

Are Disabled Peoples' Voices from both South and North Being heard in the Development process?

A Comparative analysis between the situation in South Africa, Zimbabwe, United Kingdom and Northern Europe

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Abbreviations

AgriBEE	Broad-Based Black Economic Empowerment Framework for Agriculture
BBC	British Broadcasting Company
BCODP	British Council of Disabled People
CBC	Canadian Broadcasting Company
CEE	Commission for Employment Equity
CIL	Centres for Independent Living
CPPP	Community Private Public Partnerships
CSCF	Civil Society Challenge Fund
DbSA	Deafblind South Africa
DFID	Department For International Development (UK)
DPs	Disabled Persons
DPI	Disabled Persons International
DPO	Disabled People's Organisation
DPOs	Disabled Persons Organisations
DPSA	Disabled People South Africa
EEA	Employment Equity Act
EPWP	Expanded Public Works Programme
FAMOD	(Umbrella organisation of disabled people's organizations in Mozambique)
GDP	Gross Domestic Product
ICSD	Information and Civil Society Department
IDDP	International Day of Disabled Persons
IDT	International Development Target
IMF	International Monetary Fund
INDS	Integrated National Disability Strategy
INGO	International Non-Governmental Organisation
IPDS	Integrated Provincial Disability Strategies
MDGs	Millennium Development Goals
N	Number
NGO	Non-Governmental Organisation
NGOs	Non-Governmental Organisations
NSSA	National Social Security Authority
PAAP	Poverty Alleviation Action Plan
POWER	International Limb Project
QUANGO	Quasi Non-Governmental Organisation
SA-PPA	South African - Participatory Poverty Assessment
SAQA	South African Qualifications Authority
TV	Television
UK	United Kingdom
UN	United Nations
UPIAS	Union of the Physically Impaired Against Segregation
WHO	World Health Organisation
ZAFOD	Zambia Federation of Persons with Disabilities

Definition of Some of the Terms Used (in the context of this report)

Transparency:	To do things in a more professional and honestly manner. To engage openly without un-declared intentions.
Conditions:	Restriction on doing something
The North:	Developed countries
The South:	Developing countries
Empowerment:	Process of conferring rights, knowledge, and other resources needed to live unrestricted lives
DPOs	Organisations that are led and managed by people with disabilities
Cross-cutting	Disability components included in all sectors of government and other sectors
Partnership	There is some debate over the use of the term 'partnership'. In this report, this term is used to refer to a multi-faceted and diverse range of relationships between Northern and with Southern organisations. Such relationships are based on mutual respect, and value diversity. Furthermore, such relationships are empowering, based on mutually agreed terms/principles, dynamic and change over time.
Affirmative Action	Policies aimed at redressing historical exclusion of black people
Black people	In South Africa this includes black people, coloured and people of Indian origin
Equity Target	A target to redress historical imbalances using affirmative action policies

Executive Summary

Disability is a cross cutting issue. It involves every sector of society. Everyone should be aware of the needs of people with disabilities (PWD) and PWDs should be included in all development processes.

With this in mind the Disability KaR Programme commissioned a number research projects centred on disability issues. 'Are Disabled Peoples' Voices from Both South and North Being Heard in the Development Process' is one of the research topics. A Comparative analysis between the situation in South Africa, Zimbabwe and the United Kingdom and Northern Europe was undertaken by this research.

The research was undertaken from February 17 to end of June 2005. Four questionnaires for Governments, Donors, DPOs and DP's were designed and tested in South Africa and Zimbabwe. United Kingdom and Northern Europe had it own questionnaire, targeting DPOs only, and the literature on disability and disability policies of these countries was also reviewed.

Generally, in Zimbabwe and South Africa the development/ implementation of disability policies within government departments, at both national and provincial levels, are at a very early stage with the majority of departments/ municipalities having draft policies, or no policies at all. Where policies exist they are generally not backed up by funded strategies hence no meaningful implementation of these policies has occurred. Therefore, the voices of disabled people in the South are not heard and acted upon. In the North disabled people's voices are starting to be heard but more still needs to be done.

Most donors in Zimbabwe (67%) and South Africa (70%) indicated that they do not fund disability issues. Those funding disability issues are concerned with advocacy and human rights on a very small scale. The funding is small and comes with conditions. There are no donors targeting income-generating projects so as to empower people with disabilities. All donors 100% interviewed admitted that there is differences in ways disability issues are being handled. They suggested that all development processes should include people with disabilities. Their UK and Northern Europe counterparts echoed the same sentiments.

DPOs in both countries operate from ward to regional levels. Most of the DPOs rely on membership fees. Donors usually fund national and regional DPOs in both countries.

The survey documented that DPOs have good relationships with donors. Donors in Zimbabwe mostly fund advocacy and human rights. In South Africa most donors fund development work, human rights and leadership skills. The DPOs interviewed in UK and Northern Europe agreed that they have good relationships with the Southern DPOs, in terms of sharing information and experiences.

However, DPOs and DP's complained that donor funding came with conditions, and the funds are very small. The periods of funding range from one to three years and very few were funded for more than 10 years. Most of the DPOs interviewed in Zimbabwe and South Africa revealed that they give input on the funding proposals to donors from the developed countries. The donors usually have a partnership agreement with the corresponding country government and very few DPOs and DP's were requested to attend meetings, with some never being consulted. Then donors just submitted a proposal and they were funded. The level of consultation in place

is moderate 47% followed by high with 43%. The UK and Northern Europe also complained that the INGOs do their fundraising from International donors and governments using the knowledge of disabled people, who do not benefit in the end.

The most effective tactic mentioned for raising awareness of disability issues was to engage central and local government followed by discussing disability issues through the media. Writing papers for International forums and attending conferences and seminars were also mentioned as effective tactics being used by the DPOs in South Africa and Zimbabwe. UK and Northern European DPOs indicated that they were receiving feedback on newsletters from their Southern DPOs partners.

Southern DPOs complained that their northern partners do not involve them in the planning process and their concerns are not being addressed. They are asked for inputs on funding proposals and it seems the northern NGOs and INGOs use the southern DPOs since the former benefit more from these proposals as the bulk of the money goes to the northern NGOs/INGOs. At the same time the money comes with conditions such as the funds should not be used for administration purposes.

DPOs in South Africa and Zimbabwe felt that the Northern donors should empower the Southern DPOs. They should also influence donor agencies and governments to create a favourable environment for DPs. The Northern DPOs feel that more needs to be done in this area so as to empower the Southern DPOs.

