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ZIMBABWE'S NATIONAL CASE MANAGEMENT SYSTEM FOR CHILD PROTECTION AND ENHANCED RIGHTS REALISATION FOR CHILDREN WITH DISABILITIES (CWDS)

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ABSTRACT

Impoverishment and social exclusion of Children with Disabilities is pervasive in Zimbabwe. What is further disconcerting to the plight of Children with Disabilities is a fragile economic environment where not enough material resources can be channelled towards guaranteeing their enhanced social functioning. The author did a synthesis of the existing academic and policy literature and uses social work lens to undertake a situational analysis of current Zimbabwean child protection system dynamics with regards to Children with Disabilities hereafter referred to as CWDs. The Ministry of Public Service, Labour, and Social Welfare (MoPSLSW), partnering with UNICEF and nongovernmental organizations (NGOs) developed a social protection program incorporating poor households targeted cash transfer and a coordinated system for child protection case management. Given this background, this article will explore state and non-state duty bearers' roles in guaranteeing enhanced social functioning of CWDs grounded in the human rights framework. The article concludes by offering pathways for more proactive social protection interventions by Government of Zimbabwe, state and non-state actors to pro CWDs social protection.

KEY TERMS: children, poverty, Zimbabwe, rights, disability

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INTRODUCTION AND BACKGROUND

The objective of the article is to offer critical perspectives regarding the CWDs rights upholding in Zimbabwe. The critical perspectives are a nuanced view of the obtaining socio-economic circumstances of CWDs. Across the world stereotypes, prejudice, and stigma contribute to the discrimination and exclusion experienced by people with disabilities and their families in all aspects of their lives (Rohwerder, 2015). There is global renewed focus and spotlight on PWDs by international organizations, including UNICEF's 2013 edition State of the World Children (UNICEF 2013) focused on the barriers limiting CWDs in reaching their full potential. There is increasing evidence that childhood HIV infection is associated with chronic multi-system complications, resulting in hearing, cognitive, mobility and visual impairments (Rukuni, McHugh, Majonga, & Kranzer, , 2018).

Unfortunately, the path between discourse and practice is rarely clear especially for the estimated one billion PWDs globally facing barriers and challenges to inclusion in mainstream development efforts; and for whom disability-specific projects and interventions are far and few between (Karr, van Edemaa, Sims, & Brusegaard, 2017). Compared to their non-disabled peers CWDs arguably are the world's most vulnerable children as they must confront numerous other barriers, including stigma, abuse and services not designed to accommodate their specific needs (Development Pathways, 2018). This is worse for young girls, doubly disadvantaged, facing both disability and gender-based discrimination. Predominantly, in Global South the birth of a CWD is considered a curse resulting in infanticide; institutionalisation of the child or being hidden away in the home, invisible to society (Development Pathways, 2018).

It is noteworthy that children are considered competent agents with their own status, needs and rights, and not as incomplete or deficient versions of the adults they will one day become (Burman, Greenstein, & Kumar, 2015). Whilst PWDs are experts of their own experiences, better placed to understand how society is organised or should be organised to include the needs of disabled people, non-disabled people should also share such responsibility (Peta, 2016). As allies of PWDs the duty of non-disabled, is partnering PWDs, in facilitating change across all aspects of life, thereby ridding society of PWDs exclusion. The 1981 advent of the International Year of Disabled Persons (IYDP) and then United Nations Decade for Disabled Persons in 1983 provoked a lot of research interest on disability issues (Mutswanga, 2016). Moreover, it is laudable that the Sustainable Development Goals (SDGs) 2030 Agenda pledges to "leave no one behind".

