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INCLUDING A DISABILITY AGENDA IN DEVELOPMENT: MYTH OR REALITY? A CASE STUDY OF BINGA DISTRICT IN ZIMBABWE

EDSON MUNSAKA

PhD **2011**

INCLUDING A DISABILITY AGENDA IN DEVELOPMENT: MYTH OR REALITY? A CASE STUDY OF BINGA DISTRICT IN ZIMBABWE

Edson Munsaka

PhD

This thesis is submitted for the Degree of Doctor of Philosophy, Department of Applied Social Sciences, Durham University

2011

Declaration

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ACKNOWLEDGEMENTS

It has been a long journey completing this thesis. I could not have come this far without the support of many people and I want to express my deepest appreciation to them.

First and foremost, thanks are due to Helen Charnley, my academic supervisor. Her whole hearted support, encouragement, criticism, comments and friendship throughout my study were extremely invaluable. I am also grateful to Professor Lena Dominelli, my second supervisor. They somehow got the balance just right between supporting and challenging me.

My thanks also go to the School of Applied Social Sciences for their unwavering and timely support. Without this, it would not have been possible for me to have undertaken research fieldwork in Zimbabwe and I would not have had the opportunity to present at an international conference during the course of my study. For that I am really grateful.

I would also like to extend my appreciation to the disabled people in Binga District who graciously gave up their time to tell me about their experiences of exclusion from community life. All were very welcoming. I also owe thanks to government employees, traditional leaders, community leaders as well as a representative of a national disabled people's organization for wholeheartedly participating in the research study.

Lastly, and most importantly, I would like to thank my family for the emotional support they offered me. Special thanks go my daughter Lusyomo who has provided daily reminders of the need for my quick return to Zimbabwe.

ABSTRACT

Development theory, policy and practice have undergone considerable change since the end of Second World War in 1945. In this period development has increasingly come to be understood as a process that must involve the 'poor'. And within development discourse, there is little disagreement that disabled people are amongst the poorest (Elwan, 1999; Katsui, 2007). According to the Asian Development Bank (2000:1), "poverty and disability reinforce each other." However, although poverty affect both men and women worldwide (Welch, 2002), available literature on women and poverty (Buvinic, 1997; Omar, 2011) suggest that women's lives are characterised by increased poverty levels when compared to their male counterparts. This is largely due to women's subordinate status, which is compounded by the presence of impairment (Welch, 2002). This study explores the experiences of disabled people in development processes in Binga, a district of Zimbabwe shaped by Tonga culture and characterised by political oppression and isolation.

Twenty disabled adults in three wards contributed accounts of their life experiences in narrative interviews. Interviews were also held with government officers, traditional community leaders (chiefs, councillors) and a representative of a national disability organization to elicit their understanding and awareness of disabled people's participation in development processes. Four focus group discussions with disabled and non-disabled people were held and six village and ward committee meetings observed to gain a deeper understanding of public attitudes to disabled people.

Despite the modernising effects of globalisation in Zimbabwe, Tonga cultural beliefs still dominated understanding about the causes and implications of bodily impairment. Disabled people summarily defined and subjected to negative stereotyping, experienced pernicious social exclusion from community life, starting with low family expectations and aspirations, limited access to education and persistent exclusion from opportunities to take responsibility as citizens of their own communities. But employing Sen's capability framework, conceptualisation of development as freedom and considerations of justice, brings new insights not only into understanding disabled people's experiences of exclusion, but also possible ways in which disabled people could be included in the development processes of villages and wards in which they live.

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ABBREVIATIONS

CAMPFIRE	Communal Areas Management Programme for Indigenous Resources
CID	Criminal Investigation Department
CIO	Central Intelligence Organization
COTTCO	Cotton Company of Zimbabwe
DDC	District Development Committee
DDF	District Development Fund
DFID	Department for Development
DPOs	Disabled People's Organizations
ESAP	Economic Structural Adjustment Programme
FGDs	Focus Group Discussions
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immuno Virus
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities, and Handicaps
LDCs	Least Developed Countries
MDC	Movement for Democratic Change
MDGs	Millennium Development Goals
NGOs	Non Government Organizations
SDC	School Development Committee
SDA	School Development Association
VIDCO	Village Development Committee
WADCO	Ward Development Committee

UK	United Kingdom
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
UNESCO	United Nations Education, Scientific and Cultural Organization
UPIAS	Union of Physically Impaired Against Segregation
WHO	World Health Organization
ZANU PF	Zimbabwe African Union- Patriotic Front

CHAPTER 1 INTRODUCTION

In September 1997, James D. Wolfensohn, the former World Bank President, delivered a speech '*The Challenge of Inclusion'* at the World Bank annual meeting to an audience of Bank members, non-governmental organization leaders, development experts, and Bank employees. In his speech Wolfensohn, argued that "it was time for the development experts to include women and bring "into society [those people] who have never been part of it before" (1997:1-2).

1.1 Why study disability and development?

In '*One World, One People, One Struggle? Towards the global implementation of the social model of disability'* Sheldon (2005) argues that the world we live in is not an equitable one. It is characterised by massive increases in both poverty and wealth. As rich people get richer, the 'poor' people also get poorer. The relationship between disability and poverty is well-documented in literature, with strong evidence suggesting that disability is both a cause and a consequence of poverty (Yeo, 2001). Thus, if a person is disabled he or she is less likely to have benefited from formal education, and more likely to be unemployed. If employed, he or she will earn significantly less than her non-disabled counterparts (Lang and Upah, 2008). Similarly, poorer people have a higher risk of becoming disabled. Hence, of the estimated 650 million disabled people worldwide (Kett, Lang and Trani, 2009), Elwan (1999) argued that disabled people were in the twenty per cent of the world's poorest people. Seventy to eighty per cent of disabled people live in poor countries, commonly and variably referred to as developing countries, 'Third World' countries, 'Least Developed' countries (LDC) or countries of 'the South' (Elwan, 1999). This classification of countries according to economic status is credited to the United Nations and the World Bank in particular (Todaro and Smith, 2003). Under the World Bank's classification system, developing countries "are mainly characterized by low levels of living, high rates of population growth, low income per capita, and general economic and technological dependence on developed economies" (Todaro and Smith, 2003:792). According to Charlton (1998:43) disabled people in LDCs or developing countries "are the poorest, most isolated group in the poorest and most isolated places." This understanding of the mutually reinforcing factors that propel the disability/poverty nexus has injected new insights into understanding the concept of

disability. The international community and the United Nations (UN) in particular, recognize disability as a global development and human rights issue (Barnes, Mercer and Shakespeare, 1999; Ingstad and Whyte, 1995). 'Full participation and equality' of disabled people in the development process became the theme of the first UN Decade of Disabled Persons (1983-1992) (United Nations, 1983). Since then, UN continue to encourage governments to lead in consciousness raising of the general populations regarding the gains to be derived by individuals (disabled or non-disabled men/women) and society at large from mainstreaming disability in every area of social, economic and political life. In an article: '*Mainstreaming the rights of persons with disabilities in national development frameworks*' Mwendwa, Murangira, and Lang (2009:665-666) wrote: "governments, bilateral and multilateral donor agencies and civil society institutions have increasingly recognised that if disabled people are to be afforded the same fundamental rights as everyone else, then they must be able to access mainstream services." In my view, the recognition that disabled people have a right to full and effective participation in community life (Dube, 2005; Megret, 2008; United Nations, 1983) as outlined in Article 3 of the Convention on Rights of Persons with Disability (WHO, 2011) makes sense especially that disabled people constitute a target beneficiary group in most development programmes undertaken in developing countries such as Zimbabwe. Lang (2009) argued that development programmes would become more sustainable and have greater impact if target beneficiaries were involved at all stages of the 'project cycle'.

Another important relationship between disability and poverty is that like disability, poverty disproportionately takes a gender dimension and to a large extent negatively affects powerless people. Therefore, people are 'poor' because they are powerless. For instance empirical evidence suggests that, although women outnumber men worldwide, women control less than a third of the world's resources (Bhambani, 2003). Although deliberate efforts in the area of policy formulation have been undertaken in many countries across the world with a view of equalising women's participation to that of men in politics for instance (Geisler, 1995), practice remained largely in favour of men (Ranchod-Nilsson, 2006), limiting woman's capability to avoid poverty. Writing in the context of political participation of women in Zimbabwe, Zambia, South Africa and Malawi, Walsh and Scully (2008) argued that women often find men occupying all powerful positions. Because the interaction of disability, poverty and gender creates a vicious cycle, potentially creating conditions that further entrench disabled women into poverty I found embracing discussions on gender in relation to disabled people and development processes relevant.

Development, a worldwide priority since the end of the Second World War in 1945 (Brohman, 1996; Todaro, 2000), is implicitly portrayed as the only route to avoid poverty. Agreement by world leaders on a set of Millennium Development Goals (MDGs) that aim to halve world poverty by 2015, indicates that development remains a worldwide priority (United Nations Development Programme, 2008), and leaders of most state governments claim to be pursuing development in some way (Power, 2003). The introduction of the 'UN Convention on the Rights of Persons with Disabilities' in 2008 (Megret, 2008) indicates further signs of global commitment towards including a

disability agenda in development processes (Kett, Lang and Trani, 2009). But no matter how desirable development may be, it is neither a simple nor straightforward process. Its definitions are varied and highly contested (Cowen and Shenton, 1996). Mechanisms of achieving and measuring 'development' remain problematic and continue to divide development theorists. In a general sense though, development is primarily concerned with improving human well-being; it brings "into society [those people] who have never been part of it before" (Wolfensohn, 1997:1-2), and is therefore perceived as a good thing to pursue. This helps to explain why development remains a priority for individual states (Power, 2003), as well as an international priority (Brohman, 1996; Todaro, 2000). However, the positive picture associated with development tends to mask its exclusionary tendencies. In '*The Aid Triangle: Recognizing the Human Dynamics of Dominance, Justice and Identity',* MacLachlan, Carr and McAuliffe (2010) argue that while the term development is about changes in relationships between people, it also positions one group of people as being superior to another. There are various reasons to suggest that disabled people assume inferior positions and are often excluded from consideration and participation in development processes. First, a high percentage of disabled people occupy the highest poverty rung in most communities (Charlton, 1998; Elwan, 1999; Yeo, 2001). Second, while Millennium Development Goals are widely celebrated, disability is conspicuous by its absence from the goals (Katsui and Kumpuvuori, 2008; Thomas, 2005). Third, the optimism surrounding the 2008 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), "the first human rights treaty and the first legally binding international instrument to be enacted in the 21st century by which disabled people are able to hold their respective governments to account for the promotion and enforcement of disability rights" (Lang, 2009:267), has

been significantly tempered by its slow rate of ratification with only 86 countries having ratified at the time of completing this thesis (September 2011). But 'disability' is now confirmed as a player at the "development" table, and we need to explore and understand the objective reality of including a disability agenda in development processes. In this thesis I explore the complex web of exclusion from development processes experienced by disabled people in Binga District, Zimbabwe.

1.2 My interest: What led to this study?

In undertaking this study I am mindful of concerns regarding researching potentially vulnerable groups (Economic and Social Research Council, 2010) that include individuals in a dependent or unequal relationship. Specific concerns include the possibility of exploitation of disabled people. Writing about conventional research methods in social sciences, Dartington, Miller and Gwynne (1981) have argued that it has been all too easy to ignore the thoughts, feelings and views of disabled people. Similarly, writing in the context of Britain, Oliver (1992:105) observed that, "Disabled people have come to see research as a violation of their experience, as irrelevant to their needs and as failing to improve their material circumstances and quality of life." As Dewsbury *et al,* (2004:153) explain; this argument draws on long-standing issues in feminist research and the critique of "malestream sociology or standpoint epistemology." Standpoint epistemology is concerned not just with what is investigated, but also how the research is conducted. Just as some feminist sociologists have suggested that only women can adequately research women (Fawcett, 2000), so it is sometimes argued that only disabled people are able to undertake research with disabled people and that non-disabled writers or researchers cannot connect with the standpoint

of disabled people. Collins (1990:232) also argues that in order to make legitimate knowledge claims, researchers should "have lived or experienced their material in some fashion." While acknowledging the importance of experience, Moore, Beazley and Maezler (1998) who also discuss this topic in the context of research, suggest that it is the writer's orientation and commitment to disability issues that is crucial. A brief explanation of the background which led me to undertake this research may help to place the questions underlying this thesis in context, whilst also providing some transparency regarding my background as a form of reflexivity to inform the later methodological discussion.

I come to this research study as a citizen of Binga District, widely known for its poverty and isolation within Zimbabwe. As a child with severe speech impairment (stammer), enrolling for primary education at the age of ten opened a new era in my life. Communicating with my siblings and the entire family was not a problem to me, and to the family members who occasionally referred to me as *wakaloogwa* (you were bewitched). But the reality of my inadequacy in speech fluency and clarity was clearly evident especially during my primary school life. It took me time and effort to complete a sentence, but teachers neither had the time nor patience to listen. As a result, my primary school life was characterised by exclusion from school and class activities which demanded oral skills (e.g. participating in debating club, reciting poems, drama etc.). These extra-curricular activities were publicly exhibited during school functions such as prize giving days. Participating in these activities did not only bring about joy, excitement and a sense of achievement to students involved, but also a sense of pride to parents of participating children. And perhaps more importantly, for the pupils involved,

it was a form of participation in community life. I withdrew from these school activities but despite this (arguably self) exclusion, I retained my focus to join my dream profession, teaching, which I finally achieved in 1990. By then, the severity of my speech impairment had subsided. But the pain of exclusion and failure to understand the school system and society's failure to give me freedom to choose a life of my choice grew. On reflection, I wonder how many disabled children endured what I went through or were indeed excluded from participating in school life due to their impairments. On a positive and perhaps more important note, my early school experience enhanced my understanding of disability through personal experience.

I first became involved in teaching a 'special' class in 1999 at a primary school in Binga District, in Zimbabwe. Here, with virtually no training in special education[1], I had been involved in teaching children with learning disabilities, supporting other teachers, parents and children to understand disability issues. It was here too that I first began to become acquainted with the harsh reality of teaching disabled children. Resource allocation at this school favoured 'normally developing' children. My workmates called me the teacher of the 'dunder-heads'. It was here too that I first encountered the harsh realities of how parents with disabled children felt about their children, the humiliation their children's conditions brought both to them and the family, and the blame society apportioned to them as being responsible for the disabilities of their children. Together, these led me to seek professional training in Special Needs Education at the United College of Education (an affiliate college of University of Zimbabwe) in Bulawayo. A

[1] Special Education is a branch of education designed to meet the educational needs of children with hearing, visual, cognitive and physical disabilities (Chitoyo and Wheeler, 2004)

principal reason for deciding to undertake professional training was the desire to learn a more widely-informed and 'professional' way of doing things, so that I could do them 'better'. But I also wished to gain a recognized professional qualification.

On leaving college, I was employed by the Ministry of Education's Schools Psychological Services as a remedial tutor in Binga District. In addition to my day to day official duties such as assessing children for special placement, opening up special classes and special resource units, I was involved in working with a range of organizations, including Disabled People's Organizations, Save the Children Fund (UK), Basiliwizi Trust and Ntengwe for Community Development. Some dealt directly with disability issues, as well as supporting parents of disabled children. Working with NGOs exposed me to various participatory research methods such as diagramming and other forms of doing research with individual participants and groups. The interest generated here combined with the invaluable experience I had gained as a result of my speech impairment in my home village of Siabuwa, including primary and secondary school experiences, inspired me to pursue studies in disability. My effort to enrol for a course in disability at Masvingo State University in Zimbabwe failed. Despite gaining a place, the government of Zimbabwe, through the Ministry of Education Sports and Culture[2], my employer at the time, declined to sanction my application for study leave. While I saw this as a personal loss of opportunity in one way, I also interpreted it as the Zimbabwe government's sustained efforts to exclude people of the Tonga tribe to which I belong, a tribe that has a history of marginalisation and exclusion from the main affairs of Zimbabwe. So with the support of a local NGO, I left for the UK where I undertook a

[2] Currently known as the Ministry of Education, Sports, Art and Culture

Masters degree in Disaster Management and Sustainable Development focusing on disability (Munsaka, 2007; in press). This contributed to my broader interests in the involvement of disabled people in development processes, and my decision to undertake this PhD is an attempt to explore these issues more widely through empirical research informed by critical thinking and critical reflection. I do this by focussing particularly on questions of exclusion and inclusion of disabled people and disability issues in development efforts in Binga District in Zimbabwe.

1.3 Research site: The rationale for choosing Binga District

Binga located in Matabeleland North province is one of 55 rural districts which make up Zimbabwe (see Figure 1).

Figure 1 Map of Zimbabwe

Source: UNICEF (2010)

While this research is broadly concerned with disability and development in Zimbabwe, I have focussed on Binga District for three reasons. First, Binga, as home to the Tonga ethnic group (Conyers, 2003), is characterised by exclusion and spatial segregation. The District is one of the most remote and poorest districts in Zimbabwe. Writing in the context of disaster preparedness and local resilience, Manyena (2006) argues that the predicament of this district is largely attributed to involuntary displacement in 1957 when people were 'bundled into lorries' (World Commission of Dams, 2000) and forcibly resettled in arid lands during the Kariba dam construction. Although the post

independent government recognised the need to resolve development problems in rural districts, including Binga, especially during the early years of independence (Manyena, 2006), the development thrust was weaker in Binga than in many other areas. As observed in the 2004 Household Economy Assessment focussing on Kariba and Binga, between 85 and 90 percent of Binga's population were trapped in absolute poverty and required permanent welfare support in the form of food assistance every year (Save the Children (UK), 2004). These experiences of poverty and isolation reinforce each other and are associated with a high prevalence of disability (Charlton, 1998; Yeo, 2001).

The second factor relates to the social exclusion of disabled people in Binga, connecting strongly with well documented links between poverty and disability (Yeo, 2001). Yet, despite significant research on disability issues in Zimbabwe (Chataika, 2010; Chikoko, 2009; Chitiyo and Wheeler, 2004; Choruma, 2007; Jackson and Mupedziswa, 1988; Lang and Charowa, 2007; UNICEF, 2001) disability in Binga District remains under explored with the result that the experiences of disabled people in Binga remain largely undocumented.

The third reason for choosing Binga might seem to be the simplest. Mason (2002) suggests that researchers should consider resources and practical concerns about what is possible when choosing a research site. Binga is my home district. I share the same culture and language with the majority of its inhabitants. The district also offered advantages in terms of my knowledge of procedures to gain access, and my personal and professional networks that helped to minimise challenges of isolation and gaining trust of research gatekeepers and participants.

1.4 The aims and objectives of the research study

The heart of my research study is an exploration of the participation of disabled women and men in development processes in their communities in Binga District in Zimbabwe. In that context, I seek:

a) To explore the rhetoric and reality of disabled people's involvement in development processes and
b) To understand and articulate the everyday social practices that (i) facilitate and (ii) limit the involvement of disabled people in development processes.

In light of these general aims, my study addresses the following research questions in the context of Binga District:

1. To what extent do development policy and practice in Zimbabwe include and promote the participation of disabled men and women in development processes?

2. What challenges do disabled men and women face in attempting to participate in development process in their respective communities?

3. To what extent does Sen's capability approach help to explain the participation of disabled men and women in development processes?

1.5 Outline of this thesis

The thesis consists of eight chapters. Following this introduction, Chapter 2 presents a critical analysis of the literature on theoretical understandings of disability, of development, and the links between disability and development paying particular attention to the ways in which gender intersects with disability and development. Women are responsible for much of the work in developing communities, but their knowledge and experiences are rarely acknowledged. In Chapter 3, I locate this study of

disability and development in the Zimbabwean context, and in the specific context of Binga District. Chapter 4 provides a discussion of the methodological approach to the study, the research design including questions of sampling, methods employed to address the research questions, and ethical issues in the conduct of the research. The research findings are presented and discussed in Chapters 5, 6 and 7. Chapter 5 examines the participation of disabled people in local decision-making structures including development committees, village and Ward Assembly meetings. Chapter 6 focuses on disabled people's experiences of access to education, financial and skills training opportunities with particular emphasis on the ways in which cultural beliefs about the origins of impairment influence the attitudes and behaviours of family and community members and leaders, and the practices of health, education, social welfare, community development and local government administration professionals in their dealings with disabled people. In Chapter 7, I explore the potential of Sen's capability approach to develop a more nuanced understanding of the current limits to, and the future possibilities for, the participation of disabled people in development processes. Chapter 8 provides a concluding discussion in which I summarise the findings of the thesis, outline the ways in which it has contributed to understandings of disability and development, reflect on the experience of conducting the study and raise questions for future research.

CHAPTER 2 DISABILITY AND DEVELOPMENT-THE LITERATURE

2.1 Introduction

In this chapter I explore different interpretations of the concept of disability and its relationship to development processes. The period of writing up this thesis coincided with the publication of the World Report on Disability (WHO, 2011). While the report tackles the question of defining disability, it reminds us of the complexity of defining this dynamic and multidimensional concept.

The report covers a broad spectrum of issues and areas of policy that have been the focus of much concern and debate over decades, and have found their way into the 2008 Convention on the Rights of Persons with Disabilities (Bickenbach, 2011). It highlights the lack of empirical research and gaps in evidence about disability issues across the globe. It draws specific attention to the paucity of disability-related research emanating from low and middle income countries and, among a raft of recommendations, calls for an increase in disability research to support evidence-based disability policies and programmes.

The publication of the World Report has lent confidence in the approach I have taken in this thesis. Making a contribution to the call for further empirical research in low income countries, the involvement of disabled people from Binga District speaks to the call to involve people with disabilities (report recommendation 4) and to strengthen and support research on disability (report recommendation 9). The report acknowledges the valuable insights provided by Amartya Sen's capabilities approach that serves as a

theoretical framework for the analysis of the empirical data generated in this study. The capabilities approach is itself the subject of critical evaluation (Chapter 2 section 2.4.5; Reseach question 3) in appraising its capacity to enhance our understanding of disability and ways of improving human resource capacity (World Report recommendation 5).

After discussing the use of language (2.2) and different ways of conceptualizing disability (2.3) I examine different models and approaches to disability (2.4). I go on to provide a critical anaysis of major theories informing development: i) modernisation theory (linear stage development), ii) dependency theory (international power relations) and iii) neo-liberal theory (reliance on free market economies), and the capacity of each of these theoreies to embrace a disability agenda (2.5). Finally I focus on the exclusion of disabled people from development processes paying particular attention to the intersections of gender and disability in order to pay attention to the differentiated experiences of disabled men and women (2.6).

2.2 Use of language

Disability and associated terms such as impairment and handicap have many and varied definitions and are interpreted in different ways both between, and within, cultures. The World Health Organization (1980:28) defines disability as: "any restriction or lack (resulting from and impairment) of ability to perform an activity in the manner or within the range considered normal for a human being", while defining impairment as: "any loss or abnormality of psychological, physiological, or anatomical structure or function." Handicap is defined as: "a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role (depending on

age, sex and social and cultural factors) for that individual" (WHO, 1980:29). These definitions are based on an individual, medical model reflecting an oppressive view of disability that focuses on the abnormality of the disabled individual (discussed at greater length in section 2.4.1).

These ways of defining disability, however, have been (and continue to be) challenged by disabled people themselves taking action and creating what has become a global disability rights movement, Beckett (2006) locates disability rights movement within the general social movement, which in his book *Sociology* Giddens (1993:746) defined a social movement as "A large grouping of people who have become involved in seeking to accomplish, or to block, a process of social change." Documented history suggests that the movement was spearheaded by disabled people in the United Kingdom who took action by forming the Union of Physically Impaired and Segregated (UPIAS) in 1972 (Barnes and Mercer, 2005a) connecting with movements such as the 'Independent Living movement' already well established in United States of America following the Vietnam War in the 1970s (Bury, 2000) protesting in publicly visible ways to convey the injustices they experienced in moving from physically active individuals, able to fight and risk their lives in the interests of justice for others, to becoming disabled individuals required to fight for social acceptance and economic well being. They expressed their feelings of exploitation and rejection, but they also demonstrated their collective power and demanded recognition as human beings with human rights (Coleridge, 1993). This led to distinctive understandings of impairment, the disabling condition, and disability, the effects of impairment on functioning. Central to this new understanding of disability were the conscious and sub-conscious negative social

attitudes to impairment that resulted in a privileged world for people who were 'able bodied' (able seeing, hearing, speaking, thinking) and a less accessible world for disabled people. The focus here shifted to the disadvantages or restrictions on activity caused by social factors that effectively excluded, or 'dis-abled' people with impairments from full participation in the mainstream of social activities (Barnes and Mercer, 1995a; Coleridge, 1993). While it is important to acknowledge the power of language to alter the terms of debate (Dajani, 2001; Longmore, 1985) it is equally important to consider variations in language and use of language in different societies. The differentiation of terms such as disability, handicap and impairment in English speaking communities may have little significance in other languages (Coleridge, 1993). Many languages, including indigenous languages spoken in developing countries, do not have words to distinguish between impairment and disability (Coleridge, 1993) and single words or terms are relied on to refer to loss of function and social attitudes to people with impairments. My own first language, Tonga, that provides the linguistic context of this research study, has no specific words that help to differentiate loss of function from disabling attitudes.

The use of language is a powerful tool that has particular implications in the field of disability. Lonsdale (1990:2), writing about women and disability explained the view of some that the term 'disabled' is pejorative, and stigmatising, leading to disabled people "being excluded from all spheres of social life." An alternative, 'people with disabilities' (putting the person before the disability), gained some currency especially in American literature, but has not been accepted by those in the disability movement, particularly in Britain. As Coleridge (1993:101) argued, the phrase 'people with disability' sounds

"clumsy" and is "not strictly accurate… since it should be 'people with impairments." And the concept of 'disabled people' offers a more accurate description of a 'social minority' (Oliver, 1986) that can gain strength through feelings of support and solidarity (Lonsdale, 1990) in a world where their different characteristics are uniformly used to marginalise them from community life.

2.3 Conceptualizing disability globally

Disability is a highly contested concept varying in definition, understanding and interpretation within and across cultural boundaries. Knowledge and understanding of disability globally are highly skewed with most documented research on disability in developing countries having been undertaken by researchers from western countries (Devlieger, 1995a; Ingstad and Whyte, 1995; Jackson and Mupedziswa, 1988; Mpofu, 2002; Talle, 1995). While existing studies make an important contribution to our understanding of global disability, the implication of western dominance in disability research is that current knowledges and understandings of disability are largely filtered through western lenses. And developed countries are largely characterised by a belief in natural-scientific view of disability, and their levels of industrialisation meant that they can afford to offer better disability-service resources (Mpofu and Harley, 2002). This is in contrast to, developing countries who tend to have a deeper belief in metaphysical-spiritual views of disability (Brown, 1991). Writing about '*Attitudes and beliefs about disability in Tanzania*', Kisanji (1995) raised similar concerns about some of the published material on majority world cultures[3] by western (trained) researchers. Kisanji argued that the descriptions and interpretation of beliefs and attitudes of indigenous

[3] The majority world refers to developing or 'poor' countries.

people towards a phenomenon (e.g. disability), by western researchers often revealed more about western prejudices and belief systems than about the societies they were studying (Kisanji, 1995). These differences in socio-cultural contexts though important, further add to complexities of understanding and ultimately defining the concept of disability. The World Report on Disability (WHO, 2011) acknowledges disability as a complex, dynamic, multidimensional concept. Even in disability and social science research, "there is no consensus" (Mitra, 2006:236) on what constitutes disability. As a result, disability has been subject to many definitions, utilising different perspectives, for different purposes in disciplines as wide ranging as medical, sociology and politics (Mitra, 2006).

Accounts of disability from sociological and social policy perspectives have historically conceptualised disability using a range of theoretical approaches or paradigms. Paradigms are associated with particular assumptions about the world and are often linked to historical communities of researchers (Gabel and Peters, 2004). Available space in this thesis allows only a brief outline of three important paradigms: functionalism, structuralism and postmodernism that have continuing relevance for discussion of disability. As Gabel and Peters (2004) argue, authors often situate their use of models of disability within a particular paradigm and assume that any model would be so situated. A functionalist paradigm for instance, assumes that social reality is objective, orderly and rational, and stresses on the predictability of human behaviour which can also be controlled. In the context of disability, the functionalist perspective views disabled people as having "inherent pathological conditions that can be objectively diagnosed, treated and in some cases ameliorated" (Gabel and Peters, 2004:587). This paradigm is home to the

medical model of disability. The structuralist paradigm focuses on material conditions of existence and emphasises processes of production within class structures or identity categories (Gabel and Peters, 2004; Oliver, 1990). This paradigm explains disability as a product of structures within socio-political systems that 'disable' through inequalities and social injustices (Gabel and Peters, 2004) and is associated with social model of disability. On the other hand, the postmodern paradigm rejects the likelihood of objective reality. It involves the belief that all realities are social constructs, as they are subject to change in time and place. The postmodern paradigm emphasizes the role of language, power relations, and motivations in shaping the reality. In the context of disability, Gabel and Peters (2004) argue that, postmodernism attempts to deconstruct the subjective/objective and disability/impairment binaries to simultaneously examine material phenomena (e.g. the physical body) and symbolic meaning. Shakespeare and Watson (2001) make a similar argument about postmodern accounts when they suggest that:

> …disability is the quintessential post-modern concept, because it is so complex, so variable, so contingent, so situated. It fits at the intersection of biology and society and of agency and structure. Disability cannot be reduced to a singular identity: it is a multiplicity, a plurality... (Shakespeare and Watson, 2001:19)

In the following section, I explore the models of and approaches to the concept of disability that emanate from these different paradigms.

2.4 Disability: models and approaches

In common use of language, a model is a simple, and sometimes simplistic, representation, to help understand the more difficult properties of a real-life situation, and in some instances to explain or interpret a phenomenon. The most common types of model might be of the sort used by town planners or architects, or by civil engineers for instance, before they proceed to build a bridge. The purpose of such models is to help visualise the end product, or to test whether the bridge will fall down before it is built. But models can also be made of ideas rather than wood or plastic. Writing about disability, Gabel and Peters explain that social scientists theorise about how people live and work together in terms of certain kinds of political or philosophical thinking, and construct models. The rationale for constructing these models, they argue, is in order to "clarify and organise a set of practices" and provide "tools for testing or deconstructing theories" (2004:588).

Models of disability have dominated academic and activist disability discourse for a long time. Addressing the 19th Congress of the European Federation of Associations of Teachers of the Deaf in 2005 on generating cultural model of disability, Patrick Devlieger argued that the structure of each model of disability was based on particular model characteristics and responded to basic questions, such as "what is the source of the phenomenon and where is it localized?; who or what is in control?" (Devlieger, 2005:7). The first question points to causal factors of disability for instance, and to the possibility of multiple areas in which disability can be experienced. The second question draws to attention an understanding of disability in power structures. At the heart of this debate is what 'disability' means and how it relates to impairment (see section 2.1).

Different models seek to provide answers to these questions. In the following sections, I discuss the medical and social models of disability. I follow this with a discussion on the International Classification of Functioning, Disability and Health (ICF) and then the cultural model of disability, pointing to the strengths and limitations of each.

2.4.1 The medical model of disability

The medical model of disability has been well documented by disabled people, scholars and other interested groups (Barnes, 1997; Barton, 1998; Finkelstein, 2001; Morris, 1989; Oliver and Barnes, 1998). This model views disability as the direct consequence of individual impairment (Ingstad and Whyte, 1995; Katsui, 2007) and is consistent with World Health Organization definitions of disability (see Section 2.2). It is consistent with a functionalist worldview that assumes disabled people have inherent pathological conditions that can be objectively diagnosed, treated and in some cases ameliorated (Gabel and Peters, 2004). Here, impairment is conceptualised as disease, and Katsui and Kumpuvuori (2008) have argued that, as in all disease scenarios, medical cure is regarded as the natural solution for disabled people. This understanding of disability is closely linked to the Parsonian paradigm (Dewsbury *et al.*, 2004) in which disabled people occupy 'sick roles' and give over the shaping of their lives to medical professionals, whose duties are to alleviate their undesirable situation (Parsons, 1951). The medical model implies the possibility of correcting the impairments or helping the individual to 'come to terms' with his or her impairment by negotiating different, usually less valued, social roles characterised by ongoing dependency (Oliver, 1986). Some writers (eg, Coleridge, 1993; Finkelstein, 2001) have argued that this interpretation fixes disabled people in a relationship of permanent dependence on able-

bodied society for handouts or state charity. In most developed countries, and some developing countries, the assumptions of the medical model have led to the provision of statutory income for disabled people to compensate for their personal defects. While this 'social rights' approach appears to have merit in aspiring to equality of status by compensating for disadvantage experienced by many disabled people, Rummery (2002:27) argues that "social rights are not bound by the rule of law", and because resources are finite it follows that accessing them depends on professional intervention. The medical model reflects conceptualisations of disabled people as incapable of organising and running their own lives, including their own rehabilitation. Such an approach to disability was rejected by the graduates from the Jairos Jiri institutions in Zimbabwe (Coleridge, 1993) who demanded a role in their own rehabilitation processes. And globally, the slogan 'Nothing about us without us', coined by Disabled People's International (DPI) (Sheldon, 2005), offers a powerful symbol of resistance to the medicalisation of disability. Whilst acknowledging the medical needs of all people, it is now also acknowledged that disabled people lack access to basic human rights and face social inequality (Coleridge, 1993; Lonsdale, 1990; Oliver, 1990) through universal processes of marginalisation, exclusion and discrimination. But questions of concern for social equality and access to human rights of disabled people fall outside the remit of the medical model that locates social exclusion in the individual. This model makes the disabled person the problem and its reliance on and obsession with medically based interventions or solutions detracts society from seeking the real causes of 'exclusion' and processes of 'disablement' (Oliver, 1996; Oliver and Barnes, 1998; Tregaskis, 2004). This is not to deny the very necessary role of medical science in keeping many disabled people alive, and reducing pain and discomfort, but its critics argue that disabled people

should not be reduced to mere impairments. The professionals allied to medicine wield so much power and control that disabled individuals' choices are only limited to the options provided by these experts. The model is therefore characterized by the dependence of disabled people and stereotypes of disability that elicit manifestations such as pity, fear and patronizing attitudes (Oliver, 1990).

The medical model is further critiqued for its focus on individual medical needs, particularly on the 'disease' notion of disability that creates dependency and patronising relationships. Following WHO definitions and estimates of disability at 10 per cent of any given population (Elwan, 1999)[4], here are about 600 million disabled people worldwide, with the majority living in developing countries. This estimated prevalence of disability immediately calls into question the usefulness of the medical model in reaching the millions of disabled people throughout the world, especially given the limited resources in developing countries (Coleridge, 1993). And even in more developed countries that have the technical ability to fix certain conditions and support the lives of people with different impairments to overcome their limitations (Grover and Piggott, 2007), the challenge of potential disability (in terms of the medical model) cannot be resolved. As Devlieger (2005:7) argues, "the medical model has never proven to 'resolve' disability, its solutions remaining partial, feeding into the real but sometimes also illusory promise of enhancing quality of life." These critiques of the medical model led to the emergence of the social model of disability, described by Priestley (2003) as the most significant achievement, both academically and politically in understanding the relationship between disabled people and wider society.

[4] The percentage of disabled people in any given population has been revised to 15 % in the recently published World Report on Disability (WHO, 2011)

2.4.2 The social model of disability

Like the medical model, the social model has a familiar and well documented story particularly in Western countries (Barnes, 1998; Oliver, 1996). Building on personal experience rather than academic insights, the social model was the brain-child of a small, but influential group of British authors and disability activists in the late 1960s and early 1970s (Bill, 2004), "many of whom are disabled themselves" (Barnes, 1998:72). Following the early efforts of disability activists in the Union of the Physically Impaired Against Segregation (UPIAS) in Britain (Barnes and Mercer, 2003; Finkelstein, 2001), the social model of disability was developed with the notion of societal oppression at its heart (Oliver, 1990). Representing resistance to the medical model, the social model represents an attempt to redress the power balance between disabled and non-disabled people. While it does not deny the 'problem' of disability (Dewsbury *et al.*, 2004), the social model interprets disability not as a result of impairment, but as a direct consequence of the failure of society to take account of the differing needs of disabled people and remove the barriers they encounter. Oliver clearly illustrates this point when he writes:

> It is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organization (Oliver, 1996:32).

Priestley (1999) also reiterates that it is not the medical condition that denotes the disability of the individual, but the way in which social structures operate to isolate and exclude disabled people from full participation in society. Here, participation is

understood in terms of involvement in life situations that can either mean: "being included or engaged in an area or being accepted or having access to needed resources" (Altman, 2001:110). Barriers to full participation in society range from "individual prejudice to institutional discrimination, inaccessible public buildings to unusable transport systems, segregated education to excluding work arrangements" (Oliver, 1996:3).

The focus of the social model is not on the physical or cognitive limitations of disabled people but on the failure of the environment to adjust to their unique needs and the negative social attitudes they face in everyday life (Hahn, 1986). The model looks at the barriers that exist within a social context which prevent a disabled person from achieving the same level of functioning as a non-disabled person. From this perspective, Finkelstein (2001:1) argues "it is society disabling us" and therefore, it is society itself that needs to be redesigned (Oliver, 1996) in order to improve the way it caters for the needs of disabled people. With disability understood as the irrational product of deep rooted cultural beliefs, attitudes and prejudices (Sheldon, 2005), the social model of disability "became the intellectual and ideological foundation of the disability movement" (Lang, 2009:268) and provided the basis upon which disabled people's organizations began to negotiate with their respective governments for a rights-based agenda to disability. The rights-based agenda fits well with the idealist interpretation version of the social model of disability that permits challenging prejudice "through the court of law, seeking equal rights and equal opportunities within the existing inequitable system" (Sheldon, 2005:121), though difficult to implement in countries with flawed judiciary systems. But overall, this rights-based approach has brought substantial

achievements at various levels of communities, ranging from international level down to the country level. At international level, rights-based thinking has been behind the United Nations Decade of Disabled People (1983-1992) with a theme of 'full participation and equality'. Rights-based thinking is also credited for influencing the development of the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities in 1993 by the United Nations. Regional Decades for Disability have followed including the African Decade of Persons with Disabilities (1999-2009) (Ebeku, 2004; Kamga, 2011), formally extended to 2019 by Windhoek Declaration of Social Development and adopted by the Council of Ministers in Change and Social Development on the 31st October 2008 (Lang, 2009). Since the 1980s most governments have enacted disability policies based on principles associated with the social model of disability. However, the extent to which the global recognition of disability as 'rights' issue has translated into the meaningful participation of disabled people in societies across the globe is a continuing source of debate and contestation.

Despite its significant advance on the medical model of disability, the social model is not without its critics from both within and outside the disability movement. For instance Bury (1997), who called the social model an 'oversocialised model', further argued:

> I do not believe that the 'social model' has really engaged with the real issues facing the vast majority of disabled people, and, despite its rhetoric and undoubted attractions to some, it has not produced a cogent approach which can serve the real practical needs of disabled people, or indeed the research community (Bury, 2000:1075).

Others have criticised the social model for focussing on material inequality to explain the disadvantages faced by disabled people. While material equality is important, this argument has led to a focus on the argument that exclusion from paid work is central to the disablement of people with impairments (Barnes, 1999), yet unemployment alone cannot explain social exclusion. And Dubois and Trani argue that a strict application of the social model of disability based on material equality would "exclude from the disability perimeter people with impairments who are deemed appropriately equipped, and therefore have full access to and equal participation in society" (Dubois and Trani, 2009:196).

Social exclusion involves dynamic processes and complex cultural systems of being shut out of a society's activities (Levitas, 1998). Although the social model of disability works well in terms of exposing discriminatory social structures, Katsui and Kumpuvuori (2008) argue that its capacity to deal with issues of difference among disabled people is inadequate. For example, the social model implies that all disabled people, irrespective of particular impairments, are united in the understanding that they all encounter exclusion, discrimination and oppression (Bill, 2004; Lonsdale, 1990). In turn Lang (2009:278) warns that "such a position does not recognise that different impairment groups and their respective organizations may not share the same political agenda, nor be subjected to exclusion, discrimination and oppression in the same manner."

The social model has also been critiqued on the basis that it neglects the everyday experiences of disabled people (French, 1993), notably with particular reference to

gender (Morris, 1991), minority ethnic status (Stuart, 1993), sexuality (Shakespeare, Gillespie-Sells and Davies, 1996) and the pain associated with impairment (Crow, 1996; French, 1993; Morris, 1991). Agreeing to these limitations, Marks (1999:611) suggests that"…by excluding personal experience from the analysis of disability, a theoretical vacuum is left, which is filled by those who adopt an individualistic and decontextualised perspective." Chappell (1998:221) has also argued that learning disability is largely invisible on the "agenda of the social model of disability." Acknowledging these limitations, some critics called for a renewed version of a social model of disability that fully recognises the intrinsic links between agency and structure and also includes the diversity of experience within disabled communities and cultures (Shakespeare and Watson, 2001).

In spite of its limitations, the social model of disability represents a significant achievement, both academically and politically, in understanding the relationship between disabled people and the larger society (Priestley, 2003). And critics of the model pose insightful questions to support the search for explanations for the exclusion of disabled people in development processes that is the focus of this thesis. Shakespeare (2006) and Forsyth *et al* (2007) argue that a balanced approach to disability, giving appropriate weight to different aspects of disability, is needed. In the next section I explore understandings of disability conveyed by the International Classification of Functioning, Disability and Health (ICF).

2.4.3 The International Classification of Functioning, Disability and Health (ICF)

The International Classification of Functioning, Disability and Health (ICF), approved by the World Health Organization in 2001, represents a revised version of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) first developed in the 1980s (WHO, 2001). This represented a medicalised model of disability essentially placing the problem of disability within the individual (Simeonsson *et al.*, 2003). Its revision reflected a change in ideological thinking about the 'problem' of disability arguing that it must be understood as part of wider social, economic and political contexts (Coleridge, 1993; Finkelstein, 2001; Oliver, 1996). The resulting ICF offered a new representation of disability that embodied "the interactions between functionally impaired bodies and socio-cultural relations" (Imrie, 2004:2)

Conceptually, the ICF is presented as a combination of medical and social models of disability (Badley, 2004; Palmer and Harley, 2011; WHO, 2001). In the ICF disability refers to i) bodily impairments, ii) activity limitations (associated with characteristics of the individual) and iii) participation restrictions (associated with societal involvement) (WHO, 2002). Badley (2008:2342) further argues that activity limitations and participation restrictions have a reciprocal effect on one another so that the functional limitations of impairment become disabling as a consequence of broader social and attitudinal relations. In other words, disability is conceptualised as the result of a combination of individual, institutional and societal factors defining the environment surrounding a person with impairment. Unlike its predecessor (ICIDH), the ICF places emphasis on environmental factors and the concept of participation. This emphasis on the impact of environmental factors, ranging from the individual's most immediate

environment to the general environment (Hurst, 2003; Nordenfelt, 2003), on participation illustrates the influence of the social model influence on the ICF.

2.4.3.1 The strengths and limitations of the ICF

Strengths

The World Report on Disability acknowledges the usefulness of the International Classification in providing "a common platform for measurement and data collection" (WHO, 2011:31) in the international drive for more reliable and comprehensive national and international data on disability. As Lang (2009) argues, improved quality of information both nationally and internationally is not only a necessity for monitoring progress in the implementation of the CRPD, but also the achievement of internationally agreed development goals.

Furthermore, unlike its predecessor the ICIDH that was discredited for its medical perspective focussing on the limitation of disabled people's abilities as the key determinant of disability, the ICF seeks to locate "an understanding of disability at the intersection between the biological body and social and institutional structures", (Imrie, 2004:5). An example is the inclusion of 'participation' as a central component of the ICF. The disability rights movement, disabled people and organizations run by and for disabled people highlight environmental factors [consciously or unconsciously put in place by non disabled people] as often restricting disabled people's attempts to participate in the lives of their communities. In this way the ICF provides an understanding of disability compatible with the views of persons in the disability rights

movement (Hurst, 2003). This in turn may increase the opportunities for cooperation between those aligned with the competing discourses of the medical and social models..

Limitations

While the ICF represents a significant advance over the ICIDH in expanding conceptual thinking about the nature of disability, it has also been criticized for inherent limitations in its scope and use. Baylies (2002) has argued that claims for the universal application of the ICF across cultural contexts and across diverse individual characteristics such as gender, impairment and age, are questionable. The World Health Organization (2001) recognizes that the ICF is broadly focussed on health and does not cover circumstances that are not health related. For instance, although gender, impairment, age, race, religion and other socioeconomic characteristics can impede people in their execution of tasks within their communities, "these are not health-related restrictions of participation as classified in the ICF" (WHO, 2001:7). Simeonsson *et al* (2003), writing about childhood disability, raise the challenges associated with measuring particular characteristics. An example is the challenges faced by children with cognitive limitations in expressing their experiences of pain (McGrath *et al.*, 1998). The implication here is that universal instruments may not be able to capture all sections of the community.

Other critics point to limitations of the ICF resulting from its essence as a system of classification (Palmer and Harley 2011) and associated dangers of labelling (Barnes, Mercer and Shakespeare, 1999). And, as Oliver (1996) has argued, clinical practices of classifying people have historically contributed to the stigmatisation, oppression and exclusion of disabled people in most spheres of the community. Although the ICF is

widely acknowledged as an important move away from reliance on the biological view of disability alone (Bury, 2000; Mont, 2007) retention of the underlying principles of medicalisation of disability remain in the synthesised model (Kuno, 2008). This leaves the ICF vulnerable to misuse by those for whom it is convenient to conceptualise disability in medical terms. As an internationally recognised framework, any such (mis)use has the potential to influence the development of social policies across the world in ways that could continue or exacerbate the exclusion and marginalisation of disabled people in their own communities and countries.

A further concern with the ICF is its weak engagement with the subjective nature of participation (Baylies, 2002). The ICF defines participation in an inclusive way as: "involvement in a life situation" or "lived experience of people in the actual context where they live" (WHO, 2001:229). The concept of involvement incorporates notions of taking part, being included and/or being engaged in an area of life. But these experiences are highly dependent on personal experience (Hemmingsson and Jonsson, 2005). By contrast, the ICF operationalizes participation as a person's observed performance (WHO, 2001), emphasising an external judgement (Imrie, 2004; Ueda and Okawa, 2003). Perenboom and Chorus (2003) also question whether participation can be assessed without taking into account personal experience, arguing that the best judges of participation are the individuals concerned rather than professionals. This focus on external judgement, that effectively sidelines the subjective experience of the individual has significant implications for understanding participation in relatively isolated communities such as those in Binga District, the focus of this study. Privileging external judgements over subjective experience has the strong potential to reinforce existing

power relations, drowning out the voices and undermining the views and experiences of those who lack power, a key theme of this study. As a result, the potential usefulness of the ICF in defining participation in terms of disabled people's opportunities to influence their daily lives and make decisions about personal questions (here labelled as autonomy and self-determination) is limited. Autonomy and self-determination are recurring themes in discussion of participation in the disability literature (Barnes and Mercer, 2004; Barnes, Mercer and Shakespeare, 1999; Charowa, 2005). They are also evident in the CRPD (UN, 2008) and the World Report on Disability (WHO, 2011), where they serve to support arguments about the need to increase efforts to achieve equal opportunities for disabled people. However, this issue is not explicitly addressed in the ICF. As Hemmingsson and Jonsson (2005:573) argue "the exclusion of the subjective experience of autonomy and self-determination in the ICF is a shortcoming that ignores the importance of autonomy as a central part of participation."

While the ICF was designed explicitly to move beyond a medical/individual approach to disability to incorporate environmental factors and bring it closer to perspectives consistent with the social model of disability, it remains a classification system (WHO, 2011; Ceiza *et al*, 2002; Palmer and Harley, 2011). As Dubois and Trani (2009:197) argue: "its primary purpose is classification, and [it] therefore has limited utility in terms of development practice, promotion of participation and identifying barriers to inclusion."

In my endeavour to further understand the relationship between disability and development, in the next section I move on to explore understandings of disability supported by the cultural model.

2.4.4 The cultural model of disability

The cultural model of disability differs from both the medical and social models in that it is based on a cultural and/or religious determination of knowledge, views and practices in a society (Seelman, 2004). It is therefore underpinned by cultural relativity rather than objective scientifically-based knowledge. Unlike the medical and social models, the cultural model emphasises the intertwining of different modes of thought on disability based on particular situations, circumstances and contexts. And because situations, circumstances and contexts are not static entities, the cultural model is also characterized by fluidity and active understandings of disability, situating itself within the postmodern paradigm. This fluidity and tolerance of wide ranging understandings of disability presents its own challenges. But Devlieger (2005) has argued that being tolerant should not imply uncritical practice, rather it speaks to inclusive modes of thought that confirm the complexity of disability as both an existential, technical and social phenomenon, defined and reflected by culture. Of course, 'culture' itself is a contested concept. In *Culture, Religion and Patient Care in a Multi-ethnic Society: A Handbook for Professionals,* Hensley and Schott (1999:2) define culture as "a shared set of values, assumptions, perceptions and conventions, based on a shared history and language, which enable members of a group or community to function together." A culture of any given people therefore, tends to reflect the community's understanding, and interpretation of particular phenomena, disability being one such phenomenon.

Shakespeare (1994) and Thomas (2000) contend that disability and impairment should be understood as woven through, and out of, cultural ideas as reflected in language and socialisation practices. In other words, disability is an inherent feature of socio-cultural systems (Cason, 2007) and any culture encompasses a range of perceptions of disabled people.

Historically, impairment has attracted negative connotations of sin, shame, guilt and punishment as well as more occasional positive interpretations. And these connotations have been associated with particular social practices. The Old Testament clearly exemplifies competing attitudes of society towards disabled people in ancient times. On the one hand, society seemed to be reminded of its charitable and protective obligation, while on the other, disability was perceived as punishment from God. Leviticus (19:14) says, "Thou shalt not curse the deaf nor put a stumbling block before the blind, nor maketh the blind to wander out of the path." This Hebraic command, as Daniels (1997) argues, is the first documented attempt to legislate for the protection of deaf and blind people. In some instances disability has been positively construed as a gift from God, and a challenge bestowed on 'special people' (Ingstad, 1997; Landsman, 1999). Imagined as having been touched by God, disabled people in some communities remain valued members of the community, and their status is enhanced rather than diminished (Oliver, 1990; Safilios-Rothschild, 1970). Even in some communities where economic survival is extremely hazardous, Davis (1989) argued that disabled people may remain valued members of their communities. In this way, the cultural model of disability "points to culturally determined behaviour in which one develops and excels in an identity, community and worldview that embraces disability rather than rejecting it"

(Devlieger, 2005:8). In contrast, the cultural model also acknowledges that impairment has resulted in social ostracism and self-hatred on the part of disabled people from time immemorial. For example, Deuteronomy (28:15, 28-29) in the Old Testament strongly warns that, "If you do not carefully follow his [God] commands and decrees… all these curses will come upon you and overtake you: the Lord will afflict you with madness, blindness and confusion of mind. At midday, you will grope around like a blind man in the dark." Strict interpretation of such writings in highly religious groups and communities may potentially lead to labelling and the exclusion of disabled people from community life. In primitive (*sic*) societies or communities for instance, the anthropologist, Mary Douglas, argued that non-disabled people reacted to impairment by physically controlling it, avoiding it, labelling it dangerous, or adopting it as spiritual (Douglas, 1966). And in such societies where economic survival is (or has been) precarious, weak or dependent individuals have long been seen as 'dispensable' (Shakespeare, 1994; Tooley, 1983). Reactions to impairment have included infanticide of disabled children (Seelman, 2004), and the exclusion (by neglect or rejection) of disabled adults with a high likelihood of death (Coleridge, 1993). But labelling impairments, controlling, and naming those with impairments as 'other' (Wendell, 1996) are worldwide phenomena. Perceptions and beliefs about disability as a punishment, the result of ancestral anger or retribution by divine forces, are found in all religions (Coleridge, 1993; Devlieger, 2005). Forty five years ago Hunt (1966) wrote about unwelcoming attitudes towards disabled people in restaurants and pubs in the United Kingdom as well as the reluctance of private landlords to rent their houses to disabled people. All these social responses to impairment, manifested through different forms of exclusionary 'othering' (Canales, 2000). As Barnes (Barnes, 1997) suggests, prejudice is

universal. The specific context of this study, however, demands an exploration of cultural beliefs and social practices that shape the lives of disabled people in Binga District, Zimbabwe.

2.4.4.1 Sub-Saharan African perspectives

Devlieger (1999) offers another exciting perspective with strong potential to enhance understanding of disability in an African cultural context through the study and analysis of African proverbs drawn from different languages. While it is not my intention to consider questions of language in depth, Shakespeare (1994) argues that a language embodies a people's culture. The similarities in the interpretation of disability in Zimbabwe (as well as other Bantu cultures) is reflected in her two major languages, Shona and Ndebele, spoken by 98% of the population (Mpofu and Harley, 2002). Shona and Ndebele are part of a larger group of Bantu languages spoken throughout sub-Saharan Africa (Mpofu and Harley, 2002) in which terms commonly applied to physically disabled people lie at the borderline between human and animal (Devlieger, 1998). This is exemplified by the use of such words as *lema or rema* across the family of sub-Saharan Bantu languages, prefixed either by an animal-referent (e.g. *ki*, *chi* or *isi*, meaning it) as in *kilema* (in Kiluba, Zambia), *chirema* (Shona language, Zimbabwe), *isilima* (Ndebele /Nguni: South Africa, Zimbabwe) (Devlieger, 1998). With respect to human-referent, *mu* is used as in *mulema* (Tonga, Zimbabwe) disabled. The terms k*ilema, isilima and mulema* bear resemblance in usage to the term 'disabled people' in English. However, these terms (*mulema, chirema* and *isilima)* when used in the Tonga, Shona or Ndebele context, they imply stupidity and an inability to function. Such

negative perceptions of impairment have had an exclusionary effect on disabled people, perceived as lacking useful roles in society.

Also relevant to the role of language is the use of proverbs, important in most African languages, and of relevance to this discussion, for their instrumental functions. Disability is a common theme in proverbs serving as a reminder, for instance that "laughing as an expression of security is dangerous because it invites unfortunate events, including disability itself to happen" (Devlieger, 1999:442). For instance, the proverb *Tosepanga lemene, Ele kiakupanga* (Don't laugh at the disabled person, God keeps on creating you) is widely used among the Sonye people of the Democratic Republic of Congo (Devlieger, 1999). Devlieger notes that similar themes are expressed in many other sub-Saharan African proverbs. The proverb *Seka hurema wafa* (Laugh at disability after you are dead) is widely used and common among the Shona of Zimbabwe (Mpofu, 2001) and in Swahili (Tanzania and parts of Kenya) many similar proverbs exist emphasising the possibility of anyone becoming disabled during their lifespan (Devlieger, 1999). Disability also features positively in proverbs, for example the Ndebele proverb *Akusilima sindlebende kwaso* (A disabled person is valued by his own family) implies that disabled people are full members of their respective families. The right to social integration is also explicit in the Shona proverb *Chirema chiripacho kucherera doro* (A disabled person is at his place to get beer from the beer pot) (Devlieger, 1999). Beer has central significance in community and social activities that contribute to the fabric of social integration, and is an important symbol for celebrating life and death, and facilitating interaction with ancestors in most Bantu cultures. However, while it can be argued that these proverbs lead to greater tolerance of disabled

people, they are based on fear of becoming disabled. Causes of disabilities in this context emanate from the spiritual world, which inflicted punishment on families of clans who violet socially acceptable code of conduct. Writing about the Masaai in Kenya Talle (1995:62) explains that various kinds of disability and diseases are believed to be a result of 'misbehaviour' by a "woman during pregnancy or when nursing the child." Misbehaviour in this context refers to the Masaai tradition that forbids women from sexual intercourse during those times. Another example comes from Malawi where Braathen and Ingstad (2006) conducted a qualitative project examining knowledge, beliefs and behaviour related to people with albinism[5]. They concluded that having a child with albinism was viewed as punishment from the god(s) for breaking social codes of conduct.

Conceptions of disability in most societies in sub Saharan Africa are influenced by socio-cultural beliefs, assumptions, myths and fears prevalent in that particular society. The understanding and interpretation of disability in Zimbabwe does not significantly differ from other Bantu cultures that encompass beliefs and practices common among most peoples of all African countries in South of the Sahara (Lehman and Eno, 2003). As in most 'traditional' African cultures, there is a strong belief in some communities in Zimbabwe that people's lives are controlled by *vadzimu* (ancestral spirits) (Shoko, 2007) also known as benevolent spirits (Mpofu and Harley, 2002) and disability is presumed to be of spiritual origin.

[5] Albinism is the absence of pigmentation in the skin and hair. People with albinism are not regarded as disabled but may be susceptible to eye disorders.

Jackson and Mupedziswa's (1988) study of beliefs about and attitudes to disability and rehabilitation among disabled people and close family members (N=40) in Gutu District of Masvingo Province in Zimbabwe revealed that over half (56%) of the respondents blamed traditional causal agents, witchcraft and spirits, for the appearance of impairment in a family. The existence of witchcraft, a phenomena and a nocturnal practice in Zimbabwe (Shoko, 2007) thrives in the context of quarrels, jealousness and accusations in community, intrinsic and propelled by sprits. It is "intrinsic, deliberate and conscious" (Shoko, 2007:45) and can be acquired through apprentice, purchasing or sponsorship. A person who practices witchcraft is called *'mulozi'* and possesses distinctive powers and inherent evilness which he or she uses to harm his fellows in mysterious and secret ways. Among various mysterious objects, witches and wizards use *chipotswa*[6] *chitsiga*[7] *and chikwinho*[8], these are remote controlled.

With respect to spirits, Jackson and Mupedziswa (1988) identified *vadzimu* (benevolent spirit) and *mamepo* (winds). Both vadzi*mu* (benelevolent) and *mamepo* (manevolent spirits) were involved. *Mamepo (*malevolent spirits) on the other hand, whose names vary from language to language (eg. *mamepo in* Shona; *moya* in Tonga), are believed to be cast on a person by his or her enemies and may cause a disability at any time in a person's life (Jackson and Mupedziswa, 1988). For instance, a pregnant woman who had the 'winds' cast upon her may give birth to a disabled child. *Vadzimu* (ancestral spirits), are believed to be those of departed relatives including parents and grandparents

[6] Chipotswa refers to remote control practice whereby the sorcerer sends a missile a horn or object to harm another person.
[7] Chitsiga is injury by landmine involving planting medicine. The victim steps upon the medicine and develops a problem.
[8] Chikwinho is a form of herb which targets a victim and can cause illness. This assumes the form of a landmine which is planted alongside a path and will cause physical disorders only to its intended victim (Shoko, 2007)

(Mpofu and Harley, 2002), but existed in a spiritual form. Qualification to be *vadzimu* (ancestral spirit) is being an "adult and mature, importantly the dead must leave children behind who will remember the spirit" (Shoko, 2007:33). These assumed a protective function for all surviving members in the family lineage as well as serving as the immediate link in the long chain of ancestral intercessors with God (Jackson and Mupedziswa, 1988; Mpofu and Harley, 2002). The living invited spiritual wrath through negligence, blunders or omissions of rituals or benevolent spirits. Therefore, when family members break any of the basic rules of 'good conduct', the *vadzimu* (benevolent spirits) may equally provoke disability in the offspring of an 'illicit' liaison or allow harm to an individual by *mamepo* (malevolent spirits) by withdrawing their protective functions. This withdrawal of protective functions exposed the family members to harmful acts of witchcraft as well. The concept of family in Bantu culture is broad and refers to what western societies describe as the extended family. Good conduct in this context refers to the maintenance of good family relations and observing prescribed rituals. In this sense, disability is believed to occur as punishment for any violation of the social fabric or what is considered 'good practice' (Jackson and Mupedziswa, 1988; Mpofu and Harley, 2002).