The research revealed that there are major differences between the South and the North. The North provides devices for disabled persons and maintains high standards in disability. The South has weak Parliament Acts and much of the South does not have social security benefits.

The survey also documented that there are more females with disabilities than men in the sampled population in both countries. Their level of education is very low hence they are unable to be gainfully employed. Most of the DPs are in the active age group, which means they could contribute to their country's development. Even the Northern DPOs agreed that most disabled persons in the South do not have access to education compared to them.

Most of the DPs interviewed in Zimbabwe were not members of DPOs and do not network with other organisations. In South Africa, the majority of individuals interviewed belonged either to a local self-help group, forum, or DPO. Most of the DPs are from rural areas and living in abject poverty. Most of them depend on friends and relatives for a living. Very few are gainfully employed for example only a 1% employment equity target for people with disabilities was achieved in South Africa instead of the 2% target.

Some DPs are not affiliated to DPOs and they do not receive any meaningful assistance from their governments. Very few in Zimbabwe benefit from the government grants. In South Africa most the DPs are benefiting from the disability grants.

DPs indicated that their voices are not being heard as they are living in poverty. They do not want to be dependent. They want to be involved from the planning to implementation of disability programmes. DPs felt that government and DPOs should disseminate user-friendly information to rural areas and ensure that all types of disabilities are reached.

Most of DPOs (85%) in both countries are not happy with policies being put in place by the world bodies. It was disappointing to note that DPs are not aware of the UN Programmes in

place such as the Africa Decade and the MDGs. They felt that their concerns could only be addressed if donors could target them directly. They also felt that they should be empowered by being engaged in income-generating projects; vocational training for adults, education for all, and the environment should be user-friendly for all types of disabilities. The Northern DPOs are aware of all the programmes.

Recommendations

The following recommendations are made in the light of the survey findings:

- a. Need to promote the inclusion, integration and human rights of disabled people through a variety of strategies that include the following:
 - Conducting advocacy activities that target politicians, senior management, and other decision-makers within government and civil society in order to create awareness, appreciation, and implementation of disability policies/ legislation as part of the development process. Internal disability awareness work is recommended within government, and particularly municipalities, ultimately responsible for delivering services to people with disabilities.
 - Disability training at all levels of government based on more in depth analysis of the disabled people's and DPOs' needs in order to develop the required change in attitudes and competencies to effectively address disability issues.
 - Support the development and effective implementation of disability sensitive and inclusive policies and legislation.
 - Develop and implement systems and tools at all levels of government and appropriate civil society organisations in order to mainstream disability; and improve the monitoring, and evaluation of disability outputs/ indicators.
 - Increase access to, and dissemination of, information to DPs and DPOs on benefits that are conferred to people with disabilities by existing legislation.
 - Promote networking, inter-agency cooperation, and information sharing among government departments, donors, DPOs and DPs.
- b. DPOs should be given resources to implement activities and disseminate information on the African Decade for Person with Disabilities (1999 – 2009) and other policy instruments that enhance their engagement and participation in the development process.
- c. Donors should target Disabled Persons Organisations for support, particularly programmes and projects that enforce the rights of people with disabilities and development of grassroots initiatives that address poverty reduction, economic empowerment, and employment creation.
- d. Constructive partnership relationships should be forged between DPOs in the North/ South and with donors. As far as possible, funding should not come with unreasonable restrictions and conditions.

- e. DPs and DPOs should be fully involved in the planning, implementation, monitoring, and evaluation processes.
- f. Planning processes aimed at generating disability objectives, outputs and indicators relevant to the needs of people with disabilities be implemented with the active involvement of the disability movement.

Chapter 1: Context

Background

1.1.1. Disability

It is estimated that there are 500 million people with disabilities in the world, the majority of them live in developing countries, (IDF, 1998). Every year, millions of people are disabled through poverty related diseases. It is acknowledged that the International Development Targets are unlikely to be met unless the needs and rights of people with disabilities are addressed. R Yeo argued that there is no country in the world where people with disabilities rights are not violated. The discrimination, violence and abuse faced by people with disabilities do not respect national boundaries, national wealth or national poverty.

Disability is generally viewed as an abomination, disgrace or a curse from God but this is not true. Families and society have not accepted people with disabilities and as such they are hidden away from society to avoid family, and social disgrace. There are so many people with disabilities who are never given the chance or opportunity to release their God-given potential and talents. Potential cannot be maximised unless you live in an environment that is conducive to its development and release. Disabled people, just like able-bodied people have talents and potential, which if exploited to the maximum can better their lives, families and communities.

1.1.2. Poverty

Poverty is not simply a matter of incomes that are too low to meet basic subsistence needs. It is above all a symptom of imbedded structural imbalances, which manifest themselves in all domains of human existence. As such, poverty is highly correlated with social exclusion, marginalisation, vulnerability, powerlessness, isolation and other economic, political, social and cultural dimensions of deprivation.

In addition to low incomes, poverty is reflected in malnutrition, poor health, low literacy levels and inadequate clothing, housing and living conditions, etc. It results from limited or no access to basic infrastructure and services, and is further compounded by people's lack of access to land, credit, technology and institutions and to other productive assets and resources needed to ensure sustainable livelihoods (1995 Poverty Assessment Study Report).

1.1.3. North-South relationships/cooperation

Donors supporting people with disabilities in the South are generally small-scale, grass roots organisations with little professional expertise or training. Organisational roots are often based on empathy and compassion rather than professional development, experience and competence. This encourages a 'charitable', volunteer-based model of service delivery.

In recent decades, the collection of data and the production of statistical information on topics relevant to rehabilitation and disability have proliferated (UN, 1996). Rehabilitation programmes, national censuses, and survey programmes within different government sectors are producing increasing amounts of information on impairments, disabilities, and handicaps. Needless to say, the bulk of this information is produced in developed countries. In addition, most of the current statistical information is, unfortunately, produced without the benefit of common terminology or standard procedures and guidelines. It is further claimed (UN, 1996)

that there are problems within the quality of existing data and that these problems are most pronounced in developing countries.

The demand for quality statistics on persons with disabilities has increased greatly in recent years following the International Year of Disabled Persons (1981) and the World Standards Rules on the Equalisation of Opportunities. The United Nations specifically requested such data for developing systems for the regular collection and dissemination of information on disability. The UN provided a web site as a step in implementing this mandate. It provides a convenient statistical reference and guide to the available data specifically on the following:

- National sources of data;
- Basic disability prevalence rates; and
- Questions used to identify disability with the population.