PWDs, as both beneficiaries and agents of change, can fast track the process towards inclusive and sustainable development promoting resilient society in the context of disaster risk reduction and humanitarian action and urban development. Governments, PWDs and their representative organisations, academic institutions and the private sector need to work as a "team" for SDGs achievement (United Nations Department of Economic and Social Affairs, 2017). Confronted with growing global evidence on the incidence and prevalence of CWDs social exclusion, governments and policy makers should be asking: What are the key drivers of this social exclusion and what can be done to address it? Identifying and analysing how social norms interact with structural determinants – the social, cultural, economic, legal, organizational and policy responses – to affect violence against children helps identify causal pathways to better inform national strategies and interventions for violence prevention. The article is organised as a critical review, extrapolating and evaluating the domains of CWDs rights upholding in Zimbabwe from available literature.

CONTEXT

CWD in Zimbabwe

Zimbabwe has a total population of 13.061.2391. Of this figure, the exact number of children in the country is not known as demographic data age categories usually transcend the age of a child in Zimbabwe which is below 18 years. Of the approximately 13 million, 41% of the population is below the age of 15 years. This means that if the age of children was to be put at 18 in the census the percentage for children would have increased approximately to 45% or more (SOS, 2014). Successful post-independence education policies and programmes saw Zimbabwe achieving one of the highest literacy rates in Africa which are key contributors to the opportunity of the demographic dividend arising (UNFPA Zimbabwe Programme, 2018).

However, Zimbabwe's recurrent socio-economic challenges disproportionately impact girls and boys in food and nutrition health and education access plus ensuring child protection against violence and harmful practices. In 2019 multiple natural hazards, including food insecurity, flooding and the risk of outbreaks of diarrhoeal diseases, contributed to Zimbabwe's humanitarian situation deterioration (UNICEF, 2019). Zimbabwe faces an economic downturn characterized by hyperinflation (175 per cent) and limited access to basic services. According to a Zimbabwe Vulnerability Assessment Committee 2019 report nearly 5.5 million people in rural areas, including 2.6 million children, and 960,000 people in urban areas need humanitarian assistance through April 2020 (UNICEF, 2019). UNICEF and Ministry of Labour and Social Services, (2010) notes that compared to their peers, CWDs are less likely to access health, education, are more vulnerable to violence and abuse and often

excluded from opportunities to participate fully in their communities. CWDs may be 'doubly vulnerable' because they live with a disability, while suffering from other disadvantages (e.g., 25 per cent of children receiving services at the Children's Rehabilitation Unit, Harare Hospital, are cared for by a grandparent, and 20 per cent of primary caregivers have HIV) (UNICEF Zimbabwe and Ministry of Labour and Social Services, 2010).

There are about 600 000 CWDs in Zimbabwe (UNICEF, 2013) and Mtetwa (2018) laments that despite having the Disability Act, no formal policies and implementation strategies are in place to ensure the Act's enforcement. Pertinently, Mandipa (2014) notes that in Zimbabwe 1.9% of the population are PWDs and a quarter of these people are intellectually Disabled (ID), 30% of these ID people are children. Most state run schools and hospitals in Zimbabwe have very few officials trained to handle people with IDs and with hearing speech functional disabilities. Many Zimbabwe states run inclusive schools are inaccessible to PWDs without no guiding rails, in urban schools the elevators (if there are working at all) without recorded voices for persons with both ID and visual impairments. The rails are too narrow to accommodate wheel chairs and the toilets cubicles are too high for people with both ID and physical disabilities (Mapuranga, Dumba, & Musodza, 2015). The Government of Zimbabwe has described underdevelopment, poverty and HIV/AIDS as the three intractable enemies of the Zimbabwean child (SOS, 2014). Given the government's inability to mobilize resources at home on account of poor investment policies, social spending in the 2000s diminished because the government was bankrupt. Major donors had withdrawn in protest against ZANU-PF's inflexibility in 1998-2000 though they were still committed to humanitarian and emergency response (Mate, 2018).