From a natural-scientific perspective the relationship between social code and impairment may be seen as 'irrational'. But analysis in the context of Bantu cultural beliefs leads to the conclusion that disability is socially determined and largely associated with punishment for misdeeds. The target of the punishment was the family, and the disabled person would suffer on behalf of the family. In some cases rituals and cleansing ceremonies are held to 'cure' or 'heal' disabled people and dispel the evil

spirits from the family, and all family members attended these functions in solidarity to solve a family problem (Peters and Chimedza, 2000). This is exemplified by the experiences of a late Zimbabwean disability activist who went through such a ritual: "I was taken up a mountain and I was left overnight on the mountain on my own. They were to collect me the following morning, traditional rituals were performed. It was expected that was the way of really helping me out. It was terrible", (Chimedza and Peters, 2001:157). And a study of disabled children and adolescents in Zimbabwe commissioned by UNICEF (2001) illustrated beliefs that the birth of a disabled child signified a bad omen to the family with the result that many family members would distance themselves from the disabled child. This particular study was undertaken in many places in Zimbabwe covering urban areas (Harare, Kadoma, Gweru, Masvingo, Bulawayo, Mutare), rural areas (Rusape, Gokwe, Nkwali, Nkayi, Murehwa, Musami, Mudzi), mines (Mhangura and Alaska), commercial farms (Mhangura and Chinhoyi areas) and peri-urban areas (Ruwa and Domboshava). It involved one hundred and seventy caregivers of disabled children and adolescents, two hundred and ninety-three disabled children and adolescents themselves and twent-eight officials of institutions of disabled children. In this study parents of disabled children explained how some family members would come to support them only if there were "family rituals being performed that would cleanse the child with the disability, thus removing the bad omen" (UNICEF, 2001:76). Writing about attitudes to disabled people in Ghana, Avoke (2002:79) argued that negative attitudes and beliefs towards disability were still prevalent and strong despite claims to the contrary. Attitudes, positive or negative, are generally understood as learned products of the socialisation process (Daruwalla and Darcy, 2005). In the context of disability, a research study towards a PhD qualification

on the formation and change of attitudes among the general public towards disabled people in the hospitality and tourism industry, Daruwalla (1999) found that although non-disabled people tended to express favourable attitudes towards disabled people, they also possessed deeper unverbalized feelings indicating a rejection of disabled people. This disparity between publicly expressed views and deeply held prejudice threatens the acceptance of disabled people in society and, for the purposes of this thesis, from meaningful participation in development processes. Therefore, while the various models of disability enhance our understanding of disability from the perspectives of able bodied and disabled people respectively, they seem inherently inadequate in offering the broadest understandings of disability. The realisation and acknowledgement of disability as a development issue (Katsui, 2007) "shared by North and South" (Coleridge, 1993:65) exposes the limitations of each of these models of disability in exploring the involvement of disabled people in development processes. Table 1 below summarises some of the limitation of the models of disability discussed the thesis.

Table 1: Limitations of models of disability

Model	Limitation	Sources include:
Medical model	Fails to acknowledge the social and physical environments in which disabled people live	Barnes, 1998; Kuno, 2008
	Confines disability to physical and mental functions	(Kuno, 2008)
Social model	Fails to include the intrinsic experiences of impairment (eg. pain).	Morris, 1991; 1996; Crow, 1996 Shakespeare 1994; Barnes 1997;
	Grounded in, and mainly highlights the concerns of, white, educated, disabled people/academics in industrialised countries.	Grech, 2009
	Omits cultural antecedents prior to the birth of capitalism (that still hold importance in subsistence economies) Hutchinson, 2006	
	Simplistic distinction between disabled people (oppressed)/non-disabled people (oppressors);	Kuno, 2008; WHO, 2011; Morris, 1991; French, 1993; Crow, 1996; Corker, 1999
ICF	Embraces medicalised principles of disability	Kuno, 2008
	Operationalizes participation as a person's observed performance withemphasis on external judgement.	WHO (2001) Perenboom and Chorus (2003)
	Excludes the subjective experience of autonomy and self-determination	Hemmingsson and Jonsson, 2005
	Is essentially a classification system	WHO, 2011; Cieza *et al*, 2002; Palmer and Harley, 2011. Dubois and Trani, 2009
Cultural model	Disabled people constructed as a minority group whose their lives and experiences are analysed as an 'inferior' cultural minority	Kuno, 2008

Table 1 exposes the limitations of various models of disability in representing and articulating disability within an international development context. In my endeavour to further understand the relationship, between disability and development I explore here the potential of the capability approach (Sen, 1999, Nussbaum, 2006;) as a theoretical

framework for understanding the actual and potential ways in which disabled people are, and could be, involved in development processes.

2.4.5 Beyond models of disability: a capability approach

The realisation and acknowledgement of disability by the international community as a development issue (Katsui, 2007) "shared by North and South" (Coleridge, 1993:65) exposes the limitations of the models of disability in exploring the involvement of disabled people in development processes. In contrast to these models that attempt to explain relationships between disabled people and the communities and societies in which they live, I explore here the potential of the capability approach (Nussbaum, 2006; Sen, 1999) as a theoretical framework for understanding the actual and potential ways in which disabled people, just as non-disabled people are, and can be, involved in development processes. Following this section (2.4.5) in which I give a brief background to Sen's capability approach, section 2.4.5.1 focuses on the concept of functionings, capabilities, agency and freedoms as applied in the capability approach. This is followed by section 2.4.5.2., focusing on disability, functioning and capability. In section 2.4.5.3 I discuss the potential added value of the capability approach in enhancing understanding disabled men and women's experiences of exclusion/inclusion in the development processes of the communities they live in.

The capability approach stems from Amartya Sen's reflections on the limits of the utilitarian framework for the design of a normative theory of justice. It emerged as a result of the inadequacy of Gross Domestic Product (GDP) as an indicator of well-being/poverty and as a measure of human development. The capability approach has

been used in a wide range of fields, most prominently in development thinking, welfare economics, social policy and political philosophy. In development policy circles, it has provided the foundations of the human development paradigm (Fukuda-Parr, 2003; Fukuda-Parr and Kumar, 2003), and lies behind the development of the United Nations' Human Development Index (HDI) first published in 2005 and used to assess comparative states of poverty across the globe. A major problem with the use of GDP was that it did not take account of inequalities within countries and moreover, Sen and colleagues illustrated empirically that GDP is not a reliable correlate of health and education indicators. Rather, Sen has argued the importance of individual functionings and capabilities (Sen, 1992; 1999), in evaluating human well-being or quality of life.

2.4.5.1 Functionings, capabilities, agency and freedoms

Sen's capability approach centres on two core concepts: functionings and capabilities. The term functioning in everyday usage is an activity, something a person does. In Sen's capability approach, functioning does not only adopt a broader sense, but is a direct determinant of well-being (Sen, 1987). In '*Beyond the Dilemma of Difference: The Capability approach to Disability and Special Educational Needs'*, Terzi (2005) concurs with Sharma (2005:127) who defines functionings as a "mixture of doings and beings", but expands this notion of functionings defining them as "beings and doings that individuals have reason to value" (Terzi, 2005:449). Thus, the focus is on what the individual succeeds in doing and on what s/he values doing (or being). With such a definition, the array of functionings is very broad. It ranges from very basic things like riding a bicycle, being well nourished, adequately clothed, having decent shelter, being free from diseases (Hicks, 2002) to complex and more sophisticated activities (Sen,

1992), such as having self-respect, being able to take part in life of the community (Sharma, 2005), including performing leadership roles. Complex functionings can also be interpreted in terms of participating in political choices that govern one's life. These 'beings' and 'doings', which Sen calls achieved functionings, together constitute what makes life valuable (Sharma, 2005).

On the other hand, the term capabilities refers to the practical opportunities or options available to individuals to pursue those things they value and have reason to pursue, and is essentially based on freedoms (Dreze and Sen, 1995; Mitra, 2006; Saito, 2003; Sen, 1987). In *Inequalities Reexamined*, Sen (1992) further expands and defines the concept of capability as constituting various combinations of activities that the individual can potentially achieve. The various combinations of activities are variably defined in the capability approach. While Sen refers to these as a "set of functionings vectors" (Sen, 1992:40), Mitra (2006) and Sharma (2005) use the phrase 'capability set' to refer to combinations of activities that reflect a person's freedom to choose from possible ways of living. What is ultimately important in the capability approach is that individuals have the freedoms (capabilities) to lead the kind of lives they want to lead, to do what they want to do and be the persons they want to be. A key analytical distinction in the capability approach lies between the means and the ends of well-being and development. Well-being involves life with basic freedoms, such as "the freedom to live a healthy life" (Sharma, 2005:128) by having access to adequate medical care and treatment. On the other hand, development involves expanding the "freedoms and removing the sources of unfreedoms, such as poverty and poor economic opportunities" (Sen, 1999:3). In this context, well-being and development are discussed in terms of people's

capabilities to function, or their practical opportunities to undertake the actions and activities that they want to engage in, and be whom they want to be. Sen makes this point in his celebrated book, *Development as Freedom* (1999). Viewing development as freedom contrasts with philosophical approaches that concentrate on people's happiness or desire-fulfilment, or on theoretical and practical approaches that concentrate on income, expenditure, consumption or basic needs fulfilment. Thinking of development's goal as increase in gross domestic product per capita for instance, tends to hide the distributional inequalities which are central when thinking about sex equality (Nussbaum, 2003). Rather the capability approach takes a wide view and emphasizes functionings related to various spheres of life such as on education, nutrition, healthcare, political participation (Hicks, 2002; Sen, 1999). In their basic form, all capabilities (Nussbaum, 2000) lists[9] are constitutive of human wellbeing, and carry equal weighting. In this context, it is fair to suggest that Sen's capability approach compels society to commit itself to treating its citizen as moral equals (Hicks, 2002). And as morals equals, therefore, all human beings including disabled women and men, should have an equality of basic capabilities such as the capability to avoid premature deaths.

Furthermore, Sen's capability approach encompasses the principle of human diversity. Sen makes this point in *Inequality Re-examined*, Sen (1992) where he argues, 'human diversity is no secondary complication (to be ignored, or to be introduced "later on"); it is a fundamental aspect of our interest in equality' (Sen, 1992:xi). This human diversity manifests itself in three distinct but fundamental ways. People are different with respect to personal characteristics, such as gender, age, physical and mental abilities, talents,

[9] Capabilities Nussbaum lists are: life; bodly health; bodly integrity; senses, imagination and thought; emotions; practical reason; affiliation; other species; play; control over one's environment

susceptibility to illness. Individuals also differ with respect to external circumstances, such as wealth or assets they command, environmental factors and social and cultural arrangements (Sen, 1992). Fundamentally, people are also different in terms of their ability to convert available resources into valuable functionings (Sen, 1992). The inability to use available resources to one's advantage is what Sen called conversion handicap. This intrinsic interest in human variation, as discussed within the capability approach is crucial for re-examining impairment and disability with a concern for the equitable participation of disabled people in development processes. Participation by target beneficiaries or 'poor' people in poverty alleviation programmes in the areas in which they live is now a recognised practice in development discourse (Bourdillon, 2004; Chambers, 2008). And Sen's capability approach proposes that development policies may be oriented to develop and equalise capabilities among all citizens of a country (Sen, 1987), implying that the allocation of resources, including rights, should be done so as to correct individual differences for which individuals cannot be held responsible.

Reflecting what human beings are able to be and able to do, the capability approach embraces the notion of freedom (Sharma, 2005), since an individual's potential to be, or to do, depends upon the opportunities, or freedoms, s/he has to pursue the actions that will enable her/him to be and do what s/he wishes to be and to do. Individuals' capabilities are determined by their life chances that are in turn linked to access to health services and to education. But they are also linked to the economic, social and political environments in which they live, which can either enable, or suppress opportunities to be and to do. An individual's capabilities may be limited in many ways for example: by

living in poverty, by being a woman in a culture that denies women equal opportunities (Nussbaum, 2005; Sen, 1999), by being disabled in a society that discriminates against disabled people, by belonging to a minority ethnic group that is oppressed within a larger society.

A lack of 'substantial freedoms' has been associated with social injustice, and the achievement of justice linked to ways of supporting individuals to achieve their aspirations, and of supporting the development of social movements to address low aspirations among groups who have experienced oppression, marginalisation and exclusion from mainstream activities of social life. Human rights and entitlements (e.g. economic, social, political) **(**Sen, 1999**)** are therefore fundamental to human development. In his earlier writings on poverty and famine[10] (Ghosal, 2000; Murugan, 2003), Sen argued that the cause of 'unfreedoms' such as poverty, starvation and famines in some parts of the world largely arise from people not being entitled, in the prevailing legal system of institutional rights, to adequate means for survival.

The language of the capabilities approach connects with the documented experiences of disabled people. Sen has written relatively little about disability (Sen, 1999) but the emergence of the social model of disability, for example, represents the actions of a social movement demonstrating solidarity in order to enhance the functionings of individual disabled people by achieving greater access to the opportunities enjoyed by able-bodied people.

[10] The Great Bengal Famine 1943-44; The Ethiopian Famines 1972-74; The Bangladesh Famines 1974; Droughts and Famine in Sahel (Boarder of Sahara Desert, Africa)

2.4.5.2 Disability, functionings and capability

Associated with notions of freedom and justice, the capability approach offers attractive possibilities to explore disability in the context of development. But the capabilities approach does not address disability directly. Indeed, disability has received little explicit attention in Sen's work, an exception being a World Bank Conference presentation in 2004 in Washington. Addressing the conference Sen argued that not putting disabled people on the spotlight was not an option within an acceptable theory of justice. His is work also is peppered with references to persons with impairments or chronic illness (Sen, 1992:107; 1999:74, 88; 2002:663; 2009).

The term 'functioning' in most contexts refers to an activity that a person is able to do, but in the context of the capability approach, functioning adopts a broader meaning to include "activities as well as desirable states of being" (Mitre, 2006:238). The focus is on what an individual values doing or being, and on what the individual succeeds in doing or being. In this sense, an individual is disabled if s/he cannot do or be the things s/he values doing or being due to impairment. Capabilities refer to the opportunities or options (Mitra, 2006) an individual has to pursue those activities they value and have reason to pursue. In the context of disability, the implication is that the onset of a severe physical impairment or mental impairment for instance, will almost inevitably lead to a reduction in the range of an individual's opportunities and the freedom to choose how s/he wants to live. Thus, from Sen's capability approach, the presence of a physical or a mental impairment does not cause disability per se, rather a potential disability. The implication here is that whether an individual is actually disabled depends on the restrictions that an impairment places on either the individual's functionings or

capabilities. Overally therefore, disability according to Sen's capability approach is understood as a deprivation in terms of functionings or capabilities or both (Sen, 1999).

In addition to the intrinsic nature of specific impairments, disability can also be the result of barriers in the environment, in its physical, economic, social, political and cultural aspects (Mitra, 2006; Sen, 1999). This is a long standing argument also advanced by the social model of disability. While the social model and capability approach share a similar take on environmental barriers, in the capability approach, these are understood in terms of a reduction in practical opportunities to exercise choice. For instance, a physically disabled person may have his or her own capability set reduced, not by her condition alone but by the social stigma or discrimination experienced in interpersonal relations. The other value of Sen's capability approach is that it articulates the complex relationship between impairment, economic constraints and capability. Examining inequality, Sen (1992) argued that the same impairments that reduce one's ability to work and earn an income can also make it harder to for an individual to use his or her income. While a lack of resources may lead to extreme poverty resulting in social exclusion (Kaseke, 2003), in the capability approach, what matters is the freedom to access and use available resources to achieve valued functionings. The implication is that while disability is associated with impairment, it is only one factor, that together with other individual characteristics, available resources, and environmental factors, lead to capability or functioning deprivation - in other words, to disability. In the next section, I discuss the 'added value' of the capability approach.

2.4.5.3 The added value of the capability approach

In this section I articulate the ways in which the capability approach may be perceived as 'adding value' to global and interdisciplinary attempts to explain and understand 'disability'. The recent World Report on Disability (WHO, 2011) acknowledges in general the usefulness of the capability approach in enhancing our understanding of disability. However, in context of this study, I pay attention to the potential utility of capability approach in i) *linking agency, policy and poverty, ii) distinguishing functionings and capabilities, iii) recognizing individual experience: embracing feminist perspectives of disability and, iv) focusing on freedom and social justice.*

Linking agency, policy and poverty

The capability approach can facilitate a deeper understanding of why disability is a development issue. The relationship between disability and poverty has long been recognised in development literature by the international development community (Coleridge, 1999). Disability has a bidirectional link to poverty in the sense that "disability increases the risk of poverty, and poverty increases the risk of disability" (Sen, 2009:256). But as Groce *et al* (2011:1493) argue, this link [disability and poverty] "remains ill-defined." The social model of disability which advances political understanding of 'disablement' has been a hugely important tool in our understanding of disability. It gives valuable "insights into the mechanisms and processes that disable those with certain impairments, and hence into ways in which this disablement can be challenged and eradicated" (Sheldon, 2005:115). The point I make here is that, despite its appeal, the social model of disability's potential to analyse disability and development is restricted. For instance, its places too much emphasis on the dichotomy

between disabled (oppressed) people and non-disabled (oppressors) people (Kuno, 2008). And treating these two groups as distinctive, limits the possibilities for developing the coalitions necessary for collective action that can change society (Burchardt, 2004). Efforts to enhance understanding disability as a development issue have been attempted through the introduction of the ICF (WHO, 2001; Hemmingsson and Jonsson, 2005). However, commentators (e.g., Hemmingson and Jonsson, 2005; Imrie, 2004; Pfeiffer, 2000) on the ICF, which attempts to achieve a combination of perspectives advanced by the medical and social models, argue that even then, the medical notions of disability stand out. In contrast, Sen's capability approach provides a broad framework that allows analysis of the causal links between disability issues such as impairment or equality of opportunities, and social development issues such as poverty, in a holistic way. As Grech (2009:779) has stated: "this creates a much needed link between agency, poverty and policy." Therefore, in this way, Sen's capabilities approach (Sen, 1992; 1999) offers a helpful theoretical underpinning to understanding development, which can be of particular value for the field of disability human rights (Dubois and Trani, 2009) and is compatible with both the ICF (Mitra, 2006) and the social model of disability (Braithwaite and Mont, 2009; Burchardt, 2004).

Distinguishing functionings and capabilities

Another advantage of the capability approach over models of disability is that it permits disability to be analyzed at two separate levels: i) functionings and ii) capabilities. In the context of the capability approach, functioning adopts a broader meaning to include activities and "desirable states of being" (Mitre, 2006:238). Capabilities are practical opportunities (Mitra, 2006) available to an individual to pursue those activities they

value. By reorienting the focus on people and the ends they seek, Sen distinguished between capabilities, that is, the opportunities to lead a life one has reason to value, and functionings: what a person manages to do or be. In the case of disability the capabilities approach can offer opportunities for reconceptualising both disability and poverty as the deprivation of functionings, capabilities or both (Sen, 1999), drawing the two closer together, and reorienting the focus on the opportunities a person has (Welch 2002). Wolff and De-Shalit (2007:10) argue that some functionings, if not secured, produce disadvantages that go beyond the particular functioning in question. "The disadvantage in one functioning leads to disadvantages in the others" (Wolff and De-Shalit, 2007:133) and therefore, securing functioning in one area leads to greater access to, or the improvement of, other functionings. For instance, access to education can potentially lead to increased practical opportunities to access paid jobs in most societies. This potential ripple effect (positive or negative) of one functioning on another is not explicitly addressed by medical, social or cultural models of disability.

Recognizing individual experience: embracing feminist perspectives of disability

Another advantage of the capability approach is that the concepts of functionings and capabilities allow for a comprehensive understanding of the entire spectrum of people's lives and daily living, including the experience of impairment. Examining inequality, Sen (1992) argued that the same impairments that reduce one's ability to work and earn an income can also make it harder to for an individual to use his or her income. This contrasts with core perspectives of the social model of disability which has not engaged with the impact of impairment on disabled people's daily experiences. Morris (1991) argued that the social model of disability effectively ignores the impact of physical and

emotional pain and suffering experienced by disabled individuals due to their impairments on their practical daily living. Five years later Crow (1996) echoed thisargument, explaining that continuing pain and fatigue, including depression, can prevent individuals with impairments from realising their potential. In her own words:

> the subjective experience of our bodies is also an integral part of our everyday reality. What we need to find is a way to integrate impairment into our whole experience and sense of ourselves for the sake of our own physical and emotional well-being, and subsequently, for our individual and collective capacity to work against disability...(Crow, 1996:207).

Excluding the immediate experience of impairment in understanding the lives of disabled people is a recurrent theme of feminist critiques of the social model of disability (Morris, 1991; Fawcett, 2000; Crow, 1996). The capability approach focuses on people in their totality, with attention paid to the practical opportunities and the freedom they have to exercise their agency.

Focus on freedom and social justice

Sen's capability approach can help explain why disability is a human rights issue and why a failure to address the adverse impact of disability on functionings such as education, employment, and earning, is a matter of social justice.. Individuals' capabilities are determined by their life chances that are in turn linked to access to health services and to education (Sen, 1999). However, Nozick (1974:10) argues that disabled people and other marginalized individuals have been perceived as beyond the scope of justice, only "addressed outside the realm of justice, through acts of benevolence". The social model of disability has had value in influencing attitudes towards disabled people

as people with human rights. However, Cameron and Andyka (2011) addressing a conference on Human Development and the Capability Approach, queried whether technologically de-impairing the environment (e.g. by constructing ramps) would entirely remove the risk associated with social discriminatory attitudes and practices toward disabled people. Making such adjustments to the physical environment alone, they argue, does little to address the issue of individual freedoms and choices.

In contrast, reflecting what human beings are able to be and able to do, the capability approach embraces the notion of freedom (Sharma, 2005), since an individual's potential to be, or to do, depends upon the practical opportunities, or freedoms to exercise choice to pursue the actions that will enable her/him to be and do what s/he wishes to be and to do. The broader implications are that expanding human capabilities requires the extension of opportunities to achieve valued functionings. However, models of disability do not explicitly address those issues. For instance, the social model of disability is not explicit on non-participation due to impairment and/or voluntary non participation, which it largely attributes to oppressive tendencies in society (Oliver, 1990; Finkelstein, 1980). And the question of exercising choice runs contrary to the core principles of the medical model of disability where professionals allied to medicine control the lives of disabled people. In the context of the capability approach, being able to make a choice is not only a valued functioning, but is also central in enabling individuals to fulfil their aspirations. Being able to make a choice is also central to the concept of citizenship which Marshall (1992:18) defined as "a status bestowed on those who are full members of a community." However what constitutes 'full citizenship' and 'community' is subjective. In the context of this thesis, my argument is that disabled people in Binga

District are members of that geographical community, citizens of Zimbabwe and therefore can reasonably expect to participate in development processes, the subject of the following sections. I move on in section 2.5 to explore development as a concept and a process before proceeding to section 2.6 to critically analyse the complexity and exclusionary characteristics of development processes experienced by disabled women and men.

2.5 Conceptualising Development

The notion of international development as a central issue in the pursuit of social justice was theorised by early writers including Karl Marx (McKay, 2004). Rooted in the tradition of economic, political and sociological theorising which developed in Europe in the eighteenth century (Martinussen, 1997), development emerged as global priority following the Second World War in 1945 (Brohman, 1996; Todaro, 2000). Equipped with the experience of the Marshal Plan (European Recovery Programme) (1945-1952), economists from developed countries became interested in analysing the process of economic growth in what they termed as largely agrarian societies. The Marshal Plan was characterised by "massive investment in infrastructure programmes" (Todaro, 2000:78), targeted at recreating physical infrastructures, as well as kick starting European economies that had been destroyed as a result of the war. Since then development as a concept has engaged the attention of many leading academics and politicians. An example was United States President Truman's inaugural address on January 20th 1949:

> we must embark on a bold new programme for making the benefit of our scientific advances and industrial progress available for the improvement

> and growth of the underdeveloped areas. More than half of the world is living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and threat both to them and to more prosperous areas. For the first time in history humanity possesses the knowledge and skill to relieve the suffering of those people (cited in Cowen and Shenton, 1996:7).

Agreement of a set of Millennium Development Goals (MDGs) in 2000 by world leaders is the most recent testament to that continued commitment (United Nations Development Programme, 2008), but it also points to the failure of early development ideals, explained in part by the exclusion of intended beneficiaries from development decision making, a common feature of post-colonial development paradigms. These were led, in 1945, by the appearance of the trusteeship development paradigm, intended to improve the living standards of the colonies by the colonialists (Cowen and Shenton, 1996). The underlying principle was that the colonialist West which had the means, resources, and technical know-how was mandated to act for the colonies (beneficiaries) in terms of development. The problems of the colonies were therefore rationally assessed and technically managed under Western guidance (Brohman, 1996; Cowen and Shenton, 1996). This approach ultimately failed to facilitate meaningful development as an outcome and triggered new thinking and commitment, discussed below.

2.5.1 Defining the concept of development

Little consensus exists around the meaning of development. Even within communities, countries, and social groups, Power (2003) argues that the meanings and definitions of development vary substantially. Yet most, if not all, leaders of state governments claim to be pursuing the development objective in some way (Brohman, 1996; Power, 2003; Todaro, 2000). For Cowen and Shenton (1996), development consists of deliberate efforts, aimed at progress on the part of various agencies to achieve improved living standards, better health, and well-being and other forms of common good which are seen to benefit society at large. Another perspective presents development as a historical process of social change in which societies or communities are transformed over long periods, from traditional to modern. In this sense, development focuses on technological change, with scientific knowledge replacing labour intensive methods of production as a significant criterion (Hodder, 2000). Such definitions tend to focus on development as a process of improvement measured by increases in GNP per capita, economic growth, industrialisation and modernisation. These economic definitions of development, however, have been joined by contrasting approaches that define development in terms of the satisfaction of human needs and see the participation of development beneficiaries as integral to development processes. For instance, Swantz (1984:1) described development as the:

> improvement and change of people's living conditions through a process, which the people themselves can influence and make decisions about. Development is thus essentially people's own development, not only improvements and decisions made by others for them and inputs brought to them from outside.

The late President Julius Nyerere of Tanzania also defined development in terms of popular participation:

> People's development meant their participation in the decision-making, planning and implementation processes; it meant increasing their understanding of their own situation; increasing knowledge and capabilities. People develop when they become aware of their potential resource and capacity to influence their own lives and the life of the community (cited in Swantz, 1998:4).

Defining development as a process involving the participation of people affected by under-development is in line with current development theory and practice that acknowledge the value of participation of 'poor' people including disabled people, who are often the 'poorest' in society (Dube, 2005; Elwan, 1999; Haar, 2005). Cowen and Shenton (1996) write of development as the process of enlarging people's choices, of enhancing participatory democratic processes, and the ability of people to have a say in the decisions that shape their lives. The idea that development means not just combating or ameliorating poverty but restoring or enhancing basic human capabilities and freedoms, has gained credibility in recent years following the adoption of Sen's notion of development and the Human Development Index (HDI) now used by the United Nations as a tool for assessing comparative states of poverty across the globe. The HDI combines measures of a number of aspects of human development (including health, educational attainment and purchasing power). In contrast, the World Bank assesses development performance mainly by economic criteria (Bryman, 2001). These different approaches have different implications for development as a process and

as an outcome and add complexity to the challenge of understanding whether development is actually occurring and the extent to which intended beneficiaries are included in the development processes**.** I now turn to the main theories of development in the post war era paying particular attention to their implications for disabled people.

2.5.2 Development theories

Since the end of the Second War, efforts to speed up development to benefit 'the poor', especially in poorer countries (Schelke, 2000) have seen the emergence of modernisation, dependency and neo-liberal development theories. These theories are discussed in detail in the following sections.

2.5.2.1 Modernisation development theory (1960s-1970s)

Modernisation theory emphasises the dynamics of social change between traditional and modern societies, and explains the prevalence of extreme poverty in poorer countries primarily as a consequence of endogenous forces. Brohman (1996) defines a modern society as composed of typical economic patterns (e.g., mass consumerism, high rates of savings and investments), social patterns (e.g. high literacy and urbanisation) and psychological attributes (e.g. rationalism). The central understanding in modernisation theory is that every developing country has the potential to achieve modernity provided it goes through the prescribed series of universal steps or what Hoogvelt (1997:35) calls "a how to develop manual for poorer countries." Greig, Hulme and Turner (2007:73) identify the five stages as: i) traditional society, ii) pre-conditions for take-off into self sustaining growth, iii) take-off, iv) drive to maturity, and v) age of high mass

consumption, with the 'take-off' stage to self sustaining growth being the most critical (Todaro, 2000). If circumstances prevent domestic capital from supporting the take-off stage, modernisation theory allows for state intervention and support from "foreign investment" (Brohman, 1996:14). Scholars of this theory argue that advanced countries have all achieved 'take-off in self-sustaining growth' and that less developed countries can simply follow a set of development rules to do the same (Todaro, 2000). In this way, economists from developed countries have attempted to recreate patterns of post war development in European economies. Rational thinking led to the assumption that the 'modernist' principles of the Marshal Plan could be applied to the problems of underdeveloped in the global south. Modernisation involves pressing more resources into service institutions in critical areas, such as education, to support the diffusion process. The spread of westernized educational systems was considered especially important to create a middle and upper class to act as change-agents and bearers of modern values through their roles as part of a "modernising elite" (Brohman 1996:2).

Sen's capability approach also acknowledges the central role of education as both a capability and a resource, enabling the expansion of other capabilities that are necessary for individuals (Sen, 1999; 2005) to function as those 'change-agents and bearers of modern values' and it is here that we can see how disabled people have been marginalised from development processes as unequal access to education has been associated with higher rates of exclusion from educational opportunities for disabled people. Recent studies confirm disabled children's limited access to education. For instance the Education for All (EFA) Global Monitoring Report 2007 showed that one third of the 77 million children out of school are disabled, and fewer than 10 per cent of

disabled children in Sub-Saharan Africa attend school (UNESCO, 2006). The negative effects of being excluded from formal education including higher rates of morbidity, mortality, mental health problems and lower rates of employment are well document (Chataika, 2010; Chikoko, 2009) and have led to the majority of disabled people being effectively excluded from meaningful participating in community life. In the language of modernisation development theory, the majority of disabled people are not equipped to be change agents.

The use of modernisation theory to inform development strategies for less developed societies ignored evidence from earlier generations of development. For instance, Durkheim stressed the anomie and the negative impact on traditional societies that often accompanies modernisation (Hulme and Turner, 1990). And Weber argued the dangers of the concentrations of power linked with large-scale development (Brohman, 1996; Shrestha, 1995). These concerns are shared by Shrestha (1995) who argued that 'development' has simply helped to incorporate large areas of the globe into Northern dominated economic and political systems, destroying indigenous cultures, threatening the sustainability of natural environments and creating feelings of inferiority among people of the South. Furthermore, the modernisation paradigm has promoted a top-down ethnocentric and paternalistic view of development. The stress placed on developing individual rationality and entrepreneurship, and concepts of innovation and diffusion by which the modernisation process would spread, were all aimed at inducing a top-down, ethnocentric, and paternalistic view of development. And rather than offering upward social mobility and increasing equality, Eisenstadt (1970) argues that modernisation widened the socioeconomic gap between different social groups. Another flaw of

modernisation theory is the identification of educated elites as agents for change in traditional societies who do not necessarily attract 'traditional legitimacy' in the eyes of local communities. As newly educated elites from less developed countries embraced western values they became technically removed from the values of traditional society (Kimble, 1963). No longer considered 'poor' within their own communities, the educated elites had a much wider capability set than their 'less educated' peers, and the role of educated elites as development agents has, in many circumstances, maintained or even exacerbated the marginalisation of poor people. Since disabled people constitute some of the poorest among the 'poor', and have limited access to education worldwide, I argue that it is reasonable to suggest that modernisation theory effectively excluded disabled people from development processes.

2.5.2.2 International dependency theory (1970s)

By the turn of the 1970s, modernisation theory was under increasing intellectual scrutiny (Hewitt, 2000) and was subsequently overshadowed by dependency theory. Dependency theory is one of the best known neo-Marxist development theories. It gained increasing support, especially among 'Third World' intellectuals, in the 1970s as a result of growing disenchantment with modernization theory (Todaro, 2000). Much of the initial impetus for this model of thought came from the United Nations Economic Commission for Latin America (UNECLA) in particular from the work of Raul Prebisch (McKay, 2004). In brief, the commission's findings were that the problems of the 'Third World' were reflected in the general dynamics of capitalist development and that the problems of underdevelopment in 'Third World' countries were determined by external factors. First, the external factors are in form of exploitative activities of the 'First

World' and the international agencies that it controlled (Todaro, 2000). In other words, global commerce between rich and powerful developed economies and much weaker periphery countries takes place against an unequal economic landscape. Due to economic differentials, DiMarco, (1972) argues that the rules of trading systems were systematically manipulated in favour of the powerful Western-based corporations to the benefit of already rich countries.

Second, advocates of dependency theory identify existing ties between the colonisers and former colonies as contributing to the underdevelopment of the latter. Writing in the context of development of developing countries, Waisbord (2001) argued further that the underdevelopment of 'Third World' countries was linked to the dependent relationship between the developed (centre/core) and developing (periphery) states, sustained by the concentration of economic power and political decision making in developed countries. As Greig, Hulme and Turner (2007) argue, the coexistence of rich and poor nations in an international system dominated by unequal power relations gives limited room in which poor countries may achieve self-reliance and independence. This narrative about relationships between states can also be applied to analyse disabled people's relationship with health professionals and a majority population of non-disabled people. In this relationship disabled people represent the 'periphery' while health professionals and non-disabled people are 'core'. Although the introduction of the social model of disability has brought about some change in understanding disability and the design of 'disability friendly' social policies (Oliver, 1996; Priestley, 2003) much practice remains embedded in the medical model. This places disabled people in a position of dependence on health oriented professionals and more broadly on non-

disabled people. Both wield considerable power over disabled people many of whom have little control over their own lives. Unequal power relationships are also played out in traditional communities where cultural practices assign different roles to men and women. For example, women among the Tonga tribe tend to be culturally positioned to assume lower status than men, and this is exacerbated for uneducated women and wives who are dependent on their husbands. As with the relationship between developed (core) countries and developing (periphery) countries, those who explain development practices in terms of maintaining dependency suggest that rather than 'trickling down' (Todaro, 2000), development practices can serve to push the 'poor' further down, reinforcing comparative states of 'underdevelopment.'

Placing dependency theory in the context of Africa, Kwame Nkrumah (1965), succinctly described the nature of economic dependency:

> Africa is a paradox, which illustrates and highlights neo- colonialism. Her earth is rich, yet the products that come from above and below her soil continue to enrich, not Africans predominantly, but groups and individuals who operate to Africans' impoverishment.

Nkrumah's analysis saw dependency as the result of external influence achieved through world trade mechanisms, and argued for an end to dependency. Writing on dependency theory, Frank (1991) suggested that developing countries should de-link themselves from the 'core' world economy and create the foundations for self-reliance in order to end the dependency relationship. However, making this de-linking possible, developed (core) and developing (periphery) countries relationship would require a more

revolutionary political transformation. This is because the 'centre' has sufficient "power through the operation of the 'world economic system' to rebuff any attempts at derailing the global status quo" (Hettne, 1995:91). More-over, developing countries tend to depend on developed (core) countries. Achieving development among less developed countries would require nothing less than a change in the power relations between them and their more powerful Western 'benefactors'. Applying this discussion to questions of power relations in disability politics we see the promotion of dependence by disabled people on health professionals. While over the years there has been recognition of disability as a development issue, development practice continues to resemble the medical model with development professionals continuing to wield power over development processes leaving disabled people with little control over their own participation. As Lang (2009) argues, disabled people are often invisible at the implementation stage of development programmes despite being a target group of most development interventions. Internalised negative cultural values about disability; together with a lack of resources has further increased disabled people's dependency on their families. Like the modernisation theory, dependency theory has not proven to be participatory but rather top-down in nature; hence, the 'peripheries' had a lesser role in terms of influencing the content and direction of the development paradigm. In the next section I focus on neo-liberal development theory.

2.5.2.3 Neo-liberal development theories (1980s-1990s)

From the 1980s, development thought and policy became dominated by neo-liberal development theory. This theory interprets underdevelopment as a result of poor resource allocation arising from incorrect pricing policies, excessive state intervention

and regulation of the economy by overly active "Third World" governments (Brohman, 1996; Wills, 2005). Underpinned by a belief in reliance on the market in determining prices and efficiency, neoliberals recommend that the state should take hands-off approach to development (McKay, 2004), thereby allowing the "magic of the marketplace" and the "invisible hand' of market prices to guide resource allocation and stimulate economic development" (Todaro, 2000:93). Economic decision-making is left to private individuals, with the state only providing those goods and services (such as infrastructure) which would not otherwise be provided by the private sector (Jenkins, 1992).

Economic Structural Adjustment Programmes (ESAPs) were characteristic of neo-liberal development theory and practice. These programmes were adopted by national governments as "conditions for borrowing to service their debts" (Grech, 2009:776) from international finance institutions (International Monetary Fund (IMF) and the World Bank) (Hewitt, 2000). Zimbabwe signed up to a structural adjustment programme in 1991 involving internal policy reforms to increase the role of the market in the domestic economy, privatise state firms and remove state subsidies, among other measures. But contrary to the expected benefits, the ESAP in Zimbabwe as in many other African countries, (African Development Bank Group, 1997; Tekere, 2001) led to increased hardship, poverty and destruction of 'poor' people's livelihoods as the gap between rich and poor was widened. The well documented relationship between poverty and disability (Elwan, 1999) rendered disabled people among the most negatively affected by the marketisation of social services in Zimbabwe. The ESAP led to loss of jobs by family members of disabled people who are often the main source of financial

and material support in rural Zimbabwe. Furthermore, government cuts on expenditure associated with implementing the ESAP meant that the amount paid to disabled people in the form of disability allowance was adjusted downward or stopped altogether. And as Grech (2009:774) argues, "the neo-liberal agenda is idiosyncratic and antithetical to inclusive development, since the cost cutting advocated runs counter to the resources required for including disabled people." This raises many questions about the effectiveness of neo-liberal development theory and practice in terms of promoting equal participation among citizens, particularly those with a history of exclusion.

2.5.3 Linking development theory and disability

In this section I draw on the preceding analysis of changing trends in development theory to argue that they have been parallelled by changing conceptualisations of disability. While different development theories may have been dominant in particular times, like models of disabilities, they are juxtaposed and at times overlapping. Following this short brief, I discuss the link between modernisation theory and disability, dependency theory and disability, neo-liberal theory and disability as well as development and disability as human right issues.

Modernisation theory and disability

Increased efforts to speed up development to benefit 'the poor', especially in the majority world following the end of the Second World War (section 2.5), gave rise to various modes of thinking about development. In the 1960s, development practitioners were influenced by modernisation theory (section 2.5.2.1). They argued that: "if developing countries wished to progress, they should adopt trajectories which follow as

closely as possible the social and economic changes that had been adopted by Western countries" (Kett, Lang, and Trani, 2009: 652). During this period the medical model was predominant within disability policy and practice. Disabled people were expected, largely by non disabled people, to be 'fixed' or 'cured', "to become as normal or as close as possible to non-disabled people" (Kett, Lang, and Trani, 2009:652). In the same manner that the proponents of modernisation theory considered that less-developed countries should 'progress' along a trajectory that imitated western societies, so it was assumed that disabled people would wish to become as 'normal' and as close as possible to non disabled people by means of medical treatment. The argument here is that while both modernisation theory and the medical model of disability articulated the intention to bring "into society [those people] who have never been part of it before" (Wolfensohn, 1997:2), in practice, the vocabulary of charity, technical expertise and deeply paternalistic attitudes dominated both international development and disability discourses. As Kett, Lang, and Trani, (2009:653) argue, "both modernisation theory and the medical model of disability were underpinned by a deficit understanding of human progress." But medical interpretations of disability were gradually resisted and challenged by disabled people in western societies (Groce, 2000) who articulated an alternative, social, construction of disability.

The social construction of disability provides a further link between modernisation theory and disability. Modernisation theorists stressed the need for developing societies to emulate the most successful societies and cultures (see section 2.5.2.1). These so called 'successful' countries and cultures could be identified by their intensive reliance on the use of technology, advanced levels of literacy and numeracy among their citizens

(Brohman, 1996). While the use of technology and literacy brought many advantages, the first generation of disability theorists (e.g., Oliver, 1990) who pioneered the social model of disability, located the emergence of modern day disability in the changing social relations that came into being as a result of modernisation (Grech, 2009). Writing about the genesis of disability in the context of the West, Finkelstein (1980) pointed to the development of western industrial society as having directly created disability. With the emergence of large scale industries, production lines were geared towards able bodied norms (Finkelstein, 1980) resulting in the exclusion of disabled people from employment on the basis that they were deemed unable to work in factories. Disabled people were, therefore, considered unable to contribute to the economic life of the community, and found themselves excluded from mainstream economic and social activities.

Dependency theory and disability

Taking their lead from Karl Marx (Oliver, 1989), dependency theorists explain the poverty of poor countries as a direct consequence of their exploitation by wealthy nations and transnational corporations, which began with colonisation [11] . The governments of rich countries and the corporate bodies they control engage in persuasive but exploitative means, which may include establishing factories in poor countries under the guise of providing jobs and other services to the indigenous communities. Wolfensberger (1989) argues that it is the unacknowledged functions of human services, achieved in subtle and indirect ways, that are the most powerful. In this

[11] Colonisation is a political, economic system whereby powerful states colonise and rule over weaker societies to generate profit.

way powerful states manipulate and exploit less powerful nations in order to maximise their own profits.

This narrative can also be linked to the analysis of development and disability. Since World War II, most countries across the globe have developed some form of welfare system to support disabled people. But while the introduction of welfare systems may be seen as a positive measure, some forms of assistance have had the unintended consequence of increasing disabled people's dependency on the State or able-bodied people for many aspects of their lives. Oliver (1989) has argued that this is not merely the result of the functional limitations that disabled people experience due to impairment, but is a creation by governments deliberately concentrating on functional limitations and through which various images of disability have been legitimised (Oliver, 1989). In the same manner that rich and powerful countries maintain the dependency of less developed countries for their benefit, dependent people are needed in order to provide employment for others (Wolfensberger, 1989). As Sheldon (2005:115) argues, "disability in the majority world is big business."

Neo-liberal theory and disability

The 1980s witnessed neo-liberal thinking becoming the dominant perspective of interpreting international development. In section 2.5.2.3, I discussed how neo-liberal policies were imposed on developing countries by the World Bank and the IMF in the name of guaranteeing access to credit and debt relief. Many of the structural adjustment policies that countries were enticed to pursue were detrimental to the interests of the wider population and led to the increased marginalisation of disabled people in Least

Developed Countries. But in spite of this disadvantage, these neo-liberal ideals were legitimised by the assumption that the West provided the ideal template to be emulated by the underdeveloped South (Grech, 2009). In relation to disability in particular, Miles (2007:2) argued:

> while the problem gaps are widening, a concurrent narrowing of proposed solutions is descernible in the globalizing drive to find and enforce the simple 'Best way' to solve problems, which usually coincides with the latest WENA (West European and North America) trend.

The introduction of neo-liberal theory coincided with major developments in the disability sector. The 1980s witnessed the emergence of the international disability movement, with Disabled People's International being established in 1981 (Devlieger, 1989; Barnes and Sheldon, 2010). This period also witnessed a plethora of disabled people's organizations being established across the globe and an increased working relationship between the UN and civil society institutions in the field of disability. Notable achievements included the UN International Year of the Disabled (1981); UN Decade of Disabled Persons (1983-1992); Asian and Pacific Decades of Disabled Persons (1993-2003) and the African Decade of Persons with Disabilities (1999-2009, further extended to 2019). As Lang (2009) points out, the mandate of these initiatives has been to raise the political profile of disability issues at regional level. While their success is debateable, these developments correspond broadly to Finkelstein (1980)'s last phase in the development of disability perceived as the eventual liberation of disabled people from oppression by working together with allies towards commonly held goals. The participation of disabled people in the production of the UNCRPD in

2008 and the World Report on Disability in June 2011, though limited, best illustrates this working together at international level for such a commonly held goal.

Development and disability as human right issues

Another link between development theory and disability can be drawn from debates on the conceptualisation of development and disability as human rights issues. The application of rights-based approaches to policy and practice has been adopted not only by the disability sector (Grech, 2009), but also by mainstream development policy-makers, practitioners and academics. It is however, important to acknowledge that there are divergent views about the origin and value of the concept of 'rights'. Zizek (2006) argues that 'rights' are a western invention, premised on western values, norms and contextual assumptions, foisted on non-western cultures. Ghai (2002:93), researching disability in India, for example, questioned the relevance of "the fight for disability rights…. without any clear analysis of the inherent biases" or alertness to the "specifics of the Indian dilemma." The argument here relates to the similarities in the process by which communities in LDCs have adopted the concepts of disability and development as human rights issues. The flow of ideas on mainstream development and on disability remains invariably from north to south (Oliver, 1990; 1996; Barnes, Mercer and Shakespeare, 1999) "sustained by the flow of money and resources" (Grech, 2009:778). As Barnes and Sheldon (2010:773) have argued, "the disabling tendencies associated with western influenced economic and cultural development – industrialisation, urbanisation, self-reliance and 'able bodied' normality – are being replicated across the globe." Such an approach to development is unlikely to respond to the experiences of disabled people in their own communities (Groce, 2000), but continues to be imposed

without any form of prior consultation, further disempowering and disenfranchising disabled people.

Summary

In this section I have focussed on the potential ways in which development theory can be directly applied to disability and the disability literature. Focussing on different development theories (modernisation, dependency and neo-liberal theories) and disability, I also examined the connection of the broad concept of development and disability as human right issues. Following this examination of the interconnections of development and disability over time, in the next section I extend the discussion on development and disability, identifying achievements that have been gained.

2.5.4 Development and disability at the millennium

While some gains in social and economic development have been achieved in the post-war period, poverty and inequality continue to thrive alongside economic affluence and present ongoing challenges for the wider global development project (Kothari and Minogue, 2002). With an acknowledged link between disability and poverty (Yeo and Moore, 2003), disabled people are now recognized by the World Bank as being overrepresented among populations living in poverty with an estimated 17% of those living in poverty being disabled (Haar, 2005).

Disillusionment with progress in global development led to the emergence of a set of Millennium Development Goals (MDGs) in 2000 with a specific aim to halve global poverty by 2015 (Greig, Hulme and Turner, 2007; United Nations Development

Porgramme, 2000). However, despite World Bank estimates of the overrepresentation of disabled people amongst those living in poverty, disability is conspicuous by its absence from the MDGs (Katsui and Kumpuvuori, 2008; Thomas, 2000). This lack of specific attention to disability seems perverse since history suggests that unless disabled people are specifically identified among vulnerable groups, they tend to be forgotten (Dube, 2005). This begs further questions about the purpose of development if disabled people, argued to be the 'poorest' in our communities (Elwan, 1999) are excluded from participating in development planning and implementation. This underlines the complexity of development as both a theory and practice. On one hand, development may therefore be seen as fundamentally an empowering and inclusive process. But on the other hand, Kisanji (1995:50) aptly noted, "in a world guided by economics, with its concern for investment and maximum rate of return, inequalities of opportunities are created for people with disabilities." The emphasis on generally seeing development in terms of increasing the effective freedom of human beings in Sen's capability approach brings the constructive agency of people directly within the domain of meaningful development. However, development has also been and continues to be an area with a tradition of controversy and tends to create insiders and outsiders. This leads to next section focussing on development, social exclusion and disabled people.

2.6 Development, social exclusion and disabled men and women

Any examination of the involvement of disabled men and women in development processes globally requires consideration within the wider context of social exclusion. A complex and multidimensional concept having social, cultural, political and economic ramifications, definitions of social exclusion vary considerably. According to Kaseke

(2003), social exclusion denotes a situation where some people benefit from a policy or programme whilst others, due to circumstances beyond their control, do not. Kaseke's definition of social exclusion implies that individuals only experience social exclusion in terms of access to materials. By contrast, de Haan and Maxwell (1998) describe social exclusion as a process by which individuals or groups are wholly or partially excluded from fully participation in the society in which they live. Duffy (1995) similarly sees social exclusion as the inability to participate effectively in economic, social, political and cultural life, and alienation and distance from the mainstream society. The causes of alienation are varied. According to Beall and Piron (2004:9) social exclusion can be a result of "social relations and organizational barriers" that disrupt the livelihoods, development and equal citizenship of individuals or groups, but can also be linked to individual or group social location or social identity such as gender or disability. The influence of gender in experiences of exclusion from development processes is discussed in section 2.6.1 page 82, before moving on to discuss the impact of disability as a predisposing factor for exclusion in section 2.6.2 page 88.

The idea of social exclusion has conceptual connections with well established notions of poverty and deprivation and is primarily concerned with the relationship between the individual and society, and the dynamics of that relationship. In *'Development as Freedom'* Sen (1999) advances the notion of poverty as capability deprivation. What this means is that people who are 'poor' tend to be deprived of practical opportunities to participate in society and the activities in which they do take part represent, to an extent, 'forced' choices. Kaseke (2003) takes a similar view in arguing that social exclusion impacts negatively on human welfare by exacerbating the individual's deprivation and

poverty levels. These points lend weight to the argument that exclusion from participating in development processes exacerbates disabled people's deprivation and poverty levels. Disabled men and women rarely feature in development debates (Katsui and Kumpuvuori, 2008) and disability is conspicuous by lack of any serious attention in the Millennium Development Goals (Ortiz, 2004; Thomas, 2004), thanks to disabled people's organizations and their allies for campaigning to get disability onto the development agenda. Lower levels of access to education and jobs by disabled people, compared to the general population in both rich and poor countries (Braathen and Kvam, 2008), suggest that discrimination against disabled men and women is a global phenomenon. For example, writing in the context of Norway, Ziesler (2002) argued that disabled women have a lower level of education than the population at large, with the biggest difference observed within higher education. And Chataika (2010) has made similar observations in relation to disabled people in Zimbabwe.

Discrimination against disabled people is also evident in development aid. The irony here is that in most development aid or programmes disabled people are described as a target group (Lang, 2009). Ziesler (2002) has pointed out that development aid to and for disability projects is channelled through organizations of disabled persons and charity organizations, usually as small scale segregated projects. Despite the common belief that disabled people are naturally included as part of any population benefiting from aid, Ziesler (2002) maintains that disabled people and their organizations rarely participate in such general aid programmes. The reasons, connected to lesser value, superstition, lack of knowledge, traditions, lack of power reflecting discrimination and the marginalisation of disabled men and women, are familiar and well known to

disabled people across the world. Thus while social exclusion derives from exclusionary relationships based on power, it also creates and sustains poverty and inequality and restricts participation in development processes (Beall and Piron, 2004; de Haan and Maxwel, 1998). Thinking of participation as a human rights issue (Megret, 2008) to which every human being may lay claim, the social exclusion of disabled people from community life can be effectively imagined as constituting a violation of their right to participation.

Disabled people's experiences of exclusion from community life are brought into even sharper relief for disabled women for whom the intersection of disability and gender creates identities of the 'disabled woman' subject to exclusionary practices on the bases of disability and gender (Dominelli, 2005). In short, disability is experienced differently by women (Foster and Sandel, 2010; Kamga, 2011; Morris, 1989; Morris, 1991). In order to explore the intersectionality of disability and gender as it relates to development I start by considering generic issues of gender and development with an emphasis on the position of women before focussing on the intersection of disability and gender and its relationship to development.

2.6.1 Gender and development

Gender is a social construct used to refer to the differences between men's and women's roles, interests and needs, while gender relations refer to the particular power relations embodied in those differences, in other words the inequalities between men and women (Elson, 1995). Hence, the main focus of a gendered perspective of development is not women per se but the socially constructed relations between men and women. This

recognizes that men and women are positioned differently in society and that not all women or all men share the same experiences. As Kothari and Minogue (2002) have argued, these positionings are influenced by prevailing economic circumstances, personal characteristics, the cultural norms and belief systems of particular societies. Men's and women's roles are revealed and visible in divisions of labour and in access to resources. Frequently, women are constructed as having significant roles in the home. Yet as Harcourt and Escobar (2005) have argued, home is an ambivalent site with respect to justice and equality for women. On one hand, home is where women appear to exercise the most power, where their roles are recognised and where women can make decisions and find respect. On the other hand it is where women are exposed and vulnerable to all kinds of abuse ranging from sexual abuse, to violence and exploitation (Harcourt and Escobar, 2005; Schelong, 1994) by intimate partners, close family relatives and strangers.

Women's position in development is continuously changing. Since the United Nations Women's Conference in 1975 (Ballara, 1992) there has been a massive production of literature and debate on gender inclusion in development discourses (Walsh and Scully, 2008). The 2002 World Summit on Sustainable Development, commonly known as the Johannesburg Summit, argued that issues of poverty, hunger, ill health and the continuing deterioration of the ecosystem on which humanity depends for well-being, needed to be directly confronted using participatory approaches in which beneficiaries can influence and share control over their own development initiatives, decisions and resources (Middleton and O'Keefe, 2003; United Nations, 2002). Highlighting inequalities in participation in decision making and in the distribution of resources, the

Johannesburg Summit is credited with building on previous initiatives to bring the participation of women in development agendas to the forefront (United Nations, 2002). The persistence of grossly unequal gender relations in socio-political life is now perceived by the United Nations as constituting a denial of rights, a threat to women's health and well-being (Darnborough, 2003). And the realisation of women's rights is now considered a fundamental condition for sustained improvement in human development. This human rights approach to development, reflected in the adoption of inclusive development agendas in the legal systems of many countries (Datta, 2004; Loeb *et al.*, 2008; Walsh and Scully, 2008) represents efforts to harness the potential contribution that women can bring to wider society beyond the confines of the domestic sphere. Zimbabwe, for example, has its own Affirmative Action Policy, National Gender Policy (Government of Zimbabwe, 1999), and Campaign for Female Education. It is therefore tempting to suggest a popular realisation that for the better future of humankind, it is both economically unsound and morally unacceptable to ignore the potential contribution that women can make to the development of wider society. But despite more gender inclusive policy frameworks, the implementation of policies intended to bring greater equality of contributions to development efforts continue to attract controversy. As Darnborough (2003:149) a decade ago argued: "women constitute half of the human race, and constitute two-thirds of the entire work, yet control only one-tenth of the world's resources and enjoy the status of subordinate or second-rate citizens." This is not peculiar to authoritarian regimes but persists in democratic countries where women continue to find the reins of power firmly in the hands of men (Walsh and Scully, 2008). The extent of discrimination experienced by

women in society is highlighted by Sen's notion of '100 million missing women'[12] (Elson, 1995). Writing in the context of India, Darnborough (2003:150) argues that the "brains, initiative, imagination and distinctive feminine qualities of half the world's population continue to be lost just when these abilities are needed more than ever." In the language of the capabilities approach women experience fewer practical opportunities and less freedom to choose 'to do' and 'be' what they wish to do and to be (Sen, 1999). As Hicks (2002:147) explains: "the capability approach asserts that the well-being of a person is fundamentally dependent upon her or his ability to be an active participant in society."

Although there have been efforts to progress the cause of gender equity through gender mainstreaming (Bhambani, 2003; Grech, 2009), in most parts of the world, women's visibility and participation in community decision making remains low, a phenomenon that is variably understood by development planners and policy makers, and variably argued in development literature (Darnborough, 2003; Geisler, 1995) although cultural and religious practices are commonly cited as the bases of women's marginalisation. In '*Violence against Women', an Administrative Report to the United Nations Human Rights Commission*, Erturk (2003) argues the 'doctrine of cultural relativism' as the greatest challenge to women's rights. Similarly Coomaraswamy (2002) claims that many violent cultural practices towards women serve as the means to control female sexuality and women's emotional lives. In some societies, women's emotional and sexual expression is seen as a grave threat to the social fabric and a challenge to the social order. These arguments have particular relevance in Africa where, as Ebeku

[12] The result of using modern scientific technologies to exercise (male) gender preferences through sex selective abortion and the use of IVF in societies where boys represent higher status and economic value.

(2004) has argued, women, more than women in other parts of the globe, have long been subjected to human rights abuses, justified as customary practices and based on custom-oriented stereotypes that position women as subordinate to men. At the time of adoption of the African Charter on Human and People's Rights (the African Charter) women's rights were not a priority in Africa (Kamga, 2011). However, attempts to address the position of women in Africa have been, and continue to be, undertaken at both regional and country level (Ebeku, 2004). The adoption in 2003 of the Protocol of the African Charter on Human and People's Rights on the Rights of Women in Africa (African Women's Protocol) by the African Union suggests that the continent had decided to end impunity for women's rights violations in Africa. For Ebeku (2004) this was an acknowledgement that African women are entitled to full recognition as equal partners in private and family life as well as economic, social and political activities. While these efforts are laudable, implementation of the protocols and emerging policies in individual countries have been controversial. Different countries have different challenges, priorities and governance arrangements and anecdotal evidence suggests that the enactment of the protocols at regional level has not been a panacea for women's exclusion from public life. Women remain under represented in government positions and therefore remain largely peripheral in the governance of their countries.

In seeking causal explanations for the continuing exclusion of women from public life, Nussbaum (2005) argues the pivotal role of violence, real or feared, in limiting the realisation of women's capabilities. Arguing violence as form of human rights abuse, she convincingly argues that no woman is free from violence or the fear of violence. In the case of sexual violence and rape, Nussbaum (2005) argues the tremendous impact on

a woman's well-being over the life course regardless of long term health consequences including HIV/AIDS infection. She writes: "What is wrong with rape is not just the pain and suffering it inflicts, it is the way in which it puts the whole capacity of practical reason and choice into disarray" (2005:175). Violence or the threat of violence affects women's active participation in many forms of social and political life, from speaking in public, to recognition as having equal worth to others. In whatever form violence comes (threat or actual) Nussbaum (2005) argues further that it greatly influences a woman's capability to participate in politics, to seek employment, to enjoy a rewarding work life and to control both land and moveable property, especially in the many countries of the world where women's freedom to exercise some of these functions is dependent on the explicit permission of their fathers, brothers or husbands. In other words, women's ability to realise their capabilities is subject to men's authority. Even in instances where legal frameworks exist and women enjoy legal equality, threats of and actual violence, sexual harassment, and male interests impede women's effective participation. And women who are used violently, or who fear violence Nussbaum (2000) argues that such women are unlikely to be effective in engaging in critical reflection about planning of one's life. Argument about the ubiquitous role of violence in women's lives gives rise to debate about whether all women experience the deprivation of capabilities to live as they would wish. It also raises questions about whether women from both North and South operate in spaces offered to them by male elites. In '*Altering Politics, Contesting Gender'* Walsh and Scully (2008) have argued that Western feminism presents women from Third World countries as uniformly poor, powerless and vulnerable while Western women represent the reference point for modern, educated and sexually liberated womanhood. This analysis, they argue, risks distorting and misrepresenting women's

multiple realities. However, it would be misleading to suggest that women's activism has uniformly produced progressive results across the globe. The position of women is still unfavourable compared to men in most countries despite the presence of appropriate legislation. Particularly relevant for this thesis is the position of rural women living in poverty, who are considered among the most deprived people in the world, displaced by modernization from their traditional productive functions, particularly in agriculture where they have generally played crucial role as food producers (Parpart, 1995).

