dependency, improved health status of persons with disabilities, improved movement and participation of persons with disabilities and improved communication.

The Disability-Inclusive Resilience and Rights model is important because it helps one to visualize something that can be difficult to understand. The model will help the community, the policy makers social workers who implements these social protection programs and the persons with disabilities to understand the root causes of the challenges, effects and the comprehensive implementation process in enhancing the lives person with disabilities. Therefore the researcher aims to be the voice of the vulnerable populations that are persons with disabilities so that interventions can be quickly made to alleviate the effects of the challenges faced by persons with disabilities thereby promoting resilience, right and inclusivity in the implementation of the Food deficit mitigation strategies.

5.7. Areas for further study

- Explore technology-based solutions to address food insecurity among persons with disabilities.
- Evaluate the effect of disability friendly policies on food security.

5.8. CHAPTER SUMMARY

The chapter focused on summarizing the research findings; it made conclusions, implications of the findings to the Social Work Profession, recommendations, a model and areas further study. This chapter presents the summary of findings based on the research objectives. Based on the food deficit mitigation strategy that is being implemented towards persons with disabilities, they are facing challenges in accessing them and there are recommendations made by participants. Therefore the researcher coined a six stage model called the **Disability-Inclusive Resilience and Rights model**. The model will promote food security and inclusive community development there by promoting the rights and resilience towards persons with disabilities.

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APPENDIX A: Informed Consent Statement

Research topic: **A model on food deficit mitigation strategy in enhancing the lives of persons with disabilities in Zimbabwe. Case study of Uzumba Maramba Pfungwe district.**

Researcher:

My name is Muzvuwe Shamiso and I am student studying for a Bachelor of Science Honors Degree in Social Work at Bindura University of Science Education. I am conducting this study as it is a requirement for the completion of my degree, and you were carefully selected to help me with information for my research to be a success, so your cooperation is greatly appreciated.

Please note that participation in this study is voluntary, which means that you have the liberty to withdraw anytime. No payments will be awarded. Information shared will only be used for academic purposes and nothing beyond that so I assure you that the information shared will be treated with confidentiality and will not be associated with names. However, the data collected in the study will NOT be shown or given to you directly. If you agree to participate, please sign below.

Contact information:

For any queries regarding this study, feel free to contact Muzvuwe Shamiso at muzvuweshamiso@gmail.com/ 0788087948.

NB. You can use a false name for confidentiality

Signature of participant

.....

Date

.....

Thank you for your cooperation!

APPENDIX B: IN-DEPTH INTERVIEW GUIDE FOR THE PEOPLE WITH DISABILITIES

Section A: Participant's information

1. Sex

Female	Male

2. Age

15 years and below	16-30 years	31-60 years	61years and above

3. Position in the family

Household Head	Family member	Other

Section B: To assess the FDMS in enhancing the lives of persons with disabilities.

1. What are the strategies implemented to enhance the lives of persons with disabilities?
2. Is the selection criteria for the FDMS program covers persons with disabilities?
3. Are the strategies covers the needs of persons with disabilities?

Section B: Challenges faced in the implementation of the food deficit mitigation strategy in enhancing the lives of persons with disabilities.

1. What are the challenges faced in the implementation of the food deficit mitigation strategy?
2. Are you being satisfied by the strategies used during the implementation of the food deficit mitigation strategy?
3. What the challenges you are facing during the implementation of the FDMS program from the implementers and from the community members?

Section C: To develop a model that can be used to improve the FDMS in addressing problems that people with disabilities face.

1. What do you think should be done to improve the effectiveness of the FDMS program so that the lives of persons with disabilities can be improved?
2. Do you have any recommendation that you think will help in the implementation of the FDMS program?
3. During the implementation of the program, are you given an opportunity to share your ideas or opinions towards the improvement of the program so that it will cater your challenges?

APPENDIX C: IN-DEPTH INTERVIEW GUIDE FOR THE INFORMANT

Section A: To assess the FDMS in enhancing the lives of persons with disabilities.

1. In your opinion, what do you understand by Food Deficit Mitigation Strategy in relation to disability?
2. May you outline the contribution of FDMS program in enhancing food security among persons with disabilities?
3. What are the available strategies employed by the government and other stakeholders to implement the FDMS program towards enhancing the lives of persons with disabilities?
4. Is there any relationship between the FDMS program, National Disability policy and other statutory laws associated with the disability empowerment?
5. To what extent do you think that the FDMS program is enhancing the lives of persons with disabilities?

Section B: Challenges faced in the implementation of the food deficit mitigation strategy in enhancing the lives of persons with disabilities.

1. As service providers, what challenges do you face during the implementation of the food deficit mitigation strategy towards enhancing the lives of persons with disabilities?
2. Are you happy or satisfied with the criteria used in the implementation of FDMS program in enhancing the lives of persons with disabilities?

Section C: To develop a model that can be used to improve the FDMS in addressing problems that people with disabilities face.

1. In what ways can the program be implemented to address shortcomings and enhance food security among persons with disabilities?

2. In your own opinion, what possible steps that can be taken by the government and other stakeholders to ameliorate the challenges associated with the implementation of the FDMS program towards the enhancing the lives of persons with disabilities?
3. In your own opinion, do you have any measures or recommendation that can be taken in consideration for the effectiveness of the FDMS in enhancing the lives of persons with disabilities?
4. Is there any issues linked with FDMS program and disability that you think are important?

FACULTY OF SOCIAL SCIENCES AND HUMANITIES
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BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: _____

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

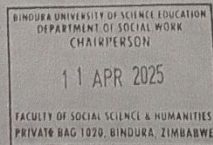
This serves to introduce the bearer, Murdoch Shemiso, Student
Registration Number B2132123, who is a BSc Social Work student at
Bindura University of Science Education and is carrying out a research project in
your area/institution.

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

Yours faithfully

A handwritten signature in ink, appearing to read 'E.E. Chigondo'.

E.E. CHIGONDO
CHAIRPERSON





Official Communication Should not be Addressed to Individuals

Ministry of Public Service, Labour and Social Welfare

**Department of Social Development
Post Office Box 205
Mutawatawa
UMP District**

Email: dsdoup@gmail.com

17 February 2025

Dear Shamiso Muzvuwe

**REF: PERMISSION TO COLLECT DATA ON YOUR RESEARCH TOPIC IN
UZUMBA MARAMBA PFUNGWE DISTRICT, MASHONALAND EAST PROVINCE**

The above subject matter refers;

Following a minute dated 17 February 2025 from Bindura University of Science Education requesting our office to permit you and assist you to collect data in relation to your research topic. The office of Social Development UMP is permitting you Shamiso Muzvuwe to collect data. You are being urged to show high level of professionalism during your data collection exercise. Feel free to approach the office whenever you need assistance, and the office is wishing you the best during the exercise.

Your great cooperation will be greatly appreciated

Regards

Elvis Beni

District District Social Development Officer - UMP