Relations between development agencies, disabled peoples' organisations, and their counterparts in developing countries, have gone through a very significant period of transformation in the last fifteen years. Some of the concepts that have emerged include

- Disability Decades in Asia, Africa, and Europe;
- Poverty Reduction Strategies;
- Millennium Development Goals;
- Policy formulation within governments, development agencies and private sector; and
- IMF/World Bank-induced structural macro economic policies.

Although efforts to integrate disability considerations in some programmes and projects have not sufficiently mainstreamed in a co-ordinated and comprehensive manner some achievements have been made including:

- Policy development and commitment by some governments;
- Establishment of disability focal points in some countries;
- Development and Adoption of National Disability Policies; and
- Positive legislative developments to protect the rights of people with disabilities.

Common constraints include the application of a dual system of laws, negative portrayal of disability issues by the media, lack of capacity in government to effectively mainstream disability, lack of political will, negative customary beliefs and practices, poor implementation of laws and policies, and non-domestication of international instruments by governments. Common national problems include: domestic violence, gender-based violence, inequality between people with disabilities and non-disabled in accessing credit facilities, decision-making positions, sexual, physical and psychological abuse of people with disabilities especially women and girls.

The situation for people with disabilities in developing countries is of great concern for governments and Non-Governmental Organisations (NGOs), as well as for the International Community. Their rights have been the subject of much attention in the United Nations and other international organisations over a long period of time. The International Year of Disabled Persons (1981) and the United Nations Decade of Disabled Persons (1983 – 1992) culminated in the World Programme of Action Concerning Disabled Persons (UN, 1993). The Programme emphasises the rights of persons with disabilities to the same opportunities as other citizens and to an equal share in the improvements in living conditions resulting from economic and social development. In 1993, the General Assembly approved The Standard Rules on the

Equalisation of Opportunities for Persons with Disabilities (Resolution 48/96) (UN, 1994) setting specific targets and requesting a strong moral and political commitment on behalf of States to take action for the equalisation of opportunities for people with disabilities.

1.1.4. Donor Approaches to Funding

1.1.4.1. Capacity Building

According to A K Biswas (1996), there is a growing emphasis on the importance of capacity building within the overall scope of development assistance. Development projects of the 1960s and 1970s were primarily directed towards the provision of physical assets, in an effort to increase productive capacity through industrialisation and the provision of basic infrastructure. Through the 1980s and 1990s there was a growing realisation that in many cases such projects have not been wholly successful and that they had often not yielded the benefits that were planned for them. The first response was to incorporate training as a component of the project. This training was focused on the project and was designed so that those who were operating it or benefiting from it would be in a better position to understand it and use it effectively. Subsequently, in the late 1990s, there has been a move away from the provision of physical assets and hardware, to putting the primary emphasis of assistance on increasing the knowledge, skills and ability of people at various levels to be more effective in their work. In many cases the provision of hardware in the project has been almost incidental, and many projects and programmes now are almost entirely directed towards building capacity rather than increasing physical assets.

This trend is well illustrated in the case of the water sector. The sector has a wide coverage, encompassing the essential provision of drinking water for human survival, the supply of water for food production through irrigation, the protection of life and infrastructure from flooding and the maintenance of environmental balance.

1.1.4.2. Capacity and Capability

Alaerts, G, et al (1997) argued that any discussion of capacity building must differentiate between capacity and capability. Capability refers to the knowledge, skills and attitudes of the individuals, separately or as a group, and their competence to undertake the responsibilities assigned to them. In the case of disability there is need to develop Disabled Persons Organisations and people with disabilities that are capable of managing system operations and who understand the basic skills and technologies required for this. Capacity, on the other hand, refers to the overall ability of the individual or group to actually perform the responsibilities. It depends not only on the capabilities of the people but also the overall size of the tasks, the resources which are needed to perform them and the framework within which they are discharged. It is possible to imagine an organisation, which has capable staff but does not have the capacity to perform its functions because it is grossly understaffed or because the policy framework does not allow satisfactory performance.

1.1.4.3. Community Empowerment

According to the Poverty Alleviation Action Plan (PAAP) Implementation Strategies (Zimbabwe) (1994, p.6), "Empowerment is to put people first as the primary agents in charge of their own development, to nurture and strengthen the poor communities' innate ability to sustain themselves by creating opportunities." The challenge is to harness communities' awareness of their status of deprivation and strengthen their efforts towards the best standards of living. The

disability movements should therefore facilitate the transition from deprivation to productivity and create an environment for sustainable production.

To empower people with disabilities, and for DPOs to succeed, government, international donors should include people with disabilities and DPOs in projects/programmes. Furthermore, services are required for the provision of information and technical assistance to broaden the choices of people with disabilities and facilitate their exposure to a wider spectrum of services offered by various donors.

1.1.4.4. Participatory approaches

Definitions of community participation range from people passively receiving benefits from health/disability programmes to people actively making decisions about the programmes' policies and activities, (Rifkin, 1985).

The participatory approach is a process through which communities are empowered to control their own development, by taking part in and influencing this process, managing its resources and making decisions regarding the process. This approach requires active and full involvement of the benefiting parties in the implementation process. The key-role and responsibilities of the communities in the implementation process will empower them to own the development process. People with disabilities should initiate the process by contributing related ideas with regard to the projects/ programmes concerning them.

There is no agreement among planners and professionals about the contribution of community participation to improve the lives of people with disabilities. Some completely dismiss its value altogether, while others believe that it is the 'magic bullet', that will ensure improvements especially in the context of poverty alleviation. Despite this lack of agreement, community participation has continued to be promoted as a key to development. Although advocacy for participation waxes and wanes, it is seen by many governments, the United Nations Agencies and Non-governments Organisations (NGOs), as critical to programme planning and poverty alleviation (World Bank, 1996).

1.1.4.5. Partnerships

Partnership between NGOs based in the 'North' and the 'South' has become a key part of international development processes. Whilst NGOs are drawn to the concept of partnership as an expression of solidarity that goes beyond financial aid, few development concepts have been the subject of such heated debate (Brehm, (2001).

Partnerships between DPOs in the North and the South can be very beneficial to both sides in terms of relative **comparative advantages**, which are in turn related to the DPOs proximity to their respective constituencies (Kazibwe 2000). For example, Northern DPOs are well placed to engage with the donor public and to undertake policy influencing and advocacy, whilst Southern NGOs have the benefit of local knowledge and presence.