2.6.2 Disability, gender and development

Arguments about the limitations on women's freedom to realise their capabilities are brought into even sharper relief for disabled women. Even where the word 'women' features in development discussions it is often made with reference to non-disabled women. Disabled women rarely feature in development debates despite representing an estimated 20 per cent of the world's female population (Mobility International USA, 2003). And, in relation to Nussbaum's arguments about the role of fear in women's lives, the influence of disability as a predisposing factor in acts or threats of violence has been documented in various studies, (Camblin, 1982; Jansson *et al.*, 2007; Morgan, 1987). While no individual can claim to be immune from violence and abuse, it is not unreasonable to suggest that disabled people, and particularly disabled women, are more vulnerable to all forms of abuse compared to non disabled people. More likely to be isolated, to spend considerable periods of time in the home and less able to defend themselves (Groce and Trasi, 2004) disabled people, particularly disabled women are, on average, attributed lower status, and experience greater vulnerability than able-bodied men and women.

Writing about child abuse in the context of South Africa, Lansdown (2002) pointed out that despite there being a number of high profile cases in the press concerning sexual abuse and rape of disabled children in special schools in South Africa, few of these cases ever reach the courts and achieve a successful prosecution. The difficulties in reporting, refusal to accept children as credible witnesses, and the inaccessibility of the courts all inhibit any real means of redress. This situation aptly describes a context and set of circumstances that can serve to influence the expectations of disabled adults, despite formal legal measures (in South Africa and many countries across the globe) for protection from, and redress in cases of, abuse. Emerging conceptualizations of acts of violence against disabled people as 'disability hate crime' (Roulstone, Thomas and Balderston, 2011) highlight earlier marginalization of disabled people as victims of crime based on their vulnerability. Writing in the American context, Waxman (1991) 187) argued that,

> while crimes motivated by hatred have been classified as a form of social injustice, crimes with disabled victims have been considered random acts of passion rather than violence, the presumption being that disabled people provoke and invite abuse due to their behaviour or attitudes.

What is important for my argument here is the negative impact that violence and its links to social exclusion have on disabled people's, particularly disabled women's capabilities to participate in the development of their communities. While fear of sexual abuse and violence affects the lives of many women (Nussbaum, 2003), the presence of disability increases risks to such abuse and exclusion from community life (Jansson *et al.*, 2007). Disabled women and girls are particularly vulnerable to rape and marital rape.

Writing in the context of South Africa, Jewkes *et al.*, (1999) estimated that while one in three women experienced violence at the hands of intimate partners, this figure rises to one in two when emotional and economic abuse are included within an understanding of domestic violence. The vulnerability of disabled women to sexual violence, rape and HIV in Africa is aggravated by perpetrators' beliefs that disabled women offer less resistance, are less likely to identify perpetrators following episodes of abuse, and the widespread myth that sex with a disabled person will cure AIDS, an even more twisted version of the so-called 'virgin cure' (Groce and Trasi, 2004) based on the common misconception that disabled people are not sexually active and therefore must be virgins. This vulnerability to sexual abuse exposes disabled women and girls to increased risk of HIV (Groce and Trasi, 2004; Hanass-Hancock, 2009; Kvam and Braathen, 2008). In Zimbabwe, a report published by Save the Children Norway in 2004 revealed that 87.4 percent of disabled girls had been sexually abused of whom 52.4 percent tested HIV positive (Charowa, 2005; International Labour Organization, 2007). Research in Namibia and Botswana has produced similar conclusions (Charowa, 2005; International Labour Organization, 2007). The International Labour Organization (2007) has described how disabled women in several countries in Southern African are excluded from participating in mainstream HIV/AIDS programmes and are denied access to services such as counselling, testing and treatment. In this study, I argue that exclusionary practices are not limited to HIV/AIDS programmes but extend to the exclusion of disabled women from development discussions and development activities.

While disabled women have much in common with disabled men (Arnade and Haefner, 2006), their lives are beset with additional challenges. Facing multiple discrimination,

they are recognized as being even more disadvantaged than disabled men living in similar circumstances and across the globe are recognized as being among the 'poorest of the poor' (Mobility International USA, 2003). Drawing from studies in India, Bhambani (2003) argued that among women, disabled women were seen as inferior and this resulted in their isolation and discrimination while McClain (2002) argued that poverty, joblessness, misery and social exclusion are the plight of African disabled women, marginalised and excluded from every sphere of life. This experience is summed up in the title of a 2010 Human Rights Watch report: *As if we are not human*, a quotation from a disabled woman in Northern Uganda. The experience of being poor, being female and being disabled amounts to a form of triple discrimination severely threatening disabled women's capabilities to achieve wellbeing.

Many factors sustain poverty among disabled women including lack of access to education. While most countries in the world have made efforts to address this inequality through the provision of 'special education', as is the case in Zimbabwe (Chitiyo and Wheeler, 2004), the impact of such efforts is debateable. In '*Living conditions among people with activity limitations in Zimbabwe',* Eide *et, al.,* (2003) argued that 34% of disabled women compared to 22% of disabled men had never attended school in Zimbabwe, a pattern reflected in many parts of the world. Estimated literacy rates for disabled people worldwide are 3%, with rates for disabled women and girls being about 1% (Arnade and Haefner, 2006; Groce, 2003). While these figures are only estimates, disabled women's inferior access to education, jobs, power, community support, and choices than almost anyone else, leads to lives of poverty and isolation. The argument is that disability creates and exacerbates poverty, particularly for disabled

women who experience even greater isolation than disabled men. And their chances of achieving economic security through employment, marriage or inheritance of property are equally slim. Research has shown that disabled women as compared with non-disabled women and disabled men are more likely to be unmarried, married later, and if married, divorced earlier (Human Rights Watch, 2010). In the case of disabled African women, Kamga (2011) argues that are more likely to be shunned in the marriage 'market.' A report *Children with Disability: Their Households' Livelihoods and Experiences in Accessing Key Services,* commissioned by the United Nations Food and Agriculture Organization in 2007 and produced by Marongwe and Mate, published in January, 2007 highlighted the exclusion of disabled girls in marriage. This report demonstrated that wealth creation was a prime motivator for having children within all indigenous cultures in Zimbabwe where child rearing is perceived as a form of 'social insurance', with the marriage of a girl child expected to attract family wealth in the form of *luselo* (bride price) (Marongwe and Mate, 2007). In the case of a disabled girl, *luselo* is expected to be low reflecting what is considered to be the lesser value of a disabled girl.

Discrimination against disabled women is also argued to extend to rehabilitation services. Mobility International USA (2003:165) describe disabled women and girls as receiving "inadequate, if any, rehabilitation services because the very limited available resources are directed toward adult men with disabilities." Social stereotypes portray disabled women as dependent (Morris, 1991), inferior and as the poorest of the 'poor' (Ziesler, 2002). Poverty, combined with social barriers and discrimination, put self-sufficiency out of the reach of many disabled women in many countries. Writing in the

context of India Bhambani (2003:87) argued that "far fewer opportunities for productive work or gainful employment exist for disabled women than for the disabled men." Naidu *et al* (2005) made the same observation in Northern parts of Uganda where they argued that the job market is twice as accessible to disabled men than to disabled women. Without access to employment, a disabled woman is perceived as a greater burden on her family. Being in employment outside the home increases a woman's perceived contribution to the welfare of the family (Nussbaum, 2005). Yet in spite of extreme need, disabled women are excluded not only from employment but also from significant participation in community activities, human rights organizations and international development programmes (Mobility International USA, 2003).

The complexities of the problems highlighted above are common to both urban and rural disabled women. But rural disabled women face some specific problems, which prevent them from enjoying the benefits of development. Disabled women in rural areas struggle not only as a result of their impairments but also with the insensitivities and prejudices within their communities and wider society. Their access to rehabilitative services and schools is limited compared to those living in urban areas (Rohleder *et al.*, 2009) and in this way their capability set is further limited. Some of these limitations relate to lack of mobility options. In a study of 285 disabled people in South Africa, Rohleder *et al.,* (2009) cited poor road conditions in rural areas as an enormous barrier to disabled people. Those dependent on using wheel chairs, or other assistive devices, find rural roads impossible to manoeuvre due to uneven surfaces, potholes and steep hills. These conditions make the roads a particular challenge for physically disabled and visually impaired people. Where public transport is available, Rohleder *et al* (2009) further

argued that this is often inaccessible for some disabled people especially wheelchairs users. While these problems also affected disabled men, disabled women felt the greatest impact having to be accompanied by another person to help them, presenting an additional cost.

While some progress towards gender equity has been achieved worldwide, women's, especially disabled women's, positions and levels of participation in development processes remain a dividing issue that has, thus far, received little attention. In this study I argue that disabled people, and in particular disabled women, remain underprivileged and undervalued in most societies. This has negative implications for the necessary freedoms to participate meaningfully in the affairs of their communities and, in the case of Binga District, this implies reduced opportunities to participate in a wide range of development processes.

2.7 Summary

In this chapter I have focussed on different ways of conceptualising and theorising both disability and development. The analysis reflects developments in thinking over time, the contributions of theorists from different disciplines and from individuals and groups representing what might commonly be called 'grass roots' interests. The contributions of disabled people themselves bring previously missing perspectives to understandings of disability, and the direct experiences of disabled women add further insights. I have also traced the underlying theoretical origins of the idea of development, and have shown that the history of development thinking is rich and varied and continues to generate vigorous debate and controversy. Following the main lines of this debate from the

aftermath of the Second World War to the present day, we have seen how certain ideas have waxed and waned in popularity, and then sometimes returned in slightly modified form in a later period. But what is really striking is how much has changed in both theoretical debates and in the construction of development policies. While some features have been refined and reworked, the basic points about unequal power and the exploitation of poor people persist. Poverty and inequality, particularly in the midst of economic affluence, continue to be the most problematic issues facing global development today. Given the persistence of inequality in previous centuries the Millennium Development Goals are globally recognised as adding a new dimension to tackling poverty. But for most disabled people, particularly disabled women, and most particularly in developing countries, the hardships of everyday life continue. As Grech (2009:774) argues, "the all encompassing mode of lifting people out of poverty remains economic growth through an assumed 'trickle down' approach, and not the removal of disabling structural and social barriers, social justice and equity." In the following chapter, I discuss questions of disability and development in the Zimbabwean context in order to inform the original empirical case study of disability and development in Binga District that follows.

CHAPTER 3 DISABILITY AND DEVELOPMENT: THE ZIMBABWE CONTEXT

3. 1 Introduction

In this chapter, I focus on disability and development in Zimbabwe. I examine the development of the disability movement in Zimbabwe (3.2) and argue that although the Zimbabwe government acknowledges the relationship between disability and development, there is little evidence of including a disability agenda in development processes. Disabled people remain largely ignored by national policy makers and implementers. In section 3.3 my discussion focuses on development processes in Zimbabwe, and I pay specific attention to the policy of decentralisation and the resultant participatory structures that were put in place following independence from Britain in 1980. Contrary to the perceived and intended inclusive purpose of the newly created structures, I argue that these further helped to exclude disabled people from development processes. In section 3.4, I move on to provide a critical analysis of the concept of participation in development processes to strengthen the theoretical framework for the thesis.

3. 2 The disability movement in Zimbabwe

The development of the disability movement in Zimbabwe can be traced as far back as the 1940s with the name of Jairos Jiri distinctively standing out as the pioneer of efforts to raise the profile of disability. Since then the name Jairos Jiri has maintained its presence in Zimbabwean public discourse, with many Zimbabweans associating disability with Jairos Jiri. When the Jairos Jiri Association was founded in Bulawayo,

the second largest city in Zimbabwe, in 1945, black African men and women had no right to vote or own land. The pre-eminence of white people was emphasised and protected through segregation in terms of property-holding, schooling, and access to political rights among others (Steward, Klugman and Helmsing, 1994). Jairos Jiri's contribution to the development of the disability movement in Zimbabwe reflected his broader vision of liberation.

In his book *'Disability, Liberation and Development',* Coleridge (1993) discusses how Jairos Jiri was horrified and humiliated by begging, a concept that was unknown in rural areas. The pitiful sight of the "cripples and blind persons he saw go begging in Bulawayo from one store to another to be given a morsel of food and at other times only to be kicked away like unwanted dogs" (Devlieger, 1995b:40) precipitated Jairos Jiri's interest in the plight of disabled people. Asked about his motives, Jairos Jiri once said, "It was a pain I felt in my chest when I saw these [disabled] people and it became worse every time I saw another," (Farquhar, 1987:18). In contrast, disabled people who lived in rural areas were seen by significant others (family members and fellow villagers) in more socially valued social roles such as livestock tending, home keeping, child care that contribute to the wealth and wellbeing of families in the rural Zimbabwean context.

Jairos Jiri strongly believed that disabled people could do something for themselves if given the opportunity and resources. In an interview with the Bantu Mirror, he argued: "if only they (disabled people) got something on which to make a start, they are prepared to help themselves" (The Bantu Mirror, 8 August, 1953, cited by Devlieger, 1995b:43). This concern, more than anything else, convinced Jairos Jiri of the necessity

to teach disabled people to work for themselves, and to lead a life as respectable and useful as that led by non disabled people.

Starting with a shoe repair shop in Bulawayo in 1950, which eventually became a centre, Jairos Jiri launched a new branch in Salisbury [now Harare] in 1955, followed by another in Fort Victoria [now Masvingo] in 1959. By the 1960s Jairos Jiri had established training centres all over the country in an ever expanding effort to serve disabled people (Devlieger, 1995b). Initial objectives of the Jairos Jiri Association included rehabilitating disabled people for open and self-employment (*The Bantu Mirror*, 7 July, 1956, cited in Develieger, 1995b:46), but as few positions were available in the job market, the Association also provided sheltered employment. The idea that people need education and/or training in order to do something for themselves is central to the idea of self-help. And Jairos Jiri's ideas of self-help contained a very positive flavour, both for disabled people as well as for black Africans at that time. However, with the expansion of Jairos Jiri institutions the idea of 'self-help' lost its impact. The result of this expanding institutional development and the growing financial costs eventually focused more attention on the institution, fund-raising and charity while 'helping-people-help themselves' assumed a subsidiary role (Devlieger, 1995b). This charitable approach to disability or "turning disabled people into objects who only receive" (Coleridge, 1993:47) and who do not meaningfully participate in the processes which shape their lives became a source of tension within the Jairos Jiri institutions. Further criticism directed at Jairos Jiri's work by disability advocates followed the subsequent political liberation of Zimbabwe (Devlieger, 1995b). Training and teaching rather than political action had been fundamental in the concept of self-help and

uplifting disabled people in the work of the Jairos Jiri Association. Yet the war of liberation for national independence in which the whole country was engaged had arguably raised the political consciousness of the general public, including disabled people, particularly Jairos Jiri graduates. Thus with political independence from Britain almost certain in the late 1970s, pressure on the Association mainly from its graduates became more pronounced. As Coleridge (1993:139) wrote:

> These graduates were deeply concerned that this institutional approach, which depended on private charity, which was not committed to integration, which had a limited idea of what disabled people were capable of, which felt threatened by the idea of disabled people having a voice, and above all which made no demands on the government, would be adopted by the new government for lack of any better vision.

In 1979, "six months before independence", Jairos Jiri Association graduates produced a policy paper which "proposed the formation of a National Council for Welfare and Rehabilitation" (Coleridge, 1993:139). Although the National Council was not formed, the proposals had an impact on government thinking and certainly contributed to the creation of the positive approach to disability that was demonstrated by the government's commissioning of a National Disability Survey in 1981. The survey revealed that about a quarter of a million people in Zimbabwe were disabled, and of these, about seventy-five percent lived in rural areas. In the same year (1981), the National Council of Disabled Persons of Zimbabwe (NCDPZ) was formed with a mandate to advance the participation of disabled people in the planning of rehabilitation services, and, crucially, to "have their rights recognised by pro-disability legislation on

the statute book" (Coleridge, 1993:140). Further developments in disability saw the enactment of the Disability Act in 1982, amended in 1996 (Government of Zimbabwe, 1996). This Act made discriminating against a person on the grounds of an impairment illegal in Zimbabwe. Furthermore, The Disabled Persons Act provided for the appointment of a disability advisor to the Presedent and Cabinet by the state president (Lang and Charowa, 2007), thereby providing a potential route by which disability movements and DPOs could advance the inclusion of disability in development agendas in Zimbabwe. The point I make here is that although Jairos Jiri is criticised as a misguided paternalist by some sections of the Zimbabwean community (Devlieger, 1995b), from a political standpoint his work can be said to have had a liberating impact on the most dehumanizing aspects of begging and poverty which coexisted with the conditions of urban life imposed on black Africans. In addition, while Jairos Jiri played a vital role in preparing the ground for the response to disability that has developed in Zimbabwe over the years, his work also signifies the value of individual agency. And in this study I acknowledge the importance of retaining a focus on Jairos Jiri's concept of 'self-help'; particularly the idea that disabled people can do things for themselves and be contributors to their communities. However, despite the potential contributions of disabled people in running the affairs of the communities in which they reside, various sources (e.g. Peters and Chimedza, 2000; Coleridge, 1993; Choruma, 2007) suggest that their participation has been largely overlooked.

3.3 Politics and the development process in Zimbabwe

At independence in 1980, Zimbabwe inherited a dual but divided system of local government based on racial discrimination. This dual system of local governance

comprised of the poorly resourced District Councils in communal areas and Rural Councils in the commercial farming areas (Masendeke *et al.*, 2004; Steward, Klugman and Helmsing, 1994). Communal areas, formally known as Tribal Trust Lands during the colonial era were administered under the terms of the District Council Act (1980). These areas were predominantly settled by black Africans, but had no 'voice' in the administration of the Tribal Trust Lands. The commercial farming areas on the other hand were administered under the terms of the Rural Councils Act 1966. Apart from promoting separate and unequal development of rural areas, this dual system of local governance denied the black African population the opportunity to participate in the running of local affairs. This was in direct contrast to the white population who were actively involved in directing the affairs of their communities (Mutizwa-Mangiza, 1991a; 1991b; Steward, Klugman and Helmsing, 1994). Black disabled people, who were excluded from community activities on the bases of impairment and skin colour, experienced double discrimination.

Following independence in 1980, "re-organization of local government in rural areas became a priority for the government" (Mutizwa-Mangiza, 1991b:418). This was achieved through the District Councils Act 1980 and through the establishment of an organizational structure permitting local participation in development processes in rural areas in Zimbabwe. The Prime Minister's Decentralisation Directive of 1984 paved the way for setting up such planning structures (Steward, Klugman and Helmsing, 1994), from village level to national level to ensure a more participatory and bottom-up approach to development planning. In other words the directive was intended to bring

into the development process ordinary citizens, including disabled people, who had been excluded by previous governments.

3.3.1 Decentralisation

Decentralisation is a generic term used to cover a broad range of transfers of locus of decision-making from central government to regional, municipal or local government within political-administrative and territorial hierarchies (Crook, 2003; Crook and Manor, 1998). It takes different forms ranging from devolution, or democratic, decentralisation to deconcentration, or administrative, decentralisation. Devolution, often viewed as the purest form of decentralisation, involves the transfer of resources and power from higher to "lower-level authorities which are largely or wholly independent of higher level of government, and are 'democratic' in some way and to some degree" (Crook and Manor, 1998:6). The people in authority at intermediate and local levels are elected directly or indirectly by secret ballots. Locally elected authorities have powers, are financially autonomous as far as possible and have large degrees of freedom in local policy formulation and implementation. Thus, in a devolved system, local governments have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions. By contrast, deconcentration, also known as administrative decentralisation, refers to a transfer of administrative responsibilities to lower-level central government authorities, or to other local authorities who are upwardly accountable to the central government (Ribot, 2002). Between these two extremes are intermediate organizational positions. For example, in a 'mixed' system local and central government's field administration exist and operate side by side with varying degrees of reference to each other. In an

integrated system, central government appoints professionals who are seconded to local authorities. These various types and sub-types of decentralisation compound the difficulty of defining and implementing decentralisation. The implication for disabled people is likely to be further marginalisation and exclusion from participating in the development processes, since they are less likely to be qualified for appointment in central government positions. However, decentralisation remains an appealing concept. Most governments, especially in developing countries have decentralised their development agendas in one way or another for various reasons. As Chema and Rondinelli (1983) have argued, the desire to implement decentralisation policies in developing countries arose from three converging historical factors: (i) disillusionment with the results of central planning and control of development activities during the 1950s and 1960s; (ii) the implicit requirements for new ways of managing development programmes and projects embodied in the growth-with-equity strategies that emerged in the 1970s and (iii) the increasing difficulties of planning and administering expanding development activities effectively and efficiently from the centre. Crook (2003) argued the assumption and belief by governments that decentralisation was synonymous with democratisation and therefore would lead to increased participation at the community level was another reason for pursuing decentralised policies. Furthermore, decentralisation advocates argue that because decentralisation permits more community participation, the voices of ordinary people are more likely to be heard in policy decisions (Sustainable Livelihoods in Southern Africa, 2003). However, different governments have different reasons and motives for implementing decentralisation. Writing about institutions that link the state and the countryside in three West African regions: Senegal's groundnut basin, southern Cote d'Ivoire, and southern Ghana, Boone

(1998) warned against treating decentralisation as a technically neutral device to be implemented without constraint as if there were no pre-existing social context. For those who view decentralisation as being broadly about control and power, the belief that decentralised governments are more responsive to the needs of the poor when compared to central government is questionable. As Boone (1998) further argues, many governments, including Zimbabwe, may have important stakes in, or as, established powerbrokers at low-level social and political levels that cannot extend beyond the reach of the state control.

3.3.2 Decentralisation in Zimbabwe

Decentralisation in Zimbabwe was a government policy priority from independence in 1980. The main objective was to define administrative structures at provincial and district level as well as the relationships and channels of communication between the participants in development at provincial and district level in order to achieve co-ordination of development in provinces and districts (Republic of Zimbabwe, 1983). It also served to achieve the transfer of functions for planning, management, resource raising and allocation from central government and its agencies to local units including semi-autonomous public authorities, non-governmental organizations, and field units of central government ministries (Republic of Zimbabwe, 1984). Thus decentralisation sought to bring about a comprehensive and more democratic system involving local communities in the process of planning and development. But there is little consensus in the literature about the type of decentralisation Zimbabwe did adopt. Mutizwa-Mangiza (1991b) suggests it has been a ‘mixed’ type of decentralisation while a research collective, Sustainable Livelihoods in Southern Africa, (2003) argued that Zimbabwe

adopted democratic decentralisation. Referring to the decentralisation of wildlife management in Binga District, Conyers (2002) discussed the wider concept of decentralisation in Zimbabwe. She divided Zimbabwe's efforts to implement decentralisation policy into three categories: deconcentration (1980-1992), devolution (1993-1999) and "the pay back phase" covering the period from 2000 onwards (Conyers, 2002: 3).

Implementing decentralisation involved changes to the existing legal framework that have been achieved through the Provincial Councils Act (1995), the Rural District Councils Act (1988) and the Cooperative Societies Act (1989). These Acts created administrative structures to support the amalgamation of formally fragmented rural and urban councils into Rural District Councils (Mtisi and Nicol, 2003). The joining up of the once separate councils in Zimbabwe was designed to ensure that people's needs were determined and planned for at the lowest level and not imposed from 'above'. Decentralisation "brings government closer to the governed" (Roe, 1995:835) both spatially and institutionally, increasing knowledge about, "and responsiveness to the needs of the poor" (Crook, 2003:78). But in Zimbabwe, like many other sub-Saharan countries that have attempted to implement decentralised systems of governance, a gap between policy and practice has persisted (Conyers, 2001; Gasper, 1997; Makumbe, 1998; Nkomo, 1999). One challenge has been the clear definition of 'the poor'. Different communities and members within the same community may view and assess poverty differently. However, there is little argument that disabled people are considered among the poorest of the 'poor' (Katsui, 2007; Katsui and Kumpuvuori, 2008) across the world. In the context of Sen's capability approach, being 'poor' is a reflection of

individual person's lack of practical opportunities and freedom to use available resources in one's community to his or her advantage. A further challenge for the successful implementation of decentralisation policies is how to maximise participation, integrating bottom-up and top-down decision making processes. In theory, decentralisation presents people in rural areas with the opportunity to be involved in making and shaping interventions or services, rather than simply using and choosing those designed by others. In line with this vision, organizational structures for popular participation in Zimbabwean development processes were outlined in the Prime Minister's 1984 and 1985 Directives on Decentralisation (Steward, Klugman and Helmsing, 1994) that provided the basis for a hierarchy of representative bodies at village, ward, district and provincial levels. In the following section I discuss the creation of local participatory structures at village, ward and district levels.

3.3.3 Creating local participatory structures in Zimbabwe

Binga, the focus of this study, is one of fifty-five Rural District Councils (Conyers, 2002), each subdivided into wards of approximately 6000 people with an elected ward councillor (Mtisi and Nicol, 2003). In 2009, Binga Rural District Council consisted of 25 administrative wards with a corresponding number of elected councillors. Each ward is further organised into villages representing approximately 100 households or about 1,000 people. In parallel with these administrative structures, the Prime Minister's Directive on Decentralisation (1984) called for the creation of participatory structures of which three have direct relevance for this thesis: i) Village Development Committees (VIDCOs), ii) Ward Development Committees (WADCOs) and iii) District Development Committees (DDCs). As representative bodies, VIDCOs and WADCOs

are intended as major avenues for popular participation at grassroots level (Steward, Klugman and Helmsing, 1994) and form part of the wider focus of this study of disability and development in Binga District.

3.3.3.1 Village Development Committees (VIDCOs)

VIDCOs are the basic unit of organization for decentralised development (Mtisi and Nicol, 2003) with membership drawn from village-heads in respective wards**.** Each VIDCO has six members: four elected by the Village Assembly (Manyena, 2006), and two nominated by the two mass organizations for women and 'youth' (Government of Zimbabwe, 2000a). The extent to which these organizations represent the interests of disabled women and young people is highly questionable since their aims and activities were commonly associated with the political interests of the former ruling party: ZANU PF[13] (Chitiyo, 2009). The National Youth Policy of Zimbabwe defines 'youth' as all individuals aged between ten and thirty years of age (Government of Zimbabwe, 2000b) and contemporary youth policy in Zimbabwe is intended to facilitate the meaningful involvement of young people in national development efforts by undergoing National Youth Training Service programmes to address the needs and problems of young people. Although these programmes have been criticized for their links with the 'youth wing' of ZANU PF with connotations of violence and ideological rigour (Chitiyo, 2009), genuine skills in carpentry, agriculture, management and the environment have also been developed in these programmes. While there is no documented evidence of the inclusion or exclusion of disabled young people as beneficiaries of this policy, wider patterns of exclusion suggest that young disabled people are likely to experience

[13] ZANU PF had been the sole political power and ruler of Zimbabwe until 2008 when it entered into a coalition government with MDC

marginalisation from mainstream youth policies. Similarly, while there is a dearth of peer-reviewed evidence of the inclusion or exclusion of disabled women from national women's associations or programmes in Zimbabwe, published testimony (eg Charowa, 2005) lends weight to the strength of exclusionary and discriminatory behaviour of men and able-bodied women, experienced by disabled women in Zimbabwe. Notwithstanding these reservations, it is important to remember that each VIDCO, chaired by a village-head, has responsibilities for defining local needs and providing technical support for planning at village level, being accountable to the Village Assembly. Masendeke *et al.*,(2004) define the Village Assembly as a point where development plans for the village are generated. Attendance at Village Assembly meetings is open to all inhabitants aged 18 or above. In theory, therefore, the VIDCOs offer an opportunity for disabled people to be meaningfully involved in running community affairs.

3.3.3.2 Ward Development Committees (WADCOs)

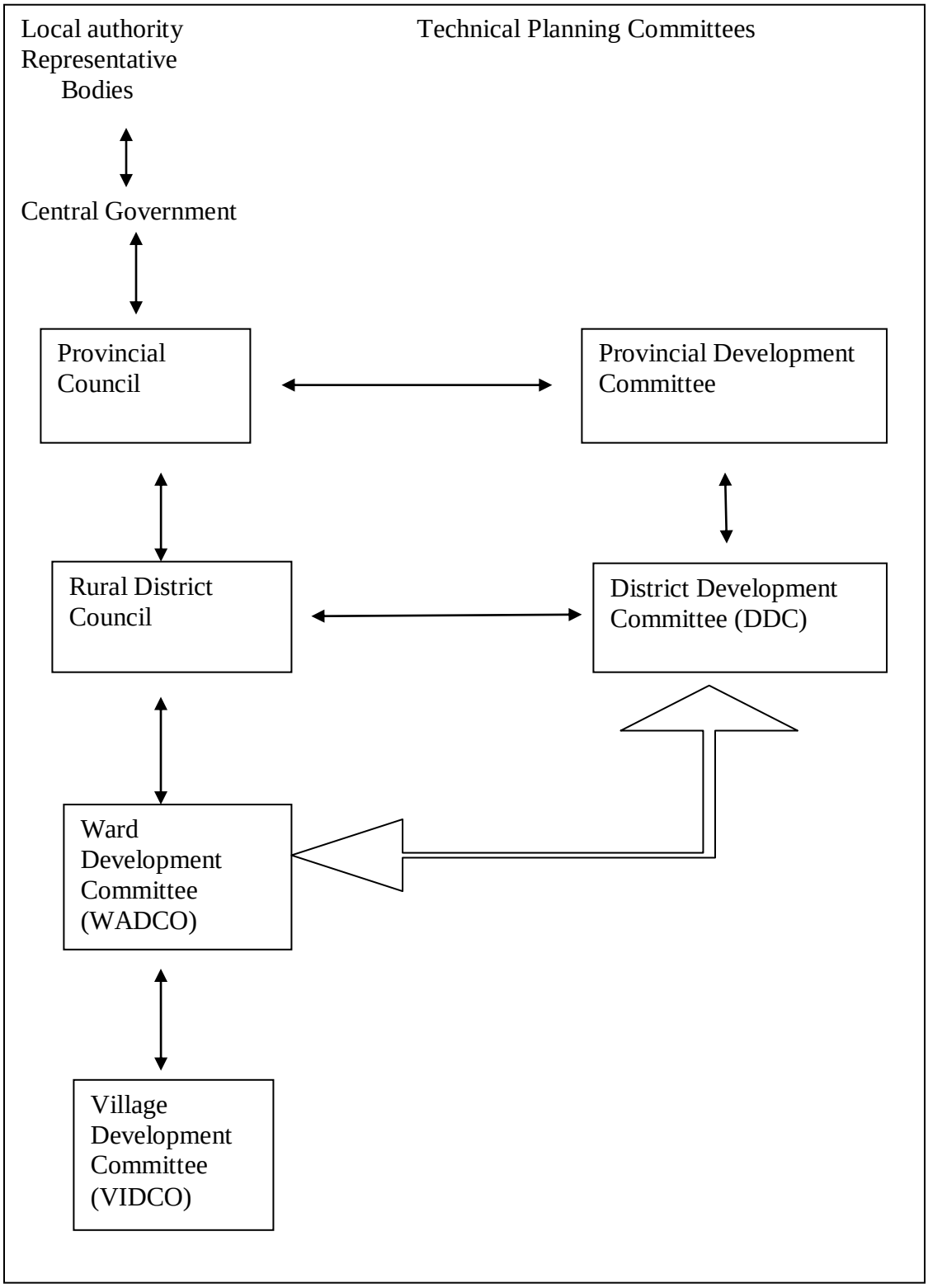
Ward Development Committees, created under the 1988 Rural District Council Act, are chaired by an elected ward councillor, who sits on the Rural District Council. Other members include all village-heads in a ward, secretaries of each VIDCO and one representative from the mass movements of 'youth' and women. Several sub-committees within each ward (e.g. Indigenous Resources, Livestock Development, Child Protection; Health and School Development) are affiliated to the WADCO that functions as a liaison body between the VIDCO and the Rural District Council, coordinating village plans and general development activities throughout the ward. The WADCOs also provide technical support to the Ward Assemblies chaired by the locally

elected ward councillor and attended by the local chief. Unlike Village Assemblies, Ward Assemblies are only open to village-heads, invited guests and heads of government ministries, who typically present their departments' operational reports. Ward Assemblies act as the official conduit for communication between village and district level.

3.3.3.3 District Development Committees (DDCs)

District Development Committees (DDCs) are planning and co-ordinating bodies composed of all ward councillors in the District. Other members of the DDC include the Chief Executive Officer of the Rural District Council and other officers determined by the Rural District Council usually including all district heads of central government ministries, non-government organizations operating within the district, police, army and senior officers from the President's Office. The DDC provides technical support to the Rural District Council and is chaired by the District Administrator who is also the most senior national government employee and representative at district level (Masendeke *et al.*, 2004). As a planning and development authority the DDC is responsible for formulating district development plans, based on plans forwarded from the WADCOs. The DDC reports to the Rural District Council that forwards the district development plan to the Provincial Development Committee (which lies outside the scope of this study). Figure 2 below shows the structure of local government in Zimbabwe.

Figure 2 Structure of local governance in Zimbabwe



Adapted from Mutizwa-Mangiza (1991a)

Local governance arrangements are designed to channel all development initiatives and activities in rural areas from village to ward, district, provincial and national levels. VIDCOs submit their ideas and development needs to the WADCOs that consolidate the ideas and needs from each VIDCO for onward submission to the District Council that in turn combines ideas from the WADCOs with its own ideas and submits these to the Provincial Development Committee. At the same time central government departments prepare their own sector submissions to the DDCs, in line with the plans of their own ministries (Mutizwa-Mangiza, 1991b). The DDC draws on the contributions of both central government and local government structures to prepare a final draft of the District plan for presentation to a joint meeting of the District Council and the DDC for adoption. The consolidated development plan is then forwarded to central government for possible funding.

The introduction of a decentralised committee structure provided a theoretical opportunity for meaningful participation of disabled people across the range of community development processes. However, writing about the role and operations of WADCOs in Zimbabwe, Brand (1991) argued that some ward submissions to councils were prepared by WADCO chairpersons with little or no consultation, calling into question the meaningful participation of local community members and casting serious doubt on the capacity of local governance arrangements to seek to hear the voices of disabled people.

3.3.4 Success stories of decentralisation in Zimbabwe

Despite concerns about the capacity of decentralised structures to achieve effective community participation at local level, successes have been claimed for decentralisation in some sectors. Here I pay attention to three examples: education, the management of rural water supplies and the management of wildlife. Determining the benefits of decentralisation in politically and economically unstable environments can be problematic and at times misleading. This is particularly true when there is no consensus among key players in relation to the type of decentralisation followed, as was the case in Zimbabwe (Mutizwa-Mangiza, 1991b; Sustainable Livelihoods in Southern Africa, 2003). There are also questions about the motives behind Zimbabwe's decentralisation plan. Conyers (2002) argued that the attempted deconcentration of local government was aimed at advancing the government's one-party socialist state ambition, with subsequent forms of decentralisation designed as a response to its failed attempts to make Zimbabwe a one-party state. But on a positive note, the introduction of VIDCOs and WADCOs did offer channels for popular participation, which, together with fully elected district councils augured well for the development of local government and participatory planning. This approach provided the basis for local people's needs to be determined and planned locally. The VIDCOs and WADCOs were also seen as useful for the mobilisation of communities to develop income generating projects such as kitchen gardens. In the following sections, I further discuss successes of decentralisation in Zimbabwe, focussing on the education sector, rural water supplies and wildlife management.

3.3.4.1 The education sector

The importance of formal education in development cannot be overemphasised. Education plays a facilitative role in the acquisition of technical and social skills necessary for the workplace and adult life (Kadhani and Riddell, 1981). In addition to being an instrument by which modern societies facilitate the integration of the younger generation into the logic of the present system and bring conformity to it, Freire (1970:16) argued further that education is the means by which "men and women deal critically and creatively with reality and discover how to participate in the transformation of their world." Furthermore, education has a fundamental influence on human well-being. Studies have proved that people with better education tend to experience better physical health compared to people with less education, as indicated by high levels of self-reported health functioning and low levels of morbidity, mortality and disability (Doornbos and Kromhout, 1990; Pappas *et al.*, 1993; Ross and Wu, 1995). Similarly in *Education and the Subjective Quality of Life*, Ross and Van Willigen, (1997) argued that people with high levels of education also experience better mental health as compared to less educated people.

Decentralization of the Ministry of Education, Sports and Culture[14] (Conyers, 2003) allowed the powers previously vested in the higher tiers of the education system to flow down to individual and cluster schools. In the case of non-governmental schools, Statutory Instrument 87 (Government of Zimbabwe, 1992) led to a legal requirement for School Development Committees (SDCs) and in the case of private schools; the Schools Development Association (SDAs), to govern the affairs of schools (Chikoko, 2009).

[14] Now Ministry of Education, Sports, Arts and Culture

School Development Committees are composed of five elected parents of pupils enrolled at the school. Other members include the head, the deputy head, and a teacher at the school, as well as a ward councillor, and appointed representatives of any other relevant authority or body who serve as ex-officio members (Conyers, 2003; Government of Zimbabwe, 1992). The SDCs are responsible for the construction and maintenance of school buildings, provision of equipment, determination and collection of a development levy to meet maintenance and other costs not covered by the basic central grant, and at times, the hiring of teachers (Chikoko, 2009; Conyers, 2003). These measures opened up spaces for greater community involvement and control over schools in rural areas of Zimbabwe.

Decentralisation of the education system has had a positive influence on disabled children's access to education in Zimbabwe. Following the adoption of the Education For All policy soon after independence, the Education Act of 1987, amended in 1991, made attending school compulsory for all children of primary school-going age (Chitiyo and Wheeler, 2004). This is in line with the Disabled Persons Act 1982 amended in 1996, that outlawed discrimination against disabled people including their exclusion from access to services (Government of Zimbabwe, 1996). Recent statistics on enrolment are difficult to access, but there are records of enrolment of children with special needs increasing from 2000 (1979) to 4000 in 1980 (Samkange, 1987) and 10,749 in 1994 (Peresuh and Barcham, 1998). During the same period, more schools and facilities for children with special needs were constructed particularly in rural areas which had previously been neglected. Special schools in Zimbabwe are mainly boarding schools intended for disabled children with severe or multiple impairments while

children with less severe impairments may attend the special schools provided that their home environment necessitates a boarding placement.

The question of segregated, particularly boarding educational provision for disabled children raises particular concerns, and continues to be under the spotlight worldwide. Some critics argue that the development and maintenance of separate facilities for children with special needs represents a form of control (Ford, Mongon and Whelan, 1982), a view widely echoed by some disability theorists, who argue that the special education system is a key element in the creation and perpetuation of the social oppression of disabled people. Writing in the context of Britain, about two decades ago, Barnes (1991) for example, argued that the educational provision for disabled children, ingrained in special schools or institutions was segregative and failed to equip disabled school leavers with appropriate skills. The education system isolated disabled children, resulting in passive acceptance of social discrimination, lack of skills in facing the tasks of adulthood and ignorance about social issues (Barnes, 1991).

Despite these negative views about separate educational provision, and current emphasis on achieving inclusive education through mainstreaming, Peresuh and Barcham (1998) argued that most parents in Zimbabwe preferred their disabled children to be enrolled in a boarding special school. They felt that special schools were better equipped than integrated units as they tended to have more and better specialised equipment and other resources. However, resourcing these special schools is dependent on national economic well-being and political willingness to establish and/or maintain special schools with appropriate resources.

Zimbabwe's expanded education system is also reflected in the rapid expansion of higher education, also in response to a huge demand that had increased since independence (Chataika, 2010). Currently there are thirteen universities: nine state, four private, and one specialising in distance learning. In addition there are fourteen teachers' colleges: eleven state and three private; as well as 279 private and ten state polytechnics and industrial training centres across the country (Chataika, 2010). But these efforts to widen access to tertiary institutions have exposed the under-representation of disabled young people. Available statistics show that in 2003 disabled students constituted less than 1% of the 78,481 students in universities, technical and teachers' colleges (Chataika, 2010). Although government education policy was consistent with the aims of inclusive education, there was no specific legislation for inclusive education in Zimbabwe (Mpofu, 2004). Even the Disabled Persons Act 1996 which outlawed discrimination against disabled people, Mutepfa, Mpofu and Chataika (2007) argue that the Act did not commit the government to provide education for disabled students in any concrete way. In '*School psychology in Zimbabwe'* Mpofu *et al*, (2006) argued that the Disabled Persons Act 1996 prevented disabled citizens from suing the Zimbabwean government for failure to address access issues that may prevent or limit their community participation. With fair access to education remaining an aspiration rather than a legally enforceable obligation, disabled people, like any social group denied access to further and higher education, are likely to be excluded from the social and economic development of society (Borland and James, 1999).

3.3.4.2 Rural water supplies

A second example of what has been described as a decentralisation success can be seen in the provision of rural water supplies. In line with Zimbabwe's decentralisation policies, a new Water Act was introduced in 1998. This introduced an integrated water resource management system and devolved responsibilities for management decision–making to lower sub-catchment levels (Sustainable Livelihoods in Southern Africa, 2003). For instance, a community-based system for the maintenance of boreholes through Water Point Committees was established in two of Binga's 21 administrative Wards[15] (Conyers, 2003). Communities established water committees comprising of both men and women for each water point. The water committees were responsible for maintaining cleanliness around the water point(s) and reporting breakdowns in the case of a borehole. Until early 2000, maintenance was undertaken by the District Development Fund (DDF), which employed 'ward pump-minders' and provided support including training, at district level (Conyers, 2003). However, due to the financial constraints faced by the DDFs in 2000, pump-minders became self-employed and were paid directly by the local communities. The water point committees handled contractual arrangements and payments with respective pump-minders whenever their services were required. If extra manpower was required, the committees mobilised the communities. These arrangements for the management of water points therefore, provided an opportunity for involvement by community members (both non disabled and disabled people]. However, the extent to which disabled people participated in the water committee is uncertain. Conyers (2003) who wrote on water supply as decentralisation success does not comment on the involvement of disabled people. The use of terms such

[15] There are now 25wards

'women' and 'community members' may imply that disabled women and disabled men in general are members of communities in the villages they reside, and may have been included in the water management committees. However, drawing from the literature on disability and development (e.g. Dube, 2005) there is evidence that when disabled people are not specifically mentioned, it is a clear indication that they are not involved.

3.3.4.3 Wildlife management

The third example of 'successful decentralisation' comes from the Communal Areas Management Programme for Indigenous Resources (CAMPFIRE), one of the earliest and most publicised examples of successful sectoral decentralisation in Zimbabwe (Conyers, 2002; Mandondo, 2000). The CAMPFIRE programme, conceived by the Department of National Parks and Wildlife Management (DNPWM), was created to reduce illegal hunting in communal areas bordering national parks and game reserves. Under the programme, local authorities in areas with significant wildlife populations such as Binga District were "delegated as 'appropriate authorities' to manage wildlife under the Parks and Wildlife Act" (Conyers, 2003:118). But what makes CAMPFIRE a household word in Binga District, and beyond, is its participatory nature. Each of the 25 administrative wards in Binga District has a CAMPFIRE committee that receives money from the Rural District Council. The composition of the CAMPFIRE committees varies from one administrative ward to another, but essentially provides an opportunity for the meaningful participation of disabled people. The Rural District Council, as the appropriate authority sells wildlife on behalf of the communities. In 1999 Binga District realised US$301, 580 and of this amount, US$198,212 (65.7%) was distributed among the wards (Khumalo, 2003) with the remainder going to the council coffers for

administration purpose (Conyers, 2002). The CAMPFIRE committee administers this income, consulting with the community to decide how best to use it (Conyers, 2003). As Conyers (2002) points out, due to the small amount of money received, most of the ward dividends have been used for community projects, such as primary school infrastructure (classrooms, toilet blocks and teachers' houses), depending on what the individual communities have agreed upon. CAMPFIRE has had positive achievements not only through providing valuable experience in project planning and implementation for local community members, but also in validating the effectiveness of community participation in decision-making processes. It has also increased community awareness of wildlife conservation and management, and opened up spaces for increased participation of local communities in the development of their localities.

These three examples of successful sectoral decentralisation carry rather different implications for disabled people for whom success implies i) improved access to education, ii) involvement, as members of water committees, in decision making about the management of water points and iii) involvement in decision making about, and use of benefits accruing from, the successful management of wild life. However, decentralisation has not resulted in equal opportunities for involvement. In the following section I address some of the issues that have been identified as limiting the success of decentralisation policies.

3.3.5 Challenges to decentralisation in Zimbabwe

As Boone (1998) has argued, decentralisation schemes cannot be treated as technically neutral devices which can be implemented without constraint as if they were no pre-

existing social context. This is particularly true in the context of Zimbabwe where the decentralisation process was informed by the country's wider post-independent rural development policies. Although these policies were aimed at fostering the participation of local people in development activities intended to benefit them (Makumbe, 1996), a counter argument suggests that the ZANU PF government adopted a decentralisation policy for political gain rather than enabling the participation of local communities in the development processes. The desire to control the rural population is most visible in the structures and composition of planning committees. The DDC for instance, is strongly dominated by central government departmental representatives (Conyers, 2002). Such a composition of committees provides relatively little scope for the majority of the population, particularly disabled people, who have a history of exclusion from opportunities for effective participation.

Decentralisation is inevitably a political process by nature since it concerns the redistribution of power and resources, and thus alters the balance of power in society. Meaningful decentralisation calls for the political will and commitment of central government, an ingredient that has been lacking in Zimbabwe. Even before the political turbulence of the last few years, some measures to achieve democratic decentralisation in Zimbabwe resulted in further entrenchment and extension of the centralised state. For example, the Traditional Leaders Act of 1998, amended in 2000, which provides for salaried chief and headmen posts (Government of Zimbabwe, 2000a), demonstrates the state's attempt to extend its control deeper into rural areas at a time of political discontent. Circles of allegiance to the state begin with chiefs who are themselves appointed by the state president. They, in turn, appoint village-heads who automatically

become members of the VIDCOs and WADCOs. Chiefs are responsible for liaising with and assisting development committees established under the Rural District Council Act, in all matters relating to the planning and implementation of local development programmes, (Government of Zimbabwe, 2000a). These are the same roles elected ward councillors perform. Besides the resultant confusion at ward level (Manyena, 2006), it is unlikely that chiefs manage to execute their duties without interference from central government. As a war veteran (allied with ZANU-PF) explained: "we as war veterans, we work hand in hand with traditional leaders as long as they tow the party line…we want chiefs who support our programmes and party and we do not want those who work with the enemy" (cited in Sustainable Livelihoods in Southern Africa, 2003). Such expressions help to confirm the level of party politicisation in the role of traditional leaders in Zimbabwe. As Crook (2003:85) argued: "ZANU PF government engages decentralised structures to renew or consolidate ruling party power and influence at the local level." Any expectation that local-level government will be more concerned with social equity stands in contrast to deeply rooted popular expectations about local representation. As I have argued elsewhere (Munsaka, in press) disabled people in Binga District are marginalised by this politicisation as they rarely participate in elections, and are perceived as having little use in advancing party politics. Local government representation of disadvantaged groups is not part of popular politics in Zimbabwe and has no legal basis (Sustainable Livelihoods in Southern Africa, 2003). And Zimbabwe's reluctance to ratify the UN Convention on the Rights and Dignity of Persons with Disability (2008) adds further weight to questions about Zimbabwe's commitment to the participation of disabled people in development processes.

3.4 Conceptualising participation in development

This necessarily brief consideration of participation is intended to serve the central focus of this thesis about the inclusion of a disability agenda in development. The concept of participation is widely used in discourses of development and is central to some of the fundamental questions that continue to evade development theorists. Terms such as 'community participation', 'stakeholder participation', 'political participation', 'empowerment' and 'citizen participation' are all common in the field of development. Stiefel and Wolfe (1994:5) defined participation as "organised efforts to increase control over resources and regulative institutions in given social situations, on the part of groups and movements hitherto excluded from such control." A similar meaning is conveyed by the World Bank Learning Group that defined participation as a process through which stakeholders influence and share control over development initiatives and the decisions and resources which affect them (World Bank, 1995). For Gaventa (2002:1), participation implies pathways through which 'poor' people exercise voice through "new forms of deliberation, consultation and or mobilisation designed to inform and to influence larger institutions and polices." In the context of this thesis, the important point is that disabled people are consistently described as being among the 'poorest' and most excluded people within their own communities (Barnes and Mercer, 1995; Elwan, 1999; Groce, 2005). Poverty and its resultant exclusion affect an individual's capabilities and reduce the effective participation of 'poor' people in society. The presence of disability and poverty further militates against meaningful participation in society. The disability poverty nexus has led to the focus on increasing 'poor' and marginalised people's influence over the wider decision-making processes which affect their lives (Cornwall and Gaventa, 2000; Gevanta and Valderrama, 1999). While such

arguments are increasingly linked under the label of a "new rights-based approach to development" (United Nations Development Programme, 2000:7), discourses on rights have a long history in the field of development. In 1986 for example, the United Nations Declaration on the Right to Development**,** referred to development as:

> …a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the wellbeing of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of benefits resulting there from (UN, 1986:2).

This declaration not only linked the idea of development to the concept of rights, but also specified rights to meaningful participation and social justice as inherent components, opening up further spaces for discussion of participation through active citizenship.

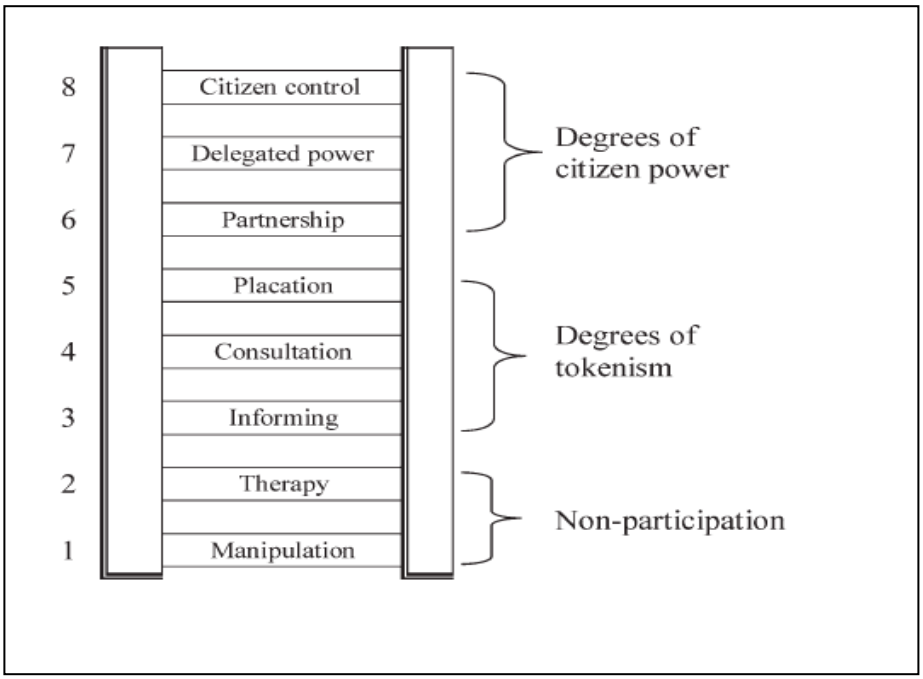
3.4.1 Participation as citizenship

The benefits of citizen participation accruing to individuals, groups and communities have been discussed widely for many years (Hardina, 2003; Lane, 2005; Schafft and Greenwood, 2003). At individual level, Dinham (2007) articulated a direct relationship between participation and well-being in which one stands as precondition to the other. But well-being is "more than just happiness", (New Economics Foundation, 2004:2). As well as feeling satisfied and happy, well-being means the development of a person, a sense of fulfilment and contribution to the soundness of community solutions. This 'community' dimension, although complicating the definitional and operational debates by presenting yet another highly contested concept, seeks to describe the participation of

all citizens (including 'poor' people) in shared and public life around them. The view of 'poor' people as subjects of development intervention participating in development processes, or putting people at the centre of development, has its roots in Paulo Freire's seminal work in Brazil in the 1960s and Julius Nyerere's attempts at villagisation in newly independent Tanzania (Tandon, 2008). Participation by intended beneficiaries of development processes is now a central consideration of development policy discourses at international, national and local levels, and has become a widespread social expectation. Writing about children's participation in development, Bourdillon (2004) has argued that the views and perspectives of the people who are the subjects of development intervention are as important as are those of technocrats. This view not only accommodates people affected by (under)development, but allows for meaningful participation of affected people in implementing new interventions.

Asserting that citizen participation is citizen power, Arnstein (1969) depicted participation as an eight-rung ladder, with each rung corresponding to the extent of citizens' decision making responsibility or power in determining a desired outcome (see Figure 3 below).

Figure 3: Arnstein's ladder of participation



Arnestein's ladder of participation emerged from her work in urban planning in the United States of America in the 1960s. Arnstein set out to distinguish different levels of participation in relation to levels of, and access to, power. Each step on the ladder corresponds to degrees of citizen engagement ranging from non-involvement through tokenism to citizen power. Within the top rungs of citizen power citizen control is achieved only at the top of the ladder, while the two lowest rungs refer to non-participation and tokenistic participation (Figure 3). Arnstein's point of reference was citizens on the receiving end of projects or programmes (Bowen, 2008; Cornwall, 2008). She draws a distinction between 'degrees of citizen power', which includes citizen control, delegated power and partnership, and 'tokenism' that includes consultation, informing and placating, activities that are commonly observed in development practice. As Arnstein herself recognised, the ladder is based on a conceptualisation that

"participation is a categorical term for power" (Arnstein, 1969: 216). The ladder depicts participation as a power struggle between ordinary citizens trying to move up the ladder and organizations and institutions acting (intentionally or otherwise) to limit citizen power. Institutional attempts to limit citizens' ascent to the 'top' inhibit citizens' ability to claim control or power for themselves.

Preparation of Zimbabwe's new constitution in 2000 exemplified tokenistic forms of participation and illuminated a process of negotiation between parties armed with different forms and levels of power. Conyers and Chumanzala (2004:3) explain how the draft constitution was "prepared through a process that included a massive but superficial exercise in public consultation, and then put to the test in a national referendum in February 2000." The electorate rejected the draft constitution that they felt fell short on measures to safeguard democracy. Perhaps more important, Conyers and Chumanzala (2004) have argued that the electorate felt that the draft constitution had not taken sufficient account of the views they had expressed during the consultation process. What is interesting in this situation is that although the draft constitution writing process began as tokenism, the overall process transformed into an exercise in citizen power as demonstrated by the popular rejection of a process they believed was undemocratic and exclusionary. Rejection of the draft constitution was, in effect, a form of resistance and a demand for a more inclusive mode of participation to replace the consultation that is widely used as a means of legitimating decisions already-taken by people in power (Cornwall, 2008), while at the same time maintaining "top down" control of decision making processes (Lane, 2005:183).

Other models of participation have been usefully summarised by Pretty (1995) and are shown in Table 2 below.

Table 2 Pretty's typology of participation

Type of participation	Description
Manipulative Participation	Participation is simply a pretence, with 'people's' representatives on official boards, but who are un-elected and have no power.
Passive Participation	People participate by being told what has been decided or has already happened. It involves unilateral announcements by an administration or project management without any listening to people's responses. The information being shared belongs only to external professionals
Participation by consultation	People participate by being consulted or by answering questions. External agents define problems and information-gathering processes, and so control analysis. Such a consultative process does not concede any share in decision-making, and professionals are under no obligation to take on board people's views
Participation for material incentives	People participate by contributing resources; for example, labour, in return for food, cash or other material incentives. Farmers may provide the fields and labour, but are involved in neither experimentation nor the process of learning. It is very common to see this 'called' participation, yet people have no stake in prolonging technologies or practices when the incentives end
Functional Participation	Participation seen by external agencies as a means to achieve project goals, especially reduced costs. People may participate by forming groups to meet predetermined objectives related to the project. Such involvement may be interactive and involve shared decision-making, but tends to arise only after major decisions have already been made by external agents. At worst, local people may still only be co-opted to serve external goals
Interactive participation	People participate in joint analysis, development of action plans and formation or strengthening of local institutions. Participation is seen as a right, not just the means to achieve project goals. As groups take control over local decisions and determine how available resources are used, so they have a stake in maintaining structures or practices
Self Mobilisation	People participate by taking initiatives independently of external institutions to change systems. They develop contacts with external institutions for resources and technical advice they need, but retain control over how resources are used.

Source: Pretty (1995)

In '*Unpacking 'Participation': models, meanings and practices',* Cornwall (2008) discusses Pretty's typology in detail. As with Arnstein's ladder, Pretty's typology (Table 2) of participation moves from weak forms of participation characterised by manipulation after decisions have already been taken, to 'better' forms, starting with participation by consultation and participation for material incentives. Functional participation is most often associated with efficiency arguments whereby people participate to meet project objectives more effectively and to reduce costs after major decisions have been made by an external agent. Interactive participation is described as a learning process through which local groups take control over decisions, thereby gaining a stake in maintaining structures and resources (Cornwall, 2008). And the last category is of self-mobilisation, where ordinary people "take the initiative independently of external organizations" (Cornwall, 2008:271) and develop contacts for resources and other form of assistance, over which they retain control. Both Arnstein's ladder and Pretty's typology have relevance to the discussion on the participation of disabled people in the development processes in Zimbabwe. Arnstein and Pretty's typologies describe spectrums defined by a shift from control by authorities to control by citizens. This was the essence of adopting the decentralisation policy in Zimbabwe. But as Bowen (2008) argues, citizen participation is bound up with issues of power, privilege and resources. Those with the resources, power and knowledge to shape definitions of rights and how they are put into practice, are usually more able to turn rights discourses and entitlements to their own advantage. So "the motivations of those who adopt and practise participatory approaches is an important factor" (Cornwall, 2008:217), in shaping interventions as well as determining who is included**.** Being involved in a development process is, therefore, not equivalent to having a voice. Rather, as Gaventa

and Robinson (1998) argue, this involves political will to convert professed commitment to citizen participation into tangible actions. Although creating spaces for participation through invitation is necessary, this may not be sufficient to ensure effective participation. As Cornwall (2008) argued: "much also depends on how people take up and make use of what is on offer, as well as on supportive processes that can help build capacity, nurture voice and enable people to empower themselves." Disabled, just as non-disabled, citizens may need appropriate training and support to become more knowledgeable and competent as community development partners and decision-makers. The extent to which appropriate training and support would lead to meaningful participation by disabled people with a long history of exclusion is debatable. This is because invited spaces and opportunities to participate (Cornwall, 2008) remain under the control of those who provide them. The issue here relates to transferring that ownership to those who come to fill the 'spaces' to achieve a 'deep' participatory process that engages disabled people in all stages of a given activity (Farrington *et al.*, 1993). This is far from easy and often results in 'victim blaming'; a tool used by the 'powerful' to locate responsibility for failure with those who have little power or control over the structural context in which they are attempting to participate. An example is offered by Nussbaum (2005) who, writing in the context of violence against women, explains that not all female victims report incidents of violence to the responsible authorities for fear of not being believed. With respect to sexual violence, the assumption is that women 'tempt' men and then 'cry rape' (Schafran, 1990). Violence against disabled people in the United States has also been portrayed as "random acts of passion rather than violence, the assumption being that disabled people provoke and invite abuse due to their behaviour or attributes" (Waxman, 1991:187). Yet according to

Waxman anti-disability violence is produced by ideological structures that construct citizen participation as a threat to existing hierarchies of power. The strength of ideological structures does little to promote the participation of 'poor' people. Effective participation takes place in 'claimed' spaces (Cornwall, 2008) in which individuals make active choices to participate or not. The importance of claiming spaces for participation is, at least in part, what lay behind the objections of Jairos Jiri graduates to the organization's charity approach, even though this was designed to support disabled people to help themselves.