Zimbabwe child rights framework

Zimbabwe is a state party to key child rights instruments such as the CRC and the African Charter and has enacted laws and policies to ensure the respect, protection and fulfilment of the rights enshrined in these international instruments (SOS, 2014). Zimbabwean primary health care and welfare has a supportive environment through the expanded programmes of immunisation, child supplementary feeding, malaria prevention, water and sanitation, village health worker and primary care nurse, free treatment of children under the age of five in public institutions. Laws that need to be aligned with the Constitution and the CRPD are the Children's Act [Chapter 5:06], the Mental Health Act [Chapter 15:12], the Social Welfare Act [Chapter 17:06], the State Service (Disability Benefits) Act [Chapter 16:05], the War Victims Compensation Act [Chapter 11: 16] and the Criminal Law (Codification and Reform) Act [Chapter 9:23]. The bulk of these laws still use pejorative terms disempowering than empowering PWDs and terms like 'imbecile,' 'mentally disordered,' 'intellectually handicapped' and 'mental patients' demean, degrade, belittle, stigmatise and devalue PWDs (Mandipa & Manyatera, 2014).

The Ministry of Public Service, Labour and Social Welfare (MoPSLSW) is mandated for child care and protection under the National Action Plan for Orphans and Vulnerable Children. This is whilst UNICEF manages a pooled funding mechanism (Child Protection Fund) supporting Government and Civil Society Organisations to implement child protection initiatives, while the MoPSLSW provides leadership from the Government side. In 2015, for the social protection agenda advancement, constitutional commitment to poverty eradication; the SDGs; and other international declarations recognition government developed a National Social Protection Policy Framework (World Bank, 2016). UNICEF previously supported a national Secretariat to lead implementation of the NAP for OVC, an arrangement that was discontinued as considerable capacity had been built within Government. However, particularly in 2018, the MoPSLSW has suffered consistent staff attrition, with large numbers of previously trained and experienced staff moving mainly to the United Kingdom and Australia (UNICEF, 2018). Available evidence points to CWDs' exclusion and marginalisation, and exploring existing arrangements including their efficacy in CWDs protection rights is necessary. This is critical in order to come up with suggestions for responding to the realities of gaps in rights based discourses for CWDs in Zimbabwe.

CONCEPTUAL FRAMEWORK

Disability is a complex phenomenon, reflecting an interaction between features of a person body and features of the society in which he/she lives. (Taylor, 2008). Additionally, disability is a conundrum in that it is a phenomenon generally misunderstood by families in which it occurs and by society at large and that some of the disabilities are subtle and invisible making them difficult to handle (Chimuka, 2017). The May 2008 UN Convention on the rights and dignities for PWDs catalyses disability policy and practice framing and implementation (Lang, 2009). What disadvantages and disables people with impairments is a complex web of discrimination made up of negative social attitudes and cultural assumptions as well as environmental barriers, including policies, laws, structures and services resulting in economic marginalization and social exclusion (Mtetwa, 2018). The concerns for African children should not be confined to the disadvantaged position of Africa, but rather extend to search into "the virtues of their (the children's) cultural heritage, historical background and values of the African civilisation as the basis of reflecting on the rights and welfare of the child (King, September, Okatcha, & Cardoso, 2009). Again, Dengu, in Muderedzi and Ingstad (2011) found that it in Zimbabwe,

Christianity introduction resulted in disabled children to be seen as gifts from God, although in some cases feelings of shame persisted, leading to cases of hiding. Finally, Mutswanga (2016) notes though viewing of PWDs as passive and economically unproductive and a burden upon society is common in Zimbabwe, *ubuntu* principles are against that. Ubuntu is a philosophy through which Africans express compassion, reciprocity, dignity, humanity and mutuality in the interests of building and maintaining communities with justice and mutual caring (Mutswanga, 2016).

STRUCTURAL, POLITICAL, ECONOMIC, AND CULTURAL CONDITIONS PREVENTING CWDs RIGHTS ENJOYMENT

The following section of the article enumerates domains of structural, political, economic, and cultural conditions preventing CWDs rights enjoyment in Zimbabwe.