In working together, Northern and Southern DPOs combine their strengths and act as a link between their respective constituencies, strengthening their legitimacy. Thus, the sum of the whole partnership has the potential to be greater than the sum of its parts.

A further benefit is that partnerships go beyond time-bound and discrete interventions such as in the classic development project. It is the complex combination of the **organisational nature** of

partnership with its intrinsically relational dimension that lies at the heart of the advantages of partnerships (Brehm, (2001).

On the other hand, '**partnership**' has undoubtedly become the victim of its own success; the term has been overused and applied to a whole range of inter- organisational relationships. Furthermore, the debate on **partnership** has concentrated on the **failure** of NGOs – particularly in the North – to live up to aspirations for **ideal partnership** based on solidarity and mutuality (Brehm, (2001).

The practice of working with Southern Partners is viewed by Northern DPOs as a key pillar of a **developmental approach**. The benefits are seen in terms of improving local ownership, sustainability and poverty reach, as well as the mutual exchange of resources and ideas between the North and the South. This is intrinsically related to the question of **legitimacy** and the importance of being rooted in their respective constituencies.

There is some debate over the use of the **term partnership**; some DPOs see this as too idealistic, and prefer to talk of **partner co-operation**. A difference between the DPOs/NGOs is the extent to which they take a **functional** view of working with Partners as a means to achieving their own organisational aims. Some of the DPOs/NGOs see the development of long-term relationships with Southern Partners as an end in itself, based around notions of **solidarity** and **strengthening civil society organisations** in the South. Nevertheless, **funding** processes tend to dominate the role of the NGOs and this has influenced the nature of their partnerships

Policies on partnership are relatively recent and reflect the following trends:

- The shift away from being operational to working with Southern Partners;
- The trend towards developing systematic policies and a strategic focus;
- The move away from a focus on a **project** to a **partner** focus.

This has been part of the process of moving from discrete, piecemeal interventions towards strategic, result-oriented ways of working.

All of the DPOs have a diverse range of relationships with their Southern Partners, and value that diversity. Furthermore, relationships are dynamic and change over time. Few NGOs have formal classifications of types of relationships with Partners, but recognise the diversity of partnerships based on the following:

- **Funding-based differences:** a **funding**-only relationship at one end of the spectrum and a **partnership** based on policy dialogue with no **funding** at the other end
- **Capacity-based differences:** a Partner with limited capacity requiring support from the Northern Partner; contrasted with a **partnership** with a strong, autonomous organisation that contributes from its own experience.
- **Trust-based differences:** control of the Southern Partner at one extreme and unconditional trust at the other

DPOs had an opportunity to discuss whether 'partnerships' between DPOs in the North and those in the South was panacea to relationship building. The general comments pointed to limitations within the partnership arrangements. The main limits to **partnership** were identified as:

The role of the Northern DPO as donor: this is a major obstacle to achieving equality. The imbalance in the relationship created by the Northern DPO's control over resources skews the power balance. There was consensus that cooperation between DPOs in the North and South was a better option than cooperation between Southern DPOs and Northern funding NGOs.

This is supported by Brehm, (2001) who noted the following additional limitations:

- **Funding processes and distorted accountability:** whilst in theory accountability to local constituencies is important, in practice the **funding** processes 'hijack' the accountability mechanisms and re-orient them towards Northern donors. Northern NGOs assume a control function, whilst Southern NGOs risk becoming donor-driven and distanced from their grassroots constituencies.
- **Organisational capacity limits:** capacity mismatch often occurs between Partners of different sizes; **partnership** dialogue is more feasible between organisations of a similar size and capacity.
- The **capacity limits of the Northern NGO** themselves is also a constraining fact. The number and depth of partnerships, lack of co-ordination between Northern NGOs, and high staff turnover are all limits to effective partnerships.

There are areas within the practice of partnerships between Northern and Southern NGOs that need to be developed further. Northern NGOs need to develop a more **systematic** and **consistent** approach to **feedback** mechanisms concerning individual Partner relationships, as well as greater **mutuality** in the negotiation of **partnership** agreements. Similarly, processes of Partner consultation need to be strengthened and integrated into policy and planning processes. Northern DPOs thus face a number of **key issues** in the development and management of their partnerships with Southern Partners.

1.2. Disability KaR Programme

The Disability KaR programme has been running since September 2000. The programme currently funds six projects selected through a second open competition. These are referred to as competition 2 (C2) projects. In addition the programme has commissioned a number of other projects including the Disability Policy Project, Disability Equality Training, and a research study "Enabling Disabled People to Reduce Poverty".

1.3. Situation in South Africa, Zimbabwe and United Kingdom

1.3.1. South Africa Situation

South Africa occupies 1,227,200 square kilometres at the southern tip of Africa. It has nine provinces which are: Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, Northern Cape, Limpopo, North West, Free State, and Western Cape.

Available statistical data on the prevalence of disability in South Africa is not comprehensive and accurate. However, estimates on the number of persons with disabilities in South Africa vary from 5.9% (CASE 1997) to 12% (DPSA 1996 quoting Department of Health). Among the black population in South Africa the prevalence of disability (sight, hearing/speech, physical and mental disabilities) has been estimated to be 5.1%. Two separate studies in South Africa

(coloured urban and black rural communities) have established prevalence rates of 4.4% and 4.75% (Katzenellenbogen et. Al., 1995) Concha and Lorenzo, 1995).

The 2001 census found out that the total number of disabled people had decreased between 1996 and 2001. Stats SA had 2 657 714 in 1996 compared to 2 255 973 in 2001. A possible explanation of this could be factors within the sampling method, and the fact that there is widespread confusion on the definition of disability or other factors.

South Africa is characterized by extremes of wealth and inequality. Classified as a middle-income developing country, it has 'two nations' within it: a small number of very wealthy people, and a large number of very poor.

Despite this relative wealth, the experience of most South African households is of outright poverty or of continuing vulnerability to being poor. In addition, the distribution of income and wealth in South Africa is amongst the most unequal in the world, and many households still have unsatisfactory access to education, health care, energy, and clean water. This situation is likely to affect not only the country's social and political stability, but also the development path it follows: countries with less equal distribution of income and wealth tend not to grow as rapidly as those with more equitable distribution.