3.5 Summary

The adoption of the national decentralisation policy after independence in 1980 in Zimbabwe brought changes to local governance. Formal structures to facilitate local participation and representation emerged from various enactments, directives and practices adopted by the Zimbabwe government back dating to 1980. These changes offered theoretical opportunities for disabled people to be involved in development processes in their respective areas. However, as has become evident in recent years, although the term participation, like decentralisation, evokes a warm ring of inclusion (Cornwall, 2008), 'participatory' processes can serve to deepen the exclusion of particular groups (Guijt and Kaul, 1998). This view is shared by Lister (2008:3) who argues that "citizen participation operates simultaneously as a force for both inclusion and exclusion", and this is contrary to the aims of development (see Chapter 2). It is against this background that my empirical study explores the rhetoric and reality of including disabled people in development processes in Binga District, Zimbabwe**.** In light of the strengths and limitations of the current knowledge base and approaches to

achieve the inclusion of disabled men and women in development processes that have been outlined in this and the previous chapter, the next chapter, focuses on the methodological approach and methods used to explore the research questions (Chapter 1: 4.1):

1. To what extent do development policy and practice in Zimbabwe include and promote the participation of disabled men and women in development processes?
2. What challenges do disabled men and women face in attempting to participate in development process in their respective communities?
3. To what extent does Sen's capability approach help to explain the participation of disabled men and women in development processes?

CHAPTER 4 METHODOLOGY

4.1 Introduction:

In this chapter I explain how the research questions are operationalized using a qualitative methodology to build a holistic picture and understanding of the lived experiences of a diverse sample of disabled people in Binga District. Section 4.2 describes the research design, 4.3 the use of narrative interviewing, an outline and the justification for the adoption of a mixed methods approach based on narrative interviews with disabled men and women, focus groups with disabled men, disabled women, non disabled men and non disabled women complemented by semi structured interviews with traditional leaders (chiefs), elected ward councillors, local government officers and a representative of a national disability organization, as well as non participant observation of Village and Ward Assembly meetings. In section 4.4, I discuss questions of access within Binga District: to disabled and non-disabled participants, community leaders, local government officers and community events. Section 4.5 offers an explanation of sampling strategies while section 4.6 discusses methods used for sampling and data collection and data analysis. In Section 4.7, I discuss the process of data management, moving from talk to transcription to translation, while section 4.8 is devoted to questions of data analysis. Section 4.9 is devoted to the complex ethical considerations that informed the study at all stages. This is not to treat ethical questions as being of secondary importance. Rather, it is to ensure that they are given explicit attention as a whole, in addition to their consideration at different stages of the study. In sections 4.10, I address questions of validity and reliability before reflecting on the methodological limitations of the study in section 4.11.

4.2 Research Design

In this study I recognize disability both as a socially constructed phenomenon and as a development issue. I attend to both the meaning making in which disabled individuals engage to make sense of their life experiences and the impact of the broader socio-cultural context on these meanings. Figure 4 provides an overall picture of the research design, participants and research methods.

Figure 4 Overall picture of the research design

RESEARCH DESIGN

BINGA DISTRICT, ZIMBABWE

Randomly selected

WARD X	**WARD Y**	**WARD Z**
NARRATIVE INTERVIEWS		
4 disabled women	3 disabled women	3 disabled women
3 disabled men	3 disabled men	4 disabled men
SEMI-STRUCTURED INTERVIEWS		
1 traditional leader (chief)	1 traditional leader (chief)	1 traditional leader (chief)
1 ward councillor	1 ward councillor	1 ward councillor

SEMI-STRUCTURED INTERVIEWS WITH DISTRICT REPRESENTATIVES

Ministry of Local Government, Urban and Rural Development;

Ministry of Labour and Social Welfare;

Ministry of Women's Affairs, Gender and Community Development.

ONE SEMI STRUCTURED INTERVIEW

A representative of a national disabled people's organization

NON PARTICIPANT OBSERVATION

Ward X Assembly meeting	Ward Y Assembly meeting	Ward Z Assembly meeting
1 Village Assembly meeting	1 Village Assembly meeting	1 Village Assembly meeting

FOCUS GROUP DISCUSSIONS

WARD X	**WARD Y**	**WARD Y**	**WARD Z/X**
'ASWEBO' 6 disabled men	'BWACHA' 6 disabled women	'CHULWA' 6 non-disabled women	'DUMBWE' 6 non-disabled men

The concern of qualitative research is the development of knowledge created through the world of lived experience from the point of view of the individuals being studied (Bryman, 2004a; Lofland and Lofland, 1995) and "the socially constructed nature of reality" (Denzin and Lincoln, 2005:8). A qualitative approach also accommodates the reflexive capacities of human beings within the research methodology itself (Kesby and Gwanzura-Ottemoller, 2007). Writing in the context of participatory action research, Kindon, Pain and Kesby (2007:9) argue further that knowledge within qualitative research is understood as situated and recognises that "those who have been systematically excluded and oppressed or denied carry specifically revealing wisdom about history, structure and consequence." But in spite of this understanding, traditional qualitative research methods have effectively excluded people with little or no power (Beresford, 2000), including disabled people. In addition to a long history of exclusion (Jackson and Mupedziswa, 1988; Katsui, 2007) and oppression (Oliver, 1990), disabled people have been excluded from disability discourse (Kitchen, 2000), and many disability researchers have failed to represent the experiences and knowledges of disabled people themselves (Oliver, 1996). Given this background and the negative connotations and stigma attached to disability worldwide (see Chapter 2) it was imperative in this study to engage with a methodology that enabled disabled people in Binga to share their personal experiences. The central methodological focus of this study has been the use of narrative interviews complemented by focus group discussions with disabled women and men. The subsequent interviews with community leaders, relevant local government figures and a representative of a national disability organization; observation of Village and Ward Assembly meetings; and focus groups with non disabled citizens, contribute a better understanding of the cultural and social

context in which efforts to establish disability as a legitimate concern of development activities must be made.

4.3 The use of narratives

Narrative inquiry is a subtype of qualitative research (Chase, 2008) whose origin and meaning continues to generate debate. Its origin is thought to have taken hold during the twentieth century with the Russian formalists' study of fairy tales and Levi-Strauss's analysis of myths and it has since "earned a progressively popular place as a form of systematic inquiry into disability research" (Chataika, 2005:2). But despite its popularity, Chase (2008:57) argues that narrative inquiry is still "a field in the making as it continues to emerge in diverse forms influenced by a variety of epistemological positions taken by researchers adopting the approach." By definition narrative inquiry "involves a process of gathering information for the purposes of research through storytelling or narration" (Chataika, 2005:2-3). My rationale for adopting a narrative approach to gain a clearer understanding of the experiences of disabled women and men in Binga was influenced by its usefulness in exploring relatively unknown, oppressed and ignored social groups (Lincoln and Guba, 1985) including disabled people who count among the most excluded members in a given community (Elwan, 1999), and whose lived experiences have been under represented in theoretical, practical and policy debates worldwide. Data generated through narrative methods take the form of stories, or 'narratives'. The researcher gains insights into the lived experiences of individuals by inviting them to tell stories about their lives. What constitutes a narrative is not straightforward. Although 'narrative' has been used loosely to mean any extended prose (Elliott, 2005) which may be oral or written and may occur naturally or be elicited

through interviews, Riessman (1993) has argued that many forms of talk and text, such as chronicles, reports, question and answer exchanges do not qualify as narratives. Chase, (2008: 59) argues that a narrative may be:

a) a short topical story about a particular event

b) an extended story about a significant aspect of one's life or

c) a narrative of one's entire life, from birth to the present.

'Life history' is a more specific term used by researchers to describe an extensive autobiographical narrative, in either written or oral form, that covers all or most of a life. But life history is often confused with life story which may also be used to describe an autobiographical story in a person's own words (Frank, 2000). Some researchers treat the terms life history and life story as interchangeable, defining both as birth-to-present narratives (Chase, 2008; Riessman, 1993; 2008). In this study I refer to the birth-to-present narratives as life histories.

There are many advantages of using narratives in researching disabled people's participation in development processes in Binga District. As Chataika has argued, stories constitute a central component of human experience and reality in our lives, "because they define who we are, where we are coming from and where we are" (Chataika, 2005: 4). And it is through accounts of individual lives that we can begin to understand wider society, placing the story of an individual life alongside a broader contextual analysis. As Riessman (2008:10) argues, narratives reveal "truths about human experience" in a given social context.

The use of the narratives in this study represents the creation and use of spaces: for and by disabled people where representations of "fine-grained, messy and robust detail of lives actually lived" (Walker, 2004:3) can be offered in their own words and language. By allowing me to listen to their life histories, the disabled people who are the focus of this study enabled me to gain a "picture of real people in real situations" (Witherell and Noddings, 1991:280) as they encounter(ed) real problems. But narratives are co-constructed (Elliott, 2005; Riessman, 1993), and in the role of researcher I became a participant in the creation of disabled participants' life histories, creating opportunities for stories to be told, listened to and valued, entering into a process, with the research participants, of the co-production of knowledge.

While the use and nature of knowledge produced through narrative inquiry have been the subject of debate (Josselson, 1996; Lieblich, Tuval-Mashiach and Zilber, 1998), the use of narratives in this study offered the best opportunity to gain a deep understanding of the lives of disabled people who are often absent from public spaces, and public decision-making fora. In the telling of life histories, previously silenced or unheard disabled people have been able to open up and participate in the creation of new and unique knowledges. Telling, and listening to, stories have helped in developing knowledge and understanding the dreams, plans and needs of disabled people (Chataika, 2005; Walker, 2004); in the words of Chataika (2005:5): "it is often the stories that stay with us as the root of our commitments to action."

4.4 Gaining access: places and people

In gaining access to Binga District, one of the most isolated districts in a country experiencing economic and political instability (Chataika, 2010; Chitiyo, 2009), I had the advantage of being in my own 'home territory', knowledge of cultural norms, fluency in the Tonga language and established contacts to achieve access to key individuals. At the same time it was important that I recognized the dangers of local researchers being caught up in local politics and tensions. While I was certainly both an "insider" researcher by virtue of my citizenship (a Zimbabwean from Binga District) and "outsider" (a PhD candidate from Durham University, UK), undertaking field work in Binga District in 2009 presented a unique set of challenges. As Ellen (1984) has argued, ethics and politics are intertwined in sensitive research where both reflect manifold interests and feelings of one's own and those of others, and if ignored, might possibly cause harm to researcher and participants[16].

Instead of seeking approval to undertake fieldwork from government ministries closely aligned to disability and development processes at district level, my first approaches included government ministries that were concerned with security issues. The Public Order and Security Act Chapter 11/17 (Government of Zimbabwe, 2002) required that the police be informed of any gathering of a group of people. The definition of a group is far from straightforward and the police had the power to refuse, accept or delay authorisation of any group activity. Although there was no evidence of academic gatherings being refused authorisation, nothing could be taken for granted in such a highly charged political environment. Because I intended to use focus group discussions

[16] Matters considered as part of the ethical approval process for this study.

as one method of data collection it was imperative to seek police authorisation at district level. Because neither disability nor development processes in Zimbabwe are core areas in the government ministry responsible for security issues, seeking authorisation from the police to undertake fieldwork is a unique and challenging experience. The unstable political climate in Zimbabwe and the sensitive nature of disability, presented 'risky business' both for me and the participants[17]. For instance, the police officer processing my request to undertake fieldwork in the district asked me how I would react if I come across anyone who had became disabled as result of political violence. In the period leading up to the re-run of the June 2008 Presidential elections that were boycotted by the MDC[18], many people were caught up in election violence blamed on the ZANU PF supporters and state security apparatus (Chitiyo, 2009). Some people lost their lives and others experienced injuries that left them with long term impairments. The combination of complex political tensions in Zimbabwe, the research location of Binga, a district with a history of allegiance to an opposition political party, and my effective status as an outsider sponsored by a UK university, exposed me to the strong possibility of suspicion of my intentions as a researcher. In response to the police officer's question, I reminded him of my rationale for undertaking the research study, i.e. exploring the participation of disabled people in development processes in Binga District (see Chapter 1, section 1.3). Having been satisfied with my explanation, the police officer approved my presence as a researcher by appending his signature and date stamping my introductory letter.

[17] Ethical approval here included undertaking a fieldwork risk assessment and putting in place measures to minimise harm to research participants and me as researcher.
[18] MDC is the biggest opposition political party in Zimbabwe

Against this political context, requiring skills of diplomacy in negotiating the further layers of government and community gatekeepers, I move on to discuss further aspects of gaining access, starting with the government entities from which I sought authorisation to undertake the fieldwork.

4.4.1 Access within Binga District

My first port of call was to the district offices of the Ministry of Local Government, Urban and Rural Development offices. I provided written and verbal information about my study including:

a) Details of the study focus and the research questions being addressed

b) Information about myself and my status as a PhD candidate at Durham University.

c) An outline of planned research methods, time commitments, the nature of information being sought, procedures for ensuring participant choice, confidentiality, anonymity and safe storage of data.

I was required to repeat this process with district police and security officials, a lengthy procedure that involved long waits and much repetition, before gaining approval, indicated by signature(s) of authorising officers and date-stamps on my introductory letter (see Appendix A). I carried the signed, date stamped, introductory letter wherever I went as proof that I had been given permission to conduct field work in Binga District and complied with a condition of approval, reporting progress of my fieldwork to the police every two weeks.

Approval was not a one off event as I had to negotiate and re-negotiate access at each level of community leadership. After being granted permission at district level, my focus turned to the ward level where permission was required from local chiefs, the police and elected ward councillor(s). Following the same procedure, ward level approval was endorsed by chiefs, the police and ward councillors who also provided official date-stamps and signatures on the introductory letter which I carried at all times. Date stamping serves three purposes. It provides proof that I had followed the appropriate procedures; that the concerned authorities had accepted me as a researcher in the district and wards, and that I was trusted to undertake the research I had outlined.

4.5 Selecting research areas and participants

Different sampling techniques were used to identify specific areas, disabled and non-disabled participants to the study. These are discussed in detail in the following sections.

4.5.1 Selecting wards, traditional leaders (chiefs) and elected ward councillors

Binga District is divided into 25 administrative wards. In attempting to develop an in-depth understanding of the experiences of disabled people in development issues, but also being subject to time and significant resource constraints, I opted to select three[19] administrative wards within Binga District as areas for study. In order to avoid bias in the selection of particular areas, I used the register of wards from the District Administrator's office as sample frame, and randomly selected three administrative Wards (X, Y and Z)[20] and respective traditional leaders (chiefs) and elected ward

[19] Based on a previous study (Munsaka, 2007; in press) I calculated that three wards would allow me to identify a sufficient number of disabled people willing to take part in this study.
[20] Wards X, Y and Z are used to ensure anonymity of research participants

representatives (councillors). Random sampling allows an equal chance of inclusion (Black, 2002; Bryman, 2001; Henn, Weinstein and Foard, 2006) and this approach ensured that I would not, unwittingly, use previous knowledge (Munsaka, in press) or personal preferences in selecting the specific communities in which to work. The inclusion of three different wards also offered the possibility of observing differences and/or similarities in social attitudes to disability and disabled people under different leadership.

In order to preserve participant anonymity I do not identify the wards, but it is important to note that I have not resided in any of the selected wards. Wards X and Z share a boundary, but are located at a significant distance from Binga centre, and are difficult to access having no connecting gravel or tarred roads. In contrast, Ward Y is connected to Binga centre by a tarred road and is therefore accessible by motorised public transport. Travelling in and out of Wards X and Z and within all three wards was difficult as there are no feeder roads connecting villages within the wards. At times I used a bicycle or cattle-drawn cart to travel between villages.

4.5.2 Selection of disabled participants

4.5.2.1 Selection criteria

The criteria for individuals to be included in the sample were based on: i) residence in one of the selected wards, ii) adult status (I used the legal definition of being at least 18 years of age rather than the more complex traditional concepts of adulthood related to marriage and parenthood) and iii) ability to articulate verbally. Ascertaining precise ages is not an easy task given concerns about the reliability of birth certificates. For 18 of the

20 disabled participants I was able to rely on a combination of their own understanding of their age and clear visible signs of being older than 18 years. Two participants whose appearance suggested they may be close to 18 had national identity cards indicating that they were over 18. In Zimbabwe a person aged 18 years is legally recognised as an adult and is free to participate in any activity of his or her choice without parental consent. My own limitations in terms of ability to use sign language with the use of verbal narratives as the main research method did, effectively, exclude deaf people and resulted in a sample of those who experienced difficulties with physical mobility or who experienced visual impairment.

4.5.2.2 Snowball sampling

I used snowball sampling to identify ten disabled men and ten disabled women across the three wards. Although there are registers of disabled people within the Social Welfare Department, these do not provide an adequate sampling frame to allow for more random methods of selection. Not only is registration voluntary but it has been linked to complicated procedures through which disabled people must prove their eligibility for disability support allowance[21]. This involves travelling to Binga centre cost of which may exceed the financial entitlement they would eventually receive.

I therefore turned to snowball sampling techniques to make constructive use of disabled people's own networks, based on co-residence in villages or meetings during visits to the District Social Welfare office, in rural areas where populations are dispersed. As Black (2002:55) explains, the use of snowball sampling is of value when a researcher

[21] A system that has been thrown into disarray in the current political and economic climate

has “little idea of the size or extent of the population, or there simply may be no records of population size.” The technique involves the researcher building up a network of respondents through an initial group of informants, who introduce him/her to other members of the same population (Henn, Weinstein and Foard, 2006). Following these principles I identified the first disabled participant, a man I had known since my employment in special education services in Binga. He suggested a disabled woman who met the criteria for the research and might be willing to participate in the project. At arriving at her homestead, during the greetings and familiarisation talk, (briefly highlighted the ward and village of residence) which I employed with all prospective participants to create a rapport, prior to inviting the individual person to participate in the interview, I discovered that she resided outside the ward boundary and so was ineligible. Following this discovery, I diverted our discussion to other topics which were of local interests and significance (eg, crop harvests; malaria; selling price of livestock), but not related to the research study. On my return journey a serendipitous opportunity enabled me to meet a visually impaired woman amongst a group of three women one of whom was guiding her. On exchanging greetings, a customary practice in Binga, and further conversation, I discovered that they all lived in Ward Y. I introduced myself to them all and expressed my interest in inviting the woman who was blind to participate in the research study. She accepted my request, showing no signs of being surprised or uneasy. This may be because she was used to NGO staff who regularly visit the villages as they implement different programmes. After the interview, she referred me to another disabled person who she thought might be willing to participate in the study. Following this snowball technique, I repeated this process until I had identified ten disabled men and ten disabled women.

4.5.3 Selection of non-disabled participants

To select non-disabled participants to take part in focus groups I used registers of '*bagwasyi*' (community volunteers), obtained from ward councillors, as sample frames. Following random sampling techniques I selected two non-disabled women and two non-disabled men aged 18 or over. '*Bagwasyi'* a community initiative during the 2008 cholera outbreak in Binga District, translates most closely in English to community volunteers. During that time '*bagwasyi',* mainly consisting of young men and women, were involved in community based health campaigns about the prevention and treatment of cholera, and in burying the dead. Since then '*bagwasyi*' have not only remained active, but extended their involvement to a wide range of community activities, and were therefore likely to be informed participants in terms of discussing the social status of disabled people in their respective wards.

None of the twelve volunteers in the study were from the same family or from the families of disabled participants. I gave the prospective research participants written and verbal explanation about the research study beforehand. Two prospective participants, one man from Ward X and one woman also from Ward X withdrew and were replaced from the registers used as sample frames. No reasons for their withdrawal were given, nor did I ask for the reasons as their right to withdraw at any time without giving any reason formed part of the process of informed consent (Social Research Association, 2003).

4.5.4 Selecting government officers

My exploration of the involvement of disabled people in development processes in Binga also involved seeking the perspectives of local government officers who act as gatekeepers to opportunities for involvement. Using purposive sampling techniques, I selected three government officers with greatest relevance to the study (Black, 2002) from**:** i) the Ministry of Local Government, Urban and Rural Development that oversees the implementation of the development agenda at district level, ii) the Ministry of Labour and Social Welfare responsible for overseeing disability issues in the District, and iii) the Ministry of Women Affairs, Gender and Community Development that oversees gender mainstreaming in government activities. A further participant was from a national disabled people's organization with responsibility for overseeing disability mainstreaming in development activities in the Zambezi Valley.

4.6 Data collection

Data collection took place between June and August 2009 using different research methods with different groups of participants (see Figure 4). I started by conducting narrative interviews to gather the life histories of twenty disabled women and men. This allowed me to centre the research on the experiences of disabled women and men before attempting to gain deeper insights into the context of their experiences. Narrative interviews were followed by semi-structured interviews with three chiefs and three elected ward councillors from the wards in which the disabled participants resided. I also used semi-structured interviews with district representatives of three government ministries concerned with i) local government and rural development, ii) labour and social welfare, and iii) gender and community development, and a representative of a

national disability organization. I used non-participant observation methods to gain an insight into contemporary practices in the conduct of three Villages and three Ward Assembly meetings that provided arenas in which to observe the absence/presence, visibility/invisibility, inclusion/exclusion of disabled people and disability issues in each ward. The settings for the Ward and Village Assembly meetings were predetermined and I took advantage of, and was welcomed to, meetings that had already been planned and their venues set. Finally I conducted focus group discussions with groups of six disabled men (ASWEBO), disabled women (BWACHA), non-disabled women (CHULWA) and non-disabled men (DUMBWE) spread across the three wards. I chose this mix of qualitative methods for their suitability to generate information adequate to address the research questions concerned with the promotion and participation of disabled people in development processes, the experiences and challenges faced by disabled women and men in becoming involved in development matters, and the relevance of Sen's focus on capabilities as a useful conceptual framework for explaining the involvement of disabled people in development.

I did not subject these methods to a pilot study in which a small scale version or trial run is carried out in preparation for the major study (Polit, Beck and Hungler, 2001). Although conducting pilot studies can provide advanced warning about where the main research project could fail, the appropriateness of proposed research methods or the identification of potential practical problems in following the research procedure, two main factors informed my decision not to undertake a pilot study. First, I had successfully completed a research study with a (different) sample of disabled people in Binga District in 2006-7 (Munsaka, 2007; in press) and had therefore gained confidence

and competence in undertaking a similar, though smaller, enterprise in a very similar context. And second, practical considerations of finance and delays by the UK Border Agency in renewing my student visa prior to travelling to undertake my fieldwork meant that I had neither sufficient funds nor time to include a pilot phase.

4.6.1 Narrative interviews

Narrative interviews with twenty disabled people in this research study constituted my primary research method and were fundamental in generating relevant information at an individual level. My choice of narrative interviews as a powerful mechanism for hearing and contextualising the experiences of disabled people was influenced by the desire to employ research methods that did not restrict, but enabled disabled people to speak openly, since some experiences may be extremely difficult to speak about. In drawing on the disability literature I had also learned of the extent to which much research in the name of improving the quality of disabled people's lives has been done about, rather than with, disabled people, at times representing disabled people's 'voices' but often to the displeasure of disability movements (Oliver, 1996). I use the term 'voices' here to refer to people whose narratives were undocumented, unheard and rarely afforded significance in publications. Some writers (Beresford, Stalker and Wilson, 1997; Read and Reynolds, 1996) suggest that such knowledges have increasingly been recorded in the form of service users' accounts, testimonies, critiques and discussions and shared in a range of formal (e.g. journals, newsletters) and informal settings. But even in these instances, Beresford (2000:493) argues that "there is a tendency for these to be devalued in dominant professional discourses as 'grey literature', as if they did not have the same authority as commercially produced materials." One of my aims for this study is to

provide an opportunity for the 'voices' of disabled people from Binga to resonate throughout my thesis. Narrative interviews involve story telling. They focus on participants' own realities and keep the influence of the interviewer to a minimum (Bauer, 1996), an approach that is well placed to explore the inclusion of a disability agenda in development processes in Binga District. By using a narrative approach in these individual interviews I was able to hear and better understand the experiences of the disabled participants as they told their life histories.

Each participant was asked in advance to choose the interview venue most convenient to him or her and, interestingly, all the disabled participants invited me to their homes. The reasoning behind giving participants the opportunity to choose interview venues was that they would be more relaxed and confident within familiar settings. However, conducting interviews in participants' homes had its own challenges. For instance, participation in research that is informed by particular ethical frameworks, as is the case for this study, must take into account questions of confidentiality and anonymity and the information shared with the researcher is considered to be private. But in the context of Binga (and many other cultural contexts in which individualism is less strongly recognized), conducting interviews in people's homes presents challenges to maintaining privacy of the participant(s). In this study, I left it to each participant to decide whether s/he wanted to talk in the presence of others (brothers, sisters, parents, children etc). Of the twenty disabled people in the study, five (three disabled women and two disable men) chose to speak in the presence of a close family member. Giving individuals the option to exercise choice was in line with the spirit of the study, but this issue did raise interesting questions about the potential for, and limitations on, gaining

insights into the ways that disabled individuals may be 'disabled' or excluded from community life and processes by members of their own families. One disabled woman chose to talk in the presence of her grandmother who interjected once, embellishing her grand-daughter's account of how she became disabled. But rather than 'taking over', the interjection had an energising effect on the research participant who became more confident in telling her own story. In one other instance story telling had to be adjourned on two occasions as one participant had to attend to a family member who had come to see him. However, apart from that incident, research participants were relaxed through out the interviews.

Before each participant started to tell their story, I re-explained the purpose of the narrative interview they were to give. I also checked the potential participants' understanding of the measures or safeguards put in place with regard to data storage, confidentiality and anonymity, and in the processes re-explaining and emphasising their right to withdraw from the research activity if they were no longer willing. Following the participant's consent, I asked for permission to record their words that were mostly spoken in Tonga, the language most commonly spoken by the majority of people in Binga District. Recording allows more accurate information to be gleaned through capturing everything that is said and leaving the researcher free to read bodily cues such as facial expression and bodily stance (Elson, 1995). All the research participants agreed to have their life histories recorded although the grandmother who attended one interview asked not to be recorded. Following her request, each time she signalled intention to talk, I put my audio recorder on the pause mode, and wrote her contribution by hand. Although most of the disabled participants were not familiar with being

recorded, the opportunity to listen to their own voices acted as a strong incentive. For instance, after listening and hearing her recorded voice, one participant (FN7) said: "*Aah, tendaazipe kuti ndeejwi bbotu lili boobu. Twalumba mwaye kundimvwisa ijwi lyangu"* [I didn't know that I have such a nice voice. Thank you so much for enabling me to listen and to hear my own voice]. Some initially felt afraid to be recorded as they were not sure whom I represented, but after understanding my 'insider' identity, and the purpose of the study they became relaxed.

Each narrative interview opened with the same question (request) to all participants: "Tell me about your life history. I have no particular set of questions to ask you. I just want you to tell me about yourself, from the time you were born to the present as if it were a story." Upon hearing the question, more than half the research participants smiled or laughed, and some even took a deep breath before saying, "*Oh, OK" or "Ya"*. I felt that this kind of question permitted participants to tell a story in full with as little interference from me as possible in the creation of the narrative. So during the story telling, I did not interrupt until the narrator paused or signalled the end of the story. But I maintained minimal eye contact and used non-verbal signals of attentive listening such as occasional nodding to encourage participant(s) to continue. Keeping eye contact to the minimal level made the participant aware that I was interested in their story and ensured that I also conducted the interviews within cultural norms in which a sustained and fixed eye contact is unacceptable. With seven participants who were visually impaired I ensured that I indicated my continuing engagement by using expressions such as 'hmm', and 'OK', and with some participants I used prompts and probes such as

'what happened next?', 'Who said that?' and 'Where you informed?' to encourage them in their story telling or to invite greater detail or deeper reflection.

After re-explaining the purpose of the study, asking permission to tape record, providing assurances of anonymity, I invited participants to tell me about their experiences of growing up and living with disability. Interviews varied in length, ranging between two and two and half hours, including preparatory explanations and discussion of any concerns about the interview process. Many disabled people had not previously talked openly about their life histories to anyone, the result of superstitions and stigma attached to disability in Binga. The combination of disability and gender in a community significantly dominated by male power had further hindered disabled women's involvement in face-to-face discussions with men apart from their male relatives. As a result, disabled men and women were keen to share their experiences with me since I was prepared to listen to them. With participants' consent[22], I tape recorded the life histories and whilst some participants felt a little uneasy when the tape was initially switched on, they soon forgot that the tape was there and became relaxed and became immersed in telling their own stories.

Words from languages other than Tonga, including Shona, Ndebele and English, feature in some participants' narratives reflecting the diversity of cultural experience and language use among the sample. As Bauer (1996) has argued, narrative interviewing, as a research technique, makes explicit acknowledgement of language as the medium of exchange that constitutes a particular worldview, and it is, therefore, important not to

[22] I assured my participants that the tapes would be held securely and not listened to or transcribed by anyone other than myself.

prescribe the language to be used in the interview. My own experience of growing up and working in Binga has given me the ability to engage in each of these languages contributing to the 'insider' part of my status as a researcher. At the end of each interview, apart from thanking each participant for their contribution to the study, I also arranged a second visit so that we could listen to the audio recording together. All but one male participant (MN10) chose to listen to the audio tape recording soon after the interview[23]. I met all participants on the day after the interview at a time convenient to them. The post-interview listening session provided an opportunity for participants to listen to their own voices and recorded life stories, to check facts, seek further explanations and clarify interpretations. Furthermore, because most of the disabled people who participated in the study were unable to read, the post-interview was an opportunity for them to clarify or correct information that, on reflection, they felt was not accurate or did not reflect their experience. As the researcher, in addition to assessing the audibility of individual tapes, listening to the recordings together with the participants enabled me seek further clarification on particular issues that I felt needed attention. I was also able to ask questions about important aspects of participants' lives, such as their level of education, where these had not been spontaneously covered, or if they had been indicated as important but not expanded on. Discussing the recordings with the participants was also helpful in identifying key issues for exploration in later interviews with government officers. Questions regarding the participation and representation of disabled people in local administrative structures, for instance, arose directly from the narratives and required exploration with relevant government officers. I later incorporated these concerns into my interviews guides and sought clarification

[23] MN10, not his real name was unable to do so because he was travelling to Bulawayo, Zimbabwe's second largest city, the following day.

from the relevant government officers and community leaders who took part in semi-structured interviews. Dhar, (2009:738) advises that "talking at length and in-depth about one's personal experiences often invokes an emotional response from participants and can reopen painful memories." Therefore, at the end of each narrative interview, I allowed time for the participant to debrief and reminded them of the offer to follow-up any disturbing issues with me or to arrange appropriate alternative support depending on the issues of concern.

4.6.2 Semi-structured interviews

I used semi-structured interviews with three chiefs (traditional leaders), three elected ward councillors, three government officers working in Binga District and a representative of a national disabled people's organization to gain further insight into the participation of disabled people in development processes in Binga. Semi-structured interviews are designed to explore relevant issues in detail and allow the interviewer to use flexible questioning styles in terms of the ways questions are asked, the order in which they are delivered, and the use of probes and prompts to gain more information or seek clarifications (Fielding and Thomas, 2008; Henn, Weinstein and Foard, 2006). This flexibility (Flick, 2002) and use of probes and prompts allows a productive exchange of information between the researcher and participants, reducing "unequal power relations in the research" (Hein, Weinstein and Foard, 2006: 163). The issue of power in research is controversial. Addressing unequal power relations, Beresford (2003: 16) argues that "knowledge is inseparable from power", but knowledges of people who experience oppression are likely to be given less credibility by researchers. This is more likely where "values of neutrality, objectivity and distance predominate in research"

(Beresford, 2003:15). Listening to participants' narrative accounts of their lives and experiences, and valuing the meanings they attach to their experiences can help to redress some of the power differentials inherent in the research process.

However, semi-structured interviews are not without their weaknesses as a research method. Critics have raised concerns about interviewer bias, as well as the time consuming elements of preparation and analysis (Robson, 2002). Notwithstanding these criticisms I found the flexibility of semi-structured interviews very useful in this study. I prepared different interview guides for each category of participants (see appendix E), But I was able to adjust and expand these depending on the context, to include issues of concern I observed or those that were raised during narrative interviews by disabled participants. For instance, one disabled woman (FN7) highlighted in her life history that disabled people's exclusion from participating in development projects undertaken in the villages was due to lack of representation in local administrative structures. Because traditional leaders in rural areas in Zimbabwe appoint members of the local administrative structures (Village Development Committees) under the Traditional Leaders Act of 1988 amended in 2000 (Government of Zimbabwe, 2000a), I raised this issue during interviews with the three chiefs. As Riessman (1993:54) suggests "to encourage those we study to attend to and tell about important moments in their lives, it is necessary for researchers to provide a facilitating context in the research interview which implicates the interview schedules we develop." In this research study I used different open-ended questions with different research participants (see appendix E). For instance, the first question I posed to the chiefs and elected ward councillors was: "How big is the area under your leadership?" In this question, I sought to establish the number

of wards, villages and the population under the community leader's authority. In contrast, my first question to government officers focused on their employment duties, and I asked the representative of a disability organization to explain the core business of the organization. These questions opened up opportunities for participants to elaborate on their own duties, views and experiences.

Participants chose the venues and times convenient to them. Interviews with government officers were conducted in their places of work and the representative of the disabled people's national organization agreed to meet in a Bulawayo hotel. All traditional leaders (chiefs) and elected ward councillors invited me to their respective homes. As with the disabled participants, the advantages and disadvantages of engaging with research participants in their own homes were evident. Although participants felt more relaxed on their own territory, in-coming phone calls and visits by community members interrupted two interviews. Interviews lasted between 50 minutes and one and half hours including introductory time before the interviews began.

With permission from participants, I audio recorded all the interviews, offering the advantages outlined above. At the end of each interview I offered to play the recorded interview in the presence of the participant. Two government officers and one chief excused themselves from listening to their respective recorded interviews citing job commitments. However, they individually offered to attend to any possible post-interview issues requiring further clarifications. Of the three elected ward councillors who participated in the study, two chose to listen to their recordings the following day. These post-interview listening sessions were particularly important due to the difficulty

of delivering transcripts for checking once I was back in the UK. Before I left the interview venue(s) I reassured my research participants by restating my commitment to maintaining privacy and confidentiality of information they had shared with me.

4.6.3 Non-participant observation of Village and Ward Assembly meetings

To complement the interviews with local leaders, I observed Village and Ward Assembly meetings using non-participant observation techniques as a further means of exploring the involvement of disabled people in the development processes in their respective villages and wards. Non-participant observation begins with selecting and gaining access to the site of observation (Fielding, 2008), before starting the observation and recording. My rationale for observing the assembly meetings at both village and ward level was to see for myself if disabled people attended these meetings, in what capacity and what was the nature of their participation. Although my interest was largely on observing whether disabled people were included in community structures, I was broadly interested to see any other indicators of inclusion or exclusion in community life. As Flick (2006) has argued, non-participant observation enables researchers to find out how something precisely works or occurs and, therefore, serves as a powerful source of validation. The use of non participant observation in the study enabled me as a researcher to be an eye-witness to the extent of disabled people's participation in community life and development processes, and to provide another source of information to add to the life histories of disabled participants, interviews with community leaders and administrators, as well as the focus group discussions with disabled and non disabled men and women in the three wards.

I observed six meetings in all. Three were Village Assembly meetings organised by the Village Development Committee(s) and chaired by a village head. The meetings are open to the adult population of each village. I informed the chair in advance that I would attend the meeting and that I would not actively participate in the discussions since I had employed non participant observation method. At the beginning of each Village Assembly meeting, the chair introduced me to other attendees, saying:

> *Sunu tulabenzu batuswaya mbaMunsaka. Nibamwi mulakonzya kubaziba nkambo mwana wachisi. Asi sunu baMunsaka batusvaya kabali mwana wachikolo, uyanda kulangisisya kutii makani alusumpuko twayeenzya buti mugunzilyesu…*

[We have a visitor today and his name is Mr Munsaka[24]. Mr Munsaka is a local person and I am sure that some of you know him. Although Mr Munsaka is a local person, he attends this meeting today in his capacity as a student wanting to experience how we in this village conduct our development meetings…]

My presence as 'outsider' (researcher) was balanced by my 'insider' status as a resident of Binga and throughout the Village Assembly meetings I did not notice any signs that suggested my presences to have had affected the flow and routine of respective meetings.

The other three meetings were ward assemblies, organised by the Ward Development Committee with attendance open only to village-heads within the ward and invited

[24] Mr Munsaka refers to me, the researcher

guests. The elected ward councillor chairs the Ward Assembly meetings and at the beginning of each meeting, participants take turns in introducing themselves before the chairperson reads out the agenda of the meeting. As well as introducing myself (and explaining my reason for attending the meeting), I was re-introduced by the chairperson of each meeting. These reintroductions emphasised my student status undertaking studies at a UK university, but gave greater emphasis to my status as a resident of Binga. They were followed by a statement encouraging those attending the meeting to participate in the subsequent discussions without fear, reflecting underlying mistrust and fear of strangers in the district. The impact of the unstable political situation in Zimbabwe and the politically motivated violence witnessed before, during and after the 2008 presidential elections (Chitiyo, 2009) cannot be underestimated, particularly among villagers in rural areas.

The Ward Assemmbly meetings were held at different venues. One was of them was held at a local school, and the other two were held at a health centre and in a church building in order to accommodate everyone who had come. The three Village Assembly meetings were also held at different places. One was held at health centre, and the other two were held at the business centre, but different buildings. Observing the Assembly meetings enabled me to experience the dynamics of local politics at village and ward levels. For instance, the seating arrangements reflected the socially prescribed hierarchical order with women sitting on their *midabba*[25] or mats on one side while men sat on chairs or benches on the opposite side. Facilitators or those addressing the meeting, including invited guests, particularly at Ward Assembly meetings, occupied the

[25] A piece of cloth measuring about one metre by one and half to two metres women usually wrap round their waists.

front table which was between two and three metres away from the public. In all the six meetings I observed that none of the chairs were women. Where benches or chairs were provided for all attendees, women occupied seats at the back of the room. However, in all the six assembly meetings, I never observed any specific effort from the male chairs of the meetings to encourage women to sit nearer the front. As a researcher, the chairperson of each meeting reserved a seat for me at the front table. After taking my space during the first meeting, I felt uncomfortable with this seating arrangement. I felt detached from the majority of the people who had attended the meeting, except for the few who were sitting next me. To me the front table was a symbol of power held in the hands of core occupants and detached from the rest of the ordinary people who seemed to represent a 'powerless' periphery. The physical gap in seating arrangements between the 'core' and the 'periphery' restricted my view of proceedings. So, mindful of not offending the meeting organisers, I asked, in advance, to be allowed to sit among the villagers. From here, like most participants, I scribbled some notes in my notebook focussing on my observations[26]. Although permission for me to attend the meetings was granted by male local leaders who also chaired the meetings, all attendees were made aware of my presence as a researcher. At the end of each meeting, I was given about two minutes during which I thanked the meeting organisers and the participants. Importantly, I assured my participants that information I had gleaned would be securely kept and only used for research purposes.

[26]Attendees entering the room sit where ever they choose. No women are sitting in front benches. Women are sitting in a row, at the back of the room, all clad in veils.

4.6.4 Focus group discussions (FGDs)

My final method of data collection was focus group discussions. Based on the principle of voluntary participation, twenty four adults formed four focus groups of six members consisting of i) disabled women, ii) disabled men, iii) non-disabled women and iv) non disabled men. Both disabled men and disabled women had also taken part in narrative interviews, and had expressed their interest in taking part in a broader forum, so that they were well prepared for group discussion. The original purpose of using focus group discussions was to capture differences and similarities in experiences of disabled women and men that, in the context of group discussions might generate ideas of collective experience. Similarly, the focus groups with non-disabled members of the community were intended to foreground both individual and broader social attitudes to disability. As Morgan (1997:10) argues, focus groups provide "direct evidence about similarities and differences in the participants' opinions and experiences", and group "interaction helps to produce data and insights that would be less accessible without the interaction found in a group."

In facilitating the focus groups I responded to the mood of the members. For example, participants in each group asked for papers and pencils for use during the discussions, a request I responded to, leaving them to use techniques with which they felt most comfortable. This strategy yielded rich results incorporating narrative, conceptual and political elements. The focus group discussions allowed me not only to gain insight into attitudes towards disabled people and social practices relating to disability in Binga, but

generated vital information that helped me to address the research questions relating to the inclusion and exclusion of disabled people in development processes.

The use of single gender and dis/ability groups was contrary to the lived reality in which disabled and non-disabled men and women live side-by-side and interact on a daily basis. However, as De Vault (2002:90) argues, women in mixed groups are less listened to than men and "less likely to be accredited for the things they say in groups; they are interrupted more often than men." Cronin (2008) reinforces this view arguing that groups containing people with similar social identities tend to be more successful than those with disparate views and backgrounds. Similarly, Morgan (1997) reiterated the value of using single gender groups in research. In his own words, "It is this homogeneity that not only allows for more free-flowing conversations among participants within groups but also facilitates analysis that examines differences in perspectives between groups" (Morgan, 1997:35).

Members of each group discussed and agreed how they wanted to be addressed during the discussions. Of the group of disabled men two were blind and four physically disabled. They chose to be identified as 'ASWEBO'. The group of disabled women, all of whom were physically disabled, called themselves 'BWACHA'. These two groups gave no particular reasons for their choice of names although they carry symbolic meanings. 'ASWEBO' (we as well) and 'BWACHA' (dawn or enlightenment) imply group members' strong awareness of the exclusionary practices to which they are subjected within their own communities. The groups of non-disabled men and non-disabled women chose to be addressed as CHULWA (a type of frog) and DUMBWE (a

type of a bird) respectively. While CHULWA and DUMBWE are commonly seen in Binga during the rainy season and crop harvesting periods respectively, these names have no direct reference to the general concept of disability and development, the focus of the research study.

Writing about conducting focus groups Bloor *et al.*, (2001), emphasise the importance of accessibility of the venue to the participants. In this study focus group participants themselves decided on mutually agreeable venues, dates and times to undertake discussions. In relation to venues, all discussions were held in community centres. The centre used by ASWEBO was located in Ward X where all members resided. The centre used by BWACHA was located in Ward Y where all members resided. The centre used by CHULWA was located in Ward Z, although two of its members lived just across the ward boundary in Ward X[27] and the centre used by DUMBWE was located in Ward Y where all members resided. Community centres are public places with their own administration or management committees, but are easily accessed and at no cost. However, to guard against inconveniences, I booked each venue in advance after members had agreed on the venue and times to meet.

Starting a focus group discussion can be challenging endeavour. In this study I asked group members to think about and agree on one disabled person they knew very well, but not to disclose the name, and then explain how that individual was treated by their family members, neighbours and service organizations. The rationale for asking participants to think, visualise and reflect on the real situations faced by a disabled

[27] Participants chose venues based on proximity to their homes

person they knew was to help them realise the importance of their active participation in the research and their valued roles in actively thinking about and reflecting on the situation of disabled people in their communities. Informed by my experience as a school teacher and experience I had gained through working with NGOs in Binga, I was aware that some people find it easier to present their thoughts and ideas visually. Hence, I encouraged the groups to present their work in any form they were comfortable with. In promoting freedom of choice in the way they presented their views and experiences, and responding to groups' requests, I provided pens, pencils and paper to all four groups.

Prior to the discussions, I obtained permission from each participant to audio record the discussions. In addition, following my request, focus group participants agreed on guidelines to be followed during the discussions. Although these varied slightly from one group to another, all groups worked to the same principles:

a) To identify oneself by name before making a contribution to the discussion

b) Both the speaker and 'listeners' to sit when speaking

c) Not to interrupt others while making a contribution

At the start of each discussion, participants introduced themselves by name and a few sentence about themselves. This "ice breaking" exercise (Morgan 1997: 49) helped to set the mood for the whole group. During the discussions, I asked thought provoking questions (e.g. why was that? Could you explain what you mean by that? Is the person you are referring to a man or woman? Because Tonga does not have gender specific pronouns), and used body cues to maintain the discussions. In addition I also used each participant's name to acknowledge and encourage contributions but also to provide

"reference points" (Bloor *et al.*, 2001:60) for the identification of speakers when transcribing from audio recordings. The focus group discussions prompted effective exchanges with members asking each other for clarification and at times the discussions became heated arguments, points of agreement but they also included points of difference. In the enduring discussions and clarification, participants used various modes of putting their views across. For instance, ASWEBO and BWACHA groups made their presentations in the form of drawings/diagrams (see Chapter 6) while CHULWA and DUMBWE gave oral presentations. Writing about the use of diagramming as a participatory research technique in sexual health research with unmarried Zimbabwean young people, Kesby and Gwanzura-Ottemoller (2007:73) argue that because diagramming "physically gets difficult issues 'out in the open', they make them easier to discuss." Disability, like sexual health, constitutes a 'difficult issue' in most cultures and nine (five men, four women) members of ASWEBO and BWACHA combined, had previously attended participatory workshops on disability and HIV awareness run by a local NGO that included sessions on discussing difficult and sensitive topics. It was through these experiences that members were aware of, and asked to use diagrams as a visual form of knowledge presentation. Furthermore, I was aware from my experience as local resident of Binga, that drawings and art are common features on most locally and home made appliances such as *zyuuno* (wooden benches or traditional Tonga stools), *makooma* (doors) and *nongo* (water containers made of clay). And as Pink (2007:22) has argued when writing about the use of visual methodologies in qualitative research: "participatory art as an approach to research situates the visual as inextricably interwoven with our personal identities, narratives, life styles, cultures, societies…" Thus neither disabled nor non-disabled people in the FDGs were new to diagrammatic

representation or art as a form of presenting knowledges. With the permission of participants, I audio taped each focus group discussion and photographed the diagrams. In order to ensure the best quality recording, participants sat in a 'cow-horn' formation allowing them to see each other at close range, with the audio recorder centrally placed to capture the discussion without participants having to adjust their voices. Recording the discussions was essential especially as I did not engage a research assistant to help manage the process, and the recording device enabled me concentrate on facilitating the discussions using prompts and probes as the discussion progressed (Bryman, 2001).

After each focus group discussion, we had an agreed ten minute break before I played the recordings to participants so that they were aware of what had been recorded. I also provided oral summaries of each group presentation that enabled participants to clarify their views and enabled me to ask for further insights from the participants who clarified and expanded upon their own words or diagrammes. Although the feedback sessions attracted further discussions, on reflection these would have been more productive had I conducted them at a later date having given participants more time for reflection. The logistic challenges of gathering the same group together again, however, informed my decision to offer feedback immediately following the discussion. As a way of thanking the group participants, I responded to their requests to take their photograph which I processed and gave to them before my return to the United Kingdom.

The focus groups presented a number of challenges in practice. Although participants had agreed on ground rules, for instance, I observed that some members within groups not only dominated the discussions, but also sought to undermine others by continuously

interrupting their contributions. Such behaviour invited my intervention which was in the form of reminding the participants of the importance of the ground rules they had formulated and agreed on. Another challenge related to the ethical dilemma associated with employing focus groups in research. Morgan, (1997:32) alluded to this issue when he pointed out that "what participants tell the researcher is inherently shared with other group participants as well, therefore potentially resulting in the invasion of privacy." In this study, consent to maintaining privacy of other research participants and the content of the discussion formed part of the criteria by which participants were recruited to the focus groups. And grouping of participants according to gender and dis/abilities provided further protection of participants by having what Morgan (1997: 32) refers to as: "the added assurance that all the participants in each discussion group truly belonged to the identical and shared milieu." While some of these actions I took were particular to focus groups and directed towards reducing the risks of my participants compromising the anonymity of fellow group participants, they added to the general ethical considerations employed throughout the study. These are discussed in greater detail in section 4.9.

4.7 Managing data: from talk to transcription to translation

The process of transforming talk into text for the purposes of qualitative analysis is complex. As crucial as it is, however, various sources (e.g, Lapidat and Lindsey, 1999; Tilley, 2003) acknowledge the task of transcribing as tiresome, lengthy, and a challenging process that takes specialized skills and patience. A further challenge I had to grapple with related to the dilemma regarding how detailed a transcription should be. The use of a combination of different languages by research participants made

transcribing even more challenging, though going through the process was inevitable. I started by downloading the recorded data from the voice recorder into the Nvivo software (version 8) programme. The use of the Nvivo software was essential for managing the data with facilities for the storage and retrieval of stored data. Importantly it also allows the researcher to listen to the tape while transcribing or reading the completed transcript (Bloor *et al,* 2001) checking for accuracy at the same time. Crucially in this study, the use of the software made it easier to turn audio taped data, including focus group discussions, into written narratives.

Elliott (2005) suggests three broad approaches to transcription that involve respectively: i), a process of data cleaning to prioritise accessibility, rhythm and content of speech; ii) detailed transcription using a precise notation system for the purpose of conversational analysis; and iii) transcription using units of discourse (Gee, 1986) that attempts to maintain the rhythm and structure of speech without the use of complex notations which interrupt the text. My approach to transcription was closest to the first described by Elliott (2005) but takes on board issues of representation raised by Riessman (1993). For instance, typical conventions of punctuation are used such as [?] indicating a question, [,] indicating a clausal boundary or short pause and […] indicating a pause. As Riessman (1993) points out, narrators sometimes whisper and pause. They also use elongated vowels and engage in repetition of some words to indicate what is important. Emotion is also carried in these and other audible aspects. The transcription undertaken in this study included these features. I also included notations in the text, for example, inserting parentheses to enclose descriptions of behaviours or expressions of emotions which were relevant to the talk. I wanted to retain the rhythm of speech ensuring that the

participants' own words are accessible to the reader. The narratives of twenty disabled people and interviews with community and traditional leaders used the Tonga language, while the three government officers and the representative of a national disabled people's organization spoke mainly in English, interspersed with their own first languages, Shona or Ndebele. From the recorded life stories, semi-structured interviews and focus group discussions, I constructed transcripts in the language used by participant.

While Riessman, (2008:29) estimates transcription to take "three to four hours for every hour of interview", it took me between four to six hours and up to nine hours for each hour of recording to construct 30 detailed interview transcripts and four transcripts of focus group discussions respectively. The number of people involved in focus groups makes their transcription more complex than transcription of data collected by other qualitative methods. A one-to-one interview involves only two speakers, "who are thus easily identifiable, and who rarely create interruptions, nor talk at the same time as each other" (Bloor *et al.*, 2001:60).

The construction of a transcript in one language followed by translation into another involves challenging interpretive and representational decisions. In this case, I translated the transcripts from Tonga, Shona or Ndebele to English[28]. Some expressions in Tonga, my own first language, have no direct translation in English, but have been reproduced to retain the closest possible meaning. Because the research data is mainly in Tonga, an indigenous Zimbabwean language, I present extracts from transcripts in Tonga as well

[28] I speak and write each of these languages

as providing the closest possible meaning in English. I feel this is an important device for bringing to life the all too often hidden experiences of disabled people.

Transcription conventions also acknowledge the importance of the narrator's role in the co-construction of narrative stories with the interviewer's utterances constituting an important element of the analysis (Holstein and Gubrium, 2002). My own questions or interventions were therefore also transcribed. And in order to maintain the sense and accessibility of the talk as well as the speaker's voice, I include in the transcripts back-channel non lexical expressions also known as "continuers" (Ward and Al Bayyari, 2007:1) such as 'umm', 'er' 'mhm', 'yeah' and 'I see' (that are ubiquitous throughout the narratives. These are included in the transcripts, except for sounds that are of no significance to the story. Therefore, through my presence as researcher, and by listening and questioning in particular ways, I must acknowledge my own role in critically shaping the stories participants chose to tell. In a sense, as the researcher (Nelson, 1989) I participated in the creation of the narratives. In the next section, I move from the collection of data and construction of stories, to discuss questions of analysis.

4.8 Data Analysis

Within qualitative research, data analysis is not something that begins once all research data have been collected (Elliot, 2005; Riessman, 1993), but is rather an ongoing process that begins once the first research activity has taken place. Such understanding implies that analysis cannot be easily distinguished from transcription. What is clear though is that the analysis of qualitative data customarily involves fragmenting text into themes and offering interpretations and generalisations in relation to these themes (Elliot,

2005). However, narrative analysts have described the unsatisfactory results of this endeavour when faced with transcriptions of long narrative responses from research participants. They believe that important elements of the story such as the sequence in which events are told, the significance given to these events and the structure of the narrative are lost when employing more traditional forms of analysis. And they see potential for deeper understanding through the analysis of the story as a whole (Riessman, 1993). Analysing stories as 'wholes' is the approach I used emphasising individuals' narratives in their entirety (Elliott, 2005).

In an attempt to move beyond descriptions of disabled people's life histories towards a deeper understanding of their meanings, I used an interpretive approach. Interpretive analysis calls for an understanding of how research participants make sense of events and experiences, but also requires dense, detailed and contextualized description (Elliot, 2005). To facilitate the production of 'thick description' (Geertz, 1973), I read through each translated data transcript in English several times. I also listened to recordings again, keeping the participants and their life histories 'alive'. Listening to the tapes after developing the transcripts was a valuable way of getting a fuller sense of what the text is about. Interpretive approaches reflect interest in the content of the story, how the story is constructed, discourses evident within the stories and the consequences. As Holstein and Gubrium (1997:127) state:

> analysing data concerning interpretive practice is something of an artful matter in its own right, aiming not merely at describing the situated production of talk but to show how what is being said relates to the experiences and lives being studied.

Consistent with the conventions of life story method (Riessman, 1993), I created texts to represent disabled people's and other participants' narratives. In the findings chapters I include these as direct quotes. In some cases I use quotes and interview material in more conventional ways, taking bits and pieces, snippets of a response to illustrate my interpretation. My aim is to allow my authorial voice and interpretative commentary to knit the different elements together, at the same time allowing the narratives to 'speak' for themselves. The inclusion of author's comments alongside the participants' interviews is a dividing issue among some writers. For instance, Riessman (1993) expresses displeasure at the inclusion of authors' comments arguing that any author, who interprets the story for readers, potentially refuses to allow it (story) to speak unambiguously for itself. In this study I found it necessary to present my authorial voice since my study draws from different data sources and research methods with participants using different languages. My comments are essential as I include hard-to-transcribe fragments, contradictions and gaps within narratives, which are essential in understanding the context in which the narratives were generated.

4.9 Ethical considerations

The ethical dimensions of my research study were assessed through Durham University's internal system of ethical approval. The main considerations relate to questions of informed consent, confidentiality and anonymity, avoiding harm to participants, and secure storage of data (Economic and Social Research Council, 2010). Documentation relating to ethical approval, including copies of information sheets and consent forms can be found in Appendix sections.

Central to the case for ethically sound research is the principle that research participants are able to consent freely to their involvement. This minimises disruptions to the lives of participants, upholds human rights of dignity and autonomy, and helps to build the trust that is essential between researcher and participants (Bulmer, 2008). I gave potential participants both oral and written information about the study prior to their involvement in the research activities. Information sheets informed participants of the purpose of the research, my identity as the researcher. Agreement for audio recording of narratives, interviews, focus group discussions and observations was discussed with participants in advance. I also provided information and consent forms for each participant to sign (or mark), keeping one copy for my records and leaving a second copy with the individual participants. And because consent is not a 'once and for all' obligation (Henn, Weinstein and Foard, 2006; Social Research Association, 2003), I continually confirmed participants' willingness to participate and reminded them of their right to withdraw from the research process at any stage for any reason. I also assured participants that information provided in interviews was treated confidentially and shared only with my academic supervisors. Methods of obtaining informed consent were influenced by questions of cultural sensitivity. Although women in Zimbabwe are by law regarded as adults who can give or deny consent to participation in any event of their choice, including this research study, I was still obliged to show utmost respect for social and cultural boundaries influencing gender relations. For instance, it would have been unacceptable for me to ask a woman to participate in the research study without first asking permission from her husband, or father if unmarried. Gaining consent for the participation of women especially non professional women who were also housewives was, therefore, left to the head of the family, usually a man. Although none of the heads

of the families denied me to the opportunity to talk to prospective female participants, men's roles as gatekeepers do indeed present a potential risk to women's rights to exercise free choice, particularly women who have had little or no formal education and have not gained social status in other ways. However, this would not be the case if the government professionals were women. Both education and employment increases women's independence in decision making (Nussbaum, 2005). In this study, female *'bagwasyi'* who comprised young women with formal education demonstrated their relative independence by consenting to participate in the research study without first seeking authorisation from their parents.

This study involves very private individual experiences of disability. Thus, giving participants the opportunity to choose interview venues was informed by the desire to maintain maximum possible privacy of the research participants. Disabled people, like community leaders, invited me into their homes and all the interviews were conducted in the open, under the shade of a tree or in a hut. But home can be a challenging location for research (Hood, Kelley and Mayall, 1996) with potential loss of privacy. My main concern was that as a researcher, I could not guarantee that gatekeepers, especially male heads of families, would allow women participants to enjoy their privacy during and after the interviews. Experiences of individual family members in traditional African families tend to be representations of a family's collective experiences. "Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual..." (Mbiti, 1992:109). This seemingly binding relationship between individuals and their families presents further challenges in using home as a location for research as far as maintaining privacy is concerned. To ensure the

maximum possible level of privacy of research participants, and with the consent of the participant, I briefed whoever was at home at the time of the visit, particularly adults, about the purpose of my visit before the actual interviews with the participants. With regard to children or young persons, it is a common practice among the Tonga tribe for children to wander away from adults after offering their greetings to visitors. During the briefing, family members often asked questions about the selection of their family member as a research participant and the purpose of the study. After providing a full explanation most family members kept out of sight during the interview process. A single female family member appeared during the interview process in three cases, in the course of undertaking daily chores within the home setting, but this did not evidently disturb the research participants. In relation to traditional norms governing gender relations, disabled women participants showed no signs of anxiety or unwillingness to be interviewed by me as a male researcher. Four participants were, however, concerned about the information storage. Therefore, in addition to giving the participants full information about the study and its methodology, I also reassured them about the protection of the information they shared with me through secure storage of hard data and password protected access to data stored on computer.

Closely linked to confidentiality is the concept of anonymity. Henn, Weinstein, and Foard (2006) define anonymity as making sure that those who participate in the research remain nameless and unidentifiable**.** This implies an active attempt by a researcher to remove from the research records any identifying features of the research participants. The need for anonymity of the research participants in this study was paramount given the taboos and negative cultural attitudes towards disability in Binga District.

Researchers commonly use pseudonyms and disguised locations to prevent research participants from being individually identifiable (Bryman, 2004b; Christians, 2005), but these may not eliminate entirely the possibility of identification (Bryman, 2001). Furthermore, the commitment to understand and represent cases holistically in research, informed by an interest in narratives for instance, means that case histories are frequently provided when the research is written up. Large amounts of data may be reproduced, sometimes glossing whole lives. This makes it harder to guarantee anonymity too, especially when researching a little studied topic in a small community of potential participants (Squire, 2008), as was the case in Binga. In this type of research it is clear that even if a few details are changed and pseudonyms are used to "disguise" the individuals involved, it is likely that they could still be recognized by family members and friends. Thus, the unique nature of these case histories and their specific constellation of attributes make research more likely to be identifiable by those who know the participants. Some writers (Henn, Weinstein, and Foard, 2006**;** Bryman, 2001) have pointed to the close proximity that builds between the researcher and the research participants**)** as further compromising the achievement of total anonymity of research participants in narrative research.