Education

Deluca, Tramontano and Kett (2014) contend lack of disability-focused questions in national surveys (such as census) impedes accurate disability data gathering especially among children. Most of these children have little or no access to education, and if they do manage to go school, are often amongst the most marginalised and excluded of all groups, and this exclusion can be compounded by gender, age and ethnicity, as well as where the child lives (Deluca, Tramontano, & Kett, 2014). While Zimbabwe's constitution requires government's promotion "free and compulsory basic education for children," many families have to pay fees or levies for their children to go to public schools. Children are only required to attend school through age 12, though the minimum age to begin working is 16 (Human Rights Watch, 2018).

Being signatory to several Inclusive Education-related international charters and conventions, Zimbabwe, initiates and supports PWDs inclusive programs, but legislation drafting has not been comprehensive and specific to PWD inclusion (Hlatywayo & Muranda, 2014). The Education Act of 1987 states that every child in Zimbabwe shall have the right to school education and however, no mention is made of CWDs right to inclusive education. However, the Zimbabwean Disabled Persons Act of 1992 addresses PWDs rights in relation to education, employment, recreational facilities and community and social services but it is important to note that this Act fell under the Ministry of Education, Sport, Arts and Culture.

Table 1: Deaf people currently at different levels of education in Zimbabwe

	Males	Females	Total
At universities	22	8	30
Resource units			
In secondary Schools	65	76	141
In primary Schools	452	384	836
Special schools			
In secondary Schools	90	114	204
In primary Schools	417	381	798

Source: Zim-Stat (2012)

Inclusive education, with access to education in the regular local neighbourhood or community school, provides the best opportunity for the majority of CWDs to receive an education, including those in rural areas (World Bank, 2007). Civic Society Organisations advocating for access to Education under the Every Child in School campaign (ECIS) have accused government of neglecting pupils, in its 2019 budget, by largely prioritising public service bills. The Finance minister Mthuli Ncube revealed that from the \$8,2 billion 2019 national budget the Education ministry would scoop more than a billion, with the ministry of Primary and Secondary Education received the largest share of \$1,132 billion. Seven percent allocated to pupils from the \$1,132 billion would not suffice the dire needs of pupils in school (Hurungudo, 2018).

Child Protection Fund

Social work's professional ethics consistently insist that social workers promote social protection systems construction for communities and society transformation to address the root causes and dynamics undermining peoples' safety, security and wellbeing (International Federation of Social Workers, 2016). Factors as type of disability, where they live and gender affect CWDs and rural Zimbabwean CWDs are 1,9 times higher likely to report disability as the reason for not attending school than their urban counterparts (Hoto, 2017). Furthermore, Hurungudo (2018), notes under the first phase of the Education Transition Fund, more than 22 million primary and secondary school textbooks were distributed across Zimbabwe, 3,200 braille textbooks in the core subjects of English, mathematics, environmental science and Shona were produced. Additionally, the National Action Plan

for Orphans and Vulnerable Children Phase II supported by the Child Protection Fund (CPF) managed by UNICEF has seen 20,000 households, including children and younger PWDs, received a cash transfer of up to US\$25 monthly.

Methodologies enhancing CWDs participation

Both disability and childhood studies therefore, from their different orientations, trouble or problematize not only understandings of competence, but also trajectories of individual development (Burman, Greenstein, & Kumar, 2015). Participation is the process through which stakeholders' influence and share control over priority setting, policy-making, resource allocations and access to public goods and services.

According to World Bank (2007),

When using participation as a dimension of social analysis, the analyst first examines the degree to which social groups affected by a program/project can participate in the opportunities created by the program/project and then studies existing modes of participation to improve the effectiveness of stakeholder participation

The entire society is responsible to create an environment not excluding PWDs from all aspects of life and we may not be able to give a blind person sight, but it is our duty to organise society in such a way that a blind person may be able to do what he or she wants (Harris & Enfield 2003). On the same note the World Report on Disability calls for PWDs inclusive healthcare systems for inequalities reduction through a diverse approach overcoming physical, communication and information barriers should be employed and alternative models of delivering healthcare services should be explored (Peta, 2016). For PWDs to participate in education, both universal design for physical access to schools and academic access to curriculum and instruction requires appropriate support (World Bank, 2007).