Approximately one third, 35.2%, of all South African households, amounting to 18 million people, are living in poverty. Of these, African households and households in rural areas, particularly rural households headed by women, are the most affected. Over half, 54%, of all South African children live in poverty (Tshalata 1999).

Extreme inequality in the distribution of income exists among racial groups and households. The poorest 40% of households in South Africa earn less than 6% of total national income, whilst the richest 10% earn more than half of the national income.

Although South Africa has undergone a dramatic economic, social, and political transition in the last decade, many of the distortions and dynamics introduced by apartheid continue to reproduce poverty and perpetuate inequality. The correct identification of these and the introduction of remedial policies have been identified as priorities by both government and civil society. The importance of reducing poverty and inequality has been a consistent theme of the new government.

In March 1995, South Africa joined the nations of the world in pledging to work towards the eradication of poverty at the World Summit for Social Development in Copenhagen - South African Participatory Poverty Assessment (SA-PPA).

Research by CASE shows that roughly 71.7% of the non-disabled population live in households where the average annual per capita income is below R10 000, and where the maximum educational level is below standard 10. This compares to 79.4% in the same group of disabled people. A possible conclusion from these results is that disability increases the chance of living in extreme poverty by approximately 10%. A disabled person with no education has a 60% likelihood of being in the lowest income category, versus 44% if one has no disability.

The period 1994-2004 produced legislation, policies, interventions, and programmes that were formulated with the aim of influencing the environment for addressing equity goals over the medium to long-term and also for addressing immediate goals in increasing the prevalence of the number of persons with disabilities with access to government services.

The national disability survey undertaken in South Africa in 1998/99 represents an important exception to the general lack of representative, national data in the region. A national representative survey of 10 000 households was carried out to determine the prevalence of disabilities as well as describe the disability experience as reported by people with disabilities or their care givers (Schneider et al, 1999). The focus of the survey was on the “traditional” categories of impairments, and the results include a count of the number of people with reported disabilities or activity limitations, as well as a quantitative analysis of the respondents’ personal experiences of their disabilities. According to this study, disability prevalence rates varied between 3.1% and 8.9% in the different provinces.

Overall, national government has been successful in creating an enabling environment for policy development work in the field of disability. Some of the achievements linked to the development of new legislation and policy are:

- The development and adoption of the White Paper on Disability on an Integrated National Disability Strategy published in November 1997. A recent development at provincial level has been the formulation of a provincial version of the INDS, termed, in some provinces, the Integrated Provincial Disability Strategies (IPDS);
- Through the Employment Equity Act of 1998, the determination of employment equity quotas that apply to the private and public sector regarding the employment of disabled people;
- The increase of the basic disability grant and the extension of its provisions to a wider sector of people through the Social Assistance Act;
- The introduction of policy on inclusive education through the White Paper of Special Needs Education;
- The active participation in the continental and international initiatives on improving the lives of disabled people such as the Africa Decade of People with Disabilities and participation in the development of the United Nations Convention on the rights of disabled people’
- Provision of free primary health care to disabled people affected by poverty;
- Establishment of the Equity Court;
- Establishment of the Office on the Status of Disabled People in the Presidency and at provincial levels; and
- Establishment disability desks and units in many line departments of all spheres of government.

Whilst support for the formulation and adoption of policy has been excellent, policy implementation remains a challenge. Of particular note is the fact that there are capacity constraints at programmatic level that limit the effective implementation of policy. Policy implementation issues are not addressed consistently for various reasons at different levels of government. These reasons include limited conceptual understanding, poor championing, inadequate or inappropriate institutional arrangements, and a general lack of capacity.

1.3.2. Zimbabwe Situation

Zimbabwe is a landlocked country, which covers an area of 390 580 square kilometres, with an estimated total population of 14 million according to the 2002 census conducted by the government. The country has ten provinces namely, Bulawayo, Harare, Matabeleland North,

Matabeleland South, Midlands, Masvingo, Mashonaland East, Mashonaland Central, Mashonaland West and Manicaland.

It is estimated that the population of people with disabilities is 1.5 million, more than 10% of the total population. The country has a high rural population of 64% compared to urban population of 36%. Other sources (World Bank, 2003 estimates) describe the age structure as follows:

- 0 - 14 years: 39.7% (male 2 517 608; female 2 471 342)
- 15 - 64 years 56.8% (male 3 600 832; female 3 542 497)
- 65 years and above: 3.5% (male 224 631; female 219 832)

It is estimated that the median age of Zimbabweans is 18.9 years. The population growth rate is estimated at 0.83% while the birth and death rates are 30.3 births per 1 000 population and 22.0 deaths per 1 000 population respectively.

The Government of Zimbabwe came up with legislation on disabled persons (Disabled Persons Act 1992), specifically designed to protect and promote the status and well being of disabled persons. More than ten years after this piece of paper was established nothing has changed in the lives of people with disabilities. Therefore, more needs to be done to translate it into concrete action especially with regard to people with disabilities human rights, equal access to education, housing, employment and transport.

Zimbabwe embarked on a substantial economic reform process in 1991 that was not successfully carried through. Since late 1990's, the country has been grappling with the resolution of fiscal problems, the inequalities in land distribution, poverty and unemployment, population pressures and unfavourable rainfall patterns.

Zimbabwe is an agricultural based economy. Between 1991- 95, Zimbabwe achieved an average 1.7 GDP growth, 7.3 percent in 1996 and 3.5 percent in 1997. Since 1997, the country has been experiencing economic and social crisis induced by declining prices for its key export products and poor economic policies. The economy has contracted by about 5 percent in 2000 and this development has continued after this, given the decline in revenues from agriculture, manufacturing and tourism. This had an adverse impact on the economy and livelihoods of its inhabitants especially the rural populations and people with disabilities.

Zimbabwe is currently in arrears in re-payment of its national and international debts, leading to suspension of disbursements and credit lines by some international donors such as the World Bank and International Monetary Fund (IMF). This has aggravated the foreign exchange shortages within the country, making key imports such as fuel and electricity in short supply.

1.3.3. United Kingdom and Europe Situation

Throughout the 19th century a network of voluntary organisation grew up to cater for the needs of specific disability groups such as blind and deaf people. The establishment of the welfare state in the UK in the 20th century aimed to meet the welfare needs of disabled people, but it soon became clear that the state was not meeting or even acknowledging all needs. In the 1970s, this led to the political mobilization of disabled people themselves to challenge the attitudes and barriers that disabled them, and to present disability as a type of social oppression. (M Oliver, 1990) These groups were critical of the traditional voluntary organisations: in particular their attitude towards disabled people and the lack of recognition that disabled people should control their own lives.