While the challenges of masking individual identities are huge, I was committed to maintaining the anonymity of research participants. As De Vaus (2001) warned, research data if made public could be embarrassing, humiliating and distressing to research participants and their families. Therefore, as a researcher, I had an ethical obligation to fellow researchers, not 'to spoil the field' by engaging in objectionable research processes held to be damaging to research participants. In view of these

responsibilities, all possible measures to ensure the ethical quality of this study were considered. Given the possible risks to anonymity once the research is written up, I invited research participants to indicate how they preferred to be presented in the final thesis and future publications without revealing their identity. The use of codes was agreed, with particular codes left to my decision. The codes I use in the study are 'FN1-FN10' for disabled female participants, 'MN1-MN10' for disabled male participants and C1-C3 representing the elected ward councillors while CH1-CH3 represents the traditional leaders (chiefs). I also use codes "GO1-GO3" to represent government officers and O1 to represent a participant drawn from a national disabled people's organization. I identify focus group participants through the names of the groups to which they belonged (ASWEBO, BACHWA, CHULWA and DUMBWE) and use X, Y and Z to represent the wards in the study.

4.10 Demonstrating validity and reliability

A central concern of my research was to transform and interpret the life histories of disabled people alongside other sources of data in as rigorous a way as possible to produce a valid and reliable representations of the lived experiences of disabled people in Binga. Scientific rigour is no less critical in qualitative than in quantitative research and can be assessed in various ways (Bryman, 2001; Kirk and Miller, 1986; Sarantakosi, 1998). Validity in general is concerned with judgements about whether what is being measured by a research study is what it intended to illuminate (Mason, 2002). The concept of 'measuring' sits uneasily with qualitative research, where it is more usual for the researcher to be aiming to provide a thick description of individuals' experiences (Geertz, 1986) and the meanings made of those experiences. Therefore, the crucial

question in my study is can 'storied experiences' be considered as valid? Lincoln and Guba (1985) propose alternative criteria for establishing trustworthiness in qualitative enquiry such as 'credibility (internal validity), 'transferability' (external validity), dependability (reliability) and confirmability (presentation). In this view of assessing the quality of a qualitative research study, validity is to be understood as "the truth, interpreted as the extent to which an account accurately represents the social phenomena to which it refers" (Hammersley, 1990:57). Methodologically, Kirk and Miller (1986: 43) have argued that qualitative research has "an in-built-sensitivity which creates a kind of automatic validity" because, in the field, research is controlled by the participants and not the researcher. My research study acknowledges disability as both a social and development issue and uses narrative methods as a principle means of data collection, in which storytelling is central, to explore the participation of disabled people in development processes in Binga District. Storytelling is dependent on how truthfully the narrator conveys his or her life events or experiences. Although remembering itself is an unobservable and therefore unverifiable mental state, Ochs and Cappa (2002:127) argue that "a thought cast as remembered is presented as true." For Lincoln (2000), research credibility and believability is something that storytelling accomplishes. In this study, disabled people in Binga told their stories unhindered, and their accounts reflect diverse meanings, practices and experiences relating to development processes. As Richardson (1990:131) explains, "narrating, like all intentional behaviour, is a site of moral responsibility…it is the closest to the human experience and hence the least falsifying of that experience." The research participants listened to their recorded life histories and interviews and offered clarification where needed. While three disabled people expanded the accounts they had given, one government officer altered his account on the

level of disabled people's participation in traditional leadership structures in Binga. Contrary to overwhelming picture he had previously given, the government officer in question later said that he was not aware of any disabled people who were included in traditional leadership structures. It is therefore fair to suggest that this post-interview activity enabled participants to authenticate their stories. In the case of qualitative research in which results cannot be generalized, due to the uniqueness of the experience, as is the case in this study, Ashworth (1997) suggests that credibility may be established through participants' confirmation that the data truly reflect the phenomena as they perceive them. Furthermore, while I used narrative interviews to facilitate and generate disabled people's life histories, I also employed other research methods including semi-structured interviews, focus group discussions and non-participant observation with, and of, other participants and phenomena, to generate additional data sources. The reason was to illuminate experiences of disabled people's involvement in development processes in Binga District from different view points. Narratives do not simply provide evidence about individuals, but provide a means to understand more about the broader culture shared by a community of individuals. Therefore, the use of different research methods to generate different data sources, commonly known as mixed methods or data triangulation in research methods literature, provided the checks and balances to enable the production of a thick description, reflecting the experiences of disabled people in Binga District as well as the views of non disabled citizens, community leaders, government officials and a leading member of a national disability advocacy organization. Discussing different forms of triangulation Patton (2002:563) argues that "triangulation, in whatever form, increases credibility and quality by countering the

concern (or accusation) that a study's findings are simply an artefact of a single method, a single source, or a single investigator's blinders."

4.11 Reflecting on methodological aspects of the study

4.11.1 Generalisability

Some writers have stressed the problems of generalising on the basis of qualitative research studies (Williams, 1998) in part due to the small samples that usually characterise qualitative research. In the case of narrative inquiry, its critics have further raised concerns over the difficulty for a "single story to capture the range and richness of people's experiences" (Bruner, 1986:146). In this study, I do not claim generalisability of the research findings. Part of the justification for using narratives is my conviction that disabled people must have equal rights within society and that for this to happen, their own voices must be heard telling their own stories.

4.11.2 Researcher values

A key aspect of qualitative research is the recognition that research can never be completely value free and objective. There is an expectation, therefore, that the researcher will engage in and document a process of self reflection in order to make transparent the relationship between the researcher's own biography and the interpretation of the existing literature, the design of the empirical study, the interview process, co-production of data, the interpretations made and conclusions drawn from these. This awareness and openness by the researcher of the ways in which they may have impacted on the research process is commonly referred to as 'research reflexivity' (Pink, 2001). In this study I continuously reflect on my own position. As Holstein and

Gubrium (1997) articulate, interviewers and respondents are not merely passive recipients and repositories in a research setting. Instead, "both parties to the interview are necessarily and ineluctably active" (Holstein and Gubrium, 1997:114). Narrative interviewing is particularly sensitive to context and the creation of stories is seen as a collaborative venture between the interviewer and the interviewee (Mishler, 1986). As a result of this collaborative approach, questions about my interests in disability issues arose indirectly and directly during the interviews and at other stages of the research. In response I tried to achieve a balance between reciprocity and respectfully maintaining a focus on the participant's narrative. I responded to questions as they arose but also shared personal information briefly during the interview and when asked to do so, demonstrating my interest in participants' own specific experiences.

4.12 Summary

In this chapter, I have discussed a wide range of methodological considerations including access to the research sites, methods of sample selection, data collection, management, analysis and interpretation. I have considered a range of ethical issues to ensure the autonomy, safety and trust of participants as well as my own safety as researcher, and the nature of the relationship between me as the researcher and the disabled and non disabled research participants. I have considered questions of validity, reliability, representation and generalisation, and emphasised the importance of a reflexive approach through all stages of the research. In the following three chapters I present an analysis and discussion of the research findings in three parts. Chapter 5 addresses the participation of disabled people in community meetings and committees. In Chapter 6 I discuss the challenges disabled people encounter in participating in

community life. And in Chapter 7, I explore the potential of Amartya Sen's capability approach to support a more nuanced understanding of the exclusion of disabled people from development processes and the possibilities of achieving greater freedom for disabled people to exercise their capabilities and experience a greater sense of inclusion and social justice (Sen, 2009). Quotes from participants in non English are presented in italics, with translation in English or quotes are not in italics, but are in brackets. I complete the thesis in Chapter 8 with a reflective, summary of the experience of undertaking this study, identifying its original contribution to knowledge and posing questions for policy makers, development practitioners and academic researchers.

CHAPTER 5 FINDINGS AND DISCUSSIONS: PARTICIPATION OF DISABLED PEOPLE IN DEVELOPMENT COMMITTEES, DEVELOPMENT PROGRAMMES AND ASSEMBLY MEETINGS

5.1 Introduction

In this chapter, I address the question of disabled people's participation in a range of development structures and processes that might be termed 'participatory spaces' (Arnstein, 1969; Cornwall, 2008; Pretty, 1995). I do this by presenting empirical evidence of participation in village and ward development committees (VIDCOs and WADCOs respectively), in a range of district level development programmes, and in Village and Wards Assembly meetings. Evidence is drawn from narrative interviews with disabled men and women, semi-structured interviews with chiefs and elected ward councillors, focus group discussions with disabled and non-disabled men and women, and observation of Village and Ward Assembly meetings. The overall picture is one of restricted participation by disabled men and women. While some participated in more than one development activity and at different levels in the development processes of their communities, narrative interviews with disabled people provided rich descriptions of experiences of exclusion from community life.

Following this introduction, I start by discussing opportunities relating to disabled people's involvement in VIDCOs and WADCOs (section 5.2), in local traditional leadership structures (5.3), district level community development programmes (5.4) and village and ward level assemblies called to consider specific programmes of development related activity (5.5). At village level these include public health, the

construction of public toilets, and child abuse and protection while at ward level assemblies considered cotton growing, education and general issues. Table 3 provides a diagrammatic representation of these participatory spaces.

Table 3 Participatory spaces for involvement in development structures and activities

Development structures	***Leadership*/membership**	**Participatory space**
Village Development Committee (VIDCO)	*Village heads*, Secretaries to village heads, Chiefs (traditional leaders).	Closed (exclusionary) space. Power to make decisions and to set agenda for development activities.
Ward Development Committee (WADCO)	*Elected ward councillors*, Chief, Chairs and secretaries of VIDCOs (livestock, indigenous resources, child protection, schools), District representatvess of government ministries, Rep: of ZANU PF youth and women,	Closed (exclusionary) space. Power to make decisions and to set agenda for development activities.
Development activities	***Leadership*/participation**	**Participatory space**
Community Development Programmes in villages eg. public health, construction of toilets, child abuse and protection.	Determined by VIDCOs	Invited space to participate in predetermined activities.
Community Development Programmes at ward level e.g. cotton growing, education, general issues.	Determined by WADCOs	Invited space to participate in predetermined activities
Income generating projects eg. bee keeping, gardening, poultry, oil making, sewing, crop and livestock farming.	Selective citizen participation	Invited space (economic goals[29] already determined; allocation of resources controlled by central government).
Responsive activities	***Leadership*/participation**	**Participatory space**
Example: food distribution in times of drought	*Village head* appoints village leader. Village head's secretary works with village leader. Close control by village head.	Invited space at the discretion of the village head.
Assembly Meetings	***Leadership/participation***	***Participatory space***
Village	Chaired by *village head*. All adult residents may participate. Social hierarchies based on gender clearly observed. Disabled people conspicuously absent.	Invited space. Community members may decide priorities. Implementation of agreed priorities determined by VIDCO.
Ward	Chaired by *chief/elected ward councillor*. All adult residents may participate. Social hierarchies based on gender clearly observed. Disabled people conspicuously absent.	Invited space. WADCO decides on priorities. Decisions may be agreed at meetings.

[29] This economic approach to community development has more in common with development associated with economic growth than with Sen's notion of human development involving the exercise of capabilities.

5.2 Participation of disabled people in Village and Ward Development committees

Bringing disabled people into the development mainstream in Binga District is partly about accommodating disabled people in the committees created to champion, implement and facilitate development processes (see Chapter 3). All disabled men and women in the study were familiar with the various committees that existed in their villages and wards. For instance, during a post narration discussion, MN2 a forty-five year old blind man, ran down the names of some of the development committees that existed in the ward in which he lived. He said:

> *Er, kuli School Development Committee yaku zikolo, ku primary aya secondary. Ezi zilagene alwiiyo. Kwazoza committee yababa bagwasya bachiiswa. Kwaazoza iyazibbolani, achibbolani achibbolani chiila committee yacho. So oomuno tula five zibbolani, chaamba kutii tulaa musanu ma-committees. Kwaazoza iyabulimi. So mayingi ma-committee alubo woonke alangene alusumpuko…*
>
> [Er, there are two School Development Committees (SDCs), one for primary and the other for the secondary school. The committees are responsible for running the school affairs. Then we have a committee which supports those who are terminally ill, water and sanitation committee, one for each water point and a committee for farmers. So there are many committees…].

These committees were some of the decision-making bodies which were part of the participatory structures that came into being as a result of the broad decentralisation policy adopted in the 1980s by the Zimbabwe government (see Chapter 3). The

introduction of the participatory structures was meant to facilitate a bottom-up approach to development and these committees are found in all twenty five wards in Binga District. I went on to ask MN2 about his involvement in any of these structures:

> **Researcher:** Listening to your narration about your life history, it shows me that you are very knowledgeable on quite a number of issues. But have you ever been involved in community activities in any way since you left school, and if so in what ways?
>
> **MN2:** *Ndakazama, in fact, ndaka joyina biya mukubeleka muzikolo. Kuchikolo ookuya ndakaba chairperson for six years. Ndakazooba chairperson kukabunga kabanyama (CAMPFIRE) for five years. Ndakaba sichuuno muma local department committees miingi mukuti people bakazondi recogniza kutii this is the right person. Even now they are requesting me kuti ndibweede kuchikolo nkaambo takuchimvwi kabotu pe. But manje I'm saying, inche please ndaba busy because chikolo chiyanda kupegwa full time kuchiita*.
>
> [I tried; in fact, I participated in the various school activities. At that school (pointing the direction of the local primary school), I was the chairperson for the School Development Committee for six years. Then I was the chairperson for the CAMPFIRE (Communal Areas Management Programme for Indigenous Resources) committee for five years. I also held chairmanship posts in many local departments because people had recognised that I was the right person for whatever tasks were at hand. Even now, they are requesting me to rejoin the School Development

Committee, but I have turned them down because school affairs would require maximum attention and yet I'm very busy at the moment.]

Participation of community members in the education sector is one area that has earned Zimbabwe some praise (Chikoko, 2009), following the adoption of a broad decentralised system of local governance in 1980. As Chikoko argued, the adoption of a decentralised system of educational governance created the School Development Committees (SDCs) and School Development Associations (SDAs) to govern the affairs of public schools and private schools respectively (see Chapter 3). There was a total of six School Development Committees in the wards in this study with a possible total membership of thirty people. Yet only one (MN2) of the twenty disabled people in this study had been a member of the School Development Committee. MN2 explained that he had also served as chairperson for CAMPFIRE for a relatively long time. In this capacity, MN2 had been a member of a WADCO, the only disabled person in this study to have held such a role.

I went on to ask him whether any other disabled people in his area were, or had been, involved in any of the development committees?

MN2: *Ehee, tabamoope. Choonzyo chakkona chakutii ibayingi bakkonaibalimele batabamoope. Nkambo nchichicho chitwa chaalila loko mulusumpuko, nkaambo nganibambuula, kutii bambula zyamaamba kuti bambuula zyakufozyana mbuti, kuti bambuula zyakuchita biyeni,*

ngatwakujanika tatuwoope. Ngataba zoozibipe kuti kulokuyakwa class nkaambo tabamoope mu committee.

[They are not there. The truth is that most of them (disabled people) are not members of any of the committees. This is the reason we are lagging behind as far as development is concerned. We are not present during meetings and we are not consulted either. Therefore, whatever development issues are discussed during those meetings disabled people would not be present, and therefore, won't be aware of.]

He continued: *Nkaambo iswebo, batutii oyu taake nchanga ulayitakaale pe.*

batutii ma tatigwasyi kale biya pe. Anti kulichaambyo chakutii kuti muntu dokalimeede imaa nooyu wakafwa kale, anikujana wachitaayi. Saka ndipenzi liliwo.

[They (non-disabled people) refer to us as useless, incapable of doing anything and helpless. By the way there is a saying which goes "a disabled person is like the living dead." That is the main problem...]

MN2 was not the only one who had experienced challenges in becoming a member of committees. There is evidence in all the life histories of disabled men and women which shows that they were excluded from participating in the development committees in their places of residence. This dimension of the study is discussed in Chapter 6 where I discuss the challenges faced by disabled people in contributing to development processes.

The important point about the exclusion of disabled people from development committees is that they are also denied access to the benefits of participation that have been well-documented in the literature (Cornwall, 2008). Nyerere, stressing the importance of participation in local development processes famously wrote:

> People cannot be developed; they can only develop themselves. For while it is possible to build a man's *(sic)* house, an outsider cannot give the man pride and self-confidence in himself as a human being. Those things a man has to create himself by his own actions. He develops himself by making his own decisions, by increasing his understanding of what he is doing, and why; by increasing his own knowledge and ability, and by his own full participation as an equal in the life of the community he lives in (Nyerere, 1973:60).

Participation as a form of individual agency (Mitra, 2006; Sen, 1999) in development processes receives wide attention in Sen's capability approach (see Chapter 2). As Ajayi and Otuya (2006:190) argue, "participation requires the principle of equity that enables people who do not have equal access to natural resources, economic and social goods to have their interests protected." The capability approach recognises all citizens [disabled and non-disabled] as moral equals (Hicks, 2002; Sen, 1992). However, most writers on disability (e.g. (Coleridge, 1993; Elwan, 1999; Groce, 2003) observe and argue that disabled men and women do not attract equal moral rights to realize their capabilities as reflected in the extremely limited involvement in community development structures and activities of a single member of the sample of disabled people in this study.

5.2.1 Disabled people and traditional leadership structures

Another possible route to involvement in development is through assuming community leadership roles, and central to the issue of meaningful participation, and relevant to this discussion, are disabled people's rights to be nominated into these powerful traditional leadership positions in their localities. The introduction of the Traditional Leaders Act in 1988, amended in 2000 was an opportunity for increased participation by disabled people in development processes through their appointment into traditional leadership structures. But such appointments are associated with controversy as central government has the power to influence and override local appointments. An interview with GO3, a government employee in the Ministry of Local Government, Urban and Rural Development who participated in the research study shows the complexities associated with the appointment of traditional leaders and the potential for a disabled person to be considered for such a position.

> **Researcher:** You have mentioned the vital role traditional leaders play in the development of their respective villages and wards under their authority. Are disabled people represented within the traditional leadership structures that are central in the development process in the district?
>
> **GO3:** Em, I cannot say that they are represented, because I think now the issue of traditional leadership goes on to the issue of succession. Our method, for example, when we talk about the issue of chiefs, em, our chiefs are appointed following the 'family tree' system; that when one chief dies, who can be the next chief? So it is the 'family tree' that will lead to the successor. But that 'family tree' does not take into account

those issues of disability. It's just a 'family tree' which points to a person, that this one is the rightful heir, but whether the person is a disabled person or not, it does not matter. But fortunately on our side; we do not have chiefs who are disabled.

I then asked: Has any family so far come up with a disabled person from its family lineage as its choice for the chieftainship post? And how acceptable would a disabled person be if he or she were appointed as chief in that community?

GO3: The issue of disability has got some cultural and social connotations, you see. I think from history disabled people have been said to be people who are cursed, you see. So people will usually be reluctant to be led by someone who they think that, this person was cursed, you see.

In theory Zimbabwean laws, including the Traditional Leaders Act of 1988, amended in 2000 which guides the appointment of traditional leaders (Government of Zimbwbe, 2000a), do not discriminate against the appointment of disabled people as chiefs. But how this has been implemented is highly debateable. Drawing on the interview with GO3, it would appear that cultural beliefs and practices tend to override the legal framework when it comes to the appointment of traditional leaders and it denies them the opportunity to influence the appointment of local citizens to lower level development committees. This lack of practical opportunity to be involved in positions of authority renders disabled people less able to champion their own issues in order to

bring change to their situations. An interview with CH1, a chief for Ward X, illustrates the effect:

Researcher: At the start of this interview you talked about 'village leaders'. Who are they and are they different from village heads?

CH1: *Iyi balisiyene nkambo ma 'village leaders' banjizigwa abasibbuku, Alubo tabazibikene pe kufulumende. Basimabbuku aaba ndime ndiba appoyinta biya,kandilangide kuti sibbuku ooyu ukkede biyeni abantu, sibbuku unga ulaakkala kabotu, kuti takee milandu na yakwe njasunda sunda. Ibwaliino em, ndila basibbuku bali makumi atatu amusanu...*

[Yes, there is a difference. The 'village leaders' are appointed by the village heads and they are not recognised by the government. On the other hand, I appoint the individuals as village-heads after I am satisfied of their behaviour and relationship with the entire community. At the moment I have thirty five village-heads...]

Researcher: OK. So from the thirty five village-heads under your authority, do you have any village-heads you consider to be disabled, or do you consider disability as an issue for consideration when you are appointing the village-heads?

CH1: *Em, ikwalino, dondalanga kuli basimabbuku mbindaabo, takwe pe ngundinga ndilatii ulileemede, kunze kwakutii biya bamwi bakkona bakomena. Sibbuku ulimele ulakonzya kwapoyintigwa. But actually kabiino kuyandikana muntu ulaluzibo because sibbuku kuti wamwa*

apoyinta katake luzibo, kugwasya abayabantu, uyolembela biyeni kulibabeya kutii tuyanda lugwasyo luli boobubobu kuzilema ezi zilibobu? But ngakwakuyanda muntu kuti ulanfundo mbichani.

[At the moment, I do not see anyone among my village-heads whom I can say to be disabled, except that some of them are now old. But it is possible to appoint a disabled person as village-head. But the individual should have some knowledge. If I appoint a village-head who does not know anything, how is the individual going to be able to discuss disability issues and seek help from organizations? The appointee should therefore, be someone who is a bit educated so that he would be able to apply for help for the disabled people in the locality.]

The implications of CH1's words are that disabled people do not have sufficient knowledge to be appointed to the role of village head.

Discussing the appointment of disabled people as village heads, CH3, from Ward Z said:

*Aaha, mavillage biya, mavillage heads ndilaa mayingi, bali makumi aabili amusanu. Pesi tandikeepe ibalimele. Pee-pee! Boonse balibiyo kabotu. But now mbuli kulindime basimabbuku aba bakaba mixed abachikayintu bobil*e.

[Aaha, I have many village-heads. There are twenty five but none of them is disabled. Yes! They are all right[30]. I have two village-heads who are women.]

[30] 'Yes they are all right' is CH3's way of explaining that the existing chiefs are healthy and not disabled.

Interviews with CH1 and CH3 suggest that the inclusion or exclusion of disabled people in traditional leadership structures or in governance at village and ward levels was to a large extent determined by individual chiefs. The Traditional Leaders Act of 1988, amended in 2000 (Governement of Zimnbawe, 2000a) which provides for the appointment of chiefs and village-heads does not mention education as a pre-requisite for such appointments, a reason CH1 gave for not appointing disabled people. The Act itself does not rule out the appointment of disabled people. But the duties and responsibilities of chiefs (Governement of Zimnbawe, 2000a), do, however, suggest that a certain level of formal education would be a desirable criterion for appointment as a leader who is required to use skills of literacy, numeracy and reasoning (CH1). However, this may lead to further exclusion of disabled people since their practical opportunities to access formal education are often limited in Zimbabwe (Chataika, 2010). And being excluded from traditional leadership structures, exemplifies a violation of the principle of "full and effective participation of disabled people and inclusion in society" (Lang, 2009:273) as enshrined in the UN Convention on the Rights of Persons with Disabilities.

5.2.2 Disabled people and village leadership

Another local leadership position is 'village leader' an appointment made by the village heads to assist specifically with the distribution of humanitarian aid, particularly food aid in times of drought. Food aid is usually provided by non-government organizations in the district during times of food shortages. Though primarily intended to speed up the food distribution, these leadership positions provided an additional opportunity for more individuals to participate meaningfully in the affairs of their communities. Nine of the

twenty disabled participants in this study and three elected ward councillors revealed that some disabled men, as well as non-disabled men and women had been appointed as 'village leaders' or secretaries to village leaders. MN4 a 30 year physically disabled man, said: …*wakalizide sibbuku ulaamba uyanda kuti ndikag*w*asizye kufolisya ichikafu. Unooli kulemba imazina abantu mugunzi lyanu. Nikufolwa alya nduwe nutanooli kwitzya imazina abantu nibaya kufola. Ndakazumina kuchita imulimu ooyu...* [the village head came to me and said: I have appointed you as secretary to the village leader, and I want you to assist with food distribution. You will be responsible for writing and keeping a register of names of people receiving food aid in your village. I accepted the appointment...].

Another disabled man, MN1 said: ...*bakali ndikketede kuti ndibe mulembi waasabuku ku kugunzi lyesu*, asi *ndakazopa lulekelelo kuti benzuuma, ime ndikkala kkala ku Binga, tachiitipe kuti ndibe mulembi.* [I was elected as secretary to the village leader at village level, but I excused myself because I spend most of my time at Binga Centre]. MN1 was the only disabled participant in this study to have been offered such a position of responsibility. MN5, aged thirty-nine and married to a non-disabled woman, said: *Ime tandimope mutubunga ootu. Tendaka saluzigwa pe.* Asi m*wanakazi wangu nguu secretary wa village*. [I am not involved. I was not selected, but my wife is the village secretary].

How she came to be appointed is not clear, but I am aware that secretaries to village leaders are more often women than men. By contrast, there was no evidence of disabled women having been appointed to positions of 'village leadership' in the three wards in the study. The exclusion of disabled women in the positions of 'village leaders,'

including in the Village Development Committees, was best summed up by FN5, a 33 year old blind woman responding to my question on whether she was aware of disabled women who were members of any committee. She said: *Haa, banakazi? Balimele? Mukkomiti? Taake ngundiizi pe. Banakazi, takwe biya pe olo wani.* [Haa, Women? Disabled? There is no-one whom I know. Disabled women, there is none, not even one.]

The concept of participation is also about individuals being involved in making decisions and choices about how to deal with particular issues that affect them. "Respect for inherent dignity, individual autonomy including the freedom to make one's choices, and independence of persons" is one of the fundamental principles constituting the United Nations Convention on the Rights of Persons with Disabilities (Lang, 2009:273), and consistent with Sen's capability approach. The importance of choice in enhancing well-being cannot be overemphasised. For instance, a research report on independent living in old age carried out by the Policy Studies Institute on behalf of the UK Department for Work and Pensions in 2004 concluded that choice is central to conceptions of independence among older people (Parry *et al.*, 2004). More recently, writing in the context of access and control of social services in England by older and disabled people, Glendinning, (2008) argued further that choice is intrinsically linked to other key principles of citizenship and human rights. Exploring the extent to which disabled people exercise their rights and freedoms in making choices with regard to participation in development processes becomes especially important in this study in view of the very low levels of participation by disabled people in the traditional leadership structures, Village and Ward Development Committees, and other related committees in the communities (see Chapter 3). For instance, the study shows that only

three (MN4, MN2 and MN1) of the twenty disabled people who participated in the study had been members of committees and both MN2 and MN1 had voluntarily given up their participation in those committees to meet other commitments that they viewed as being more important. Further exploring the participation of disabled people in local development structures during interviews with elected ward councillors, I asked about the extent to which disabled people chose to participate or not to participate in the various committees. For example:

> **Researcher:** Looking at all the development committees mentioned by disabled people during the interviews and in addition to the ones that you just mentioned, I am interested to know how you select individuals for inclusion in any of the committees.
>
> **C2:** *Right. Muma-committees aya, em, kulichimwi chindi, ndichiyeyede twaka cheezye kutii tubikke uumwi mwanakazi ulimede uzwaa aawa mu Livestock Development Committee. Twakazobona kuti manje kukweenda kubaanga taakwanisyi eziya pe zyakuti ngonooyinka kumisangano…*
>
> [Right, I can recall at one point we had agreed to appoint one disabled woman who comes from here (name of village withheld) as a committee member of the Livestock Development Committee. But we realised that she had difficulties in walking and as result we left her out…]
>
> **Researcher:** Having realised that she experienced difficulties in walking, who in particular made the decision to exclude her from the committee?
>
> **C2**: *Em, chakayitika aawa nchakuti iibazyali mbakali yeeyela abakke*

nitwakakkede amusangano. Mbakaliyeyela kuti ahaa takaanga ulakkwanisya maningi pe kweenda. So ibantu biyo mbakazobona kuti kubaanga tulamupa buyumuyumu maningi mbateendipe kutii timu involuve muma committees. So bakamuyeyela oobo bantu. Tetakakumbila pe mizeezo yake. Mbantu ilwabo bakazide amuswangao bakamufwida nsoni kuti kuulabaku mushupa maningi.

[Em, what happened was that, the decision to leave her out was unanimously taken by the people who attended the meeting. They thought and believed that she would not be able to attend committee meetings because she experienced difficulties in walking. The people who were present at the meeting felt that appointing her would actually be adding extra burden on her. People just felt pity for her and made the decision without informing her. She was not consulted either.]

Just over half of the twenty disabled people in the sample referred to such experiences of exclusion based on attitudes of pity by able bodied members of the community and people in positions of authority. An interview with one of the three elected ward councillors, C2, showed that disabled people were rarely invited or consulted about their possible involvement, and were therefore denied any choice about participation in community development structures and activities. Caution should, however, be exercised in drawing conclusions from what appears to be the exclusionary behaviour of able-bodied community members and those in positions of authority. While it seems likely that exclusionary behaviour is predominant here, Cornwall (2008) makes the important point that no assumptions should be made about people's desire to participate

and that a central element of meaningful participation is the individual's freedom to choose whether to participate or not. As with MN1 and MN2, they had opted to forego their roles as village secretary (MN1) and chair of the School Development Committee in order to pursue business opportunities.

The breadth and depth of the exclusion disabled women and men experienced in participating in the development processes was, however, reinforced by O1, a representative of a national disabled people's organization. During the interview O1 explained:

> Even where some hand-outs are being distributed, disabled people are not there. There are 'proxy recipients', people who receive on their behalf. They are passive recipients of hand-outs, whatever hand-outs. The same applies when it comes to decision-making processes; they are not there. And I have also noted in some areas, they don't even come for meetings. You don't find them at meetings...

Although the disabled people in this study were aware of relatives who received 'hand-outs' on their behalf, the use of 'proxy recipients' further deprived them of any degree of meaningful participation in community life. So, although the platform for meaningful participation in terms of a policy framework has been established in Zimbabwe (see Chapter 3), the evidence I have so far presented shows that policy alone does not guarantee the inclusion of disabled people in development processes or indeed, wider community development programmes.

5.3 Disabled people and community development programmes

The adoption of the decentralisation policy in Zimbabwe discussed in Chapter 3 and the subsequent enactment of the Traditional Leaders Act of 1988 amended in 2000 aimed at empowering the traditional leadership to oversee development processes in their respective wards. This practical engagement with communities through traditional leaders who acted as focal points meant that local communities were to be involved in both planning and implementing development programmes in their villages and wards of residence. Under this arrangement, communities were expected to engage in government funded projects and/or projects sponsored by NGOs. My study of the inclusion of a disability agenda in development processes fits well with the thrust of this decentralisation policy. All three chiefs in the study were well-informed about the different types of development projects being implemented by community members. For instance, CH3 explained:

> *Iya ikwalino ono mwaaka amwaaka watobela, zintu mpataali mputazili kweenda kabotu pe. Pesi zitwakayita mbuli community munyaka oono. Em twakayasya iikiliniki; Ehee twayaasya i-information centre; Twakachiita ma-irrigation aabili. Nkundabede kwakona ookuya kuyolanga zipopwe, manje ndaba apenzi lyamanzi. Manzi acheeya. Zipopwe zyapya. I-engine ilikupompa, but manzi akkona acheya, acheya. So zimwi zipop*we *zilookupya.*
>
> [Last year and this year the general situation in the country was bad.
>
> However, as a community we managed to build a clinic, an information centre and two irrigation schemes. I have just been to one of the irrigation schemes to check on the maize...]

The value of participation in community projects by community members is immense. It fosters individual and community empowerment, management and organizational skills within the community (World Bank, 1995). And writing in the Nigerian context, Ajayi and Otuya (2006:190) argued that, "community participation enables community members to contribute more fully to national progress." While the Zimbabwean government encouraged her citizens to embark on self-help projects, critical analysis of community participation in such projects (Berner and Phillips, 2005) suggests that this can amount to exploitation of communities who provide cheap labour and help government to avoid its responsibility to provide services. However, a broader view of community participation is that self-help development projects enable local people to share, enhance and analyse their knowledge of social conditions, to plan and act together (Ajayi and Otuya, 2006). The extent to which disabled men and women have freedom and choice to participate in the development processes of their communities through development projects is uncertain. In each of the three wards in this study of Binga District community members were actively involved in a number of development projects. For example, Figure 5 on page 204 shows a project site in Ward X where, both men and women were preparing to fire bricks being prepared for the construction of toilets at local business centre.

Figure 5 Community members making bricks for the construction of public toilets

(Photo: Edson Munsaka. July 2009)

However, there were no disabled people among those working on the project at the time this photograph was taken and there was no evidence of disabled people participation in this local development project.

It is important to remember that communities are not homogenous groupings with common goals, but rather consist of different interest groups, with different expectations and beliefs. The extent of disabled people's participation in development programmes in the villages and wards in this study in Binga District should therefore be understood in this context. As Barnes and Mercer point out:

> To understand the significance of impairment and how and why certain individuals and groups are considered 'abnormal' or 'incompetent' and how control and resistance is exercised, it is necessary to explore these issues within specific cultural contexts, (Barnes and Mercer, 2005b:4).

The following excerpt further explores cultural understandings that inform the participation of disabled people in Binga.

> **Researcher:** Your community appears to be a hardworking one. Taking you back to the projects you have just mentioned (construction of the clinic, information centre and the irrigation schemes), in what ways are disabled people participating in the projects?
>
> **CH3:** *Hmm, Iiya kulindime mwaalu, tendali kuzumizya pe balimele kuti babeleke i-reason njakutegwa aakuuchita, uyoojata chitamweelede, ani chilangozi, especially kuli abaya bataboni. Kuli wani kupela, bbati mupati ulakonzya kulijatila jatila, ulakoonzya, nguwe kupela uliwo. But kumilimu ndakazoti ahaaa, teede pe kusika, kuti achite biyeni, achite milimu. Then ndalikuti imebo aaha, aaba tatukonzyi pe kubanjizya mukubeleka aamwi ababa bantu. Yes of cause mbamu community, bala myuunzi yabo. Asi tatibapi pe mweenya wakubeleka...*
>
> [Hmm, in my case, I do not allow disabled people to work. The reason is that they might get injured, especially those who are blind. There is one who insisted on working, but I could not allow him or others to work. Yes ofcause there are members of the community, but all the same we didn't want them to work in these projects. We do not give them a chance to work…]

He continued:

> *Ahaa, iswe kulaabaya mane! Iswe tuutali kubazumizya biya pe even kusika, (laughing). Even mbichani. Even kusika biya aawa achitwa ooyo mulimu*

teetwatali kubazumizya biya pe. Tteetwali kuyanda biya pe kuzooko kubelekwa…

[Ahaa, with regard to those (disabled people), we never allowed them to work or visit the project site. (Laughing) We never allowed them and we didn't want to see them there…)

CH3's views on the participation of disabled people confirmed MN9's account of why disabled people were not participating in community projects. MN9 said: *Kubeleka? Okuya, tabataambili pe. Iswe dowakusika nkuko mawe tatuyandipe kuti ujate awa. Maa tamukwanisyi penywe, tamukoonga mulazikkwanisya pe ezi. But asi tulamwuunzi yesu biya ipona biya, asi batibuzya kuti tamuzikanisyi pe ezi...*

[To work? They do not inform us. And if we go there, they tell us that they do not want to see us at the project site and also that we should not touch anything. They say we cannot manage the tasks, despite having families and homes we fend for...]

Researcher: Who said that you could not manage the tasks, and what did you do after being told that?

MN9: *Mbasimwaami, amasibbuku. Iswe ngatachibuzye kuti ani nkambozi? Ima, Aha! Ulalichisa iwe. Asi mulimu oyu ulookwiita bamwi tulakonzya. Ukusya lulindi olu tulakwanisya kulusya; Kuvuba isyeele eli ngatula kwanisya; Isamede dowandibuzya kuti ibikkwa so omumufoloma ndilakwanisya ambebo. Nkambo imeso mboongo mbutibelesya, hmm...*

[It is the chief and the village-heads. When we complain and ask for the reasons, they tell us that we will get injured. But we can perform these

> tasks; digging, mixing cement with sand and moulding bricks. All they need to do is just to show me where to work. I use my brains in place of my eyes, hmm…]

Barranti and Yuen (2008:2) argue that fear of exposing disabled people to possible injury or harm constitutes "social abuse" and gives a false belief that all risk can be eliminated. Acting on such fears denies disabled people the right to experience the rigours of life and constitutes a barrier to their full participation in the community. Furthermore, by denying disabled people the possibility of taking risks as a result of participating in project activities is to deny them one of the fundamental characteristics of responsible adult living (Angrosino, 2008). Another important aspect of the interview with one of the chiefs (CH3) is the use of the term "*kulaabaya",* (those people) referring to disabled people. This highlights the marked divide between 'able-bodied' and 'disabled' people, and the process of 'othering' or what Barnes and Mercer (2003:21) refer to as "cultural imperialism." Here, the disabled population is set apart as 'other', a form of social oppression in which groups experience symbolic devaluation. In the context of this study, CH3's classification of disabled people as 'those people', denotes a divide between 'non-disabled' and 'disabled' people. Because of this difference, disabled people were not allowed to participate in community projects, let alone to be seen on project sites in Ward Z, under the jurisdiction of CH3.

The experiences of disabled people in Wards X and Y were slightly different. Disabled men and women in these two wards were free to visit the project sites, but like their counterparts in Ward Z, and for the same reasons, they were not allowed to work.

Indirectly, this denial implied that disabled people were of less value. In fact, the view that disabled people were perceived as useless by non-disabled people (Choruma, 2007) was consistent in all disabled people's life histories in the study. In contrast, the capability approach recognises disability (impairments), just as age and sex, as diverse characteristics (Sen, 1992), of human beings who are perceived as equals (Hicks, 2002). And as equals, Sen argues that the focus of development should be on enhancing the capabilities of individuals so that they are able to choose the type of life they wish to lead.

5.4 Disabled people and income generating projects

Participation by disabled people in income generating projects was an area which came through in the life histories of disabled people and interviews with chiefs and elected ward councillors. All community leaders in the study talked about members of their communities undertaking various income generating projects. For instance C3, an elected ward councillor for Ward X outlined the various types of income generating projects which community members in his ward were undertaking:

> *Mbuli momuno mulindiswe, ndilaati kuli yakuvuba ngombe, mpongo, inkuku, Inkuku ankanga. Ngima projects ngituli kusungwazya ibantu kuti bachite. Kwasika yakulima, kulima cotton, kulima biya zyakulima zibeede mbuli zipoka kuumbe mayila azimwi zilimwalimwa zisiyenesiyene. Mbuli lino tili ikuungizya futii kuti tuba introduce ku business. Zibeede mbuli izyakuzya zigogo, ma free markets. Then kuuzya mbuuli mumantoolomumoomu. Then maproject futii amwi ngakusuma, tilookuzama kufundisya futi kutii bantu besu bafundile kuli ngawalya*

kwiitila kutii nkaba anoligwasya. Ngi aamwi ngituli kusungwazya bantu kuti kwiitilakutedeni bawuungizye kuchikkafu nchibalacho, mukwiindilila kuma projects aabo ngibalaawo…

[In our area, income generating projects undertaken are mainly in livestock rearing, such as cattle, goats as well as poultry keeping. We also encourage people to undertake crop farming. Then we are introducing our people in different businesses such as sewing, selling clothing and operating 'free markets' (free markets open spaces where people sell clothes). These are some of the projects we encourage so that people can supplement their food stocks…]

In this study of Binga District, narratives of disabled people highlighted their efforts in establishing income generating projects. One research participant, MN2 described his life after leaving school:

Mbuli muntu wakala sort of business mind, ndakakumbila mali ku National Council for Blind yakuyasha katoolo. Mpo nindaka kumbila abaya baluumi baandipa kamali kanini loko. Choolwe ndakala ma resources angu mbichani. Ndakali kuzyawuzya akwiita kutyeni mbubobo mukuchitayita. Mpoo ndaaka wuungizya mpondayaka tuckshop. Njinjiyeeyi ituba. Mpo manje ndakazoyita kutyeni, ndazo apulaya i-loan ku Ministry of Women's Affairs, Gender and Community Development yakutii ndiwuulechigayo. but chakazoyitika tebakandipa imali yakona ikkwana chigayo pe.Bandipa imali incheloko. Ndaka belesya mali elya kuuzya tuswi kuya kuBulawayo, kuuzya tumatemba, kwiita kutyeni, ndili

kubambilila, ndilikubambilila. Mpoo ndakazowula small grinding mill, electric grindingmill. So ikwalino ndimuntu ulokuchita tubizinessss. I am not employed, I'm self employed by doing business...

[Like someone who was business minded, I requested money from The National Council for The Blind to build a store. They gave me very little money which I added to what I had saved and so I built that (pointing in the direction of) white tuck-shop (corner shop). Later, I applied for a loan from the Ministry of Women's Affairs, Gender and Community Development. I wanted to buy a grinding mill. The amount of loan I got was too little for the purpose, so I used it to buy goods to sell in my tuck-shop, and fish to sell in Bulawayo[31] and continued saving. I have now managed to buy a small electric grinding mill. I'm now running my own businesses…]

Another research participant, a 46 year old woman, FN3, suffered from polio while she was a child and became paralysed as result explained:

Soo mbuli kuti twakala lwiiyo lwakutunga, ooyu wakali kumvwanana aawumwi wakali kutegwa Mr F. Mr F wakati *beta ndika mukumbilile akukkala kubenzuma mbindisonta abo. Mukakkale aacheechi mpawaawo kamuli ikutunga mbulikutii mulamuncina. Takakkala about two years katili mpawaawo acheechi katilikutunga. Mukweenda kwamazuba, takazooz*wa ookuya *takazookkala township. Takayinkila kunembo kututunga mpasha...*

[Since we knew how to sew clothes, with the assistance of Mr F, a friend

[31] Bulawayo is the second largest city in Zimbabwe

of my husband, we left our rural home and came here to the centre and we were offered accommodation by a church pastor. We began sewing and selling clothes. Later we moved to the township and continued sewing clothes for sale...]

She continued:

Ndakazooba kujika mubbawa oomuya insima kandili kuuzya. Ndakali kwiinka mumarizeva kukula mpongo kandijika insima. Katigwasyana mbubobo. Kusika wazojana zyakuti bayita cooperative yabo njiyeeyi katiili mpawaawo...

[I was also running a kitchen bar and this involved going into rural areas buying goats for meat. I continued cooking until my husband started his co-operative...]

I then asked if she had ever applied for financial support from the government or any other place to help fund her projects.

FN3: *Ime mbuli kutiime mubumi bwangu so, aakwiiya nkundaka zoyisigwa ku Jairos Jiri Centre. Takali ikuyisigwa kutii muntu ulimede, nguulya ulimede muboongo not iiswe. So chabili utayandi maningi kupegwa lugwasyo, kulichitila ayebo. So ndakaba ngxondo njiyeeyo vele. So ku, Social welfare office tendakali kwiinka pe. Ndakazooyinka kupela kandikumbila lugwasyo lwakutii mbulikuti ndilakwanisya kusuma,'Mundiipe lugwasyo lwakutii ndijane mali yakutii nduule*

maleembo.' But tezyakali kuchita pe. Ulamvwa alright, alright, limwi baluba kupela. Takwee nchindaka jana pe…

[While I was at the Jairos Jiri training centre, I was taught that I was not disabled. Secondly, I should not wait to be given hand-outs; instead I should always strive to work for myself. Yes, I only went there (Social Welfare Offices) when I was asking for financial help so that I could buy sewing material for my project. But I did not get the help I was looking for…]

Both MN2 and FN3 explained that they initiated their own income generating projects. The success of income generating projects depends, in part, on the support provided for such projects. Writing in the context of capabilities and violence against women, Nussbaum (2005: 181) argued that "access to credit or loans", like land ownership (Agarwal, 1994) empowers women and enables them to have control over their lives. In the context of Zimbabwe, the government was supportive of the concept of income generating projects as illustrated in the interview excerpt with GO2, a male employee within the Ministry Women's Affairs, Gender and Community Development.

Researcher: Listening to what you have just said, it would appear that your Ministry is divided into three departments with a set of activities aligned to each department. Focussing on what you have referred to as social mobilisation, what kind of activities would you be doing here?

GO2: *Mbuli mbwaamba antiwabona awa, isocial mobilisation iza ansi ya women's affairs. So dokandili kwamba social mobilisation awa, tulookulanga mobilising ibantu, ibanakazi specially mumywuunzi kutii*

babumbe maclubs, babumbe ma-groups. Kutii wabona its better for them kuti bayanduule lugwasyo kabali group, olo kabali club, you see...

[As you have already said, social mobilisation falls under the Department of Women's Affairs. Here we concentrate on mobilising people especially women to form clubs or groups. You know it is easier for them to get support as a group compared to individuals, you see…]

He continued:

But then, since we mobilise and encourage women to form and start clubs or projects we also realise the need for to them be capacitated in project management. For instance, if they have established a sewing club, we assess and train them in sewing skills. For those who may have established a bakery, we also assess their ability to bake and their awareness of hygiene issues surrounding the bakery industry, and we then provide the necessary training. Furthermore, when money becomes available, my Ministry also funds the women who may be wanting to establish or expand their existing income generating projects such as gardening, bakery and the like.

Researcher: Going back to what you said earlier on, in addition to the technical assistance you have cited, does your Ministry provide any other type of support to those clubs or projects formed by women, and does that help also apply to disabled women?

GO2: *Em, twakali kwiinka siteleki, nikwakali programme, yaMaguta, inaala njamasoocha. Ndali kwaamba ma-women farmers. So twakaanonga iswe, twayinka as a ministry, yimikilila ibanakazi twaakuti, aaswebo mutupe allocation nibantu bamaguta nimasoocha. Nibatuupa swebo imbuto ngatwapa ma-registered women farmers. Even mpongo sometimes ngatwa pegwa mbuli ku-training centre (name given), mpoo twakupa bantu iiswe.*

[There was the Maguta programme which was run by soldiers and sponsored by the government to distribute seed crops. Earlier on I mentioned about women farmers. So, when the Maguta programme was operating, as a Ministry responsible for women's interests, we used to approach the soldiers responsible and got some seeds for the registered farmers - our women farmers. We also used to be given goats from the training centre (name withheld), and these we passed on to our people (women). …]

…with regard to 'women with disabilities' we are saying, as a Ministry, we have officers who are on the ground; officers who are resident in the wards. So, these officers capture details of 'people with disabilities' within the ward. After identifying and having captured their details, our officers then refer the names of those 'people with disabilities' to us here at the district office. And once we receive those names, we refer those disabled people to the relevant departments such as the social welfare, or the

> rehabilitation department at the hospital (name given). So, there is nothing much that we are doing for them (disabled women) really...

The interview with GO2 suggests that the government of Zimbabwe supports women in setting up income generating projects or clubs. Some women are beneficiaries of grants from the Ministry of Women's Affairs, Gender and Community Development that, unlike loans from the Agri-Bank, do not have to be repaid. But in relation to disabled people, as Mwemba, Murangira and Lang (2009:666) have argued "most governments still believe that disability is a specialist issue, which is best provided for through segregated institutional provision." This sentiment was reflected in the marginalisation of disabled women from access to funds to support income generating projects in Binga. Only one of the ten disabled women in this study had established and managed successful income generating projects of her own and she achieved this with no recourse to external financial help. The operation of financial support schemes in the Social Welfare Department in Binga where disabled people were often referred for setting up income generating projects suffers from insufficient, or lack of, funding (Dhemba, Gumbo and Nyamusara, 2002) and was therefore effectively unable to support disabled people. The combination of gender and disability increased the risk of disabled women's exclusion from participation in development processes. While it is important to interpret the research findings with care, disabled people's life histories and interview data from other research participants including government employees, show that disabled women had not benefited much from funds to encourage self help schemes.

5.5 Disabled people in Village and Ward Assembly meetings

Among the changes brought about by adopting a policy of decentralisation in Zimbabwe was the creation of assemblies at village and ward levels (see Chapter 3). The main purpose of Village Assembly meetings is to identify problems and development needs in the village concerned. On the other hand, the Ward Development Committee reviews and approves development proposals submitted by the Village Assembly, and then submits such plans for incorporation into the rural district development plan. Ideally, all development initiatives and activities in the area should have emanated from village development structures through meaningful participation of community members. In exploring the participation of disabled women and men in the three Wards (X, Y and Z) in this study I set out to understand:

- who was involved in organising the meetings,
- who attended the Village and Ward Assembly meetings and
- who was represented in any way at these meetings.

My focus was particularly on the involvement of disabled women and men. I achieved the task through observing three Village and three Ward Assembly meetings as summarised in Table 4 below.

Table 4 Assembly meetings observed

Date	Name of meeting	Type of meeting	Venue
13. 07.2009	Child abuse and protection	Village Assembly	Business centre
04. 08.2009	Construction of public toilets		Health centre
12. 08. 2009	Cotton Growing		Business centre
26. 06. 2009	Education	Ward Assembly	Local school
30. 07. 2009	Health water shortage		Health centre
31. 07. 2009	Ward General meeting		Local church building

At each of the meetings I attended, I was introduced to participants by the chair and in some meetings I was left to explain who I was, my interest in disability and the involvement of disabled people in such community structures. My position as a resident of Binga and a researcher of disability and development attracted less attention than my status as someone currently living in the UK. This allowed for a relaxed atmosphere that was not affected by concerns over my research objectives.

5.5.1. Village Assembly meetings

Child Abuse and Protection

This meeting, held in Village 1 in Ward Y was funded[32] by a local advocacy NGO promoting the voice of residents of the Zambezi Valley that has long been marginalised in national priority setting. The agenda of the meeting, that could best be described as a form of public education centred on issues of child abuse and protection. The people

[32] It is common for food to be provided at community meetings

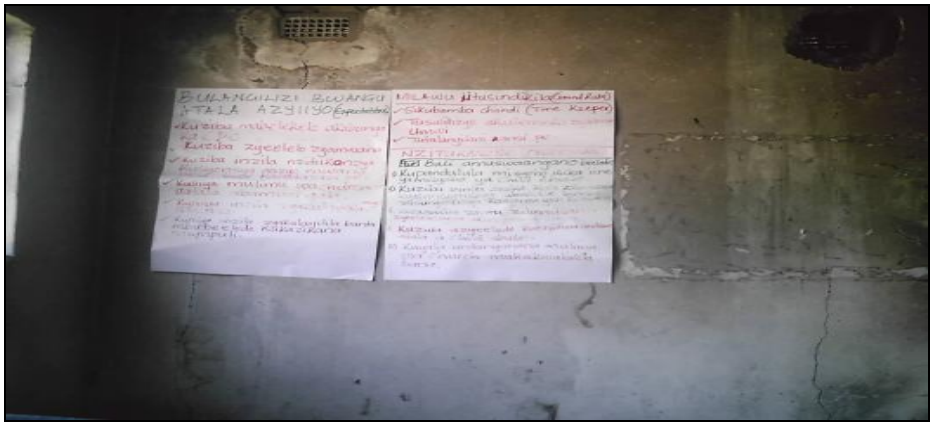
who presented at this meeting were drawn from the local police, religious leaders, pastors and the child protection officer from the funding NGO. The meeting targeted local community leaders (chief, village heads, VIDCO members) and other community leaders such as faith leaders in that particular village. The meeting was also open to all adults who lived in Village 1. The venue of the meeting was at a business centre in a small building once used as a post office, before Zimbabwe became independent in 1980.

Of thirty to forty people who attended the meeting, only three were women. One of the women attended the meeting in her capacity as village secretary of the host village, while the other two were committee members of a School Development Committee of a local primary school. They sat quietly in chairs which were at the back of the room throughout the meeting. None of the women and men who attended the meeting was visibly disabled. However, some forms of disability are hidden and therefore, potentially difficulty to recognise, unless one makes contact with the particular individual. Village 1 is small and the possibility of me recognizing disabled people from that village was very likely due to my familiarity with the village. None of the participants introduced themselves as being disabled or representing disabled people, unlike the case of women who were represented as a 'special group' by a representative of the Ministry of Women's Affairs, Gender and Community Development.

All the presenters at the meeting presented their work orally, as well as producing written points in the Tonga language on large sheets of paper (see Figure 6 page 219). In reflecting on the impact of these methods, deaf people are, arguably, excluded from meaningful participation through the use of oral methods, while people with visual or

physical impairments might arguably be accommodated through the use of these methods. However, no one with a visual or physical impairment was present.

Figure 6 Presentation: Child Abuse and Protection meeting



(Photo: Edson Munsaka. July 2009)

As Coe and Wapling (2010:884) argue: "many disabled people risk being excluded by the manner in which the training is delivered."

Active participation in the meeting was limited. It seemed that those attending were only there to be told of their responsibilities and the procedures to be followed when reporting abuse to the local police station. The meeting dealt in depth with sexual child abuse and signs that abused children, especially girls, would often exhibit. It was noticeable that the discussion of child sexual abuse reflected deeply rooted constructions of gender in Zimbabwe where it is widely assumed that only girls are sexually abused (Chinyangara *et al.*, 1997). Lack of attention to the abuse of disabled children was also conspicuous despite their much higher risk of experiencing violence and being abused physically or sexually (American Academy of Pediatrics, 2001; UNICEF, 2005). I

reflect on my own position as a non participant observer in this and other meetings in the final chapter of the thesis

Construction of public toilets

This meeting was called, organised and chaired by the head of Village 2 in Ward X and was attended by village-heads from other villages as well as residents of Village 2. The agenda of this meeting focussed on the construction of public toilets at the local shopping centre and in particular to evaluate the progress made in the construction of the toilets. The construction project itself was a community initiative, as a response to the cholera out-break that had hit the village in early 2009. The meeting was held at a health centre under the shade of a big tree, with men sitting on benches at the front and women occupying benches in the back row.

At the start of the meeting, which was preceded by prayer, all people who were present introduced themselves, stating their names, what committee and association they represented, and/or in what capacity they were attending the meeting. Like other attendees, I introduced myself.

During the meeting, the village secretary read out his hand-written report, spelling out the progress made on the project and the challenges they were encountering. One of the challenges related to the lack of volunteers to make the bricks, resulting in a delay in materials to construct the toilet blocks and the risk of spoiling the existing bricks that would remain unfired before the rainy season. Despite appeals for further volunteers, no explicit efforts were made to welcome disabled volunteers, one of whom eloquently

described to me his experience of exclusion from a number of public construction projects (see MN9 cited in Section 5.3). One idea was to offer incentive payments to encourage 'volunteers' making use of funds from CAMPFIRE that is for the benefit of all members of the community. I reflected that if the village did go ahead with this scheme of financial incentives, disabled people would yet again be excluded from the opportunity to attract an income.

As with the child abuse and protection meeting, the use of oral presentation and ensuing discussion reflected a lack of attention to diversity in the community particularly in relation to the communication needs of Deaf people. And just as the meeting on child abuse and protection, there was no visible presence of people with visual or physical impairments.

Cotton growing scheme

The third meeting I observed at the village level was organised by the representative of the Cotton Company of Zimbabwe (COTTCO) and took place in Village 3 in Ward Z. COTTCO gave assistance to farmers in the form of cotton seeds and chemicals in the three wards in which this study was conducted. Farmers paid back the costs after harvesting their crop. The COTTCO representative co-chaired this meeting with the village head. In a village where everyone was a peasant farmer, that meeting was well attended in terms of numbers, and indeed gender representation. Hence, owing to the large turnout, the meeting was held in an open space at a business centre, under the shade of a tree; men and women sitting on opposite sides, facing each other.

The meeting was opened with a prayer, followed by introductions after which the village head read out the agenda of the meeting. The main discussion centred on i) new prices for cotton seeds and cotton chemicals ii) technical measures to assist farmers iii) control and use of pesticides. Women who attended the meeting actively participated and contributed to the discussions. For instance, Mrs A questioned and challenged the COTTCO representative to demonstrate their corporate responsibility by supporting local projects. Despite receiving support from both men and women, the COTTCO representative refused to address this issue and argued that it was not the right platform for discussing such a complex issue. My own emotions to challenge this view, and the disabled people's conspicuous absence from this meeting despite their involvement in family farming activities, were suppressed by my position as non participant observer.

5.5.2 Ward Assembly meetings

Meeting on Education

The first Ward Assembly meeting I attended, focussing on education, was held in Ward X, and was organised by WADCO (see Table 4). This meeting focused mainly on the role of parents in providing and improving the quality of education in the four schools [three primaries and one secondary school] in Ward X. Although this was a Ward Assembly meeting (normally attended only by chairs of VIDCOs and heads of government departments (see Chapter 3), the general public was invited, and attended in their large numbers, roughly between 100-200 men and women. As is customary, food was provided and schoolchildren were invited to sing and recite poetry as is usual for public events linked to education.

Invited guests included chiefs, village heads, schools heads and School Development Committee members from neighbouring schools in other wards including Wards Y and Z, as well as all the heads of government departments and other stake holders such as church leaders, in the ward. A representative from the Ministry of Education, Sport, Art and Culture who was based at the district education office was also among the invited guests. The presence of the invited guests was acknowledged during the introductions by the chair, a ward elected councillor, as was my presence. At such meetings, it would be usual to expect a representative of at least one national disabled people's organization (who would know of meetings about educational matters via remedial tutors working in the schools), but none was present.

Invited guests were allocated seats according to their status. These guests, who included chiefs, school heads and other heads of government departments, occupied the 'front table', a symbol of honour. I was placed at the front table but during the initial stages of the meeting I moved to sit with the general public in order to be in a better position to observe the proceedings. This did not attract undue attention. The presence of disabled people at the meeting was difficult to observe due to the large crowd of people who had come for the meeting. However, I did notice three blind men and two physically disabled women, one of whom gave a narrative interview as part of this study. The use of oral means of communication during the meeting led to my conclusion that deaf people were not among the audience. I also noticed that none of the women present at the meeting was allocated a seat at the 'front table', despite some holding posts (eg. secretaries of school development committees and VIDCOs), that commanded more authority and responsibility than some of the men who were allocated seats at the 'front

table.' As a result one invited female guest with political connections, confronted the organisers demanding an explanation about the seating arrangement. At one point, she shouted, *"i-nfront table njababeenze kupela* (the front table is for men only). You are not gender sensitive. M*wakali zibwene kulizibobu eezi* (this is unheard of). *Eehe mulange* (Just see), *i-nfront table, no gender*…"

During the meeting, each school head addressed the attendees, pointing to both positive developments and problems the schools were experiencing. While three primary school heads informed the meeting about the increase in enrolment their schools had witnessed that year, a secondary school head was concerned about poor attendance by children at his school and complained that the level of absence had led to a low pass rate in the Form 4 national examinations the previous year [2008]. While the community members received the news on increased enrolment of school pupils with applause, they were quickly reminded of the severe shortage of accommodation for teachers who had been employed in these schools. Responding to this challenge, community members encouraged school heads to recommend to the district education office the employment of local people who had the pre-requisite qualifications to be temporary teachers. As local people, the assumption was that, they were less likely to require accommodation at the schools, being able to travel to school from their homes.

A noticeable feature of the meeting was the complete absence of any explicit mention of the enrolment of disabled children. This was in contrast to close attention paid to gender. In particular, the official from the district education office emphasised the importance of educating girls. The literature suggests that where disabled people are not specifically

mentioned (Dube, 2005), they often do not benefit from the services or programme in question. Given my interest in the inclusion of a disability agenda in development, I found the lack of awareness, and attention to the enrolment of disabled children frustrating. But as a non participant observer I felt unable to raise this question myself. I reflect on this aspect of my choice of research methods in the concluding chapter.