Research supports government and agencies to protect children from harm, exploitation, abuse and neglect;

- A strong evidence-based approach can inform initiatives aimed at redressing children's rights and improving their objective conditions;
- Assessment of vulnerabilities, needs and the root causes of children's difficulties can be significantly enhanced through sound research;
- Research assists in directing appropriate interventions (King, September, Okatcha, & Cardoso, 2009).

Rohweder (2015) notes importance of families of CWDs to actively nurture their child's development; to include them in the community; spread information to counter myths and superstitions about disability; and advocate on their behalf. Finally, World Bank (2007) notes PWDs empowerment is attainable in a strong enabling environment, wherein disability concerns are mainstreamed into institutional frameworks supported by progressive legislation. To ensure sustainability, multiple stakeholders like local government, civil society organisations, the private sector and PWDs involvement is crucial (World Bank, 2007).

Towards pro CWDs rights upholding

Litigation

Section 81 (3) of the Constitution states "Children are entitled to adequate protection by the courts, in particular by the High Court as their upper guardian." Natural parents and any other parent must therefore uphold the Constitution and commend progressive judges who interpret our Constitution from a rights-based approach (Hofisi, 2017). Also, without the necessary support inclusion is equal to dumping children in classrooms. The system has not provided for sign language support for children who are deaf and who use sign language, nor braille and other support for visually impaired students nor physical access for children with physical disabilities. Consequently, CWDs have been denied access to education and for those who have accessed schools, their experience has been one of tokenism with no real learning taking place. (Open Society Initiative for Southern Africa (OSISA), 2016).

Robust Social Policy

Poverty and inequalities reduction is through a comprehensive social protection system that contributes to social cohesion, and lays the base for a socially sustainable economic development (Basu & Strickler, 2013). Expansion of social and child protection coverage is critical, to even the playing field, supporting both children and their families to realize their full potential (International Federation of Social Workers, 2016).

Social protection remains a vital part of poverty reduction and marginalised groups in society tend to be less covered by social protection programmes than those enjoying social and economic advantage (Mtetwa, 2018). According to UNICEF, in the 2017 Zimbabwe national budget, support to PWDs was allocated US\$800,000. However, with an estimated 900,000 people living with disability, this would translate to US\$88 cents per person for the whole of 2017 (UNICEF Zimbabwe Programme, 2018).

In Zimbabwe, the mandate for Social and Child protection falls under MoPSLSW mandated to promote provision of child care and protection services. The Ministry's priorities include access to the Basic Education Assistance Module (BEAM) by needy children and other vulnerable children (OVC); provision of probation services to OVCs, scale up social cash transfers; and strengthening PWDs welfare through provision of empowerment loans. For PWDs, a flair of attitudinal, environmental and institutional barriers have tended to militate against their ability to benefit from social insurance (Mtetwa, 2018).

Roles of social workers

Social work has always reached out to those with limited power in society, including the poor, homeless, children, the elderly and people with disabilities (Chitereka, 2010). IFSW stresses the importance of training of social workers and calls upon schools of social work to include sustainable social development in the curriculum and prepare students in theory and practice to work with social protection systems. (International Federation of Social Workers, 2016).

CONCLUSION

The article's findings underscore the limits of ratification of PWDs and children's rights protocols to embedding and financing of the commitments for desired outcomes of CWDs rights realisations outcomes. On the basis of the foregoing it is important for social workers employed in the Department of Social Services in Zimbabwe to play a lead role in the development of policies and programmes for galvanising realisation of CWDs rights.

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