The Union of the Physically Impaired Against Segregation (UPIAS) was founded in 1972 as the first disability liberation group in the UK and one of the first in the world. Their first years were spent deliberating disability issues and developing an analysis of disability that asserted that physically impaired people were being excluded because society has been organized without consideration of them, and focuses only on 'able-bodiedness'. This model was introduced to the British Council of Disabled People (BCODP), a group established in the 1970s as a national umbrella group to share the ideas and experiences of regional groups of disabled people, in particular the Centres for Independent Living (CIL), which provided resources information and encouragement for disabled people to live independent lives (A Lent). From BCODP the model was introduced to Disabled International (DPI) as the theoretical base of the "Social Model" of disability.

The external influence giving impetus to the disability movement at that time were the development of black people's and women's movements, and anti-discrimination legislation. DPI has described itself as "the last civil rights movement". Lent highlights the difference between the disability movement and other marginalized groups.

1.4. Statement of the problem and justification

This research will assess relationships between Northern and Southern Disabled People's Organisations in order to explore where there are examples of sustainable networking relationships between these organisations around key issues related to the development process; it will also analyse the major issues related to development process and the best strategies that enhance collaboration between the Northern and Southern Disabled Peoples' Organisations. A comparative analysis between the situation in South Africa, Zimbabwe and the United Kingdom and Europe will be analysed. Also the research will identify and analyse the major issues related to development process and the best strategies to be adopted that would enhance collaboration of Disabled People's Organisations in the North and South.

1.5. Objectives

- To determine the extent to which disabled people have participated and contributed in the development process;
- To evaluate the relationship between the Northern and Southern Disabled Peoples' Organisations, Development agencies and Disabled Persons; and
- To recommend best strategies that enhance collaboration between the Northern and Southern Disabled People's Organisations

Chapter 2: Methodology

2.1. Study Design

A cross-sectional baseline survey was carried out to assess the relations between development agencies, people with disabilities, disabled people's organisations, and their counterparts in developing countries. The question to be answered is "Are the disabled peoples' voices from both the south and the north being heard in the development process?" The research will identify and analyse the major issues related to the development process and the best strategies that enhance this collaboration between Northern and Southern Disabled People's Organisations. A comparative analysis between the situation in South Africa, Zimbabwe and the United Kingdom and Europe will be undertaken by the study. Information will be gathered from reports, policy documents, and Acts of Parliament, where applicable.

2.2. Study Population

The study population consisted of people with disabilities, Disabled Persons Organisations, government departments and donors from Zimbabwe and South Africa. Six Disabled Persons Organisations were targeted in the United Kingdom and Northern Europe.

2.3. Sampling

2.3.1. People with disabilities sampling

People with disabilities were randomly selected from all the ten Zimbabwean provinces. A total of 501 people with disabilities were selected from the whole country. In South Africa a total of 215 people with disabilities were selected from five provinces of the country. No people with disabilities were selected in the United Kingdom and Northern Europe.

2.3.2. Selection of Disabled Persons Organisations

In Zimbabwe, 20 Disabled Persons Organisations (DPOs) were selected from various provinces. These provinces were chosen because they are where most of DPOs are operating. They are also registered with the Ministry of Public Service Labour and Social Welfare. Fifty-nine (59) Disabled Persons Organisations were selected in South Africa. In the United Kingdom and Europe 6 DPOs were selected 4 from the United Kingdom and 2 from Northern Europe.

2.3.3. Donors selection

With the assistance of the Ministry of Foreign Affairs 10 international and local donors were identified and selected for the survey in Zimbabwe. In South Africa 12 international and local donors were selected from the selected survey provinces. The United Kingdom and Europe no donors were targeted by the study.

2.3.4. Government Sampling

Government departments in South Africa and Zimbabwe working with or for disabilities issues were sampled for the study. Ten and 15 government departments were selected in Zimbabwe and South Africa respectively. No government departments were selected for the research in the United Kingdom and Europe, however a literature review was undertaken to establish the Northern Europe's commitment to disability issues.

2.4. Data Collection Instruments

Four questionnaires were designed for Zimbabwe and South Africa. They were pre-tested during the survey training. Some comments from the pre-test were incorporated. Training and field guidelines were compiled to assist the enumerators in the field. The fifth questionnaire was specifically designed for the United Kingdom and Europe.

The first questionnaire (**Annex 1**) targeted government departments, which deals with disability issues. Information on how they are working with the international world and DPOs on disability issues were asked. At the same time literature on policies in the three countries was reviewed.

Annex 2 was designed for the donors that are in Zimbabwe and South Africa working on or with disabled persons or disabled persons organisations.

The third questionnaire (**Annex 3**) was designed to collect data from DPOs on their understanding of development process between the Northern and Southern DPOs in Zimbabwe and South Africa.

The fourth questionnaire (**Annex 4**) was used to collect demographic data and knowledge on disability issues from people living with disabilities in Zimbabwe and South Africa. The variables on household demographic data included age, sex, level of education of respondent. Information about disability movements was also sought from the respondents.

United Kingdom and Europe has its own questionnaire (**Annex 5**), which was for comparison purposes on the policies in place for the Southern and Northern countries.

2.5. Data Collection

The team comprised two (2) supervisors and six (6) enumerators for Zimbabwe and South Africa. The enumerators and the respective supervisors were trained in data collection. Three enumerators and a supervisor formed a team. The supervisors deployed in the provinces ensured that all questionnaires were filled in comprehensively whilst still in the field. The two consultants were also involved in the data collection to make sure that standardized procedures were being followed in their respective countries. United Kingdom and Northern Europe had its own team headed by a Team Leader (Consultant).

2.6. Data Analysis

The collected data was checked for accuracy in the field by the supervisors. In Zimbabwe, the consultant also conducted a two-day editing workshop in Harare together with the enumerators and supervisors to ensure that all questionnaires were filled correctly. The consultant discussed field experiences with the enumerators.

In South Africa the consultant also conducted a one-day editing workshop in East London together with the supervisors and enumerators to ascertain the accuracy of the filled questionnaires.

The completed questionnaires for Zimbabwe were taken to Harare for data processing and for South Africa were taken to East London. Completed questionnaires were coded before data entry. Data was entered into the computer using EPI INFO 6 statistical package. Data analysis

was done in EPI INFO 6 and SPSS. Descriptive statistics were used to analyse the data. The data analysis was carried out in Zimbabwe where comparison tables were developed. The United Kingdom and Northern Europe data was analysed in UK and findings were forwarded to Zimbabwe for incorporation.