Meeting on Health: water shortages at a local clinic

The second meeting I observed was a 'health' meeting and was held at a health centre, with a particular focus on Clinic A. This clinic, located in Ward X, was the only health facility serving the inhabitants of the three Wards; X, Y and Z. At the time of doing my field work (June to August, 2009), the clinic was experiencing critical water shortages. So C1, the chairperson of the WADCO in Ward X, who is also the elected ward councillor; organised this meeting in collaboration with the WADCO chairpersons in Wards Y and Z (C2 and C3)[33]. The meeting, aimed to address the water shortage the clinic was experiencing by focusing the efforts of *basimwami* (chiefs) and village heads who are respected by, and exercise strong authority over, their populations (*simwaami ngulabantu* who are perceived to 'belong to' their chief). Chiefs, and their respective village heads are, therefore, crucial in any plan or project that requires the motivation of the local population to act. Addressing the meeting C1, the chair said; "*i-development ili mumabooko anuu baism*waami. *Ndinywe nimula bantu*" [development is in the powers of the chiefs. You are the ones who have the people to drive it]. Of 63 people attending this meeting (chiefs, ward councillors, village heads, village secretaries

[33] While the health facility (in the process of being upgraded from a clinic to a hospital) was in Ward X that neighbours Ward Y, by coincidence the chief from Ward Z (approximately 45 kilometres away) was in the area and asked to be involved in the meeting since the health facility also served the population in his ward.

and representatives of government departments) six were women, five of whom were village secretaries and one was an acting village head in Ward Y.

The meeting began with a prayer, followed by introductions with participants introducing themselves, beginning with men, followed by women. Women sat on the floor behind the men sitting on benches, and showed traditionally respectful behaviour when they greeted men by bending their knees. They also kept quiet and spoke only when invited by the chair (C1). The words, "*timwve nimamama aawo, even kamukkede nima mama*" [lets hear from women. You may speak while you are seated] were heard when no other members of the meeting responded at which point C1 invited the women to air their views.

The participants discussed and shared views on how they thought they could address the water problem. Male participant 1 suggested, "*Benzuma, tunoswini kati kazyana aano. Ime ndiyeeya kuti ngakulangulwe kabunga kano yeendelezya eechi nchitikkedele aano."* [Friends, we will continue talking and arguing with no conclusion. I suggest that we set up a committee that will be looking at the problem facing the clinic]. The outcome of the meeting was the formation of a committee to spearhead the provision of safe water and firewood to Clinic A. Rather than seeking democratically elected members of the committee, three men volunteered, while others were told and persuaded by the chair to join. No women volunteered spontaneously which led to the following intervention by one of the ward councillors.

C3: [Shouting encouragingly] *"gender, gender, gender', gender. Kamulanga banakazi besu [include our women], gender."* He continued "*bamamama mbano teetela nsima"*[women bring us food[34]]' "*Mubikke mwankazi mu-committee. Tachikwe ikabunga kazuminwa pe mazuba aano kakatake ibanakazi mukati. Mubikke banakazi!*" [include women as well. It is now against the law in Zimbabwe to form committees without including women as members. It is no longer acceptable. Include women!]

In response, another male Participant (2) said:

> *Iibanakazi kanji kanji mbibaanji kabaza abana, kabaza kutumbuka, Kabaza amalwazi abo asiyeen esiyene okuno kuchibbadela. Asi kuti sunu ayimikilile ibenzina nibanoo sonsegwa tafunipe. Ani balumi nansyo bazula tabakozoza kuutumbuka kale pe, tabakozooza amwana kale pe kuchibbadela, asi inywe ndinywe nimuza abana...*
>
> [In most cases more women than men visit the clinic (facing on the direction of women)...you give birth at the clinic; you take children to the clinic when they fall ill...Therefore, increasing the number of men in the committee is less important. We all know that men will 'never go to the clinic to give birth, and rarely take their children to the clinic for treatment when they are ill, but women do that...[35]].

Following this intervention one woman agreed to take the post of vice secretary in a male dominated committee with eleven members in all. The meeting felt that the woman

[34] This statement, intended to remind all members of the importance of women attracted much laughter and serves as a reminder of the challenges in changing attitudes alongside changes in policy.

[35] These words could be interpreted in two ways – i) as a reminder that women undertake the hard work of childbirth and child care and it therefore makes sense that they are involved in ensuring the clinic is functioning well. In other words the responsibility is left with women. ii) that women should be given the honour of being recognized as committee members and in a position to influence decisions.

would feel out of place and 'lonely' in a male dominated committee during meetings. This led to the appointment of a second woman as committee member. She was appointed in absentia as none of the women present accepted the appointment. Although other participants demanded reasons from the women for their refusal, they refused to explain. Such refusals can be interpreted as a form of active participation demonstrating resistance to pressure from a male dominated meeting and reminds us that, genuine participation is a voluntary process (World Bank, 1995) in which rich and 'poor' people alike, influence and/or control the decisions that affect them. The second appointee was chosen in absentia and it seemed more likely that this was the result of the meeting's desire to be seen to conform to the National Gender Policy (Government of Zimbabwe, 1999) than a genuine concern to involve women in decision making forums.

As with the earlier Ward Assembly meeting I attended on education, disabled women and men were neither visibly present nor were they represented at the meeting. Despite the engineering of a second non-disabled woman onto the committee in absentia, no such attention was given to including disabled women or men. The implication here is that, strong attempts to be seen to conforming to national gender policy, is not matched by attempts to conform to The Disabled Persons Act, 1996 (Government of Zimbabwe, 1996) that outlaws discrimination on the basis of disability.

Ward general meeting

The last meeting I observed was a general ward meeting called by the WADCO in Ward Z. The purpose of the meeting was to review the operations of various committees affiliated to the WADCO (see Chapter 3), and to receive the annual departmental reports

from these committees, and heads of government departments, to prepare a consolidated ward report on the problems and development needs for submission to the rural district council. While this meeting targeted members of various committees and heads of government departments in the ward, it was open to the adult community members in the ward. The meeting was attended by 97 people; 27 of whom were women. Accessing the church building which was used as the venue involved walking up six steps, and presented access problems for wheelchair users. Although there are very few wheelchair users in the district, Coe and Wapling (2010:884) point out that "projects which aim to empower disabled people, and increase their inclusion in development work should pay particular attention to access issues: for example, training venues should have wheelchair access…" As with the other meetings I attended, there was no visible presence of people with mobility problems or visual impairments.

During the meeting, chairpersons or secretaries of committees presented their reports detailing activities such as the number of meetings held over the one year period under review and what was discussed. For example, the chair for the Livestock Development Committee informed the meeting about the number of cattle in the ward and shortage of deep tanks, while the CAMPFIRE committee's report included problem wild animals, crop destruction by elephants and projects that had benefited from the CAMPFIRE money. Reports from heads of schools, both primary and secondary, centred on school enrolment, absenteeism of school children, shortages of classrooms and teachers' houses. None of the reports paid any attention, direct or indirect, to disabled people, reinforcing my observations that they remained not simply marginalised but excluded from local community politics and development issues.

5.6 Implications of the Village and Ward Assembly meetings

The six assembly meetings, though attending to different issues in the community, had some similarities. They all addressed practical and real issues or problems that affected the whole community. However, community members were not involved in identifying the problems. A decision about the agenda of each meeting was decided by the organisers, and community members were relegated to the role of rubber-stamping the agendas and the decisions taken in what remained took a top-down approach to problem solving. The chairs' opening statements at all six meetings: *Nibazyali ncintu ncitwamutambila aano ncakuti tuzuwe makani…* [Fellow villagers, the reason why we have invited you to attend this meeting is to discuss the following issues…] illustrates this observation.

Another common aspect of all the meetings was the unequal gender representation. With the exception of the meeting that focussed on growing cotton in which women outnumbered men, male dominance was evident in all the meetings, in both attendance and participation. Where women were chosen as committee members, they were either nominated to lower status positions as secretaries or members, and often to meet political prescription. This political exploitation of women (Geisler, 1995), that at the very least, resulted in some limited involvement of women, did not extend to disabled people. This was also one of the common features in the meetings I observed. Disabled people did not attend any of the development meetings nor were they represented at the meetings. Unlike the case of women, with one case of a woman's representative being nominated in absentia, disabled people were never mentioned or considered for nomination or election. This cultural bias against disabled people reinforces the position

of disabled people as consumers of development rather than people who can contribute towards development processes.

5.7 Summary

In this chapter, I have discussed the non-participation of disabled people in the various committees in their respective villages and wards that were set up for the purposes of facilitating and advancing development in the district. I particularly explored the appointment of disabled men and women as traditional leaders, as committee members in Ward and Village Development Committees, and other sub committees. Disabled people were simply overlooked and appeared to have no public voice. It seems that little has changed over the last two decades. Commenting on the operations of VIDCOs twenty years ago Brand (1991) argued that the practice of participation by disabled people at village level did not match official policy expectations.

I also discussed the participation of disabled people in the economic life of the communities. I explored this through analysing life histories of disabled people seeking evidence of their participation in community development projects. Further, I explored whether disabled people received any support to enable them to initiate income generating projects, either as individuals or in groups. In addition, I also reported my observations on the participation of disabled people in the six assembly meetings. Although these findings must be interpreted with caution due to small sample sizes the evidence presented here suggests that despite a reasonable policy framework to include disabled people in the development mainstream, the day to day reality paints a picture of continuing marginalisation and exclusion. Evidence from interviews with government

employees showed that disabled people participated at household level but remained invisible in public. Only two disabled men, who had attended school, participated in low profile development committees and they also initiated income generating projects in spite of a lack of enthusiastic support from government employees responsible for providing pre-requisite support. By contrast, disabled women's participation in committees, community projects and Assembly meetings was invisible. This invisibility was reinforced by exclusion of disabled women from the assumed constituency of the Ministry of Women's Affairs, Gender and Community Development's policy that despite its support for women engaged in income generating projects, explicitly excluded disabled women. Disability and disabled people's concerns continued to be perceived by non disabled people as special issues requiring specialists to deal with them. As a result the Ministry's officials referred disabled people for rehabilitation or to the social welfare department that, despite specialist staffing, suffered from chronic under funding and was unable to offer effective support to disabled people in search of economic independence.

In the next chapter I continue discussing the participation of disabled people in development processes, focussing on challenges that hindered meaningful participation of disabled people in the development processes in Binga District.

CHAPTER 6 CHALLENGES FACING DISABLED PEOPLE IN ACCESSING DEVELOPMENT STRUCTURES AND PROCESSES

6.1 Introduction

Following on from Chapter 5 that examined the participation of disabled people in development structures, activities and meetings, in this chapter I discuss the challenges experienced by disabled people in contributing to development processes in their villages and wards. The chapter helps to address research question 2: 'What challenges do disabled people face in participating in development processes in their respective communities?' In section 6.2, I discuss the challenges, often faced from birth, posed by cultural belief systems about the origins and meanings of disability. Section 6.3 considers challenges experienced by disabled people in accessing the basic conditions that enable participation (Gevanta and Valderrama, 1999). Section 6.4 addresses contemporary experiences of disabled men and women who told stories of treatment by others reflecting popular perceptions of disability. All referred to a sense of stigma using the expression *'batulangila ansi'*, a term implying inferiority, helplessness and worthlessness, when describing individual experiences of being excluded. In section 6.5, I focus on local politics and government bureaucracy as barriers to participation.

6.2 Culture and belief systems about becoming disabled

Culture, including traditional beliefs and use of language, inevitably shapes a society's perceptions of disability and the social responses that result from them. Disabled people in this study recalled their own life histories in vivid detail from the early years to the present day. They also highlighted specific and at times unique challenges they encountered in attempting to participate in development processes. FN2, a 31 year old

physically disabled woman who lives with her parents, exemplifies some of these challenges. In her narrative she mentioned disability in passing, but she did not specify what she thought or believed was the cause of her disability. I raised this with her in a later discussion:

Researcher: Earlier on**, y**ou said that you were not born disabled. Could you please tell me how you became disabled?

FN2: *Hm, buumi mbulemu! Ime ndakazyalwa kandili kabotu biya,kanditali mele pe. Ndakazolimala kandili ndakomena kale biya. Ndakali ndaba musimbimupatipati biya, kandilii kufunda chikolo, Grade 3. Ndakali kwiiya Grade3nindaka limala.*

[Yes. life is difficult. I was born all right, without a disability. I became disabled when I was a bit old. By then I was a young girl and I was in school, doing Grade 3.]

Researcher: What exactly happened?

FN2: *Ibazyaali bangu bo batii zuuma nchiintu chakandipa bulema chakkona ndakachijana amulyango anganda mundakali koona. Ndakali kuyanda kuya kuusamba ikuseni kuti ndiinke kuchikolo abamwi ibana bakali kwiiya. Mbundakati ndizwe kupela amulyango, mpoo ndakalyata chiintu chakona, mpondakawida ansi. Mbundakawa oobo, mpo ndaka kachilwa kuti ndibuke andikke. Bakeezya kundinjizya muzilongo zyabantu, mubanganza, asi zyakaachila. Alubo* i*bazyali bangu bakeezya kunditola muzibbadela zisiyene siyene, pesi ah taakwe chakakonzeka pe kusika*

*lim*wi lino *bakatala biya.*

[My parents say that there was something, a magical object which was placed on the door steps of the hut in which I slept. On this particular morning, as I was coming out of the hut for a bath, preparing to go to school with other children I stepped onto the magical object. I fell down and after that I could neither stand up on my own, nor walk. My parents took me to different traditional healers, but to no avail, until they gave up. They also took me to various hospitals for treatment. I was never cured.]

Another participant MN8 who became physically disabled three years before our interview in July 2009 said:

Ndakakomena obotu obotu biya. Ndakabeleka abaluundu, kandijisi izyuuno zisiyene siyene. Ndaka beleka kandili umwi wabagwasyi kubantu bachiswa bulwazi bwashuramatongo, obubwakasika lino. Ichabili ime ndakabeleka kandili sabbuku, kuzosika ndalimaala lino kulimala nkunda kalimala obu. Kulimala ooku ndakalimala kuseni biya. Ndakali kuyanda kuya mugani kuugonka izisamu zyachilugu chankuku, mumoomu mumbali imbali biya mumoomu. Asi ndakamvwa kuti kupela kka! Aawa. Ndalaanga amulyango. Anii nizi echi? Ndakaboona citendele chamanko kupela. Ndati Aaha, manko! Mpoo ndakabweeda munganda…

[I grew up well. I worked with the community in various capacities. I was a home-based care giver while I was also the village-head until recently when I became disabled. On that particular morning, I wanted to go into

the nearby bush to fetch some poles for building a fowl-run. But as soon as I stepped out of the hut, I felt as if something had struck me 'here' (pointing on the right side of his back) from somewhere above my head. I turned around and looked, but only to see a wasps' nest. Talking to myself, said, 'Wasps!', and then I went back into the hut.]

He continued,

mbakandilanga kupela mwanakazi wangu, wakabuzya kuti "ani wabonanzi iwe mudala?" Mpoome ndakasandula, ndakati "takweepe mendilikabotu biya." Ulaamba "aaha wachiswaawe, ayi wachiswa iwe. Mulomo wako *wabakumbali kale kutyeni?" Ime ndakati, "ha-a nikisi," ndakakazya... Asi mwanakazi wakendelela kunembo kati "anikisi wachiswa iwe!"*

[As soon as my wife saw me, she asked, "What has happened to you?" I replied, "Nothing. Nothing, I'm fine." She then said, "You are ill. Oh yes, you are ill. Your mouth seems to have shifted to the side!" I replied, "No, there is nothing wrong." I denied. But my wife insisted saying, "No, no you are ill!"]

After a deep breath, MN8 continued:

Ndabona ambe kuti tandichikoonzyi pe kweenda, ndabu gwasigwa biya, bakeeta ngolo manje, banditoola kuchibbadela. Nindakakusika kuchi bbadela okuya, bakakundipa ma pilisi akutontobozya imachise. Mpo bakatii takwe nchitinga tilachita pe. Kuzwaawo, yakandibweza ingolo elya

futii manje yanditola kumu profita, nkundakakusika. Kumu profita kuchilundu. Ndakaa kukkala biya inviki zitatu kabali kundikombela, kabandi tandizizya nkumunya okuya mansiku asikati…

[I realised that I couldn't walk unaided. They (my wife and relatives) brought a donkey-cart and took me to the local clinic where I was given some pain relief tablets. Then the nurse who attended me said that they could not do anything more. Then from there, using the same donkey-cart, I went to a prophet's home in the mountains. I stayed there for three weeks, receiving treatment and being prayed for, day and night…]

Despite gender differences FN2 and MN8's stories have some commonalities. Although FN2 and MN8 do not specifically mention the term 'witchcraft' as the cause of their disability, their descriptions of becoming disabled connects well with the phenomenon and practice of witchcraft. For instance, they both explained that they became disabled in the morning and that they had the magical encounter at the door step. This view of time is consistent with the widely accepted belief that witchcraft is mainly a nocturnal practice (Chavunduka, 1980; Shoko, 2007). Witches or wizards plant magical objects such as *chitsiga or chikwinho'*[36] at the door steps of their targets, who then meet their fate in the mornings. *Chitsiga, and chikwinho* are medicinal magical objects intended to cause injuries, illness or impairment to another person.

The treatment of illness or disability believed to have been caused through the practice of witchcraft, spirits or both, brings in the participation of traditional healers. Traditional

[36] Chitsiga and chikwinho' are Shona words translated by Shoko (2007) as 'landmines'.

healers are people who use vegetable, animal and mineral substances (herbs) (Courtright *et al.*, 2000; WHO, 1978) to treat a variety of acute or chronic conditions. In Zimbabwe, the role of traditional healers in health-service delivery was recognised by the Zimbabwe government by passing the Zimbabwe Traditional Healers Act in 1984 (Mpofu and Harley, 2002). Since then, traditional healers have remained the "main source of hope" (Chidyausiku, 2000:15) for most people in rural areas, and "more credible and competent, because of their incorporation of core cultural beliefs about disability into treatment planning and delivery" (Mpofu and Harley, 2002:6). In addition to relying on traditional healers, MN8's narrative points to the participation of prophets in attempts to identify cures. Prophets in Zimbabwe are often leaders of religious sects or church organizations that were founded by indigenous Zimbabweans. In a paper, '*Disability and rehabilitation in Zimbabwe: lessons and implications for rehabilitation practice in the U.S - Disability and Rehabilitation in Zimbabwe'* Mpofu and Harvey (2002) have argued that many prophets claimed to heal by spiritual command making people with physical impairments achieve anatomical recovery.

Disabled participants offered further evidence linking witchcraft and disability. For instance MN9 said:

> *Nindaka zyalwa ndakakkala munganda mbuulikuti, lokonga mwana nazyaligwa lukombokombo ngatalunazwaape. Ndakakkala munganda kabalindila kuti lukombo-kombo luloke. Mpo nilwakazo loka lukombo-kombo ooluya, taakwe chakazozwidilila pe. Baneene bakali kundambila bakati imaa lukombokombo oluya lwaka nyangalika tabalubwene alimwi tabaluzipe kuti lwakayakuli. Mpoo meso angu*

akatanguna kuchisa. Saka manje lino aalya nibakandigwisya anze tendaka maninsya mazuba mayingi pe, mpo meso ayitabiyeni? Adonkoka mpo bakachizame nzila zyoonke nzibakali kukwanisya kuti bayandule inzila yakwakasilika. Bakayiinka kusonda akundinjizya muzilongo zyabantu ,asi chintu techaka konzekape konzeka chaakakachila. Kusika limwi meso...

[When I was born, I was kept in a hut. This is in accordance with our (Tonga) tradition that a new born baby is kept in isolation with her mother until the umbilical cord falls off. Therefore, I was kept in the hut until the cord fell off. But when this cord fell off, my grandmother who told me all this said that the umbilical cord disappeared. No one knew what happened to it. They consulted traditional healers, but still could not find it. Then my eyes became painful. So, when they finally brought me out of the hut for the first time, I became blind. They tried all possible means to cure me. They (village elders) consulted witch-doctors and took me to different traditional healers for treatment, but still could not restore my sight.]

MN9 continued:

Saka naka donkoka meso alya, bakayandula nzila kuti ngabalayita kutyeni atala andime. Bakazuminana kuti meso aya mbadonkooka oobu kulibiyo kabotu ime nkasoogwe. Saka manje baama baakaka baati. Bakandilela…

[So when I became blind, they (village elders) consulted each other on what they should do about me. They agreed that, since I was blind, it was best for me to be thrown into a pond and left to die. However, my mother refused

and so she kept me…]

Although MN9 does not refer directly to witchcraft, he links the disappearance of the umbilical cord with his loss of vision. Consulting witch-doctors and traditional healers to explain the mysterious disappearance of the umbilical cord and to provide a cure for the blindness is consistent with a belief in witchcraft. Referring to the cultural beliefs of the Karanga of Zimbabwe, Shoko (2007) writes about the invisibility, but powerful and effective use, of *zvitokolochi* (goblins) and *chipotswa* (remote magically controlled objects or missiles) by witches and wizards who own them, to carry out acts that cause impairment, harm or death. A popular belief in Zimbabwe is that z*vitokolochi* (goblins) are effective 'messengers' and meticulously carry out tasks as directed by their owners (witches and wizards). In this context, the practice of witchcraft has the potential to affect human well-being and MN9's narrative exemplifies this complex issue. He tells of a symbolic event in the Tonga tradition: the burial of the umbilical cord in one's ancestral home. As Waliggo *et al.,* (2006) explain, the concept of 'home' in most African traditions does not merely mean the physical structure in which a person lives, but also the biological, sociological and spiritual roots of the individual. Hence, the burial of the umbilical cord at the ancestral home protects the baby from sorcery, but also symbolises the initiation of the link between the individual, the community and the ancestral spirits. The end of this link occurs when one dies and is buried at his ancestral home according to cultural tradition. Thus, those buried away from their homes are believed to have been deserted by their clan and are therefore perceived as outcasts, potentially bringing problems to the wider family. Because MN9's umbilical cord was not buried according to the family tradition, he was not perceived as being spiritually

connected to his ancestors and was effectively viewed as an individual who had been deserted by his ancestral spirits. By implication, MN9 was perceived in his community as an outcast, and his blindness in this context, can be understood as punishment for possible social violations within his family clan. The presence of impairment to a family member is understood to be punishment of the disabled person on behalf of the whole family (Mbiti, 1992; Shoko, 2007).

Other disabled people who took part in the study indirectly referred to magical powers of witchcraft as the cause of their disability. One such participant is MN3 who said:

> *Ime ndaka zyaligwa kaandila meso. Mpoo manje kuzwaalya ndakazoba mupatipati ndakula. Ndakeembela mpongo mbulibamwi bana bachaalumi.Mpoo ndazojatigwa kagwilikiti. Saka ndizojatigwe kagwilikiti bobiya, bakayiinka kuyosoonda, kwakuza muzimu waku banakwesu. Ndakalanga nibakachili kukusonda buunsoobo. Asi manje nibakasika kabaaz*wa kuusonda mpo*bazotiima kagwilikiti takapilwi pe. Mpoo ndakafwa meso…*
>
> [I was not blind when I was born. I looked after goats like any other boy. But later, when I was still a young boy, I contracted measles. After having contracted measles, my parents then consulted a witch-doctor and were told that the *mizimu* (ancestral spirits) were behind my blindness. However, during the consultation period my vision was temporarily restored, but as soon as they were told that they can't get remedy through a traditional ceremony, I lost my sight for ever].

While diseases such as measles can lead to impairments of different kinds (Dube and Charowa, 2005), MN3's blindness was blamed on ancestral spirits. It is widely believed in some communities in Zimbabwe that *mizimu* (ancestral spirits) abandon their responsibility for protecting living family members when angered by disregard of their social norms. This allows visitation of bad spirits, who cause harm to family members. For instance, *shavi* (alien spirits) cause illness in a potential host, while *ngozi*[37], which closely translates to angry spirits in English, that also cause illness are the most feared in Zimbabwe (Shoko, 2007). And being abandoned by *mizimu* (ancestral spirits) also makes living family members more vulnerable to witchcraft. The cultural belief in witchcraft as a cause of disability was implied directly or indirectly in the life histories of twelve of the twenty disabled people in this study. Table 5 shows disabled people's beliefs about the causes of their impairment.

Table 5 Disabled people's beliefs about the causes of their impairments

Sex	Beliefs about causes of impairment/disability		
	Witchcraft/spirits	Disease	Unexplained
Male (n=10)	7	2	1
Female (n=10)	5	3	2
Totals	12	5	3

While twelve disabled people believed that becoming disabled was linked to acts of witchcraft or spirits, five believed that their disabilities were caused by disease. Three participants reported that they did not know the cause of their disabilities. When the

[37] These are spirits of people who died in anger (Shoko, 2007)

cause of disability is unexplained, most cultures in Africa believe that the cause of disability is 'the will of God' (Devlieger, 1995a; Talle, 1995).

The stories of the disabled participants included accounts of attempts to seek treatment to 'correct' their impairments. While eight disabled reported that their families first consulted traditional healers before seeking modern medical treatment, eleven said that only traditional solutions had been sought. For those whose impairments were first experienced in childhood, decisions about possible treatments had been made by their parents and family members. But adults are also influenced by parental and wider family beliefs. Only one participant, who chose to seek the help of modern medicine, was supported by his parents to do so. But he was later overruled by family members who then sought traditional solutions. This raises questions about the degree of control over decision making that disabled people are able to exercise about their own treatment.

Traditional solutions involved performing rituals and cleansing ceremonies with the aim of 'curing or 'healing' the disabled person and dispelling the evil spirits from the family. These rituals often involve extreme discomfort (physical and mental) exemplified by the experiences of a Zimbabwean disability activist who went through such a ritual: "I was taken up a mountain and I was left overnight on the mountain on my own. They were to collect me the following morning, traditional rituals were performed. It was expected that was the way of really helping me out. It was terrible"(Chimedza and Peters, 2001:157). The following excerpt from a focus group discussion (CHULWA) further illustrates the effects of being disabled in Binga. CHULWA group comprised of non-disabled women.

Group member A: *Inywe imakani abulema malemu bezuma. Ime ndizi uumwi mwnakazi…* [My friends, these issues of disability are complex. I know one women… (interjectected)

Group member B: *Wakayita biyeni? Ukala kuli?* [What did she do? Where does she live?]

Group member C: *Takweepe. Ukala duze andiswe okuuya. Mawnakazi ooyu walikweetwe. Asi lino wazoofwa meso. Nakafwa meso mulumi wake wakamuleka…*

[No. She is my neighbour. This woman I'm talking about was married. She has just lost her eye sight in both eyes. Because she is blind, her husband has decided to divorce her…]

Group member B: Ohh, Leza wangu! *Ankambozi? Ndismpe na nzulikwaamba?* [Oh my God! Why? Is this a true story?]

Group member A: *Umuuna umvwe. Kutegwa mwalumi ulikuti we takali amuntu uli muchilongo chamuntu pe! Kufwa meso ooku nkwayitaa nkamboni kabwaamu bwake…*

[Listen for a while. This is a true story. Her husband is saying that, getting blind is proof of her promiscuous life. It is punishment from the gods and therefore, he can't continue living with such a woman…]

Cultural understandings of disability, clearly reflected in the stories of 'becoming disabled' in the context of my study, are significant in understanding the challenges of including a disability agenda in development processes in Binga District (and beyond). Culture provides people both with their identity and a framework for understanding their

experiences (Hensley and Schott, 1999). The message from disabled participants in this study is that they were often portrayed as either bewitched or cursed. This begs the question, 'How can disabled people participate meaningfully in development processes while attracting such negative social imagery?

6.3 Access to enabling conditions for participation

Thinking of development as a process aimed at expanding human capabilities to lead valued lives (Sen, 1999; 2005), implies a need to understand the conditions that will enable participation in development processes and activities. As well as overcoming social attitudes that limit the participation of disabled people (see 6.2 above), I discuss: i) access to education, ii) skills training and iii) finance, identified by the disabled people in this study as necessary for the pursuit of valued lives.

6.3.1 Educational opportunities

All twenty disabled participants recognized the importance of formal education as a vital step on the route to a valued life. For example MN2 emphasised the importance of education when talking about being involved in development processes:

> *...lusumpuko lwakkona luyaakuuti iluzibo ulalona kulichecho nchimuyanda kusumpuula. Vele i-basic ni education. Ma-disabled ibayiingi mu Binga tabalokufunda pe ankaambo kakutyeni, zikkolo zyiiya ma-disabled zilikuule, zilikuma bbooma abaamwi kupela. Mpoo kwakutii, muzyaali utakwee nchalaancho, akoonzye kutola mwana wake ulimele kuchikolo chilikule…*

> [Participation in development processes depends on whether you have the knowledge and the skills for what is supposed to be worked upon. The basic ingredient is education. But now most disabled people in Binga are not attending school. This is because there are no special schools in the district and you would not expect a poor parent to afford to send his disabled child to a special school in another district...]

The lack of special schools not only in the three wards in the study but Binga District as a whole was acknowledged by the three elected ward councillors as well as three chiefs in the study. For instance, the chief from Ward Y (CH2) said:

> *Mbuli basizyuuno so, kuyandikana kuti, kuti izilema ziyakilwe imaa centre aazyo. Ziyakilwe zikolo zyabo, kwitila kutii abalabo bafunde mbuuli aba bamwi balaa mibili ilikabotu. Ikwalino mugunzi ilyangu, abboma lyesu mbulizulwa, takwe chikolo chilangene abalimele pe…*
>
> [As leaders we ought seriously to consider building centres and schools for disabled children where these people, like their non-disabled counterparts could be taught various skills. At the moment in my ward, there is no special school or other learning facilities targeted at disabled children. Actually there are no special schools in the whole district…]

Despite the rapid expansion of the education system in Zimbabwe following independence (Chapter 3) educational expansion in Binga was not as pronounced as it was in other rural districts in Zimbabwe (Manyena, 2006; Munsaka, 2007). There are no special schools in Binga District and this significantly affected disabled men and

women's access to appropriate education and the possibility of exercising freedom of choice, one of the attributes of well-being (Sen, 1999)[38]. Lack of financial capability by some parents of disabled children to meet the educational expenses associated with special schools further limited disabled children's chances of accessing special schools. Of the twenty disabled participants in this study, only four women and eight men had accessed formal education. Of those all the women and two men attended mainstream schools while six men had attended 'special schools' for disabled children. The gender inequality in relation to access to education is further addressed in section 6.3.2.

Attitudes towards separate educational provision for disabled children in Zimbabwe need to be seen in the light of Zimbabwe's particular history as well as contemporary global debates about the value of inclusive education. Inclusive education is primarily focussed on providing a learning environment according to the specific needs of disabled learners (Mushoriwa, 2001), alongside non-disabled counterparts. It is imagined to be less discriminatory and discourages the overprotection of disabled children (Lonsdale, 1990). However, it is also argued that some disabled children's educational needs can be better met through special education programmes (Choruma, 2007), such as the provision of resource units or special schools. Most special schools in Zimbabwe are boarding schools and offer vocational and life skills training. As a consequence such schools on the one hand are important as they are not only able to give inspiration and hope to disabled people, but provide a basis for learning how to survive as a disabled person and through appreciation of individual disabilities (Choruma, 2007). But on the other hand, the practical curriculum offered in special

[38] The controversial position of segregated educational provision for disabled children is discussed in Chapter 3.

schools represented a reminder of the colonial education system. Colonial education for most black people in pre-independent Zimbabwe was practically oriented, but, as Ansell (2002) argued, it was of lesser value and significance and only fit for an 'inferior' race, the less intelligent. This type of mind set still exists in Zimbabwe, with students undertaking practical subjects often perceived as less intelligent. The practical curriculum offered in special schools in Zimbabwe carries the same implication; a reserve for the 'inferior tribe' disabled children who are perceived in their communities as of lesser value. But for some parents of disabled children who have the resources, enrolment in special schools, is their preferred choice for their disabled children. Unsurprisingly, given the sensitive nature of child abuse as a topic, the question of the abuse of disabled children in residential settings (Sullivan and Knutson, 2000) was not raised as an issue during this study.

6.3.2 Gender bias in access to education

The debate on gender preference in families, especially when it comes to access to education is not a new issue in Zimbabwe (Shabaya and Konadu-Agyemang, 2004). In this study, GO2 from the Ministry of Women's Affairs, Gender and Community Development alluded to the gender bias:

> You know in Binga we (Tonga people) are always said (by other tribes in Zimbabwe) that we prefer to educate a boy instead of a girl. And we pour more resources towards the male child than we do to a girl. That practice is there. It is even reflected in our schools. Students who proceed with theireducation up to Form 4 or at least form 4 are boys. Furthermore, most

> ofthe candidates who pass at least five subjects at ordinary level, including English, were males. That is the general outlook of the situation in Binga.

GO2's observation was shared by two other government officers (GO1 and GO3), who also said that access to schools for girls in Binga District was limited. This was despite the fact that Zimbabwe had made significant strides in expanding her education system soon after gaining political independence (Chitiyo and Wheeler, 2004) including the provision of formal education to disabled children. Lower levels of school attendance for girls remains a national challenge in Zimbabwe (Dorsey, 1996; Ministry of Education Sport and Culture, 2007). In addition to gender inequity in accessing primary and secondary education, Ansell (2002) has argued that the secondary school curriculum in Zimbabwe fails to equip girls and young women with adequate skills for adult life since they are expected to take subjects that are less valued, paid less attention, and attract fewer resources in schools as well as limiting opportunities for formal employment. Writing in a western context, (Lonsdale, 1990:94) argued that "not being given a proper education not only implies a life of dependency, but ensures that women leaving school will not be equipped to earn a living and will lack the confidence to make their way into the world." In the context of Binga, GO2 succinctly expressed the impact this had on girls when he said:

> I'm not saying that because this is the Ministry of Women's Affairs, Gender and Community Development and therefore, only women should be employed. Instead what we are saying as a Ministry is that there should be an equal number of men and women when it comes to employment. But unfortunately for an individual to get a job, that particular individual

> has to compete with others around academic qualifications. Unfortunately we are often unable to get enough women who have adequate qualifications including English. We advertise vacant posts in all the wards. We also talk to the ward councillors to help us advertise the vacant post in their respective villages. We advertise at Ward Assembly meetings. Applicants should have completed Form four and passed at least five subjects including English at 'O' level. Despite our intensive advertisement, we rarely get enough women with the qualifications that we require to fill the vacant posts. So at the end we are forced to just employ men even thoughwe could be in need of female candidates. Our employment policy callsfor gender equity, 50-50 % (equal number of men to women) but fulfilling thepolicy has been practically impossible.

Clearly, in a context where employment is valued and contributes to improved living standards, getting five passes at 'O' Level provides girls, including boys with a reasonable chance of obtaining formal sector employment. However, failure to achieve the required level negatively impacted more on girls than boys, who are often allowed, encouraged and given second chances to write their examinations if they failed on previous attempts (Makwenda, 2010). This kind of support is rarely provided to the girl child in Zimbabwe.

This bias seems to become more pronounced when gender and disability intersect as evidenced by the life histories of disabled people in this study. For instance FN7, a 49 year old blind woman did not talk about access to education. When I asked her later

whether she went to school, she said: "*Kuchikolo tendakayinka pe. Mbuli mbundaamba kaale kutii ndakafwa meso kandili munini. Saka ibazyali take biya pe nibakanditola pe kuchikolo."* [I never attended school. I lost my eyesight when I was still young. My parents did not send me to school.]

Researcher: Why did they not take you to school? Did you ever ask them?

FN7: *Ani kaabino ndimoofu! Loko bakali kutimaa ibatabonipe mbulindiime tabayiiyi pe, hmm*. [Because I'm blind. They said blind people never go to school.]

Another participant FN3, a 46 year old woman who uses a wheelchair, did refer to school in her life history, and elaborated further during the post narration discussion.

Researcher: Earlier on, you mentioned something about schooling. Can you elaborate on what you meant by that please?

FN3: *Ok, ndalikuti ikuyuma kwabuumi kwabuyanda ibafundide. Ime kabino nikuba kutii ndakayinka kuchikolo, but ndakayiila mu-Grade 4 kupela.* [OK, I was just saying the current economic challenges are better attended by educated individuals. Well educated people easily get jobs. In my case even though I went to school, I only went up to up to Grade 4.]

Researcher: I think you mentioned that your two brothers and two sisters completed Form 4[39]? So why did you end in Grade 4[40]?

FN3*: Iyi mbundaamba. Aasi nikuba kuti ooyu umwi wachalumi ngwakali feede, so wakazo bweedela biya kutii aazopase iForm 4 yake. Pesi aba*

[39] This refers to secondary school
[40] This refers to primary school

boonseni bachanakazi, takwe wakasika ku Form 4 pe. Mupati weesu waka kwatwa nakamaninsya Grade 6. Ngunditobela wakayiiya kuyosika wamaninsya Grade 7 mpoo alake naakazokwatwa...

[Yes, that is what I said. One of my brothers had failed in his initial attempt and had to re-write his Form 4 examinations. But [clarifying my understanding] in relation to my sisters, none went as far as Form 4. My eldest sister reached Grade 6 and then got married and the last born- the one who comes after me completed Grade 7 and also got married…]

Researcher: OK, so why did you end at Grade 4 when all your brothers and sisters went beyond that grade?

FN3: *Nkuti kabiino mbulimuntu ulimele so alubo tendakali kukonzya kweenda obotu, so kubazyali bo kwakali kubanga kunditola kuchikolo nkundilemezya mutolo atala abulima mbundaabo kale. Alubo kuutiiwe lwake ndeende ibana bachanakazi takali kuyanda pe kuyiisya bana bachanakazi. Loko walikuiti ibachakazi balookwatwa, so bayo chengetwa abalumibabo.Wakali kuyanda kuyiisya bana bachaalumi kupela. Nchichaka zokwatwa iwe mukulana wangu wachanakazi…*

[As a person who could not walk very well, I came at a point where walking became more difficult and going to school become a burden to my parents, who had to carry me each time that I went to school. But it is also because my father was not interested in educating his daughters. Girls would get married and get cared for by their husbands. He was more enthusiastic about educating his sons…]

In a paper prepared for the Education for All Global Monitoring Report 2003/4 Rousso (2003) argues that some families often assume that a daughter who is disabled will not marry, which may further devalue her. In the Tonga culture in particular, the prospect of good marriage is the primary value given to girls. By contrast, Rousso (2003) argues that disabled boys are valued more than disabled girls within family settings. It is assumed they will marry and become bread winners and therefore they are sent to school. In this study of Binga District, bias against disabled girls in accessing education went beyond family influence. The life histories of participants show that despite the absence of special schools in Binga District, some non-governmental organizations supported education for disabled boys who were sent to attend special schools in other parts of the country. For example, MN2 explained that The National Council for the Blind, a national NGO, sent him to Masvingo and sponsored his secondary education at a special school. MN9 had also attended a special school in Masvingo. Table 6 below shows that, of the ten disabled women in the study, four of them attended local formal schools, while the remaining six did not go to school.

Table 6 Sample of disabled people and access to education by gender

Disabled women N=10		4 attended formal local schools and attained education prior being disabled	6 never went to school
Disabled men N=10	6 attended special schools	2 attended local formal school and attained education prior being disabled	2 never went to school

All four disabled women said that they attained their education prior to becoming disabled (see Table 5), and the onset of impairment marked the end of their schooling. In contrast, of the ten disabled men in the study, six attended special schools; two went to local formal schools and only two never went to school at all. Access to education was a particular problem to disabled people in Ward X where the only primary school is situated on a hill-top some distance from each of the villages in the catchment area. Although this problem is faced by all children from poor families, especially those who live some distance from schools in more isolated rural areas, this is exacerbated for those with disabled children. With very restricted access to education for most members of the sample, together with the pervasive social perceptions about disability, disabled people were more likely to be excluded from opportunities to acquire additional life skills or careers.

6.3.3 Skills training opportunities for disabled adults

Skills training opportunities for young people in Binga District focus almost entirely on agricultural activities with opportunities for other skills based training requiring a move to Bulawayo, Masvingo and beyond. The stories of disabled people in this study indicated that access to vocational training institutions was a challenge for all and particularly difficult for disabled women. The bias was explicitly highlighted during the interview with FN1, a physically disabled woman who said: *Olo mwati mwiinke ookuya ku training centre (name* withheld) *ookuya sunu so, tamukoyoojana olo one mwanazi ulimele pe ulikwiiya mbulibamwi banakazi batalimele. Takuyandikani bafundide pe! Asi tandizipe kutii kambonzi.* [Even if you go to that [agricultural] training centre (name withheld) today, you will not come across a disabled woman undertaking training, like

other people. This is despite that enrolment does not require being educated to any particular level. I don't know why we disabled women are not being enrolled.]

Researcher: OK. What of non-disabled women, will I find any enrolled at the training centre?

FN1: *Nsikoziba batalimele. Asi ulimele, takwe pe. Ulabona wakulweza kuti ukamujane. Tumujani biya pe, olo one! Kuzwide ibalumi kupela. Nsizipe kutii iswe tubanakazi batibweneyi...*[I'm not sure about non-disabled women. But, disabled women? No, you will not find one. It's full of men only....]

The exclusion of disabled women from skills training opportunities in Binga was confirmed by all the three government officers who participated in the study. For instance, in response to my question on whether gender influenced participation of disabled people in various community activities, including enrolments at the local training institution, GO1 said:...

> Gender!… Gender comes into play a lot. If you look at disabled men and disabled women here in Binga, most disabled men are able to move around on their own. They come to our offices on their own. However, women will need children to lead them. And why is it like that? You find that most men have been to training institutions for the blind. As such they can actually move around on their own. But a woman, because she is a blind woman the whole family and community do not allow her to develop. Women! They are not given a chance to, you know. She is a blind woman and that is all. And they are easily taken advantage of, you see. Because

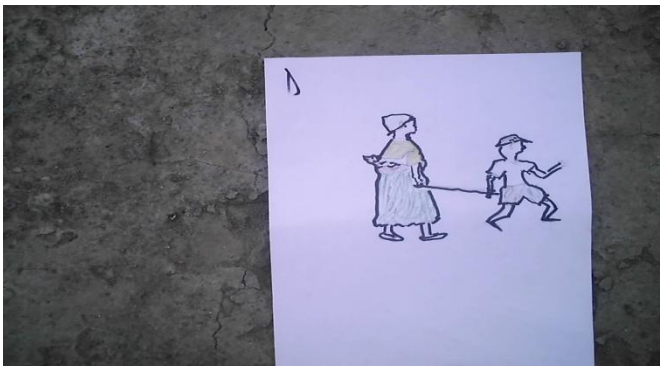
she is blind, have as many children as possible, and at times without even, maybe her consent. Gender has something to do with it.

Sexuality resonates through our lives and is a crucial component in self-identity. Writing in the context of health and social care in UK, Twigg (2006:64) argues: "sexual agency is a defining element of full adulthood in modern society". While it can be a source of empowerment for some people, Twigg further argues that sexuality is "source of some of the deepest forms of oppression and personal pain, a form of exclusion that is hard to talk about" (2006:65). Some disabled men and women, particularly those who are disabled from birth or childhood are often denied the opportunity to develop a sexual identity since assumptions are often made by non-disabled people that they are asexual (Groce, 2005; Lonsdale, 1990; Shakespeare, Gillespie-Sells and Davis, 1996). But GO1's interview excerpt referring to a blind woman having "as many children as possible, and at times without even, maybe her consent" illustrates how power and control is easily exerted over disabled women through sexual encounters. Groce and Trasi (2004) have argued that disabled women are rape targets, especially in Africa, due to misguided beliefs that they are virgins, and able to provide a cure for HIV/AIDS. The impact of rape and other forms of abuse experienced by women, within and outside marriage, is well-documented in the literature. In '*Women's Bodies: Violence, Security, Capabilities',* Nussbaum (2005:173) argued that violence or the threat of it "affects many women's ability to participate actively in many forms of social and political relationship, to speak in public, to be recognized as dignified beings whose worth is equal to that of others." Elsewhere, Nussbaum (2000:79) also argued that a woman who is used violently, or who fears violence, will not be very good at "forming a conception

of the good and engaging in critical reflection about planning of one's life." While there is evidence of abused women demonstrating resilience and perseverance (Foster and Sandel, 2010), there is a general consensus in the disability literature that disabled women are largely rendered socially invisible, undervalued, dependent, discriminated against and socially excluded.

Gender bias was also implied in focus group discussions with disabled people. In response to being asked to discuss public attitudes towards, and treatment of, disabled people, members of ASWEBO, a group of disabled men, asked if they could present their ideas visually and requested paper and pens. The drawing below (Figure 7), prepared by one volunteer from the group, shows a blind women with a baby on her back being led by a sighted boy.

Figure 7: A boy leading a blind woman



Group members explained that the blind woman needed someone as a guide to travel to where she wanted to go. Thus, her ability to access various places and services depended on the availability of a guide. This pictorial representation of a blind woman's

dependency on a sighted person illustrated and reinforced the account of O1, a representative of a national disabled people's organization:

> Since my secondment to the Zambezi Valley[41] by my organization I have been to all three districts. What I have seen, er, wherever I went in the rural villages, I met disabled people; both men and women; deaf, blind; you name it. Blind men walking without a guide; blind women at times carrying a bucket of water on their heads; a child on her back, led by sighted person, usually a child all the time; I wonder; but its very depressing [...]. Yet in towns; Bulawayo, Harare, blind women and men alike, walk without a sighted guide...

O1's argument is that urban areas tend to be better serviced in terms of transport, communication and other social service amenities compared to rural areas. And this urban/rural difference largely accounts for the dependency of blind women in rural areas on sighted guides. Although the support of a sighted guide may enable a woman to participate in some community activities, at the same time, such dependency may restrict her freedom and privacy. This is to say nothing of the implications for the sighted child who may be restricted in his or her own freedom and access to childhood activities. With this level of dependency, finding a way into meaningful participation in community life can be challenging for disabled women.

[41] Zambezi Valley comprises of Nyaminyami, Binga,and Hwange Districts

6.3.4 Access to financial support

A discussion focussing on the challenges that disabled people experience in participating in development processes cannot be complete without exploring the economic dimension. The importance of income in enhancing human well-being cannot be overemphasised. However, in this research study, disabled men and women reported that access to financial support was one of the challenges that hindered their meaningful participation in development processes of the villages and wards in which they lived. For instance, MN7 a 41 year old blind man explained:

> *Ndakatalika kubezabeza itucheya munyaka wayinda. Linobiya Nii Programu njindili kuchita biya. Mponga nindamaninsya kubeza, ndaya kuusengeezya. Kamali kakona ndatola ndaku bbadalila ibana kuchikolo. Manje lino ndaabula kuti chitati nyampule kunemboninzi. Nkanzyonga bamwi bamugwasizya biya olo azyakubezesya, muli kubeza-beza biya, tuma projekiti biya ngamwi tuleenda. So ndipenzi biya lino omuno biya nditilalyo biya swe…*
>
> [I started carving chairs last year and I'm still running the project. The money I got from selling the chairs I paid tuition fees for my children. But it is becoming difficult to continue operating. I need money to buy more carving tools. I would really be pleased if someone could help me with tools. I really want to expand my project. But where to get the money is my major problem…]

MN10 who was physically disabled said:

Twakali kkumi tubantu tulimele toonse. Nitwaka zuminana kuti tulii kuyanda kuchita mulimu wakuvuba inkuku mu 2000, twaka sangilana imali yantalisyo, yakali five dollars. Chiindi eecho yakali nyingi loko. Mpotwakati tuyanduule lugwasyo. Inkuku zyoonse twaka bbalila kumitabi isiyenesiyene kubboma lyeesu kuti tupegwe nkuku ampongo. Asi taakwepe nizyakasika, olo kumvwa kuti zyeenda biyeni kwakale kubbooma takweepe. Tatuzipe kuti bazyeenzya biyeni. I think kwayinda ma-fifteen or sixteen years katuli tachiita misebenzi yakale eeyo. Twakabapa zyoonse eezyo; asi takwe insandulo pe. Takabona biya kuti mane tabayandi pe kutugwasya.

[We were ten and all of us were disabled[42]. We had wanted to start poultry project in 2000. So we contributed $5 Zimbabwean dollars each towards the project which was relatively a lot of money during that time. We requested through the local council to be given chicken and or goats, but we never got any response. I think it is now about fifteen or sixteen years ago since we had submitted that detailed project proposal but there was no response and we do not know what happened to our request. We concluded that the authorities did not want to support us.]

Researcher: What made you ask to be given chicken or goats?

MN10: *Ichindi echo bantu ibiingi mulindiswe omuno bakali kupegwa izivubwa eezyo kuti bavube kazizwa nkuko kubboma. Alubo impongo zila fwambana kuzyala. So ulakonzya kufwambana kuligwasya mukwiinda mukuuzya.*

[42] MN10 is referring to an income generating project organised by a group of disabled men

[During that time people in our community were being given thoseanimals (chicken and goats) by the local council. Furthermore, because goats breed very fast and also sell very well, one can easily live by selling them each time when such need arises.]

Difficulties in accessing financial help for income generating projects applied to individuals and groups of disabled people. Although different from MN7's experience, MN10 and his group faced similar challenge when they tried to establish an income-generating project in their wards sometime in 2000. Further examples can also be drawn from disabled women's experiences. In FN6's own words:

*Nindaka sanguna ika project kangu kakutunga ma-doyili, ba-councillor bakali zide kuzobona nzindakali kuchita. Mpoo bakandi sungwazya kuti ndiinke ku Agri Bank ndikaku kweelete imali, ndizoo uwungizye ndikomezye iproject yangu. Asi nindaka kusika okuya, baku Agri Bank bakati taba k*wanisyi *pe kundipa lugwasyo nkambo tandike lubono pe lwakujatizya…*

[When I started my knitting project, our local elected ward councillor came to see the progress of the project. During the discussion that ensued, I informed the councillor of financial constraints I was experiencing to expand the project. He then advised me to apply for a government loan through the Agri Bank facility. As advised, I approached and submitted my application for funds to the bank in question, but my application was unsuccessful. I was told that I did not meet the collateral requirements…]

All the twenty disabled people involved in this study expressed their frustration about lack of accessible financial support. FN5 a 33 year old blind woman illustrated her frustration saying:

> *…aha-mizezo yakkona yakukweleta imali ku Agri-Bank ngayachiize. But manje twakabona kuli bamwi bakalinkide kukweeleta imayi yakkona, bachiti kuchinda kuchinda, takwe chakazwidilape. Kwakaba kumaninsya aako nkebajisi mukweenzya. Plus tubamwi ngakwazooba kuyoowa kuti amwi nulakweeta mali, alya kuti uzokonzye manje kwiita ka-project, mpo manje kuzojosezya mali ilakonzya kuti amwi yashota olo kuti yabulika manje. Tezyendelela obotu project yakkona, mpo uzojana kutedeni waba mulandu. Songatwaba kuyowela kunze biya...*
>
> [At times I think of applying for a bank loan from Agri-Bank. But when I see other people who spent so much money and time travelling to and from the Agri-Bank, applying for the loan without success, I become discouraged. Furthermore, I'm afraid that maybe after borrowing the money, the project fails to kick start or prosper. Then I will be in serious problems in repaying the loan. That is my fear…]

Disabled people's access to credit from lending institutions varies from one country to another. In the context of Zimbabwe, Agri-Bank is an agriculture bank which was created to provide Zimbabwean 'poor' farmers with credit, to enable them to become fully-fledged participants in the Zimbabwean economy (Nabakwe, 2002). Income generating projects have emerged as the main route and most effective means by which

marginalised and socially excluded groups of people could be brought into the development processes of their communities. Despite overwhelming evidence locating disabled people as the poorest among the 'poor' in our communities (Elwan, 1999; Thomas, 2005), disabled men and women often find it increasingly difficult to access credit from main stream micro-finance institutions (Mersland, Bwire and Musaka, 2008). Problems may be related to physical access to the buildings that are not wheelchair accessible, staff that may be ill-prepared and untrained for the challenges and needs of some disabled people. Writing in the context of abused disabled women, Foster and Sandel (2010:118) point out that "resources that seek to help abused women have inherent barriers for the disabled." Evidence in this research study has shown that disabled men and women encountered similar challenges. Credit loans from Agri-Bank like any loan facility obtainable from any bank in Zimbabwe were subject to particular criteria which applicants were required to meet, such as the ability to repay the loan. Disabled people, like any other applicants were therefore expected to provide proof of ability to repay loans. Given the background of Binga District (Chapter 1) and level of poverty associated with disabled people in general (Elwan, 1999; Oliver, 1996) the possibility of some disabled men and women meeting the collateral terms was unlikely. Consequently, disabled men and women experienced potentially increased poverty, marginalisation and exclusion from schemes designed to encourage self help activity.

6.4 Public and family perceptions of disability

In this section I show different ways in which disabled people experience social, and other forms of exclusion as a result of: i) public attitudes as they affect opportunities to take up valued roles in the community (6.4.1), ii) family practices linked to traditional

beliefs about the causes of disability (6.4.2) and iii) wider social attitudes to disability that result in pervasive experiences of oppression manifested through signs of pity, reinforcing assumptions of dependence on others and ascribed identities of incapability and inferiority (6.4.3).

6.4.1 Blaming the victim: Unwillingness of disabled people to participate

The concept of participation (discussed in Chapter 3) is full of controversy and ascertaining an individual's willingness to meaningfully participate in development processes is similarly complex. Individual people use different ways to confront exclusionary practices, some of which are subtle. In this study, for instance, during a post-narration discussion, MN2 pointed out that he had challenged the local council to offer him a job: "*Ndakati ehee ku council kujana mwandigwasya na any mulimu olo even kamutandi bbadali ndibeleke kuti babone kuti bantu ba Binga muntu utabooni kanakuti kuti chilema biyeni tekutegwa muntu oolya wakafwa pe its not useless muntu olya…"* [I requested the council to offer me a job, paid or unpaid, so that I can prove to the public that disabled people are not 'as good as dead' and neither are they useless…]

Accounts by other disabled people in the study show similar indications of wanting to participate in the development processes at village, ward and, district levels, thereby contributing to national development. When asked whether she attended any community meetings, FN9 a thirty-seven year old blind woman for instance, gave illuminating insight into her own experience:

> *Kabiino, ngatwaambe kumiswangano njimwaamba eyo. Ikayingi kayingingatandizipe kuti kuli muswangano. Asi chintu chipati chitompya*

ibantu balimele bayingi olo bamvwa kuti kulimuswangano, kana kuti kulabelekwa mbuli kuchikolo ikwiinka chakuti kubaanga ibenzuma aba batalimele tabatiboni mbuli bantunyina pe...

[With regard to the meetings you have just mentioned, in most cases I won't be aware of any particular meeting. But one big issue that puts off most of us who are disabled from attending community meetings or working in the community like at school is because it appears most of our non-disabled counterparts treat us as if we're not human beings…]

She continued,

Olo kuti mwaambe nibamwi kuti muyanda kwiinka kumuswangano, ulamvwama, nutake meso uyowambula makaniinzi, uyoyitanzi. Loko balaameso ngabayanda kuti balikubona mbuzyeenda zintu. Fumbwa mulimu olo kawulibiyeni; ngatutii mbuli wakuchengeta masaka alya, akufozya ibantu, ulamvwa kabaamba kuti tazyiichiti pe, kuyandikana baliso abaliso. Twiinke kuchikolo kususwa musyeele wakuyasya zimbuzi, ulamvwa, "mane mubvede kunganda tamveede kubeleka pe."Mbukubeede biya...

[No matter what you say, you are always told: "what can you, a blind person, contribute or do?" Those who are not blind go there to work and they have eyes to see what would be happening. It does not matter what kind of job or how easy the task at hand may be, for instance looking after the bags of maize awaiting distribution among the community members, the story is the same - it is a task for those who are not disabled. At our

local school, ferrying river sand for constructing toilets, I was told "Oh no, you are not supposed to work. Go home." That is how things are done here…]

While meaningful participation requires relevant skills, MN2 and FN9's accounts show that willingness, and having pre-requisite skills such as reading and writing, or experience of micro project planning skills acquired in previous employment, do not guarantee the acceptance of disabled people's meaningful participation in development processes, particularly in communities with strong traditional beliefs about disability. For instance MN1, a fifty-three year old man who uses a wheelchair and had worked for different companies before he became disabled and so had acquired a wide range of skills along the way, explained:

Ndakatanguna kuchiita iproposal yamatemba, kapenta fishing, kuti ndijane, ndichite musebenzi wakuteya matemba. Nindaka pulana proposal, ime ndakachita ipublic meeting kutii uyanda ngasike ajoyine. Asi akaambo kachiimo changu, ibantu bakayiginowa nzindaamba. Bakalikutii "zyaamba yama rigi ulazijana kuli ooyu. Ulazichita biyeni, nkubeja oku…

[When I started designing a project proposal for a kapenta fishing project, I held a public meeting, asking for anyone who wanted to join me to come forward. But because of my physical appearance, people ignored me. Some even said, "He is talking about rigs, where is he going to get them? How is going to do it, this is a lie…"]

He continued:

Bantu bakali kundi iginowa kabalikutii mizeezo yangu ilifenene a wheelchair yakaleeyi, Mbubakali kwamba mbubobo bantu. Em eziya, kulindime tendakazitambula obotu pe. Zyakandichisa because ime ibwangu bongo tabulimeede pe. Bwakali kusebenza kwiinda bakaale aabo bakali kundibuuzya oobo. Bakalikuutii "Taanga tulatobela muntu chilema pe iswe; weenda a wheelchair, kuti wati aabe chairman weenda a wheelchair; aabe chairman wakuvula cooperative, ulijana kuuli,ulazijana kuuli nsiimbi zyoonse ezyo." Bo bakali kulanga bulema mbundabo bwakuti nditontweede kumoolu. Tababwenepe kuti muboongo bwangu ndili right kwiinda mbabo...

[People ignored me and mocked me by suggesting my thinking and reasoning capacity were equivalent to the very 'wheelchair I'm sitting on'. That is exactly what people said about me. This did not please me. It was painful to take, because my brains and thinking capacity are not disabled. My brain was working and perhaps better than those people who were saying that to me. They said "we cannot follow and be led by a disabled person, a wheelchair user, as chairperson of a cooperative! In any case, where is he going to get the resources?" They were looking at my physical condition, that I'm paralysed from the waist down and ignored my intellectual capacity…]

He went on:

MuZimbabwe especially mu Binga oomuno, ma-disabled people babikkidwe muchibaka chakuba kutii mbakumbili. Fumbwa impuya

bweenda ngabaamba kukunanzeelela, akulangilila kuti ulamukumbila something. Omuno behaviour iliiso mu Binga mwiili…

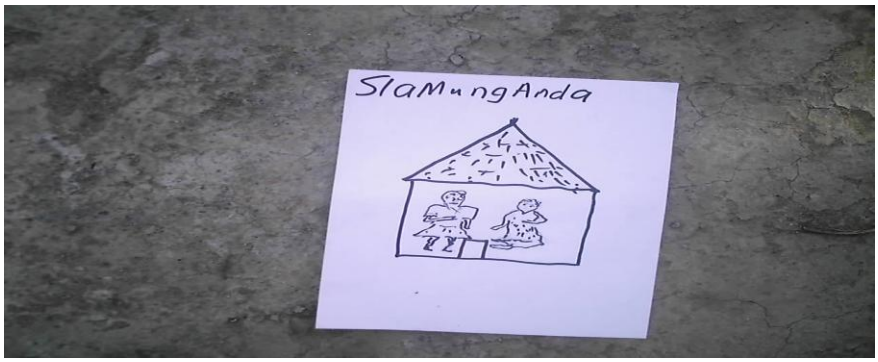
[Here in Zimbabwe, especially in Binga, disabled people are classified as official beggars. So wherever they are, they (non-disabled people) expect to see you begging. This behaviour and expectations exist here in Binga…]

Societal attitudes towards disabled people tend to be a reflection of the widely held perception in some communities in Zimbabwe and perhaps beyond, that disabled people are useless liabilities who have no role to play in society (Choruma, 2007). Such beliefs are hard to eradicate, as they easily become the embedded opinions and attitudes of society (Campo *et al.*, 2004), manifested through reactions of horror, fear, anxiety, distaste, hostility, and patronising behaviour (Coleridge, 1993). These negative attitudes and beliefs towards disability are still prevalent and strong in Zimbabwe, although at times people may pretend that they no longer exist. In Zimbabwe, the belief that one should not laugh at a person's impairment lest the curse is transferred to the scornful person is common (Mpofu, 2001). While in some ways, this has resulted in society being less scornful of disabled people because of fear that the disability might be shifted onto them (Mpofu, 2001), it is also fair to say that the exclusion of disabled men and women from development processes is 'justified' not only in terms of their lack of relevant skills, but that even where they have relevant skills, these positive attributes are ignored in the face of the strength of prejudice against disabled people.

6.4.2 Disabled people as *Siamunganda* (prisoners in their own homes)

Siamunganda was a word used by BWACHA, the focus group of disabled women, in discussing the ways they were perceived by their non disabled relatives and fellow community members. Figure 8, a drawing produced by BWACHA conveys a public perception of disabled people as hidden from public sight and prisoners in their own homes.

Figure 8: Siamunganda (prisoners in their own homes)



'*Siamunganda*' is a Tonga word which is commonly used to refer to a person who spends most of his or her day-time in the house at her or his will. It implies a sense of choice exercised by the individual concerned. While spending time inside a house may at first sight seem unremarkable, BWACHA group members explained that the two 'people in the hut' shown in Figure 8 were paralysed from the waist down. They could not walk and without wheelchairs, they spent most of their days in the hut. Their relatives or guardians kept the door of the hut securely locked from outside each time they went outside the home. Therefore, while the term '*siamunganda*' in ordinary usage implies the exercise of choice by the individual concerned, in the context of Figure 8, '*siamunganda'* symbolises a loss and curtailment of an individual's freedom to exercise

choice. It confirms disability as being synonymous with the loss of independence (Foster and Sandel, 2010). The public perception that disabled people spent most of their time in the house against their will implied that disabled people had little control over their own lives, depending heavily on able bodied family members as exemplified by the medical model of disability. Hiding disabled people from public sight implied in Figure 8 cuts off disabled people from the wider community and limits their capabilities to choose which type of life to lead. The practice of concealing disabled family members severely hinders attempts to gain an accurate picture of the prevalence of disability in any given area. And in turn this makes it impossible to know how many, and what proportion of the disabled population has been reached by a particular intervention. This problem is not confined to this study alone, but is a common feature in most developing countries (Lang, 2009), and has wider implications at national and international levels. As Lang (2009:279) argues, "the absence of disability statistics, in the long-term, will result in an inherent democratic deficit in upholding disability rights, as there will be no benchmarks from which informed judgements can be made with respect to how far any particular country has progressed in implementing the tenets of the UN Convention."

All three chiefs and three elected ward councillors in the study were aware that some parents and relatives hid disabled family members. The extent of this problem was illustrated by CH3:

> **Researcher:** Earlier on you mentioned that as chief, your responsibility included making sure that the orphans, the elderly and disabled people in

your area had adequate food supplies especially during times of food shortages. Could you please tell me the number of disabled people who reside in your ward?

CH3: *Ipenzi ndyakutegwa-in figures nsinchizipe nkambo bamwi bakkona baka, bakazimina. Then, bamwi bakkona ndikoonzya kubaziba. Pesi kuli mapenzi ngitiswanya akutii bamwi ibazyali tabazwi antanganana pe kutondezya ibana babo balimele. Mputula ankani ikatazizye zyakutegwa. Ngaziyanda kutegwa biya muyabuvwima biya. Mwatuma bantu biya kabayabubona amuunzi amuunzi…*

[The problem is that I don't know the exact figures because some of the disabled people passed away, but I'm aware and know a few who are alive. However, the major problem we face is that some parents hide their disabled children or relatives. That is the main problem I experience. We discussed the issue in our last meeting here (chief's homestead). But if the practice doesn't stop, it means that at one point, I will send people to search individual homes for disabled people who may be hidden...]

These words illustrate one of the challenges of researching attitudes to disability. CH3 implies here that he is critical of parents who hide their disabled children in the home. But he also indicated (see Chapter 5, page 184) that he did not allow disabled people to participate in community projects for fear of injury. His reply refers to the perceived status of disabled people as "targeted vulnerable populations" (Lang, 2009:280) by development programmes and humanitarian aid interventions, and his own responsibility to be able to identify members of such 'vulnerable populations'. An irony

here is that, as a result of traditional beliefs about the causes and implications of disability (Shoko, 2007; Talle, 1995), families may conceal disabled members who are then unable to take advantage of interventions that are designed to support them. Although access to resources is not an end in itself (Sen, 1985; 1999), additional resources may enable individual human beings to live valuable lives.

The practice of concealing disabled people also arose during interviews with three government officers. For instance, GO2 said:

> ...at a place called 'K', there are children who were hidden in a hut in the homestead by their parents. I think they were two or so [...] and I think these children are now a bit old. They were hidden in their parents' hut. They were disabled. They could not walk. Both children were paralysed from the waist. But their parents did not allow them to come out of their house or be seen by other villagers.

A representative of a national disabled people's organization (O1) also confirmed his awareness that family members in some communities in Zimbabwe hid their disabled children or relatives. In O1's own words:

> I think and believe that it has got to do with some form of unfounded cultural beliefs about disability…There are some families who actually feel very embarrassed to expose their children who may be disabled. We have got a lot of examples, where they are kept under lock and key. They don't participate; they don't partake in whatever is happening. And they then grow up in that kind of environment. And they are socialised at times

> even to believe that they are not […] they are sub-human beings. They are not good enough.

Negative public reactions to disability, linked to cultural beliefs about the causes of disability are reflected in the reactions and behaviour of disabled people's families. If they believe that a disabled child represents a 'curse', they may hide the child as a way of coping with the embarrassment. All disabled people in this study spoke of the negative public perceptions of disability and the impact this had on their lives.

6.4.3 Experiences of exclusion: *Batulangilaansi*

The injury done to people who experience discrimination on the basis of misinformed beliefs and labels, that entrench ideas about their inferiority and invoke social taboos is impossible to measure. However, writing about empowerment and the implications for pro poor Eyben, Kabeer, and Cornwall (2008:8) argue that people who are often labelled poor: "come to internalise a sense of lack of worth that profoundly affects their sense of what they can do and what they are due by society." In this study, the gravity of the impact of beliefs, labels and taboos on the lives of disabled people is evident in the expressions of the Tonga language used by disabled people in describing experiences of exclusion. For instance, words or phrases such as *"batulangilansi"* [they look down on us], *"batiinda kusule"* [they do not inform us], or *"batufwida luzyalo*" [they pity us] featured frequently in all twenty narratives. In relation to the development processes, the phrases *'batulangila aansi'* and '*batiinda kusule'* imply that disabled people were neither consulted nor informed about the development activities implemented in the villages and wards in which they resided (see Chapter 5). '*Batufwida luzyalo',* a term

that implies deep emotional feelings of pity, was used by disabled people to describe non-disabled people's exclusionary practices in denying them opportunities to participate in ways that could make them feel valued members of the community. Such exclusionary practices were defended on the basis of 'protecting' disabled people from potential harm. However, shielding and overprotecting disabled people from experiencing the realities of life tends to lead to disempowerment, even when it is done with best humanitarian intentions and acts against the principles of 'active' citizenship status (Rummery, 2002) in which meaningful participation is a requirement.

Other Tonga words or terms that featured in the disabled people's stories were '*undilelede'* (to be kept) and *'undivubide' (*reared or domesticated*)* words that are more commonly associated with animals and therefore dehumanising. For instance FN6 used the term *''ibandivubide''* when she was explaining that she lived at her parents' home. MN9, during a discussion about the way non-disabled people receive 'food-handouts', explained: '*muchizi wangu undilelede ngundifolela chikafu ingazyasika',* [my sister[43] who has accommodated me in her home receives food stuff on my behalf]. The word '*undilelede*' which literally means 'to be kept', implies that the disabled person defined as '*uleledwe'* must surrender his normative family responsibilities. In this case MN9, being male, would usually be considered as the head of the household, but his disability status led to him being replaced by his sister who acted as the 'proxy recipient' of food handouts on his behalf. The use of the Tonga words described above is both deeply insulting when used by others and a signifier of hurt, oppression and degradation when used by disabled people themselves.

[43] MN9's sister was the eldest in the family and widowed. Under such circumstances MN9, if not disabled, would have taken on the role as head of household.

6.5 Disability politics and government bureaucracy

In this section I focus on disabled people's efforts to participate in democratic political processes, identifying inequalities between able bodied and disabled people but also inequalities of opportunity among disabled people. Particularly noteworthy here is the more powerful status ascribed to disabled war veterans. I then go on to explore the experiences of disabled people in negotiating government departments designed to support them and staffed by trained personnel.

6.5.1 Disability politics

Politics affect the way people participate in development processes within their localities. Leading a life that one values (Sen, 1999) involves an element of having 'voice' in the political affairs of the community. The narratives of disabled people in this study provide evidence that the political freedoms enjoyed by disabled women and men were limited to some extent. For instance, responding to a question on political participation, FN4 explained: "*Ime iyi ngandayinka kuvota* (Yes, I do vote). FN6 also explained that: *"yaa, kuvota ngaba tutamba. Ibavotel*wa bakkona n*gabasika aano bazootambila"* (Yes, they always invite us to participate in elections. The candidates or their election agents come to talk to us). MN3 also acknowledged his participation in national elections. In his own words: "*Iswe kabi tulemene, ngamutuli, ihii nikuvotwa. Aha ngamutuli sibili…"* [We, disabled, we are always involved in elections, I vote]. And MN2, who is blind, described his participation in the previous national elections saying: "*We are involved fully, I am involved fully*. *Nkaambo taakwe pe* [there is nowhere I can't vote], *I always cast my X*[44]. *So yes, tuli* [we are] *fully involved iswebo nituli*

[44] Letter X in election contexts is often used as a representation of one's choice of candidate(s).

kuyanduula batungamili besu [when we are electing our political leaders]. Of the twenty disabled people in this research, twelve (seven disabled women and five disabled men) acknowledged their participation in elections. However, eight disabled people indicated that they had never taken part in the national election exercises for various reasons. Citing the most recent experiences in the national election process in 2008, MN9, a blind participant, explained:

> *Nga, kuvota ka, ehee, antinga batii mukeete zitupa zilayandikana. Soome ngandatola chitupa changu kuti chenchi chitupa, Bo ngambaanga bazochi vilinga kuti aha, nikisi. Ndakali cheetede chimwi chindi katulembwa kuzovota katuli kuvotela tivotela president. Asi manje kusike chiindi chakuvota tendaka zobona nsandulope yancintu chakkona ya. Nkasike kuyaku kuvota aalya bakati iziina lyangu talimope mubbuku lyabo. Ime a talimope izina lyangu? Ani chitupa changu techakasika okuuno. Bakati aha, talimoope izina lyako, ndibaka ndisandula kupela. Saka mendakajoka kunganda ndawumuna kupela. Taake nindakavota pe.*
>
> [During elections, an identity card is required. I had brought mine sometime back so that I could vote in the presidential elections. But on the day of the election, I was told that my name was not on the voter register. I questioned why my name wasn't recorded as I had handed it (identity card) in earlier during the voter registration exercise. Realising that no-one wanted to explain to me what had happened to my registration, I just thought these people didn't want me to vote, so I just kept quiet and went home.]

MN5 who is also blind, told of similar attempts to exclude him from political participation: *"kukuvota omuno mulindiswe bakali batukakila. Balaamba aninywe nibantu nimutake meso mulidubilayi kuyakukuvota. Aanti kuvota balanga!"* [They had initially refused us the vote. They said, why do you blind people bother yourselves to vote? Voting is for people who can see!]

I probed further to find out who in particular had attempted to prevent him from participating in political processes. After I re-assured him of the confidentiality of the information he was about to give, MN5 further explained:

> *Omuno mulindiswe, kuzwa mulindiswe omuuno, especially kumasobbuku mapati bakabamadala. Balaamba, "aninywe nibantu nimutake meso mulidubilayi kuyakukuvota?" But iswe nitwakazoobona kuti iswe tilaa chiiyandisyo aleesu kuti tuvote, twakakwiisisya ku Binga. Mpo baBinga bo ba-registration bakaakutibuzya kuti woonse muntu ulavoota ulachitupa woonse ulachitupa mwiinke.Bakazo babuzya basimabbuku ndisyoma bakazoswilila, ehe twavoota…*
>
> [In our villages, they were the village heads who attempted to bar us from voting. They reiterated that voting was only for people who are not blind. But we were so determined to participate in the election that we decided to approach the registrar's office which dealt with election issues at Binga centre. At Binga, we were told that we had the right to vote in the election as long as we had identity cards. So we came and we voted…]

However, despite some disabled people's involvement in national elections, questions were raised about the extent to which the benefits of participating in election processes were shared among community members, including disabled people. MN2 explained:

> *Nchichicho nchindili kulila kutii iswe tulokuchalila musule. Ngabatiluba benzuuma nikufolwa maamba nikwiitwa chinyamayi zinyamaayi zyoonse, But kukubumba nyika tulaamwi, twaba useful. Twakaba mbulisando iinga ichipikili nichaduba, anikuli nsando yangu? Yaboneka nsando yako, kka-kka -kka chabbila mpoo yasweegwa kuti bazokubuzya nichitanaduba chipikili tuzipe mpibede…*
>
> [This is the reason why I am complaining. They (local politicians) forget us when there are resources or materials to be shared. But when they are short of support they come to us. We are only useful when they think we can advance their political cause...]

Evidence of disabled people's limited participation in elections as voters, was not matched by their participation as candidates. In '*Conceptualising empowerment and the implications for pro poor growth'* Eyben, Kabeer and Cornwall (2008:14) have argued that political participation is also about "increasing equity of representation in political institutions and enhancing the voice of the least vocal so that they can engage in making the decisions that affect the lives of others like them." Bringing disabled people or representatives of 'interest groups' (as commonly referred to in Zimbabwe), into local government is an issue that has taken centre stage in Zimbabwe (The Daily News, 2010) including Binga District, but with no agreement between political parties. There are concerns about whose interests the 'special councillors' would be representing if they

were allowed to occupy the 'invited political space' (Cornwall, 2008). Some traditional leaders in Zimbabwe, who are purported to be politically neutral, have openly declared their allegiance to ZANU PF and are alleged to oblige their subordinates to vote ZANU PF (Chapter 3 section 3.3.5). With this in mind, an initiative to bring unelected individuals into local government structures continues to be resisted by opposition parties especially the Movement for Democratic Change who view it as a political strategy by ZANU PF to prop up their support in Rural District Councils. This initiative has stalled, and was discussed by MN2:

> *Er, baMinister bakali wati ngakube ma councillors for interest groups. Bantu baka butanisidwe aano abboma. Mpobantu bakakundisala, er, kuubanga kwiindide two weeks, kuti ndimikilile benzuuma. Minister wakazo fona kuti tulungisizye i-swearing in yakkona. Asi kuzosika sunu kumwiide kupela. Nsizipe kuti zilikwenda biyeni. Amwi ninkani ya mali. So tendakazoziba ambe kuti zyiinmvwi aali. I'm waiting for the invitation kuti ndika-swearing...*
>
> [Er the Minister once said that there should be councillors for 'interest groups'. People were gathered at the district centre about two weeks ago and chose me to represent disabled people, who are like me. After the selection process, the Minister phoned to advise the council to prepare for the swearing-in ceremony. However, the swearing ceremony has not taken place yet, and I do not know what is happening at the moment. Maybe there is no money for that purpose. I really don't know. I'm just waiting to be invited for the swearing-in ceremony whenever it will be...]

However, whether the contested 'special or interest coucillor' arrangement which literally meant bringing representatives of disabled people into already created political 'spaces' would result in meaningful participation by disabled people is debatable. As Eyben, Kabeer and Cornwall (2008:16) point out:

> measures for political empowerment are inadequate if they simply involve establishing quotas so that people from particular groups are officially given seats at the table because they are limited to seeking inclusion within a political system that is fundamentally hostile to historically marginalized social groups.

A recent court ruling by the Supreme Court of Zimbabwe amended the Electoral Act that allowed presiding officers at polling stations to assist blind people to vote in the presence of police officers and employees from the electoral commission (Mpofu, 2009; The Chronicle, 2010; US Department of State, 2010). Disabled people won the right to choose the person who would accompany them into the voting booth. The former practice exemplified the disregard of the political rights of disabled people.

Disability activists emphasise that disability, as a socially constructed phenomenon, changes over time. And the form it takes depends upon the political system and other positionalities in which a disabled person is located. But disability is not a universal experience. As Zavirsek (2007) argues, political systems and identities hinder some, but create opportunities for participation for others. The following excerpt from a post-interview discussion with MN1 on the treatment of disabled people who were war

veterans, and those who were not, illustrates this complexity. MN1 who was also a war veteran said:

> *Ya-kulika difference kaliwooyi. Mpiili. Iime nganda abusebenzisya political stamina. Political muscles sometimes ndaasebenzisya zyakaale eezyo dondajana kutii muntu ngundili kwambuulawe, ta recogniser pe nzindili kwambula. Mpoo nganda tanguna kumubuzya kuti syamwaali, awoo mpukkede empakale achair aawo ndiime ndakatanguna kulwanina chair eeyo. Soomvwa nziindili kukubuzya...*
>
> [Yes, there is slight difference. The difference is there. I at times use political stamina or political muscle, especial when the officer concerned is not cooperative. I tell him or her of the liberation struggle I took part in and the sacrifice I made for the country. I also remind him or her that she was working in that position because of my sacrifice and therefore should attend to my concerns...]

He continued:

> *So kuumvwa, kuzwa mpakinyawo ngamuntu wazogaya kuti, ooyu muntu ulabona wakkwanisya kundi reporter kuli minister. Mpowawo mpubanga bazoyoowela kupela.* S*onkukuti zintu zyakkona zyeenda. Ngak*wabaanga *kuli kasappoti, asi kakatali ka support pe. Nkuntont*wa biya, *kakuti vele chiita. Nkaambo kutii twachiita oobo, ndaku reporter. Soonga bayoowela nzyakaalezyo. So ababamwi aba, beenzuma batakwanisyi kudombola majwi ali mbulaawo, imaa taakwepe, ngababa iginowa kupela. Kulisiyene loko sibili. Ngavele waandwa kupela mbuli munkala, "Zwaawa! Tandikwanisyi pe eecho me…" Amwi ulategwaa uzooze ijunza, iwe kazi*

kuti sunu muntu woona alweendo. Saka *ijunza lyakkona kazi kuti unooli katamope muhofisi yakkona...*

[So, hearing such words the officer fears for his job and starts thinking that I may report him to the Minister. That is the only thing they are afraid of. And making such a threat, I get the support I need. In that way, I manage to get what I would be wanting, even if it won't be genuine support. The officer is forced to do that, fearing that I will report him. But other disabled people who do not have that political stamina, they are ignored and are just told by the official, as if chasing away a dog: "Get away! I can't attend to you." At times they are told to come the next day even though that particular officer would know that the office would be closed...]

Although MN1 explained that he uses the 'war veteran' identity to get attention, he was also critical of the support he got as a result. Giving preferential treatment to war veterans, who participated in the liberation war of the 1970s, is not unique to Zimbabwe. As Zavirsek (2007) explains, this phenomenon of the politically constructed heroic identity of liberation war veteran can also be found in other countries. In the United States for instance, this practice of 'preference' treatment pre-dates the First World War and was formalised in the Veterans Preference Act of 1944 that governs the treatment of war veterans. Early forms of preference featured the use of pensions, bonuses for service, disability allowance, and hospitalization for injuries incurred while in uniform, as rewards for service to one's country. In Zimbabwe, the War Veterans Act of 1992 was meant to serve the same purpose. At its inception, the full array of state provisions for

war veterans included not only additional legal benefits, but also demobilisation pay for two years, and preferential job access (Kriger, 2003). These payments and benefits are adjusted from time to time. In both countries (Zimbabwe and the USA), disability itself is a symbolic marker and the permanent visible proof of the person's sacrifice towards serving his or her country. But what seems to differentiate the treatment of war veterans in Zimbabwe and United States is the affiliation of war veterans in Zimbabwe with the ZANU PF, the former ruling party. Through their links to the liberation struggle for political independence, Kriger (2003) has argued that veterans in Zimbabwe were supposed to legitimate ZANU PF's new war for economic independence, signalled by the government's forcible seizure of land and intimidation of opposition party members. In '*Making the case for security sector reform in Zimbabwe-Occasional Paper'* Chitiyo (2009) also argues that most war veterans in Zimbabwe continued to be used by ZANU PF as 'shock troops' against opposition parties and anyone who dared to oppose its ideology. While the use of the war veteran identity has guaranteed much needed support from social workers and other public servants for war veterans themselves, the lack of this identity for no veteran disabled people signifies a corresponding lack of power and potential to participate in community life. Disabled women are disproportionately affected by their lack of war veteran status which is the product of gender relations that commemorate disabled men as the heroes of war, while the women who fought on equal grounds with men during the war of independence Zimbabwe (Ranchod-Nilsson, 2006) remain assigned to the gendered domains of home and child care (Dominelli, 2005). This helps to explain that individual experiences of disability depend on the social images of, and citizenship rights held by, disabled people.

6.5.2 Government bureaucracy

Public and civil servants can play a vital role in bringing disabled people into the development processes of their localities. Disabled people in this study were aware of the contributions they wished to make to the development of their respective communities. They expected public servants to support them in doing so, and an excerpt of a discussion with MN1 exemplifies this expectation:

> *Iime, kusanguna ndakali sichuumno wakabunga kakalimikidile mutabi wabalimele boonse oomuno mu Binga. Mpimpawo mpundaka zobona kuti ma-disabled tatipegwi pe support mu office. Ndakala maprograms mayiingi akuti ibantu ibalimele bapange. Makanze eesu akali akuuti batugwase ibusena aano aBinga kuti tumpange ma-business mpowawa. Takalangide kumpanga ma business alimbuli ikubeza, ukumpilizya izinsimbi ikusuma. Ndakali bapede ichikumbilo chesu bapati baku council, aba kuwofisi kwa local government. Alubo ndakayitola kumutabi walugwasyo. Twakachiti kubatamba kubamba kumiswangano mwiingi kutii twaambuule abapati, bapati bakona tabasiki pe. Twaalemba magwalo akubakumbila kutitwambuula ambaabo,twakunjizya muma offices aboo oonseni. Asikuti basike kumiswangano njakale njitubatamba tabasikipe. Iilugwasyo tatuli kulujana pe kuzwa muma wofisi.Nkambo nzutuyanda ikuchiita, tabatuzuminini pe, tabatugwasyi pe, tabawoope mpowawo nikuba tubatambe. Balakaka kusika, anti mwaabona. Paka twakazosika twaakatala, twaleka biya...*
>
> [I was the chairperson for a national organization of disabled people's local branch here at the centre. That is how I came to discover that we

> disabled people are not given support by office bearers. I had a lot of programmes which I thought could benefit disabled people immensely if implemented. Our aims were to be given working space here in Binga so that we could set up our businesses. We had intended setting up carpentry, welding and crafts-related businesses. I gave the council, local government offices as well as the social welfare department our detailed action plan, together with our request. We invited them to our meetings on several occasions. We also sent them invitation letters to their offices, but they never came. They are not supporting us. They do not attend to ourconcerns and whatever we wanted to do, they turned us down. They do not support our efforts. They are not there when we want them! Representatives from a national organization of disabled people who were based at the regional offices (in Bulawayo) came and they proved that we (disabled people) were not supported adequately. We become demoralised and we just gave up...]

The mere fact that disability is regarded as a welfare issue and that disabled people should be receivers of charity (Barnes and Mercer, 2003; Barnes and Mercer, 2005a; Barnes and Mercer, 2005b; Coleridge, 1993), are factors that have largely kept disabled people excluded from mainstream society, and disempowered. Writing in a Western context, Sheldon (2005) argues that professionals from medicine and allied disciplines tend to have power and total control over the lives of disabled people. In Zimbabwe, public servants, regardless of discipline, are in an ambiguous position. On the one hand they possess and wield power, acting as gatekeepers to opportunities for disabled people,

while on the other hand they may be powerless to support disabled people as the result of a poverty of resources that prevents them fulfilling their professional role. And with limited access to enabling conditions for participation (section 6.3), disabled people were less able to challenge the exclusionary practices they encountered each time they sought services.

FN8, offered her experiences with professionals when she attempted to register for disability allowance at the Social Welfare Offices. She explained to me how the officials refused to register her as disabled. Responding to my probing question on who exactly refused to register her, FN8 said; **"***Mbankuko. Bakati imaa yomusimbi, ikamali ka welfare kayooku tanyaali nkuuyanda? Imaa kamali kafoolwa ku welfare nkaache loko sibili. Imaa uli right kaale mbuboobo."* [Those who work there (social welfare offices). They said that the money from the social welfare I was seeking would not change my life. They said the money given out to recipients was very little. They said that I was all right without receiving the money.]

Researcher: Who exactly said those words?

FN8: *Ngu Mr P. Mpoo wakandeenena futi. Uulaamba fila maafoomu ayayomusimbi; mpo but manje lino nikwaka zosika ma list mpoo lyangu zina telyaka zwidepe, kwakuzwa bamwi luubo. Aah ku-welfare ndaka azodekela,kubaanga ndakiinka biya three times. Velee ngandazoosika mpundinga ndakaatala kupela. Velee ndakaluutwa biya vele kuti kuli nyamayi.Nkaambo ngatakwe chizwidilila kalepe. Olo upulaane chilibiyenichizwidilila tachiwoope. Solino ndakaleka kupela.*

> [It was Mr P. He even told me lies to complete the application forms. When the new list of beneficiaries came out my name was omitted. Going to the social welfare offices? Oh no, I'm tired. I think I went there three times. I have reached a point where I really feel fed up. I have given up. There is nothing for me out there. No matter how and what I plan, nothing positive comes. As a result I have totally forgotten about social welfare.]

All disabled adults in Zimbabwe are entitled to claim disability allowance from central government through the department of Social Welfare. However, the system has been inadequately funded (Dhemba, Gumbo and Nyamusara, 2002) by the government. The application procedure includes applying for such assistance at the District Social Welfare Office and a home visit by social worker (Kaseke, 1988). In the case of FN8, while there is the possibility that the department had no money, it would appear that social workers were frustrated and discouraged FN8 from accessing the allowances, contrary to the procedures. FN8's experience was consistent with that of two other disabled women (FN10; FN7) and one disabled men (MN8) who took part in the study. MN1 also highlighted the inhumane treatment endured by less powerful disabled people at the hands of officers who dismissed them and chased them away. Such behaviour by public servants undermines the argument that "assistance and support are means of facilitating greater independence and control over one's own life" (Lonsdale, 1990:62). Income is essential for enhancing individual capabilities to achieve desired functionings (Sen, 1999).

FN8's account demonstrates how some professionals continue to control the lives of disabled people, not only by preventing access to resources but also by ignoring cultural norms of respect when addressing disabled people. It is a common practice in Binga particularly among the Tonga people that women who have children are addressed by their first born child's name. It was, therefore, culturally insensitive, devaluing and infantilising to refer to FN8 as a '*musimbi,'* (girl). Girls are considered to be entirely dependent on their parents and, in turn, on their husbands. By addressing FN8 as '*musimbi*' the officer, despite professional training, displayed an unprofessional attitude. In '*Women and disability'* Lonsdale (1990) discussed at length the experiences of disabled women in the UK when they got in touch with social services. In this work Lonsdale (1990:62) has argued that:

> the dependency and feelings of inferiority which some disabled women experience are not so much inherent in their physical condition as conditioned by societal attitudes towards them, both as women and as having a disability. These are often promoted by the professional experts with whom they come into contact.

In the context of Binga District, the result is that disabled women are not recognized in development processes.

GO1, a government employee, referring to all disabled people, summed up the situation succinctly:

> In terms of participation of people disabled, there are a lot of disabled persons that we see around, but there is no meaningful representation of

the disabled in the district. To begin with, they are not in anyway constituted under any group, under any association that represent them. As such it is very difficult for the disabled in the district to even air out their issues because they have no platform, you see. And their meaningful participation now in development activities, it's not visible. If ever there are disabled people doing any development work, or participating, they are doing it at household level. I know some disabled people who have got various projects at their homes; there is an old man with a very good orchard there, hmm. There are other disabled persons; there is a blind man from that area in Ward Y who was declared as master farmer last year (2008). He was a master farmer, he got that award. Yes master farmer, he is a blind man, but it is at that level where you get one, one, one, but the majority they are just, you know, I mean the worst, one of the worst affected people in the district.

6.6 Summary

All twenty disabled participants in this study expressed their desire and willingness to participate in community development activities in their localities. But their willingness was blunted by a complex and interrelated set of barriers that build a virtually impermeable wall preventing their involvement in community activities that are unquestioningly available to able-bodied men and some able-bodied women. Cultural beliefs about the causes and significance of disability underpinned exclusionary social practices within the community, from the unquestioned use of oppressive language about disabled people, to their concealment within the home, and their assumed

dependence. In this chapter I have provided evidence showing that disabled people in Binga are perceived as being linked with witchcraft or other supernatural powers and, by implication, as 'less human'. The impact of family and wider public attitudes, reinforced by those in positions of professional power, including teachers, social workers and other government officers, further limited disabled people's opportunities to develop and enhance their capabilities. However, these challenges varied according to gender, access to, and level of, education, social status, political power and political affiliation. The evidence in this study of Binga District shows that disabled men faced fewer challenges and of less intensity compared with disabled women. Because they had increased access to education and training opportunities they were better prepared for the challenges of being disabled.

As Coe and Wapling (2010: 828) have argued: "progress on inclusion cannot be made until underlying beliefs and prejudices are identified, openly acknowledged, explained, and challenged." In the context of Binga District, however, the cultural implications of disability are exacerbated by wider cultural understandings of the place of women in society and overarching conditions of extreme poverty. In such conditions, the challenge of seeking meaningful solutions to the exclusion of disabled people is even greater. The cultural and structural barriers represent not merely obstacles to meaningful participation in development processes, but also obstacles to the recognition of disabled people as active citizens of Zimbabwe with civil, social and political rights.

In the next chapter I turn to the third research question to explore the potential of Sen's capability approach to explain and enhance our understanding of the experiences of disabled people in development processes.

CHAPTER 7 SEN'S CAPABILITY APPROACH AND DISABLED PEOPLE'S INVOLVEMENT IN DEVELOPMENT PROCESSES

7.1 Introduction

In this chapter, I address the third and final research question: to what extent does Sen's capability approach help to explain and enhance our understanding of the participation of disabled people in development? I have attended to this question through a critical examination of disabled participants' narratives in relation to the main constructs of Sen's capability approach. I start in section 7.2 by considering the strengths of the capability approach for understanding the possibilities for, and limits to, disabled men and women's participation in development processes in Binga District. In particular I show how Sen's notion of the 'conversion handicap' (*sic*) provides an accessible explanation of the additional challenges (in comparison with non-disabled people) experienced by disabled people in converting the resources they have to achieve a fulfilling life. I also argue the advantages of the capability approach as it treats disability as a manifestation of diversity in the human condition rather than a separate category strongly susceptible to 'othering' (Canales, 2000) and exclusion. In section 7.3 I go on to examine the concepts of freedom and choice in relation to the participation of disabled people in Binga District including their involvement in income generating projects. In section 7.4, I examine the implications of my findings for current critiques of the capability approach. These include (i) the contested importance of identifying a list of essential capabilities (ii) the focus on individual agency and the risk, in the context of disability that disabled people will be held responsible for their own lack of participation in development processes; and (iii) the questionable transferability of these

concepts across cultural contexts. I move on in section 7.5 to argue the ambiguous nature of the capability approach that embodies complex arguments linking capabilities, freedom and individual agency, while explaining restrictions on individual agency as unfreedoms and the additional resources required for some people (for example, disabled people) to achieve their potential, as a 'conversion handicap'. Building on Sen's limited attention to disability and the embryonic discussion of disability and capabilities in the contemporary literature, I show how this empirical study contributes to our understanding of the capability approach and its potential for aiding the achievement of social justice for, and by, disabled people.

7.2 The strength of the capability approach

While there are references in the literature that link disability and the capability approach (Doessel and Williams, 2011; Dubois and Trani, 2009; Mitra, 2006; Sen, 2004; 2009) I have not encountered any other study that has set out explicitly to assess the potential of the capability approach to aid our understanding of the experiences of disabled people in development processes. However, the strengths and potential usefulness of the capability approach to explore and navigate new territory cannot be underestimated. Almost a decade ago, Alkire (2002) argued that the flexibility of the capability approach allowed researchers to develop and apply it in many different ways as well as to explore new territories. I start, in 7.2.1, by exploring Sen's concept of 'conversion handicap' as it relates to disabled people's command of resources.

7.2.1 Conversion handicap: financial and non financial resources

The concept of conversion handicap relates to a person's inability to access and use available income or other, non financial, resources to his or her advantage (see Chapter 2 page 43). Here I focus on i) income as a financial resource and ii) education as a non financial resource that has implications for a range of other non financial resources including mobility.

Financial resources (Income)

In this study, the issue of income featured in the narratives of all twenty disabled participants. Some discussed income in relation to the government disability support allowance while others discussed participation in income generating projects as a means to earning an income (or both).

Making reference to the disability support allowance received from government through the Social Welfare scheme, MN3 said**:**

> *Yes, imali ku lugwasyo ndakali kufola iyi. Asi ikwalino tachikwe chiliko pe. Fulumende wakajala eziya kubanga biya tachike imali pe. Mbubaka tibuzya biya kuti vele kwakamana, kwakamana twaaka lasta mu 2006 mu August. Netwaka lasta kuyookuya. So kuzosika mbulisunu takwe chana titondezya kalepe kuti kiimwvi biyeni keepe.*
>
> [Yes, I'm registered and I used to receive the disability support allowance from the Social Welfare Department, but I am no longer receiving it any more. I last got the allowance in August 2006. Since then, I do not know what is happening there.]

Researcher: You said that you last got disability support allowance in 2006. Do you still remember how much you received per month?

MN3: *Mu 2006 twakali twabujata imali ikkwana kwiita Z$1 900 000. Asi takwe nciyakali kugwasya kale pe* [In 2006, we were receiving as much as Z$1,900,000. However, you could not buy anything with this money...]

Another participant, FN2, said:

Ime ndakali kuyiinka iiyi kulugwasya ndakali kuyiifola iyi imali yakkona. Ndakalembya mu2001, Lino nizyakayimikila oobu. Ndaka noonga ndilayinka ndilaafola. Iswe nititake takala abana takaanoonga ngamwi nka Z$50 [45] *kupela. Nikakali kache, asi wakanoonga wagwasikana mbichaani. Nkuti kupela chimwi chiingi wakaanonga wenedela mahala, imali yakona kitasiski pe, awowakweeleta biya imali kubantu nchindakazoleka me kwiinka. Asi ndimvwa kuti yaka yimikila; Yakayi mikila mu 2006. Liino even piece tachiikwe cheendape. Ani mwabona ndachilwa olo kuula mazoe...*

[I used to get disability support allowance through the Social Welfare Department from 2001. I used to receive Z$50 only because I do not have a child. Disabled people, who had children, received an additional allowance for each child. The money was very little, and at times, it was not even available. This was frustrating and as a result I stopped going for it. I understand the government stopped the programme in 2006. However,

[45] Exchange rate for US dollar to Zimbabwe dollar was US$1 =Z$2,636 in 1990-1991, Z$30, 000 in 2006 and Z$100,980,000,000 by 6 August 2008 (Chidawu, 2009)

although the amount of money I was receiving was little, when available, it was helpful. Now I can't even afford to buy a bottle of mazoe drink…[46]]

Researcher: OK. You have mentioned about mazoe drink! Why specifically a bottle of mazoe drink?

FN2: *Imazoe yakona ndakayambilwa ku sondo. Njakusilisya moolu angu, alizimbide kachisa. Abamazuba biya. Yabulika imali yakwawula,* [Mazoe drink is to be used for treating my feet, which have been swollen for months, though not painful. I consulted a church prophet who advised me to buy a bottle of mazoe drink and take it to him with me to begin the treatment process. But I do not have the money to buy the drink.]

Researcher: How much does a bottle of mazoe drink cost?

FN2: *Ayita US$3. Yabulika…* [It costs US$3[47]. I do not have it…]

The level of disability support allowance in Zimbabwe (suspended at the time of fieldwork for this study in 2009 because of the Zimbabwean financial crisis) had been determined by central government and did not take into account the type of impairment an individual had. Before the suspension of the programme, registered disabled people received a flat rate allowance unrelated to their impairment or the cost of addressing their disability-related needs. Blind people, for instance, received the same amount as an individual using a wheelchair. The experiences of MN3, a blind man, and FN2, a woman wheelchair user, illustrate this point, and FN2 further demonstrates the argument

[46] Mazoe drink is made from oranges and is produced commercially.
[47] Zimbabwe now uses US$ and SA Rands as official currency

about the level of disability related costs which expose the limitations of income as a meaningful measure of human well-being. Discussing the social model of disability, Burchardt (2004) argues that the incomes of disabled adults are often too low to meet the additional costs of living associated with impairment. This argument is reflected in Sen's rejection of income as an adequate measure of well-being (Sen, 1999). In *'Development as Freedom'* Sen (1999) argues that some individuals need more income to achieve the same level of well-being as others and explains (1999: 74) that a disabled person may have a "larger basket of primary goods[48] and yet have less chance to lead a normal life" than somebody without impairment with a smaller or equal basket of primary goods. Sen's argument is that individuals differ in their ability to convert resources into valuable functionings. Furthermore, providing an equal amount of resources to different people with the same characteristics does not always mean giving equal opportunities since resources do not have intrinsic value (Sen, 1999). From my experience working as a remedial tutor (2003-2004) in Binga, I am familiar with the costs incurred by some disabled people in this district. I was at times involved in discussions with the Social Welfare Department, Binga Rural District Council and the District Administrator's Office advocating for changes in the way disability support allowance was given to disabled people. Rather than coming to Binga centre, I argued that disabled people should be given the opportunity to collect the allowances nearer their homes or venues identified by disabled people themselves, instead of forcing them to travel distances of up to 100 kilometres, relying on irregular and unreliable public transport to Binga centre. Ironically, despite a culturally normative expectation that disabled people would not be charged for lifts in private transport (the most common

[48]As used in this study, primary goods refer to basic necessities such food, clothing, income.

way of moving around Binga District), disabled men and women are often shunned by drivers or owners of private transport, in favour of non-disabled people from whom they can demand payment without shame. Although leaving a disabled person at the road side might also be associated with shame, avoiding direct engagement with disabled people effectively distances drivers from any deep understanding of their own behaviour as discriminatory. A common response from drivers who refuse to help disabled people is '*mbalugwasyo*', meaning 'they are social welfare cases' and implying that they have no money to pay for a ride. This discrimination inflicts further costs on disabled people, because they often ended up spending more days at Binga, sometimes sleeping in the open, looking for possible transport to return home.

Non financial resources - Education

The concept of the conversion handicap is not limited to the conversion of personal income or goods into good living. In this study, I use the concept to examine disabled people's capabilities, freedoms and choices to access and use non financial resources within the villages and wards in which they resided. Looking first at access to formal education, Terzi (2007) examines the contribution that the 'capability to be educated' makes to the formation and expansion of other capabilities, something highlighted by all twenty disabled people in this research study. For instance, MN2, a wheelchair user who attended school up to Form 4, said:

> *Emm, chipati aawa ndwiiyo…manje tulimele tubingi tatuyiide pe. Kuyiiya kujula bongo, ngayeebo wabona, ngawaziba kutii alyaa ndeede kuti ndibeewo. Nkaambo mbuli mbuzi kaale ikuti ikwaalino ibuumi bwakona ka, mbwakufosa biya; mbwaku compita biya... Mpoo kutii takweepe nuli*

kuchiita obo, takwee, unga ungaa ulakwaambwida kutii akwaambwideoobo... Kweede kutegwa anyweebo mwalibonya biya kutegwa anyweebomulayanda kutegwamukayiite oobo. Ilwako-lwako kulichitila. But chiipabobo nkutyeni, nkutii waaba luzibo; iluzibo lwaakuutii, ilwakutii abalabobayiiye bazibe kutii, echiya aambe nchelelede kuti ndichiite…Ni rightyangu yakuti ndichite boobo. Iwiiyo lulagwasya…

[The basic thing is education. Being educated is important because it opens your mind; you know what you are supposed to do and you can easily claim and defend your entitlement for inclusion. But most of us are not educated, yet as you probably already know; today's life is about fighting for yourself and competing. No one has time to fight on your behalf. It is supposed to be we (disabled people) who are supposed to register our interest by our presence and actually participating in the development activities...But you can only participate meaningfully if you have the know-how; the knowledge that as human beings, participation in our development is our right and a good thing to do. Education helps in this regard...]

MN2 presents access to formal education as vital, offering opportunities for valued achievements that are worth pursuing. The value of education in influencing other achievements (functionings in Sen's terminology) is well documented in the literature. For instance, in *'Capability and Educational Equality; The just distribution of resources to students with disabilities and Special Education Needs'* Terzi (2007:759) argues that:

> the broadening of capabilities entailed by education extends to the advancement of complex capabilities, since while promoting reflection, understanding, information and awareness of one's capabilities, education promotes at the same time the possibility to formulate exactly the valued beings and doings that the individual has reason to value.

For Burchardt (2004), access to formal education helps individuals to be participating citizens. It does not only promote the achievements that constitute an individual's well-being; formal education also enhances skills (such as numeracy, literacy and reasoning) that are necessary for developing other important aspects of agency and participation in society. Most countries worldwide, including Zimbabwe, value formal education for their citizens (Chikoko, 2009; Kanyongo, 2005), economically poorer countries often doing this in partnership with international organizations (UNICEF, 2009). The formal education expansion in Zimbabwe was referred to by CH1, a chief in Ward X when asked about the inclusion of disabled children in formal education:

> **Researcher:** You have just said that due to the measures you have taken, schools in your ward have recorded an increase in their student enrolments. Does this also apply to disabled children?
>
> **CH1**: *Er, tenga ndamba boobo pe. Mane. Ime imooyo wangu tusekeledepe atala abana zilema, kana kuti nditi ibiya bantú balimele. Tabamope muzikolo. Mbantu babanga they are neglected, yes. Eli ndipenzi lilangene abboma mbulizula. Ime ndalikuti, kaanzyonga ndindime kufulumende, ndalikutii katulangisisya kuti bantu boonse mbulimu momuno muBinga*

zilema eeziya, kazibee a centre yaazyo. ziyakilwe zikolo zyabo alabo, bafunde abalabo. Nkukuti bazibe abalabo, babe azyeeleelo zyabo alabo nzibebelede kuti bachite mbuuli bamwi aba balaa mibili ilikabotu. Babe macenters, bayiye alabo mbuli nzibelede, zichiitwa abamwi; Because mubulima oobu bamwibala zyaligwa kabatake meso, bamwi balazyaligwa aasi kuma maaninsizyo, waaba disabled. Soonga bantu aba beleede kutii babaa nchibanga balachita, chikwaniisyana amabooko aabo, kkana kuti aziimwi nzibanga bala kwanisya kuti baabeleke amaboko aabo...

[Er I cannot say that. No, I am not pleased with the situation of disabled children. Most of them do not attend school. We seem to neglect them. Yes we do. I think the government needs to seriously think about these disabled children in Binga. The government should build special schools and resource centres for them. It is the only way I think disabled people can learn, acquire certain skills and be able to do things their way….]

Researcher: But chief, there are now more schools not only in your ward alone but Binga District as whole than there were in the last 10 years. Are disabled children not attending these schools?

CH1: *Iyi, iziikolo zenzi ziyabuvula. Asikabiino, nzyababeya ibana ibaala mibili ikweene. Ndaka kulibonena aangu meso kuMasvingo nkundaka swayideku basimwamima. Zilisiyene. Soo olo tutii tubamanikizye ibalimele bayiinke okuya, ibayiingi bakkona takwe nchibagwasya pe. Kuyandikana kuti izikolo izyabo zibemo omuno mubboma lyesu kwiitila kuti ibatakonzyi*

kwiiya kulizeezi abalo balakonzya kiinka okuya. Sookuti twabaa lekelela kupela katutii bayoyiya okuya hmm, nsiboni kazibleka pe…

[Yes there has been an increase of school establishments, but these are for non-disabled children. There is a difference; I saw this with my own eyes during my visit to one of the chiefs in Masvingo. There is a difference! So even if we insist and force disabled children to attend these ordinary schools, most of them won't benefit much. If it was possible, what I think needs to be done is to have special schools in our district too so that disabled children who cannot benefit from ordinary schools can go to the special schools, where they can benefit. But as it is now, hmm, I don't see these schools helping them…]

In Chapter 3, I discussed the increase in the number of schools built in Zimbabwe including Binga District since 1980. But despite the increase in the number of schools, disabled people's real opportunities, freedom and choices to be educated remain limited in Binga. FN6, talking about her level of educational attainment said:

*Kuchikolo ndakayinka iyi nikuba kutii tendaka maninsya pe, ndakasila ndakasila munzila. Takwee biya pe. Loko ndaka zoo kachilwa kweenda.Tak*weepe *nindaka azoyeendelela kuyaa unembo, ndakaasika mpakinya awo aGrade 3, mpochazima. Ndachiilwa kunooyeenda; Ndakachisiya chikolo kandichi chiyanda akaambo kamoolu*.

[Yeah, I went to school, but I didn't complete my studies. I ended in

> Grade 3 because I could not walk any more. I became disabled while I was in Grade 3. I would have liked to continue going to school, but then I could not walk (the distance)].

While the challenge of walking long distances to school is also faced by many non disabled children (Central Statistical Office, 2001; Chakanyuka, Chung and Stevenson, 2009; Chidowu, 2009; Chung, 2008), the well documented challenges of accessing formal education in rural Zimbabwe linked to lengthy travel distances and family poverty are exacerbated for disabled children who face greater difficulties in overcoming barriers of distance. And while not all disabled children live significant distances from schools they face further physical access barriers. For example, in 1997, I was teaching in a primary school in Binga where we had to carry a 17 year old disabled girl who used a wheelchair up the stairs into the classroom whenever she came to school. The classrooms at this school, like most classrooms in the district did not have ramps. And without accessible roads, where footpaths serve as the main routes to most schools, people with impaired mobility, particularly wheelchair users, find it impossible to access these schools.

Examining the provision of education in Binga through the capability approach enables us have a more complete understanding of disabled people's limited opportunities to be educated, and therefore limited opportunities 'to do', and to be effective agents in development processes. Focusing on what one is able to do and to be (Sen, 1999; Mitra, 2006), helps us to avoid the assumption that an increased level of educational provision (at primary, secondary and tertiary levels) in Zimbabwe necessarily enhance all people's

lives. As Foster and Sandel (2010) have argued, all human beings, disabled and non-disabled are unique, and their ability to convert resources into valuable functionings differs.

Zimbabwe's education system is oriented towards producing individuals who can contribute to the economic development of the country. But the emphasis placed on the importance of the General Certificate of Education Ordinary Level (ZGCE-O) as the recognised basic level of educational attainment[49] effectively closes the door to disabled children who, consequently, have reduced opportunities to realise their individual capabilities as adults and reduced motivation to lead lives they have reason to value. In other words, disabled children and young people do not have the freedom to make use of educational resources to their advantage. The picture is complex, however, and influenced by individual characteristics as discussed in the following section.

7.2.2 Human diversity

Although human diversity encompasses a wide range of individual characteristics, here I explore i) disability as the central focus of this study and ii) gender, the major division of human diversity that has been central to early critiques of the capability approach, principally by Nussbaum (1999, 2000, 2003, 2005) and was clearly manifested as an important area of contention in development processes I observed in Binga. In MN2's own words:

> *...banakazi baliyobolola maningi. Iswe tubaluumi ka mbuli mbutibwene kaale, olo kanditafundide pe kuyoowa nkuchekuche. But manje mbuli*

[49] that involves passing a minimum of five subjects including Mathematics, English and Science (Kanyongo (2005).

beenzuma, tabakoonzyi pe kulyambwiida, mukuuti vele mbumuzikale; ibanakazi mbubabede. So kutii katafundiide ngoyabuyoowa kuti amwindalyataawa ndapegwamulandu. Soowe kuti ulilimelede ubangaanga mbuli mpongo nyenzu mubeenzina...

[...women, are too reserved. We (disabled men), as you maybe aware, educated or not; we are less likely to be intimidated. But our female counterparts (disabled women), they can not speak or voice their concerns for themselves. So, without being educated, disabled women are easily frightened to speak. And when a disabled woman is among non disabled women, she is like a lost goat in flock...]

Disability

Fundamental to the capability approach, is its acknowledgement of the importance of human diversity, and understanding that what an individual is able to do and be, is influenced by his/her personal characteristics. In the context of the capability approach, disability is understood as a characteristic; an aspect of human diversity (Sen, 1992), emerging from personal and social circumstances as well as incidents (accidents and/or illnesses (regardless of their believed cause) that may befall individuals (Terzi, 2005). For instance, MN8 (who held a position of responsibility in the community before he lost the ability to walk) *said:*

Ime ndali kubeleka mumyuunzi kandiita zisiyene-siyene. Asi lino ndakaleka. Mbulikuti kkiti eyi, minsamu kabi eyi ile-expire, iyanda kuti yabeleka kiili kusilikasilika bantu. Kutiime ndati mpundiyomvwida kabotu

tandizipe bantu bayanda kusilikwasilikwa. Olo busobbuku ndakaleka. Nsikonzyipe kwiinka kumisangano...

[I used to do a lot of activities in my community. But now, I'm no longer involved. What I used to do in the community involved lot of travelling. This bag[50] used to contain tablets; malaria tablets I used to give out, but now I can't walk any more. People need to continue getting tablets if they are ill. So I gave up, including the post of village head which I held. I can't walk to meetings any more...]

MN8's experience conforms to the social model of disability that sees social arrangements as responsible for excluding disabled people from participating in community life (Oliver, 1996). MN8 still has the know-how and ability to distribute malaria tablets, but what he cannot do is walk to the venues and meetings to fulfil his mandate as home-based carer and village head. In capability terms, whether a disability is biologically or socially caused does not matter. "What matters is the scope of the full set of capabilities one person can choose from and the role that impairment and disability play in this set of freedoms" Terzi (2005:452). In this context, MN8 is impaired in the area of mobility. Thus the focus on capability (practical opportunities) rather than functioning (walking) allows us to ask questions about the available set of options to enable MN8 to continue what he has been doing if he chooses to. By focussing on capabilities, and defining disability in terms of deprivation of capabilities and functionings (Sen, 1992), we understand disability as part of human aspect as opposed to a characteristic of particular individuals. Furthermore, because what people

[50] MN8 showed me a shoulder bag in which he used to carry medicines as part of his 'home care' responsibilities

are able to do and want to be changes over time and with changing circumstances, the capability approach enables us to understand disability as a discursive phenomenon. This implies that disabled people's capabilities, just as non-disabled people's, are not static but may change due to internal (e.g. level of impairment) as well as social, economic, political and other external environmental changes. These changes also affect a disabled person's capability set, either by expanding or diminishing it. In this sense the capability approach can aid understanding of the appropriateness of existing policies to enhance participation of disabled people in development processes in their own communities. And like other aspects of human diversity, disability can be understood as affecting individuals' capabilities to utilise available resources to lead fulfilling lives.

Gender

Arguing that gender, like disability, is part of human diversity (Sen, 1992), the capability approach helps us to identify and understand the dynamics of discrimination experienced not only by disabled people and by women but, importantly, by 'disabled women' whose experiences are informed by the intersectionality of these two characteristics of human diversity. Traditional talk about women among the Tonga tribe as well as other tribes in Zimbabwe rarely recognises women as 'adults'. Expressions such as '*banakazi mbana'* (women are like children) in Tonga and *'abesintwana'* (childish) in the Ndebele tribe are used to portray women as 'children'. This is exemplified by an excerpt from an interview with FN2, aged 31 who lives with her parents in Ward X.

Researcher: In your last sentence you talked about community meetings

FN2: *Em! Nsiinki pe* [I do not attend]

Researcher: Could you shed a bit of light on what meetings you are referring to then, and perhaps why you do not attend them?

FN2: Er, hm [silence]. *Bazyali bangu mbiinga bayinka bo kumiswangano yitika* [My parents attend all the meetings]

Researcher: Is it your choice not to attend the community meetings in your ward, preferring your parents to attend on your behalf?

FN2: *Mane, bobatiima ndilimwana* [silence]. *Nkaambo oolo nikuufolwa ku SAVE*[51] *nditegwaa ndili mwaana, ndifolela kusule lyabazyali…*

[No. My parents say I'm a child. Even when receiving food aid from Save the Children, I'm classified as a child. I receive my share under the name of my parents...]

Researcher: When were you born for them to say that you are a child?

FN2: *Ime ndili wamu 1978. Ndila 31 years munyaka ono. Asibo, batiima ndili mwana [silence]. Iimaa "loko nkaambotakee mwana pe, kutedeni ula leembwa kabali babili. Aalembwee na aliikke?" Soo olo ndiite biyeni; Ndakali bambidile chimwichiindi kuti kandifola kandili mikidile. Asibo baakaka bakaati imaa "tazibeleki kale pe eezyo nkaambo ulimwana." Nkaambo tandikwe muunziipe, ndivubidwe biya...*

[I was born in 1978. I will be 31 this year [2009]. But they (my parents and community leaders) say I'm a child. They always say, "because I do

[51] Save The Children Fund is commonly referred to as 'SAVE' in the villages and wards in Binga

> not have a child, I cannot stand on my own." I once complained that I wanted to receive food aid in my own name. But they refused. They said, "your request does not make sense. You are a child." This is because I'm not married, I live with my parents…]

Control of women's lives in some communities in Zimbabwe extends beyond the home setting. Writing in the context of women's non-participation in politics in Africa, Geisler (1995) argued that women often participate on terms defined by powerful men. And even where conscious efforts had been made to redress gender inequality before the law in some countries in Africa, Geisler further argued that, the existence of gender equity laws has not always guaranteed their effective implementation. As a result, the rights and wrongs of many women as a broad category are still to a large extent defined by some convenient, male defined, version of tradition. For instance, in '*Gender Politics and the Pendulum of Political and Social Transformation in Zimbabwe'* Ranchod-Nilsson (2006) details a court case of a family dispute over property inheritance in April 1999 involving a brother and a half-sister in Zimbabwe. The Supreme Court unanimously ruled in favour of the brother on the grounds of customary law (Ranchod-Nilsson, 2006). Under customary law in Zimbabwe, only men can inherit and all family members are subordinate to the male head of the family. Passing judgement on this court case on behalf of the Supreme Court, Justice Gibson Muchechetere stated: "woman's status is therefore basically the same as that of a junior male in the family…" (Ranchod-Nilsson, 2006:49). Evidence from this study in Binga District, however, suggests that disabled men are similarly stripped of 'adult' status. Below, I present an excerpt from a narrative interview with MN10, aged 26 who lives in Ward Z.

Researcher: You said that you never attend meetings held in you village or ward, why don't you attend?

MN10: *Tee mukeezye kubuzya kumudala!*

[It is better if you could ask my father]

Researcher: OK, but why your father? I wanted to know from you if you do not mind, and not from your father (silence). It is still fine if you do not want to tell me why you decided not to attend all meetings in your community yet you are an adult.

MN10*: Iime na? Zimwi zintu ziladuba. Ngandanchiike, ndakachiinke limwi zuba kumusangano okuya. Mudala ngawati uuya kwitaanzi mbubedobu. Musangano bayanda nduwena. Aanti bayanda bapati. Imaa, "mumusanga bayaanda aabeya ibala banakazi."*

[I? attending meetings? You will never understand some of these things. I would want to; I tried the other day to attend the meeting there (pointing in the direction of the venue). But my father did not allow me. He said, "what can you do at a meeting? What are you? Meetings are not for people like you. You are not wanted at a meeting. Meetings are for adults; people who are married."]

MN10's response implies that his father perceived disability as inability; disabled people as being of lesser value with nothing to contribute to society.

I went on and asked whether there were particular meetings his father did not want him to attend. He said: *Er, vele misangano yitwa abasimabbuku nsiinki kale pe, balandikakila. Dokunze wabasisondo nkundinga tayinka amuchembele nkambo baama balanjila sondo…*[Er, all meetings called by village heads I don't attend. My father does not allow me. I at times go to church meetings with my mother because my mother goes to church.]

Despite being a 26 year old man, MN10's narrative also shows family control with respect to participation in community meetings. This is largely linked to differences in formal and informal understandings of adulthood. While the legal definition of adulthood is 18 years, cultural understandings of adulthood are based on marital or parental status (Beguy *et al.*,2011). One implication of being unmarried and not having children is exclusion from performing cultural rites expected to be performed by adults. For instance, what we see in the experiences of FN2, a disabled, single mother and MN10, a physically disabled, single man with no children, is the denial of practical opportunities to be, and to live as, independent adults. In other words they are denied the practical opportunity to exercise their freedoms and choice; a core value in Sen's capability approach (Burchardt, 2004; Nussbaum, 2003; Sen, 1999), the importance of which I discuss in the following section.

7.3 Freedom and Choice: income generating projects

My focus throughout this research study has been the meaningful participation of disabled people in development processes in their communities. This focus on meaningful participation chimes with Sen's capability approach which focuses on what

an individual is able to do in the light of opportunities and freedoms to fulfil those capabilities. The importance of meaningful participation in development initiatives, including income generation projects, by individuals in communities directly affected by underdevelopment is widely recognised in development theory (Bourdillon, 2004; Chambers, 2008; Long, 2001). In this study, FN3 illustrated this point when she said:

> *Inzubo zyangu zyakali kundigwasya kuli zyoonse nzindakali kuyanda. Asi manje ndakazobona kuti; er, mbulikuti baama bangu bakali bakomena, fuuti alake ndeende wangu wakali wakkomena. Then babbudi bangu bakakwata, ndakabona kuti, iiyi zwabo balaalo luyando lwakundigwasya, asi kabino kuyosikalili. Alubo tabandi gwasizyi maningi loko pe. Then ndakazoo kumbila kuti better ndiye kwa Jairos Jiri. Bakandi zumizya bazyali, then ndaka zooyinka kwa Jairos Jiri kuyofundila dress making; ndakayinka mu 86...*
>
> [Everything was going on well for me. My family members were supporting me and my child very well in most of the things I wanted. But then, I always thought and asked myself, 'for how long will they be able to do that? For how long shall I remain a dependent?' Both of my parents were getting old. My brothers were now married and were already no longer helping as much as they used to do. I was aware of Jairos Jiri. Then I asked my parents if I could go to Jairos Jiri and they all agreed to my request. I enrolled with one of the Jairos Jiri centres in 1986 and studied dress making...]

I went on to ask FN3 about the duration of the course and what she did after she had completed. She said:

> *...ndakakukkala okuya kandilikwiiya munyaka uumwi Mbundakazwa okuya, ndakajoka okuno kumunzi. Mazuba akusanguna ndakeezya kutunga-tunga, kandibelesya muncina wawumwi mwenzuma. Asi manje chintu chakuboleka ndakazoleka kupela...*
>
> [I spent one year at the centre. When I came back home, I did not have a sewing machine. Using a friend's, I started sewing clothes. Neighbours brought their torn clothes for mending. I did that for a short period, about three months; the owner took away her machine. That was the end...]