Chapter 3: Findings

The findings are presented in four sections:

Section A looks at policies in place by the governments of South Africa, Zimbabwe and the United Kingdom and Europe.

Section B: explores the process and the scope of co-operation between donors, governments, and DPOs in South Africa and Zimbabwe.

Section C: looks at how Disabled Persons Organisations' involvement in strategy and policy formulation. This section also compared relationships between the Northern and Southern DPOs in the development agenda and process. A comparative analysis between the situation in South Africa, Zimbabwe, and the United Kingdom and Europe will be looked at in detail. People with Disabilities demographics and their understanding and involvement in the design and delivery of pro-poor policies and programmes will be analysed in Section D. The disabled persons' perceptions of development and the extent of ownership of development process were also analysed.

The research team discussed at length the definition, and elements of the 'development processes'. The team also discussed the need to focus the research around a few specific themes. In the end, it was agreed that emphasis should be placed on development processes linked to government programmes; and the work of donors, and DPOs. However, the team felt that inputs from individuals with disabilities was crucial in determining the success or otherwise of the development process.

3.1. Section A: Government Departments

3.1.1. South Africa Government departments

Generally, the development of disability policies within government departments at both national and provincial levels is at a very infant stage with the majority of departments having only draft policies. Such policies are generally not backed up by funded strategies hence no meaningful implementation of these policies has occurred in South Africa.

South Africa has some of the most empowering legislation and policy protecting and promoting the rights of disabled people in the world and disabled people are involved at all levels of government. The Constitution of South Africa provides for several independent commissions that monitor developments in their respective purviews. These include: the Human Rights Commission, the Commission for Gender Equality, the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities, the Pan South African Language Board, and the Independent Broadcasting Authority. The Public Protector (resembling the Ombudsman in other democratic states) is empowered to investigate 'impropriety or prejudice' in any sphere of government and to take appropriate remedial action.

However, the key questions are: How effective has this legislative and policy environment been in making real changes to the lives of disabled people? Are policies being implemented and acted? Are disabled people's voices being heard?

According to a report prepared by Samaita Associates for the KaR Programme, overall the national government has been successful in creating an enabling environment for policy development work in the field of disability.

Some of the achievements linked to the development of new legislation and policy are:

- The development and adoption of the White Paper on Disability on an Integrated National Disability Strategy published in November 1997. A recent development at provincial level has been the formulation of a provincial version of the INDS, termed, in some provinces, the Integrated Provincial Disability Strategies (IPDS).
- Through the Employment Equity Act of 1998, the determination of employment equity quotas that apply to the private and public sector regarding the employment of disabled people.
- The increase of the basic disability grant and the extension of its provisions to a wider sector of people through the Social Assistance Act.
- The introduction of policy on inclusive education through the White Paper of Special Needs Education.
- The active participation in the continental and international initiatives on improving the lives of disabled people such as the Africa Decade of People with Disabilities and participation in the development of the United Nations Convention on the rights of disabled people
- Provision of free primary health care to disabled people affected by poverty
- Establishment of the Equity Court
- Establishment of the Office on the Status of Disabled People in the Presidency and at provincial levels
- Establishment disability desks and units in many line departments of all spheres of government.

Whilst support for the formulation and adoption of policy has been excellent, policy implementation remains a challenge. Of particular note is the fact that there are capacity constraints at programme level that limit the effective implementation of policy. Policy implementation issues are not addressed consistently for various reasons at different levels of government. These reasons include limited conceptual understanding, poor championing, inadequate or inappropriate institutional arrangements, and a general lack of capacity.

Other factors that have contributed to the poor implementation of legislation and policies are that the definition and nature of disabled people's participation has not been adequately reviewed and articulated; and the policy requirements for disability mainstreaming are not adequately linked to performance management, thereby undermining commitment to implementation.

In addition, legislation and policies are not implemented due to a lack of allocated fiscal resources and commitment. A pertinent example is the Policy on Inclusive Education – the White Paper was released in 2001 and yet implementation remains fragmented.

Where successful implementation has occurred, it has largely been due to political support by the Minister and senior civil servants in charge of departments; and/or the sustained commitment and ongoing advocacy by the disability sector led by Disabled People South Africa (DPSA).

Concerning the implementation of the EEA, and based on information submitted by national departments and provincial administrations for 797 750 employees in the public service, it was found that there are 2007 disabled people. This represents an average of 0,25% which is far short of the 2% that needs to be achieved by 2005. The figure of 797 750 is broken down as follows: national departments, 224 894 and provincial administrations, 572 856.

The overall percentage of attainment for the national departments was 0.47% or 1062 disabled people. In respect of the 6 provincial administrations that responded, the employment of disabled people averaged 0.16%. This represented 945 employees out of a total of 572 856.

In its report for 2002/03, the Commission for Employment Equity (CEE) reported some improvements in the employment of disabled people by all employers. According to CEE, all employers (both government and the private sector) reported a total of 26 539 employees with disabilities in 2002. This represents 1% of all employees included in the 2002 employment equity reports.

Out of a total of 26 539 100% of employees with disabilities in various occupational categories, 14 045 52.9% were African, 3 578 (13.5%) were Coloured, 1 138 4.3% were Indian and 7 778 29.3% were White.

In terms of recruitment the total number of disabled people that were recruited for the 2002/2003 reporting cycle was 3 350 (100%). Of these, 1 751 (52.3%) were African, 609 (18.2%) Coloured, 140 (4.2%) Indian and 850 (25.4%) White. The total number of disabled people (3 350) recruited amounted to 1.13% of all the employees (297 610) that were recruited for the period.

In the field of skills development, the Skills Development Act (SDA) was enacted in order to implement structures and processes to transform skills development in South Africa. One of the purposes of the Act is to improve the employment prospects of persons previously disadvantaged by unfair discrimination and to redress those disadvantages through training and education. In this regard, persons with disabilities in particular, amongst other disadvantaged groups, are targeted. In order to achieve the targets set in the SDA, a National Skills Development Strategy (NSDS) is designed with the current version covering 2005-2010.

The targets state that the beneficiaries of the strategy should be 85% black, 54% female, and 4% disabled people.