FN3's narrative illustrates achievements through individual initiative. She exercised freedom of choice in attending the Jairos Jiri training institution. In the preceding chapters, I have provided narratives of disabled people illustrating further examples of making choices. For example, MN2 (see page 191-192) explained how he went about establishing two income generating projects (a corner shop and grinding mill) with limited access to funding. This exercise of freedom by individuals reflects individual agency that is an inherent aspect of the capability approach. The understanding here is that there are more chances of success if an individual chooses to undertake a task compared to when s/he is obliged to. Advocates of choice sometimes suggest that choosing tends to enable people to increase their level of control over the outcome of the activity (Ben-Porath, 2009) and this enhances human well-being (Rabiee and Glendinning, 2010). The implication is that MN2 and FN3's freedom of choice, together with the practical opportunities to initiate income generating projects and attend the

Jairos Jiri centre respectively, was likely to improve the chances of positive outcomes for them. MN1's narrative **(**see page 249) reproduced in part below, further illuminates the importance of practical opportunities to exercise one's freedom and choice.

He said:

> *...proposal yakusanguna njindakatola ku province takwe niyaka kusebenza pe. Bakayikkala ibankuko kuprovice. Ndakaazo renewa lubo iproposal nindakamvwa kuti President ulasika okuno ku Binga mu 1992. Mpo wakasika ku Ward Y President. Mpo ndakatanguna kuseni kuti ndika tondezye proposal yangu kuma offices aBinga. Ndakatanguna ku CIO, mpondayinka kwa DA, mpoo ndayinka kuli Superintendent, mpoo ndayinka ku-special CID. Kubatondezya proposal kuti ndika heende President. Bakandizuminina kutino "iinka ukachiite. Tuyobuzya abeeya bali kuneembo first kutana chitape eezyo, kutii kuli muntu uuliso utaape president, ukamupe nduwe ipepa elyo." So for sure ndayinka ku Ward Y. Wakasika President; Wakambuula wamaninsya milimu yakwe njakali kwaambuula zyoonseni. After alya akuuti uulanchapa President; effect ime tendakaala chindakalikupa biya pe. Ndakala chipepa chakukumbila biya. Soome ndakamupa president proposal yangu. Yaka bbalidwe izinalya kapenta fishing cooperative yesu. Wakayinka ayo...*
>
> […my first proposal was not accepted. Officers in the department for projects at the province (Lupane[52]) refused it. Sometime in 1992, I heard that the President was coming to address a rally at Ward 'Y' in Binga District. I rewrote my project proposal with the intention of submitting it

[52] Lupane is the Provincial Headquarter for Matabeleland North province

to him. Prior to his arrival, I sought permission from CIO, DA's office, Superintendent (police) and the special CID. I showed my project proposal to the respective offices, requesting whether they could assist me in having it handed to the President. The concerned officers accepted my request and advised me: "Go ahead with you proposal. We will advise the security staff accompanying the President about your project and your intention. Don't give it to anyone, but go and hand it to the President yourself." So as advised, I went to Ward 'Y' early that morning. The President came and addressed the rally. After he had completed what he was doing, it was time to present gifts to the President. Then one security officer came and took me to where the President was sitting. I did not have a gift per se, but I presented my project proposal, bearing the name of our kapenta fishing cooperative, to him and he took it with him…]

He continued;

Mu1993 wakatuma (president's office) oyu national army commander wa Zimbabwe, Officer JP, Eee wakasika kunganda okuya, awa anganda mpundakali kukkala. Makuseniseni waka noka. Tendakamwizi pe. Wakazoli pandanula mpondazomuziba. Mpoo wazondibuzya kuti ndazida nduwe abenzinyokwe atala aproject proposal yanu. Tukachiite meeting kuhotela okuya, abenzunyokwe, ndabbuka kaale ime ibusena... Wakazide amacheki. Mumiting eyii wakatitondeezya macheki aalya, mpowati sayinisya mapepapa. *Asi tewakatipa pe mpakinyaawo macheki alya nkambo kuli zimwi yakacheede kuchitya nsansina. Saka nitwaka*

bunganizya zyoonseni, takazotuma muntu ku Harare wakubapa. Tebakazotipa imali pe; akatulila marigi akuteya matemba ngitakali kuyanda...

[In 1993, the President's Office sent Officer JP, who later introduced himself as a commander within the national army of Zimbabwe. He came to my house here [name of township] early one morning. After introducing himself, he informed me that he had come to have a meeting with me concerning the project proposal. With other people whom I had included as members in the proposal, we went to Lodge 1 where he had already booked a room for the meeting. During the meeting Officer JP, showed us some cheques and made us fill in some documents he had brought with him. However, at the end of the meeting he did not leave the cheques with us, but advised us to quickly provide the extra information needed for the money to be released. After two days, we sent someone to Harare to complete the process. Instead of being given the cheques after providing all the necessary documentation, we were given some fishing rigs and we started fishing immediately...]

Sen's capability approach focuses on the practical opportunities; freedoms and abilities of individuals to use resources to their advantage. MN1 was able to use the opportunity at his disposal to achieve the functionings he and his colleagues were aiming at. While the capability approach emphasises individual agency, in this context, MN1's narrative illustrates that where there is freedom and choice, agency is not limited to individuals alone. It may need an individual to start the process, but ultimately ends up as collective/group agency. While Sen's own writings do not address the notion of

collective capability directly, Evans (2002:56) argues the importance of collective action and collective capabilities:

> Gaining the freedom to do the things that we have reason to value is rarely something we can accomplish as individuals. For those already sufficiently privileged to enjoy a full range of capabilities, collective action may seem superfluous to capability, but for the less privileged attaining development as freedom requires collective action.

In the next section I focus on this and other critiques, as well as counter critiques of the capability approach, as they relate to this study of disability and development in Binga District.

7.4 How does this study of disability and development inform critiques and counter critiques of Sen's capability approach?

Here I reflect on the findings of my study in Binga District and examine the implications they have for: i) the contested importance of a list of central capabilities, ii) the focus of the capability approach on individual agency and iii) the transferability of the core concepts of the approach - agency, freedom and choice - across cultures.

How important is a list of central capabilities?

Sen provides examples of intrinsically valuable capabilities such as being able to live long, escape avoidable morbidity, education (Sen, 1984; 1999; 2005), but he does not endorse a list of capabilities as objectively correct. This deliberate omission (Sen, 2005; Mitra, 2006) of a list of capabilities attracted criticism from Nussbaum, a philosopher

accredited for her explicit attention to gender issues in the capability approach. In Nussbaum's (2003:33) own words: "capabilities can help us to construct a normative conception of social justice, with critical potential for gender issues, only if we specify a definite set of capabilities as the most important ones to protect." In her version of the capability approach, Nussbaum includes a list of ten central human capabilities[53] and suggests that these should form the basis of the constitutional guarantees, human rights legislation as well as development policy (Nussbaum, 1995; 2000) of all countries in the world. While she sees her list of central capabilities as general goals and allows that these can be expanded, Nussbaum argues that this list of central capabilities should form the baseline account of social justice that can be used to assess the degree that any country meets the description of a fully just society (Nussbaum, 2003).

Sen's response to Nussbaum's call for a central list of capabilities is summed up as follows:

> the problem is not with listing capabilities, but with insisting on one predetermined canonical list of capabilities, chosen by theorists without any general social discussion or public reasoning. To have such a fixed list, emanating entirely from pure theory, is to deny the possibility of fruitful public participation on what should be included and why… public discussion and reasoning can lead to a better understanding of the role, reach and significance of particular capabilities (Sen, 2004:77; 81).

[53] (1) Life; (2) Bodily health; (3) Bodily integrity; (4) Senses, imagination and thought; (5) Emotions; (6) Practical reason; (7) Affiliation; (8) Other species; (9) Play; (10) Political and material control over one's environment (Nussbaum, 2003).

As well as this response from Sen, Nussbaum's version of human capability has attracted other critics. In arguing that living a good life constitutes being "able to form a conception of the good and to engage in critical reflection about the planning of one's life" (Nussbaum, 2000: 79) her approach has been viewed as disablist (Baylies, 2002), as it risks classifying some disabled people, especially people with cognitive impairments, as being incapable of achieving a good life.

Sen's lack of specification of central capabilities, argued in the interests of democracy, does little to promote the involvement of disabled people in development processes, despite conceptualising a conversion handicap that encapsulates the specific challenges faced by disabled people in converting the resources at their disposal into valuable functionings. If the determination of a list of capabilities were left to the community there is every chance that the resulting list would reflect the priorities of those already holding power. As the findings of this study of disabled people's involvement in development processes in Binga District show, the unequal distribution of power, particularly between able bodied and disabled men and women, leaves little room for disabled people's individual agency to translate into meaningful development activities since their initiatives, that were clearly evident, were largely ignored (eg. MN1), ridiculed (eg. FN9 and MN4) or rejected (eg. FN8 and FN6).

The focus on individual agency

Sen's focus on individual agency recognises the value of individual participation in order to live a valued life. As Burchardt (2004:745) argues: "what matters according to the capabilities approach is each and every human being's opportunity to live a

flourishing life." However, the focus on individual participation has led critics to suggest that Sen's capability approach is too individualistic. Responses to this criticism vary depending on the interpretation of 'individualism'. Burchardt (2004) has argued that in so far as the capability approach asserts that each individual's capabilities are the relevant 'objects of value', it is correct to say that the approach is 'individualistic', but on the other hand, if the charge of individualism is meant to imply that the capability approach ignores external or structural constraints on what individuals are able to do or to be then, it is fair to argue that this is based on a misinterpretation of the capability approach.

The approach stresses the importance of each and every individual having a sense of leading a valued life (having the substantive freedom to be or to do what s/he wishes to be or to do). But while being actively involved in the pursuit of a valued life seems likely to enrich an individual's sense of achievement, the capability approach does not imply that action is exclusively a matter for the individual. An individual's freedom to do and to be may be constrained by the social, economic and physical environment as individuals do not live in isolation. As Murugan (2003) argued entitlements to resources are filtered through traditional, cultural or religious norms, which promote participation on some occasions and act as a deterrent on others. Although "free agency is a constitutive part of development" (Sen, 1999: 4), freedom is experienced in social contexts, such as families, communities and wider society. What people can positively achieve is influenced by economic opportunities, political liberties, social powers, and the enabling conditions of good health, basic education, and the encouragement and cultivation of initiatives (Sen, 1999). In the case of Binga District, at household level,

family members work together and share responsibilities for the betterment of their collective family life. During this 'working-together'(Dubois and Trani, 2009:199) argue: "an individual's set of capabilities is not only determined through individual agency, but can result from interactions with other people." At community level, interactions occur within pre-determined social structures (e.g. family, VIDCO and WADCO), which may promote or inhibit individual agency depending on social status as mediated through gender, age,(dis)ability etc. While these working structures can lead to the development and acquisition of wider social capabilities (Stewart, 2005), they can also serve to inhibit the development of capabilities in disabled members.

However, in this research, questions about the willingness of disabled people to participate in development processes in the villages were raised by the three government officers. For instance GO2 commented explicitly:

> *From my own experience I don't want to say there is much participation kuma disabled people because of the issue of inferiority, background ya. Balali underata-rata. People who are disabled bo balyamba kuti no, "we cannot do zintu eezi, tulibantu bakupegwa mahala." Maybe mputwakaba jayizya madisabled. Ndilaati like now tulikwaamba mbulii ma farmers aaba bajana mbuto and the like. Kuti twayanda kuti OK, maybe twayanda kuya kumu swaangano wama women farmers, mbuli district meeting, uuyoojana kuti kabati 'aatemwiinke inywe nimukoonzya',even if kakuli maybe ma bbasi pela usually sometime ngabagada mahala whatever. Aah ime ndiyoo chitayi', or maybe ulati 'ime nsiboni, ime nsinchiti and what the like.' Soobo bakalibuzya kutiino they can't do this and that...'*

> [Disabled people have told themselves: "we cannot do these things. We are a charity group to be given handouts." By providing disabled people with 'handouts[54]', is where we make the mistake. Like how we talk of the female farmers whom we sponsor with seeds and the like, whatever. If we want them to attend a district meeting for instance, here at the district centre, we find that disabled women always give excuses, even in instances where transport in the form of buses is provided; and in any case they usually don't pay bus fares. But still disabled people usually say "what am I going to do?" or maybe they will say, "I am blind; I cannot do it" and what the like. So they have told themselves that they cannot do this and that.]

GO2's point of view suggests that disabled women in Binga deliberately avoid participating in development processes and thereby avoid personal responsibility even though, from his point of view, resources had been made available to enable their participation. This led to a culture of blaming which did little to enhance understanding of the women's reluctance to participate. An examination of this problem through the lens of the capability approach would have provided an opportunity to identify any 'unfreedoms' that were preventing the disabled women from being and doing what they wished to be and to do in this particular context.

Evans (2002) refers to the importance of collective capabilities, reminding us of the power that disabled people can harness by forming social movements (Oliver, 1996).

[54] I use the term hand-outs to refer to free food, clothes and money given to disabled people in Binga Districts by individuals, churches, NGOs and government.

But despite identifying common experiences of being largely confined to their homesteads, negative public attitudes to their presence in the community, and exclusion from educational and skills training opportunities, the disabled women that formed focus group BWACHA in this study, were experiencing their first opportunity to come together with other disabled women to discuss common concerns. This was only possible because I had been able to provide transport.

In writing about disability and identity, Murugami (2009) demonstrates links between 'real challenges' faced by disabled people and self development. While some challenges serve to limit personal "development in terms of education, career and community life" (Shahnasarian, 2001:276) a lack of self actualisation is associated with low self esteem, self image and self concept. This picture is further complicated by the control exercised over disabled people in terms of decision making and the denial of opportunities that promote experience in problem solving and overcoming challenges, as was widely observed in the Binga study.

Cultural transferability of the capability approach

Questions relating to the relevance of the capability approach across cultures have also been raised. Arising from the closeness of the capability approach to the notion of human rights (Nussbaum, 2003) these questions include the possible bias of the approach against women's interests and its focus on individual agency that has little appeal to cultures where a sense of 'we' ness and family well-being takes precedence over achievement of individual freedoms. Sen (1999) addresses these critiques himself, but Nussbaum (2003:39) also argues cogently that: "ideas of activity and ability are

everywhere, and there is no culture in which people do not ask themselves what they are able to do and what opportunities they have for functioning." This view is also acknowledged by Alkire (2005:121) who argued that the intrinsic value of freedom as understood in the capability approach "pertains across classes and cultures" and is highly valued "even among people who lead very deprived lives in material terms" (Dreze and Sen, 1995:106).

The Tonga people of the poverty stricken Binga District, like other tribes in Zimbabwe (Mbiti, 1992), have their own traditions, social-cultural values and belief systems, which essentially determine how individuals think, act, behave, and generally conduct themselves. Important cultural values with relevance for this study relate to the centrality of the extended family, support and dependence, sharing togetherness and cooperation, and responsibility (Shava, 2008). But cultural beliefs relating to disability are almost exclusively negative and associated with fear. I argue here that while the capability approach may have clear application for the majority of the Tonga population in Binga District, and while disabled people themselves articulate their abilities and desires related to functioning, disabled people as a cultural 'sub group' remain largely unrecognized in the wider population's estimation of 'being' and 'doing' as contributors to development processes.

For Tonga people the family continues to play a central role in determining what and how individuals, disabled or not, enjoy or exercise their freedoms of choice. Writing about African family life, Mbiti (1992) argues that non-western communities are built on 'ubuntuism' a concept drawn from the term 'buntu' (Tonga), '*ubuntu*',

(Ndebele/Nguni) or 'beingness'. Beingness or humanness is defined by qualities of the individual's participation in activities that are valued by one's family and community (Gubela *et al.,* 2011). Participation in family and community activities is therefore valued more than individual differences or other human attributes. But family norms and expectations are largely influenced by the wider community.

Based on a three country study of Botswana, Zambia and Zimbabwe, Geisler (1995) argued that cultural relativism and traditionalism continue to be used in families and communities as tools for opposing women's demands for meaningful inclusion in development processes. And this study of disabled people's involvement in development processes in Binga District suggests that prevailing cultural attitudes to both gender and disability have had similar effects in limiting opportunities for disabled men, and reducing disabled women's involvement in development processes to tokenistic at best. Alkire (2005:121) has argued that the intrinsic value of freedom as understood in the capability approach "pertains across classes and cultures" and is highly valued "even among people who lead very deprived lives in material terms" (Dreze and Sen1995:106). The twenty disabled participants in this Binga based study confirmed this argument as they expressed their desire to have the freedom to be better able to take adult roles in society and contribute to the development of their communities. Although the capability approach's focus on what the individual is able to do and to be, offers the understanding of the potential and possibility of including disabled people in development processes through fostering a bottom-up approach, the challenge of overcoming negative beliefs about, and attitudes towards disabled men and women remains.

7. 5 Ambiguity of the capability approach

The capability approach provides a theoretical framework to support assessments of well-being and social justice as indicators of development. The approach focuses on the capabilities of individuals to lead valued lives and, importantly, perceives human beings as diverse in terms of ability (linked to opportunities and freedoms) to convert financial and other resources to achieve valued lives.

But there is an evident gap between the capability approach that articulates the relationship between an individual's resources, conversion factors and valuable functionings, a relationship described as ambiguous by Binder and Coad (2011), and the articulated life experiences of the sample of disabled men and women who participated in this study. Far from expressing adaptive preferences (Sen, 1999; Nussbaum, 2000), by indicating acceptance of inferior access to resources, and the necessary additional barriers to be overcome to access education, skills training and full community membership, the disabled men and women in this study demonstrated a sharp awareness of the processes that effectively denied them the opportunity to make valuable contributions to development processes in their communities. They were only too well aware the 'conversion handicap' that proved insurmountable for most at most stages of their own development and in their attempts to contribute to development processes in their own communities.

The conversion handicap recognises that people differ in their ability to use resources available to them to their advantage. Sen (1992; 1999) exemplifies the conversion handicap using the example of a disabled person would require more additional

resources to convert existing resources to achieve a valued life when compared to a non disabled person. And as Dubois and Trani (2009) have argued, even in instances where the social, economic and physical environmental circumstances are favourable to the realisation of individual capabilities, this does not always convert into equal capability-maximising behaviour. Evidence from this study in Binga District Binga points to the effective blunting of disabled men and women's efforts to participate in the development processes, not because they do not wish to 'stand on their own feet', but because they have been systematically excluded and reminded of family and community perceptions of them not only as being less capable, but also of threatening the capabilities of others through association. Deeply embedded beliefs about the causes and consequences of impairment are experienced as being linked with continuing dependence, denying disabled individuals the opportunity to contribute to development processes. The views of those in positions of authority charged with implementing national disability policies that attempt to challenge the exclusion of disabled children and adults, reflected commonly held perception of 'self exclusion' reflecting Ballet, Dubois and Mahieu's (2006) observation that the poor are always held responsible for under development that is widely explained in terms of the irrationality of the poor and the perfect rationality of the development "planners"! These views contrasted with disabled participants' own views of exclusion by other community members, officers and staff or programmes, and exclusion 'by design', that is by having been denied the opportunities to reach the minimum threshold criteria for participation (Cramm and Finkenflügel, 2008). Freedom and choice are strong themes in the capability approach (Sen, 2005) yet freedom and choice are not equally available. Nussbaum (2003) argues the importance of a central list of capabilities as an attempt to address some of the inequalities in

individuals' access to freedom and choice, while Sen argues against listing of capabilities as undemocratic and calls for concerned communities to decide on the list. In this study of the involvement of a disability agenda in development processes in Binga District we see, all too clearly, that communities are not homogenous groups, and within them there is an unequal distribution of power that mitigates against individual disabled people accessing resources and against disabled people taking collective action despite their common experiences. In this study, narratives of disabled people have shown how power operated in development structures such as VIDCOs and WADCOs in excluding disabled men and women. The willingness of disabled men and women to come together into two focus groups to discuss their experiences suggests a potential for collective agency. Yet while the capability approach recognises individual agency and calls for community participation in attending to unfreedoms, it does not explicitly acknowledge the power of collective agency and collective capability. As Evans (2002:56) reminds us: "for the less privileged attaining development as freedom requires collective action." Despite these concerns, the capability approach does have strong potential for aiding understanding of the participation of disabled people in development processes. Focussing on what disabled people can achieve, what choices they have, and the barriers that hamper them most, provides essential information for defining policy and has potential to guide practice interventions. These might usefully be designed around a process of understanding difficulties experienced by disabled people in achieving their desired 'functionings'. Meaningful participation by disabled people in development processes, from political participation to economic generation, can only be achieved when disabled people are in a position of capability to function in their chosen areas of development. By conceptualising disability as deprivation of practical

opportunities or freedom of choice to achieve valuable functionings, the capability approach narrows the divide between disabled and non-disabled people in any given community.

Deprivation of one kind or another is not peculiar to disabled people alone. Because the capability approach views impairment and disability as aspects of human diversity rather than individual characteristics, it follows that all human beings are potentially deprived in one capability or another. In this sense all human beings are 'disabled' in different ways. Furthermore, by focussing from the start on what people are actually able to do and to be, the capability approach is well placed to foreground and address inequalities experienced by disabled men and women within families including resource allocation, educational and earnings opportunities. The usefulness of the capability approach in assessing inequalities experienced by women has been acknowledged by Nussbaum (2005:177), who argues: "the capability approach was developed with women's capabilities prominently in view and with women's equality a central goal." Furthermore, the focus on what people are actually able to do and to be, is inclusive and does not privilege any particular group, culture or tradition.

7.6 Summary

In this chapter I have examined the usefulness of Sen's capability approach in enhancing understanding of the participation of disabled people in development processes. The approach concentrates on the practical opportunities and freedoms an individual has to choose in leading a life that s/he values. This allows us to distinguish appropriately between (i) whether a person is actually able to do things s/he would value doing, and

(ii) whether s/he possesses the means or instruments or permissions to pursue what s/he would like to do (her actual ability to do that pursuing may depend on many contingent circumstances). The discussion in this chapter shows that the capability approach has potential for increasing understanding of the participation of disabled people in development processes by focussing on what they are able to do and to be as well as the ways in which they have been constrained in being able to contribute in line with their potential.

While that is the case, evidence in this study of disabled people in Binga illustrates that equalisation of opportunities are not necessarily a guarantee to a disabled person to live as s/he would like. Legislation (eg., Disabled Persons Act of 1996; National Gender Policy; Education For All Policy (see Chapter 3) has been enacted in Zimbabwe specifically to promote the participation of disabled men and women in community activities. Throughout Chapters 5 and 6, I show how disabled people not only emphasised their willingness to participate, but demonstrated what they are able to do and want to be through for instance, initiating income generating projects, but are still excluded. While the capability approach argues for equalisation of capabilities and enhancing individual agency it carefully avoids engaging with other factors necessary for agency. In the context of Binga District, family members play an important role in determining a disabled individual's freedom of choice and other endowments (resources and infrastructures) of the area also play an important role in limiting disabled people's involvement in development processes.

It is however, important to note that neither Sen nor Nussbaum make claims for the 'truth' of the capability approach. Rather they see it as a means of moving away from economic indicators as the (sometimes erroneous) basis of evidence of development, to an alternative system that takes account of human diversity and offers opportunities to focus on the implications of, and for, the development of particular social groups as Nussbaum has done for women.

In the next and final chapter, I underline the ways this study has contributed to knowledge and understanding of disability and the relationship between disabled people and development processes. I reflect on the experiences of conducting the study in order to share these experiences with future researchers, and raise important questions for future research.

CHAPTER 8 SUMMARY AND CONCLUSIONS

8.1 Introduction

My overarching aim in undertaking this study was to explore the rhetoric and reality of disabled people's involvement in development processes and to understand and articulate the everyday social practices that (i) facilitate and (ii) limit the involvement of disabled people. Following a review of the literature on disability and development (Chapter 2), and consideration of the Zimbabwean context (Chapter 3), these aims were translated into three specific research questions:

1. To what extent do development policy and practice in Zimbabwe include and promote the participation of disabled men and women in development processes?
2. What challenges do disabled men and women face in attempting to participate in development process in their respective communities?
3. To what extent does Sen's capability approach help to explain the participation of disabled men and women in development processes?

Focussing on three wards in Binga, a rural district that is both geographically isolated and politically marginalised, I addressed the research questions using a mixed method approach including narrative interviews and focus groups with disabled men and women, interviews with traditional and elected community leaders, interviews with local government officers and a representative of a national disability-related NGO, and observation of community meetings at ward and village level.

Addressing each of the research questions in turn, the principle findings of the study are as follows:

To what extent do development policy and practice in Zimbabwe include and promote the participation of disabled men and women in development processes?

Among a raft of recommendations in the World report on Disability, the World Health Organization (2011) recommends enabling disabled people to access all mainstream policies, systems and services. Despite the existence of policies and/or legislation designed i) to end discrimination against disabled people, ii) to ensure disabled children's access to education and iii) to ensure women's equal access to education, health services and labour markets, widespread exclusionary practices continue to affect the daily lives of disabled people in Binga District. These practices limit disabled men's and women's participation in development project planning and implementation and deny opportunities for involvement both as decision-makers and as direct contributors to development activities, even where disabled people felt able and willing to contribute. Examples included exclusion from a brick moulding project for the construction of public toilets (linked to the prevention of cholera) and food distribution programmes. A series of subtle exclusionary practices created significant, and sometimes insurmountable, challenges for disabled individuals who wished to take a more active role in the development of their own communities. As depicted in Arnstein's ladder (Arnstein, 1969) and Pretty's typology of participation (Cornwall, 2008), these challenges remind us that participation is about power and control, with the motivation of those in power being the most important factor in determing who among the powerless (in this case disabled people) take part in development activities.

What challenges do disabled men and women face in attempting to participate in development processes in their respective communities?

Deeply embedded cultural beliefs, values and norms surrounding disability continue to influence family, public and professional attitudes towards, and practices with disabled people. This result in disabled people being denied or offered only limited and conditional access, to education, vocational skills training, income-generating projects and decision-making forums.

To what extent does Sen's capability approach help to explain the participation of disabled men and women in development processes?

In attempting to move beyond contemporary explanations for the exclusion of disabled people, I have drawn on Sen's capability approach that views disability as one aspect of human diversity and focuses on the opportunities (freedoms) individuals have to lead lives that they value (Sen, 1999). Sen argues that the additional resources required by disabled people to overcome barriers in achieving valued lives can be conceptualised as a 'conversion handicap'. Applying this approach to the study of disabled people's involvement in development processes in Binga District was helpful in the following ways:

1. The concept of the conversion handicap moves us away from the notion that disability is necessarily equated with inability. Being disabled does not imply that an individual cannot participate. Rather, it helps us to acknowledge that disabled people may require additional time, income or other resources to participate meaningfully in family and community life. While this aspect of the capability

approach is congruent with the social model of disability, the approach goes beyond consideration of barriers and places explicit emphasis on the relationship between impairment and income/resources. As Burchardt (2004) has argued in a western context, disabled people and their families incur costs associated with impairment (eg, treatment costs) and costs imposed by disability, for example the additional costs of accessing places and opportunities. The existence of the Disability Support Allowance in Zimbabwe (although this is not functioning in the current economic crisis) represents an acknowledgement of these additional costs.

2. Furthermore, while both the capability approach and the social model view disability as socially constructed, the capability approach allows explicit identification of deprivations in functioning (eg, walking, digging, fetching water) and distinguishes these from deprivation of capabilities (practical opportunities). For example, although some disabled people (eg, MN9; FN9) said that they wanted to take part digging sand required for brick moulding, they were denied the practical opportunity by the chief (CH3) to undertake the activities. This understanding of disability allowed me to examine what disabled people were able to do as well as practical opportunities they had to lead valued lives. This useful distinction allows us to evaluate social policies intended to foster inclusion of disabled people in development processes and to identify gaps that inhibit their effective implementation.

3. The capability approach's focus on what an individual is able to do and to be was also helpful in enhancing my understanding of the participation of disabled people in

development processes in Binga. The importance of 'doing' and 'being' (in Sen's terms) implies that the identification and analysis of disabled people's participation should go beyond what an individual actually does, to identify the range of available opportunities from which s/he may choose. This shifts the focus from particular disabling situations in the 'here and now' and their effects on what one is able to do, to the aspirations and possible choices that a person may have. This notion of choice, in the language of the capability approach, enables us to acknowledge the difference between non-participation as a matter of lack of opportunity and non-participation as a fully informed decision. The question of who is excluded or excludes themselves in community development projects is crucial. And as Cornwall (2008) argues both Arnestein's ladder of participation and Pretty's typology do not tell us much about non participants. For Sen, as long as the decision is taken in the context of full awareness of the reasons for the choice and freedom to make that choice, then a decision not to participate is, in itself, indicative of meaningful participation. Although the capability approach also considers the question of adaptive preferences (Sen, 1992; Nussbaum, 2003), where individuals adapt to 'adverse circumstances' in their lives, the findings of my study suggest that disabled men and women in Binga were aware of social and public attitudes to disability as well as physical and financial resource barriers that limited their opportunities for involvement in development processes and perceived these to be forms of 'injustice'. For example, on being refused to register as to participate in a local election during a voter registration exercise, on the grounds of impairment, MN5 took his case to the district registrar and later registered as voter. And in MN2's own words: "*Ndakainka kukancili ndakati mundipe mulimu olo kamutandifolesyi pe, ndiyanda kutondezya*

ibantu bamulindiswe ikutii imuntu chilema tali useless pe, ulakozya kuchita imwi milumu…" [I went to the council and told them to give me a job. I was prepared to do paid or voluntary work, to demonstrate to the public that a disabled person is not useless, but may do some kinds of work…] Despite his request, MN2 was not offered a job.

However the capability approach, in its current form, was not able to fully explain questions of disabled people's involvement in development processes in Binga. First, the emphasis on individual agency in leading a valued life left no clear space for collective agency. This presented something of a paradox in the context of sub-Saharan Africa, shaped by principles of a particular form of collective agency, *'ubuntuism'*. As Dowding (2006) has argued, the values of an individual are strongly influenced by processes of socialisation within the family and wider community in which s/he resides. Socialisation processes in sub-Saharan Africa are embedded in the cultural principle of *ubuntu* (beingness) (Gubela *et al.*, 2011), which contrasts sharply with more individualized views most observable in western cultures. *Ubuntu* is a more interconnected way of being and locates people not as independent individuals striving for self-actualization, but as interdependent beings who are part of a collective (Mbigi and Maree, 1995). And within this collective existence, cultural norms and values at times hinder disabled people from realizing their individual capabilities. In this way the concept of *'ubuntu'* influences the participatory spaces that exist and by whom they are occupied. Reflecting family and wider societal structures, participatory spaces continue to be dominated by more powerful people who are, mostly, able bodied men. While these critiques have been addressed by Fernandez-Baldor *et al.,* (2009) considering the role of

appropriate technology in development, and Tripp (2010) in relation to women in western contexts, the challenge of achieving collective agency outside the confines of family focussed on *ubuntuism,* for example, collective agency by disabled people remains significant.

Stru Schmidt (2009) has argued the importance of the social anthropological context in determining the extent to which the capability approach is a useful framework for conceptualising human development. In an empirical study in Bangladesh he explored the extent to which three 'values' of the capability approach: "freedom for the deprived, reducing inequality and ensuring a minimum threshold of a good life' (Stru Schmidt, 2009:1) were shared by 'the elite'. Demonstrating that freedom for the deprived was partly valued, reducing inequality was not valued at all but that ensuring a minimum threshold of a good life was fully valued, Stru Schmidt identified areas to be strengthened in Bangladeshi poverty reduction policies. In this study of Binga District, family members and community leaders determined the extent to which disabled family members or disabled subordinates participated in the development processes. This points to a need to understand more fully the impact of *ubuntu* on the chances of disabled people, individually and collectively, leading lives that they have reason to value.

8.2 Limitations of the study

As with much qualitative research my study faced the common challenges of having a small number of participants and it must be stressed that the sample is not a representative of disabled people in Binga as a 'whole' or the wards in the study. Binga

is only one of 55 rural districts in Zimbabwe and Wards X, Y and Z only three among 25 in the district. The complexities of generalising situations experienced by disabled people have also been highlighted in the recent World Report on Disability (WHO, 2011). The report warns that generalizations about disability can be misleading. Disabled people are not a homogenous group, but have diverse personal factors with differences in gender, age, socioeconomic status, sexuality, ethnicity, or cultural heritage. According to World Health Organization (1981), each has his or her personal preferences and responses to disability. Further, while disability correlates with disadvantage, not all disabled people are equally disadvantaged. As a number of writers (Kamga, 2011; Marongwe and Mate, 2007; Merikangas *et al.*, 2007; Moussavi *et al.*, 2007) have argued, disabled women experience the combined disadvantages of gender and disability.

It is also important to note that the study did not include disabled children, Deaf people and people with learning disabilities. However, despite these limitations to the generalisability of the research findings, the picture of exclusion experienced by the sample of disabled people in Binga, resonates with other reports on disability (WHO, 2011).

8.3 Original contribution

In spite of the limitations discussed in the previous above, I have been able to contribute to discussion on the disability and development agenda in the following ways.

In the context of weak attention to disability in development agendas worldwide (eg in the Milennium Development Goals) this study has employed the capability approach as a theoretical framework to explore, empirically, the participation of disabled people in development processes. To my knowledge, this is the first attempt to focus on the qualitative aspects of disability and development (as recommended by the WHO, 2011) making use of the capability approach.

The mixed methods approach used in the study offers multidimensional insights into the lived experiences of twenty disabled men and women in Binga, as well as the experiences and behaviours of community and government officers in relation to the inclusion and exclusion of disabled people from development processes. The scoping study of disability issues in Zimbabwe carried out by Lang and Charowa (2007) recommended mainstreaming of disability issues, the use of disability advisers, the involvement of disabled people's organizations and the incorporation of disability into frameworks for monitoring and evaluating of the DFID protracted relief programme, my study exposes the immediate challenges faced by disabled people in isolated areas, and the difficulties likely to be encountered in pursuing any form of collective agency. At the time of my study there was no representation of any Disabled People's Organization in the district, a factor that limited the involvement of DPOs in my study to a single meeting in a Bulawayo hotel.

8.4 Recommendations

Having articulated the findings and conclusions of this study of disabled people's involvement in development processes in Binga, I find myself faced with the challenge

of transforming these into recommendations. The thesis is not value free. I entered into the study with a frame of reference informed by my upbringing in Binga District and by my experiences of marginalisation within my own community, and in school, as a child who stammered. A central aim in undertaking this research has been to develop a deeper understanding of the processes of discrimination and exclusion experienced by disabled people that limit their involvement in the development of their own communities. The recommendations that follow are designed to influence everyday social practices in ways that could help to achieve greater inclusion of disabled people in these processes. One concern is to enhance understanding of the 'rights' of disabled children and adults to be able to overcome what Sen refers to as the 'conversion handicap' in order to participate on a more level playing field. But a second and crucial concern is to ensure that disabled children, men and women are supported to reach their potential so that their families and communities do not lose the valuable contributions they could make to development processes.

There is little consensus about the ideal form of recommendations in PhD theses, although Bunton (2005:217) notes that writers in the social sciences "convey a sense of exhortation" as they rely on a broad range of individuals and organisations to 'carry out their recommendations or heed their implications." In structuring the recommendations arising from my thesis I have grappled both with the temptation to make recommendations for an ideal world, free of discrimination and resource constraints, and also with the need to make recommendations that embody the very challenges that are implied by my findings. For example, it is tempting to argue that achieving greater inclusion of disabled people in Binga District might be well served by the presence of a

DPO in Binga, perhaps by extending the range and coverage of existing DPOs. But this begs the question of placing responsibility for action with disabled people who are marginalised themselves, with an inherent danger of 'victim blaming' (Shakespeare and Watson, 1997). This led me to a decision to identify the recommendations that can reasonably be achieved to influence everyday practices, and the implications of those recommendations for disabled and non disabled people at local, national and international levels.

Recommendations are made in four areas: i) promoting disability awareness; ii) increasing the meaningful participation of disabled children and adults in their communities; iii) increasing the visibility of DPOs in rural remote areas, and iv) promoting disability research.

8.4.1 Promoting Disability Awareness

In order to address the impact of deeply rooted negative cultural values about the causes of impairment (eg, witchcraft, punishment by the gods/spirits) and their impact on the lives of disabled people, their families and the wider community, there is a clear role for disability awareness activities that could permeate thinking about daily social practices among families, village communities, health and social service providers and national policy making structures. Implementing 'awareness raising' recommendations has implications for traditional community leaders, for local government administrators and practitioners in education, health, social welfare and community development as well as for relevant central government structures, national NGOs and DPOs and their international sponsors. But strategies for effectiveness in raising disability awareness

involve processes of influencing, supporting and challenging to find solutions that are realistic for local communities. These processes are heavily influenced by existing local, national and international power structures. As Miles (1996) explains in relation to disability planning in South Asia, attempts to avoid cultural imperialism by western evangelists invoking human rights and community based rehabilitation solutions, have been replaced by calls for information. But western information and concepts themselves, risk overwhelming indigenous knowledge and diminishing the cultural confidence needed to find appropriate local solutions. Bearing this in mind, the specific recommendations for promoting disability awareness are made in the wider context of: i) using channels of communication that have the greatest reach, ii) recognition that "in traditional cultures, the smart cards on illness and disability are held by deities and their local agents… it is not for the family to question or debate with practitioners" (Miles, 1996:493), iii) recognition of the place of age and gender as part of wider power relations within families, communities and societies with women and children having little or no political clout, and iv) recognition that political will is required to disseminate knowledge through mass media in culturally appropriate forms. As Miles (1996:495) argues, "governments may massage their international image with some modern-sounding disability laws, but lack the infrastructure and public support to give these more than cosmetic impact." Against this background I recommend:

- Building on legislation that mandates the inclusion of disabled children in mainstream schools, head teachers (principals) should be incentivised to actively encourage and support the enrolment and education of disabled children in their schools, and support their involvement in extra-curricular school activities, for

example the provision of entertainment at various public events (eg. prize giving and parents' days and community events). Existing systems for rewarding school performance could be extended to include awards for districts and schools that are the most effective in promoting the active involvement of disabled pupils.

- National DPOs, who provide a focus for knowledge about the experience of living with disability, should lobby and support local implementers of national policies in all sectors, to mainstream disability in their area of work. DPOs are uniquely placed to bridge the divide and negotiate the tensions between concepts of disability rights, reflected in national legislation, and traditional (collective) belief systems that do not privilege (individual) rights based approaches to disability.
- International sponsors of DPOs should focus on capacity building among national DPOs with whom they form partnerships. But care is required that capacity building has a broad base founded on a 'shared understanding of the philosophy of the disability movement to level the playing field between southern and northern partners, minimising top down approaches to relationship building' (Ncube, 2005).

8.4.2 Increasing meaningful participation of disabled children and adults in their own communities

Reflecting the recommendations for promoting disability awareness (based on the argument that awareness will promote participation and that participation will increase awareness) I recommend the following as ways of increasing the meaningful participation of disabled people in the lives of their communities:

- School principals should ensure that disabled children are explicitly considered for appointment to positions of leadership such as class monitors and school prefects in

their schools. This could be supported by the system of incentivisation linked to annual awards to schools with the best records of disability involvement (see 8.4.1).

- National DPOs should devise ways of stimulating partnership working between disabled and non disabled people. For example they could lobby sponsors of income generation projects to include disabled people in such projects. This approach reflects Arnstein's (1969) notion of 'partnership' in which power relations are equalized and responsibility for decision-making is shared. This also relates closely to Pretty (1995)'s notion of 'interactive participation' which involves joint development and analysis of action plans by all interested parties in a development programme or project.
- International (northern) sponsors of development projects should make funding conditional upon explicit consideration of disabled people's involvement in the projects as well as their impact on the lives of disabled people.
- DPOs should lobby for the appointment of 'disability champions' within existing local development structures (e.g, VIDCOs; WADCOs). By lobbying within the spirit of national anti-discrimination legislation, DPOs could use their position as promoters of disability rights to push for representation of disabled people's perspectives in the work of key community committees (e.g., School Development, CAMPFIRE (Communal Area Management Programme for Indigenous Resources, and Livestock Development).

8.4.3 Increasing the visibility of DPOs in remote rural districts

One important revelation highlighted in the study is the limited opportunities disabled people had for exercising collective agency, due in part to physical barriers, but

exacerbated by the invisibility of disabled people's organizations at district level. To increase the visibility of DPOs throughout the country, including remote rural districts such as Binga I recommend that:

- National DPOs could act collectively to appoint 'disability champions' with sufficient resources to reach each rural district and liaise with district structures with development responsibilities. This would add some authority to the voice of disabled people at district level and offer opportunities to challenge exclusionary practices from grassroots level.
- National DPOs could, similarly, lobby policy makers at national level for the inclusion of a disability agenda in the Traditional Leaders' Act that governs the roles of local chief(s) who are central to development processes in rural Zimbabwe.

8.4.4 Promoting disability research

Undertaking this study on disability and development in Binga exposed me to the lack of disability-focussed research in Zimbabwe. The findings of this study illustrate disabled people's complex and multiple experiences of exclusion from development processes in their communities. Reflecting on these findings I recommend promoting disability research to further expose the processes by which disabled people are directly and indirectly excluded, their rights infringed and their potential contributions lost to their communities. Implementing this recommendation would require that future researchers (including Zimbabwean and international research institutions as well as research students):

- intensify research **with** disabled children, men and women, focussing on the challenges they experience in the areas in which they reside. Sen's capability

approach can offer a valuable framework for identifying gaps between policy rhetoric and the reality of practice.

- undertake research with disabled children in different socio-cultural contexts within and beyond Zimbabwe. And adopting the capability approach as a theoretical framework would offer the best opportunity to promote perceptions of disability as part of human diversity rather than as a deficit.
- ensure that disability research agendas reflect the priorities of disabled people and adopt research methods that provide a platform from which the perspectives and voices of disabled people can be heard and understood. Putting disabled children and adults at the centre of the research process would help extend the debate beyond Arnstein (1969)'s assertions of participation as hierarchical in nature and motivated by power.
- Given the high levels of illiteracy among disabled people, research institutions should devise creative means of disseminating research findings to ensure their accessibility by disabled people as well as policy makers, professional practitioners and academic researchers. This requires a multifaceted dissemination strategy including:
  i) local radio networks that make use of local languages,
  ii) traditional forms of communication (village forums and events),
  iii) more conventional forms of political and academic dissemination such as policy reports and journal articles.

8.5 Personal reflections

In this final section I reflect on: i) the challenges of undertaking empirical data collection in one cultural setting while experiencing the intellectual aspects of research training in another; ii) the implications of being an 'insider researcher' and my own relationship to the thesis, and iii) the impact that the conduct of the study has had on me as an individual.

The challenges of cross cultural research

One of the aims of the thesis was to explore the reality of disabled people's involvement in development processes in their own communities. I achieved this through listening and hearing their stories of their experiences of inclusion and exclusion in relation to development processes in their local communities. Taking this narrative approach disabled people provided data to illuminate experiences they felt were salient aspects of family and community life. This approach was not without challenges. One challenge lay in making sure that research participants were making a fully informed choice about being involved in the research, while another lay in ensuring that their voices, represented through the stories they told in their own words, remain visible throughout the thesis. I had an important advantage of working with disabled participants in my own first language, Tonga. While the use of a common language enabled disabled participants to engage fully in the research process, it also posed a challenge for me in ensuring that I was able to 'make the familiar strange' (Kaomea, 2003). As a Tonga man, I may have failed to be sufficiently aware of the distinctiveness of Tonga cultural values that form part of my unconscious being having been brought up with, and immersed in those values. Over-familiarity with a particular culture may lead to challenges in

articulating cultural values and may lead to failure to reveal different and alternative meanings and interpretations of the data. I took measures to address this particular challenge by continuous critical debate and engagement with my supervisors and with other PhD students, especially from overseas, also studying social phenomena in their own cultures.

Certain Tonga words, phrases, concepts and metaphors cannot easily be translated adequately into English and there is a risk of losing the subtle nuances and meanings when there are no equivalent words or expressions. For example there is no equivalent word or expression for '*undilelede*' [taking care of me], '*bacha kamonse benzuma'* [taking advantage of]. In order to address these challenges I focused on seeking equivalent meanings of words rather than simple translations and used a process of intellectual negotiation with supervisors and other colleagues to achieve equivalence of meaning rather than the maintenance of linguistic structure. Including the original Tonga responses of research participants offers transparency and permits an opportunity for further scrutiny.

Insider researcher positionality

The writing of the thesis has been a personal journey and a learning process as much as it has been a research training exercise. Throughout the research I have frequently asked myself many questions regarding my own understanding of, and cultural beliefs about, disability. I was continually reminded of own speech problems at an early age (see Chapter 1) in which I was often referred to as *wakaloogwa* (bewitched). As well as my personal experience as a stammerer, especially in my childhood years, the research

study has been influenced by encounters with other disabled people's experiences. As well as accessing literature on disability throughout the research I had the privilege of engaging some highly distinguished academics and specialists on disability who are disabled themselves. In addition I have, through my part-time work, supported a number of disabled people in the United Kingdom resulting in a deeper intellectual and emotional engagement with, and understanding of, disability issues.

Reflection on emotions

This research was a complex process of personal engagement. I went beyond what are seen as the traditional bounds of a research process through actively engaging with my own subjectivity. I sought to analyse not just what was happening 'out there' but also to recognise how my understanding of what was happening throughout the research process was influenced by my own emotional reactions, understandings, viewpoints and background .

At the start of this thesis I highlighted how I aimed to provide an opportunity for the voices of disabled people to be heard. But I have also attempted to engage with my own voice and to trace my own personal learning and emotional reactions to situations that arose during the research process in order to highlight the central role that my emotions played in the process of unravelling the complexities and at time painful experiences of disabled women and men excluded by their communities, and at times by their own families. My personal belief in the value of disabled people's participation led to disappointment when people whom I had thought to be conscious of current debates on disability did not appear to share this belief despite words to the contrary. It also led to

frustration at seeing potential opportunities for engagement missed and my anger when people said one thing whilst doing another. It was through engaging with my emotional reactions that I was able to reflect on the realities of exclusionary practices. For instance, in one Assembly meeting on education; despite the topic being relevant to the education of disabled children, the speakers at the meeting, who included a representative from the district education office, made no mention of disabled children in their long speeches. In another Assembly meeting, this time on cotton growing, the meeting revealed the manipulative practices of a cotton company (whose name I have withheld for ethical reasons) that gave local farmers cotton seeds towards the planting season. Farmers were to pay the costs of the seeds after harvesting their crop. In the event that a farmer failed to pay, the concerned company would impound an arbitrary number of livestock (goats, cattle etc) they estimated to be equivalent to the price of the cotton seeds the farmer had been given. To me this practice was not only manipulative and exploitative, but also deprived farmers from exercising freedom and choice to obtain cotton seeds from alternative and perhaps cheaper sources. This not only impacted upon my interpretation of what I observed but led to my own discomfort as a member of the 'manipulated' community. As my awareness of the subtle processes that exclude disabled people increased, so the invisibility of disabled men and women in WADCOs, VIDCOs, the traditional leadership and their sub-committees generated a sense of frustration and powerlessness at being unable to intervene in such situations that illustrated deep injustice. While I maintained appropriate researcher boundaries, I came to see that I could use my current learning constructively in the future not only to challenge the deep injustices experienced by disabled people in Binga District, but also the loss to communities of excluding disabled people from community development processes. As

Amartya Sen (2009:259) has so aptly argued: “Given what can be achieved through intelligent and humane interventions, it is amazing how inactive and smug most societies are about the prevalence of the unshared burden of disability.”

8.6 Concluding Thoughts

When I started this thesis in 2007, Sen's conceptualisation of 'Development as Freedom' (Sen, 1999) was new to me and offered exciting, if challenging, prospects as a theoretical way of framing this study. Sen's 2004 presentation 'Disability and Justice' to a World Bank conference was encouraging renewed attention to questions of disability, development and justice and the literature in this area has expanded fast as scholars are rising to the challenge of applying the theoretical ideas of the capability approach to specific areas of interest and testing the ideas of the approach empirically.

The completion of the thesis in 2011 follows the recent publication of the World Health Organization and World Bank 'World Report on Disability' (WHO, 2011). This argues (page 10) the value of Sen's capability approach as a theoretical underpinning to understanding development and in promoting the understanding that the poverty of disabled people is linked not merely to a lack of material resources but to processes of social exclusion that disempower disabled people. And the report calls (page 46) for more qualitative research to understand the lived experiences of disabled people. This thesis offers one such contribution.

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Appendix A: Introductory Letter

Helen Charnley
Direct Line: 0191 334 1470
Fax: 0191 334 1401
Email: H.M.Charnley@durham.ac.uk

TO WHOM IT MAY CONCERN

EDSON MUNSAKA

12.11.1969

Edson Munsaka is a registered PhD student at Durham University, UK. He is undertaking doctoral studies on the involvement of disabled people in development – a case study of Binga district, Zimbabwe. He is currently undertaking fieldwork for his research study.

I would be grateful if you would offer Edson Munsaka assistance to undertake and complete his fieldwork.

Please do not hesitate to contact me if you have any queries.

Helen Charnley
Director of Postgraduate Research
0044 (0) 191 334 1470
H.M.Charnley@durham.ac.uk

APPENDIX B: LETTERS OF INVITATION TO PARTICIPATE IN THE STUDY

APPENDIX B1

School of Applied Social Sciences
Durham University
Elvet Riverside II
Durham DH1 3JT
UK
Email:edson.munsaka@durham.ac.uk

Date: …….

Attention: ……

Ref: Invitation to participants in the research study

Research topic: - Including a disability agenda in development: Myth or Reality? A case study of Binga District in Zimbabwe.

I am a 2nd year PhD student at Durham University undertaking a study on Disability and Development, focusing on Zimbabwe and Binga District in particular. This research project will explore the extent to which a disability agenda has been included in development policies, and implemented in the field in Binga District in Zimbabwe. Although this study will be located in Binga, its findings will benefit disabled people and wider society through greater understanding of how disabled people are, and can be further, involved in development policy making and implementation.

Therefore, I would like to interview relevant key actors including disabled individuals, disabled activists, governmental and non-governmental actors involved in community and national development that will be willing to share their knowledge and experiences on the process of including disabled people involved in development policy making and implementation in Binga District, Zimbabwe.

As you are of the central figures and one of the main actors in the development process of the district, I would be pleased if you would be willing to take part in my study. The

data collection process is planned to run from May to the end of August 2009. Your participation will be in the form of interviews.

I would also like to tape-record these interviews so that I can have an accurate record of what all the study participants have said. These tapes or written data will not be shared with anybody except my academic supervisors and you name will not be disclosed when citing your interview statements in my final thesis or any publication that will be derived from this research study.

I have attached an information sheet and a consent form which I will ask you to sign if you decide to participate. If you have any questions with regard to this issue, please don't hesitate to contact me.

Thank you

Yours Sincerely

Edson Munsaka

Contact mobile number……..

APPENDIX B2: *Bagwasyi* (volunteers)

School of Applied Social Sciences
Durham University
Elvet Riverside II
Durham DH1 3JT
UK
Email:edson.munsaka@durham.ac.uk

Date: …….

Dear Participant

Ref: Invitation to participants (English version)

Research topic: - Including a disability agenda in development: Myth or Reality? A case study of Binga District in Zimbabwe.

I am undertaking a research study looking at ways in which disabled people in Binga District participate in development activities in the areas in which they live. The research is part of my PhD research study whose topic is written above. The data collection process is planned to run from May to the end of August 2009.

You have been selected from a list of people who are involved in this research study. Your participation will be in the form of focus group discussions. During these discussions, probing questions will be asked and your views and ideas will be tape-recorded. These tapes or written data will not be shared with anybody except my supervisors. Your name will not be disclosed when citing your contribution to the group in the final thesis and subsequent publications or reports.

I have attached an information sheet to this letter which further explains my study. If you accept this invitation, I will also ask you to sign a consent form (also attached). In case you have any questions with regard to this issue, please do not hesitate to contact me.

Thank you very much for your time

Yours Sincerely

Edson Munsaka

Contact Mobile number……..

APPENDIX C

Study Information Sheet

Edson Munsaka
School of Applied Social Sciences
Durham University
Elvet Riverside II
Durham DH1 3JT
UK
Email:edson.munsaka@durham.ac.uk

Information sheet (English Version)

Research Topic: Including a disability agenda in development: Myth or reality? A case study of Binga District in Zimbabwe.

My name is Edson Munsaka. I am a 2nd year PhD student at Durham University undertaking a study on Disability and Development. This research is supervised by Ms Helen Charnley, the Director of Postgraduate Research and Professor Lena Dominelli, both in the School of Applied Social Sciences, Durham University.

As part of the course, I am interviewing relevant key actors including government officials, disability activists and non-disabled and disabled individuals who could share their knowledge and experiences on the process of mainstreaming disability into development policy and practice in Zimbabwe and Binga District in particular.

The purpose of this research project is to explore the extent to which disability agenda has been mainstreamed in development policies, and implemented in the field in Binga District in Zimbabwe. This will entail examining how disabled people are involved at various levels of policy making and implementation.

The research activities will include undertaking face-to-face interviews, focus group discussions as well as attending and observing development meetings at village, ward and district level. These activities will be tape-recorded. The tapes or written data will not be shared with anybody except my supervisors. Your name will not be disclosed when citing your interview statements in the final document and subsequent publications or reports.

The choice to participate in this study entirely lies with you. You can withdraw from the research, together with any information that you may have already given at any time and without giving a reason for doing so.

If you have any questions with regard to this issue, please do not hesitate to contact me.

Thank you very much for your time.

Edson Munsaka
Contact Mobile number……

Appendix D

Consent Form for Participants

School of Applied Social Sciences
Durham University
Elvet Riverside II
Durham DH1 3JT
UK

Email: edson.munsaka@durham.ac.uk

Consent Form for participants (*English Version*)

Research topic: - Including a disability agenda in development: Myth or Reality? A case study of Binga District in Zimbabwe.

Statement of Participant

1. I confirm that I have read the information sheet and understood the purpose of this study. □
2. I understand that my contribution or any information shared will be kept safely and securely, and will only be shared with your research supervisors. □
3. I understand that I am free to refuse to answer any specific questions during the interviews and communication. □
4. I also understand that I am free to withdraw my consent and terminate my participation at any time by contacting the researcher without penalty. □
5. I understand that the information may be published, but my name will not be disclosed. □
6. I have been given the opportunity to ask whatever questions I desire, and all such questions have been answered to my satisfaction. □
7. I agree to participate in the above named research study □

Participant's:

Name:……**Signature**…..……..……**Date:...**……

Researcher: ……..**Signature**……

APPENDIX E: INTERVIEW TOPIC GUIDES

Appendix E1:

Chiefs and Ward elected Councillors

Interview Questions	Probes and Prompts
1. How big is the area under your leadership?	No of wards; villages; population
2. What are your core duties and do you consider disability and development relevant to your work?	i) In what ways?
3. Are there any people who assist you?	a) If yes, i) who are they? ii) How are they chosen? Disabled people?
4. From your experience do disabled people participate in community programmes, projects, or any activities you may classify as developmental?	If yes i) what programmes/activities? How do they participate? If not, why? How are disabled people's interests represented?
5. Does your institution have any policies on disability and mainstreaming disability in development processes?	i) Which are they? Who formulated them? Are disabled people involved and are they aware them? How is compliance monitored? (ii) If no why?
6. Have you consulted with any Disabled People's Organization or other organization(s) on disability issues, particularly on how to engage with disabled people?	If yes, which one? Was it helpful? If not why?

Appendix E2:
District Administrator

Interview Questions	**Probes and Prompts**
1.How would you best describe your core duties and do you consider disability and development as relevant to your work?	Specify. how is it relevant population of district, wards and villages; disabled people
2.In your own view, how would you define development and what is your role in relation to the development of the district?	i) What development activities are happening in Binga district? Give examples ii) How do you participate? iii) Who else is involved and how? iv) Are there people who are excluded? v) How and why?
3.Are there any specific development policies for your district that guide the type of development you want?	a) If yes, i) which are they? ii) Who formulated them? iii) Who else was involved? iv) Is disability included? v) How is compliance monitored and by whom? vi) Are disabled people involved? vii) In what ways are they involved? viii) If not, why? x) How are disabled people's interests represented?
4.What current national development policies are in place in Zimbabwe?	Which are they? Do they include disability? How do they differ from district development policies? How do disabled people benefit? How do they affect women and men?
5.From your experience, to what extent do disabled people take part in decision-making and implementation of development projects in communities where they reside?	i) Which development projects? ii)Who is involved? iii) What exact activities are undertaken? iv) Are disabled people involved? How? Why?
6.Does your institution have any policies or guidelines on disability and the inclusion of disability in programmes?	If yes, which are they? Are disabled people involved? What mechanisms are in place to monitor compliance?
7.From your experience, what difficulties and constraints do you think hamper the effective participation of disabled people in the development activities carried out in their respective communities?	Give examples. Are they prevented from participating? And by whom?
8.Have you consulted with any Disabled People's Organizations or other organizations working on disability issues, particularly on to how engage disabled people?	a) If so, please give details, and if not, why? If yes why? Was it helpful in way? b) If no, does your office intend to incorporate disability issues into its future activities? i) If yes, in what way?

Appendix E3:

Social Welfare Department and
Ministry Gender Women's Affairs and Community Development

Interview Questions	**Probes and Prompts**
1.What are you core duties and do you consider disability and development to be relevant to work?	In which way is it relevant?
2.In your own view and context, how would you define development and what is your role in relation to the development of the district?	i) Is it happening in Binga district? ii) How is your department involved? iii) Who else is involved and how? iv) Are there people who are excluded? v) How and Why?
3.In your own view, do you think disabled people participate in decision making and implementation of development projects in their respective communities?	a) If yes, i) which development projects? ii) Who formulated them? iii) Who else was involved? iv) Is disability included? v) How?
4.What policies currently address issues of disability and development in Binga?	
5.Does your institution have any policies on disability and the inclusion of disabled people in development?	i) Which are they? Local or national? Are disabled people aware of them?
6.Drawing from your experience of working in this district (Binga) and disability in particular, what is your overall comment on the inclusion and participation of disabled people in development processes	What are the obstacles? Gendered? How and why?

Appendix E4:

A representative of national disabled people's organization

Interview Questions	Probes and Prompts
1. What type of organization is NCDPZ and what are your core duties?	What activities? Who is involved?
2. In which areas of the country do you work?	Province, districts, ward, village; Why did you choose that area?
3. From your experience of working in the field of disability, do you think disabled people are involved in planning and implementing national development strategies in Zimbabwe?	a) If yes, who is actually involved? How are they involved? b) If not, i) why? ii) Who and how are their interests represented? Are disabled people aware of such representation? Gender effects?
4. What current national policies are in place that aim to promote the participation of disabled people in community, district and national development strategies in Zimbabwe?	Which are they? How are they formulated? Are disabled people involved? How and who monitors compliance of various stakeholders?
5. From your point of view, what obstacles do disabled people encounter in participating in development processes in Zimbabwe?	Specify. Are these encountered in all districts, among disabled men and women? Do these problems also apply to non-disabled people?
6. What existing support regime does your organization have in place to support the inclusion and participation in development activities of disabled people?	Which are they? Are disabled people involved? What specific support do you offer? Are disabled people in Binga aware of this help?