Progress was more advanced in relation to the target of 85% of black people receiving training, with a 78% achievement during 2002/03. As a percentage of total, the number of women 20.43% and disabled people 0.04% achieving National Qualifications Framework (NQF) level one is still significantly under target.

By comparison, in 2003/04, in total, 87% of those who participated in NQF level one learning programmes during this period were Black, 33% were female, and 0.1% was disabled people. Thus there was a marked improvement in the number of workers who achieved NQF level one. Part of the reasons for this increase could be increased awareness by both employers and employees of the SDA and NSDS. However, achieving equity targets continues to be a challenge for the implementers of the NSDS.

The government of South Africa has enacted other pieces of legislation with disability components. These are:

- Preferential Procurement Policy Framework Act, 2000, states that an organ of state must determine its preferential procurement policy, and implement it within a set framework. The framework should include a points system and specific goals that may include contracting with persons, or categories of persons, historically disadvantaged by unfair discrimination

on the basis of race, gender, or disability. No data was available on the implementation of this Act.

- AgriBEE (Broad-Based Black Economic Empowerment Framework for Agriculture) is a broad-based strategy that promotes economic empowerment of black people including women, workers, youth, disabled people and people living in rural areas through diverse but integrated social or economic strategies, such as managing, owning, and controlling enterprises and productive assets; cooperatives and other collective enterprises; equitable representation agricultural professions, and levels in the workforce; preferential procurement; and investment in enterprises that are owned or managed by black people.
- South African Schools Act 1996 provides for the inclusion of learners with special educational needs. Public schools are required by law to admit all learners and provide the necessary educational requirements without discrimination.
- The Promotion of Equality and Prevention of Unfair Discrimination Act (2000) deals with the prevention, prohibition and elimination of unfair discrimination, hate speech and harassment. The Act states that, neither the State nor any person may unfairly discriminate against any person on the ground of disability, including:
 - denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society;
 - contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility; and
 - failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons.

A review process aimed at determining the status quo with regards to the implementation of disability policies at municipal level was conducted in South Africa. The review covered fifteen district municipalities and five metropolitan cities in all the nine provinces.

Key findings were clustered using the ten themes outlined below. In addition, each municipality was appraised using the same format and themes.

It was found out that there is very high political will, at district municipality level, to implement the government's policy agenda on disability. However, this willingness is not backed by action and allocation of resources that are adequate to achieve policy objectives.

While attempts and initial processes have been made to implement key legislation such as the Employment Equity Act, Skills Development Act, and the Preferential Document Act, these efforts are generally still at a very infant stage, at best fragmented and with very few pockets of excellence. Despite this seemingly negative scenario, the review team concluded that, with innovation and creativity in the design and mainstreaming of disability programmes, effective implementation strategies, and service delivery models could be developed and successfully implemented for the benefit of people with disability.

The status quo at municipal level was summarised according to the key issues that were being researched:

a. Political Will to Establish Disability Desks

There is good political will on the part of municipality officials and managers to address the needs of people with disability. This is demonstrated by inclusion of disability components in 'special programmes' often within the offices of the Executive Mayor, Speaker or other departments of the municipalities.

b. Disability Policy and Strategy

All district municipalities interviewed had no written disability policy or strategy to address the needs of people with disabilities.

c. Mainstreaming of Disability

Out of the twenty municipalities reviewed twelve municipalities had mainstreamed disability into their Integrated Development Plans (IDPs) and other strategies. Employment Equity Plans included disability targets that were, however, not met by all district municipality reviewed.

Generally, the inclusion and mainstreaming of disability in IDPs is patchy and lacks coherence. Financial, human and other resources allocated for disability work are either inadequate or not there at all.

d. Allocation of Resources to Disability Policies/Strategies

Results indicate that in eighteen of the twenty municipalities, dedicated personnel and/or municipal councillors were given the responsibilities to address disability issues within the context of 'special programmes.' In these municipalities, disabled people's needs are addressed as part of the mayoral budget or committee.

e. Inputs, Recommendations and Feedback from Municipalities

The district municipalities were given the opportunities to provide additional inputs not covered by the municipal questionnaire; recommendations and feedback on any issues related to disabilities and implementation of policy/legislation.

Results indicate that municipalities ranked issues related to the need to develop municipal disability policy/ strategy, DPOs to be based in the district, disability to be prioritised in all the programmes, and the need to achieve compliance with legislation on disability as being most significant. Funding of disability programmes and establishment of rehabilitation institutions were the least preferred options for the majority of municipalities.

f. Employment Creation Drivers

Among other policies, the government has initiated the Expanded Public Works Programme (EPWP), Community Private Public Partnerships (CPPP), and co-operatives legislation as key strategies for generating jobs for unemployed people.

The review noted that, with the exception of the four municipalities, there was no proactive inclusion of people with disabilities in the key employment drivers specified above.

Municipalities lack creativity, knowledge and innovation with regard to the inclusion of people with disabilities in employment creation programmes.

g. Internal Disability Awareness Activities

The low-level take-off of disability programming seems to be directly linked to the fact that only three district municipalities implemented disability awareness work at key levels of their organisations. In these municipalities, there was constructive awareness of disability policy/legislation provisions while the opposite was the case in the remaining seventeen.

The most celebrated awareness raising activity was the International Day of Disabled Persons (IDDP) (3rd December). Other disability awareness activities (e.g. Deaf Awareness Week) were neither known nor celebrated.

h. Major Challenges

The municipalities highlighted challenges that they considered as significant:

- Inadequate or lack of funding (18 out of 20 municipalities)
- Fragmentation and lack of coordination (16 out of 20 district municipalities)
- Inability to monitor and evaluate (1 out of 20 district municipalities)
- Lack of accessibility of building/services (13 out of 20 district municipalities)
- Backlog of outstanding road accident claims, third party cases, etc (2 out of 20 district municipalities)

i. Relationship with DPOs

With the exception of one municipality where DPOs are “non-existent,” all other district municipalities consult and work with DPOs. DPOs that are consulted by district municipalities are:

- Disabled People South Africa (DPSA) (17 out of 20 district municipalities)
- Deafblind South Africa (DbSA) (1 out of 20 district municipalities)
- Disability Forums or local DPOs (16 out of 20 district municipalities)

The nature of relationships with DPOs covers a whole range of areas such as:

- Public consultations and inputs into municipal programmes
- Joint planning sessions
- Public/Media relations
- Implementation Processes
- During Awareness Days.

j. Other Considerations and Comments from Municipal Respondents

Respondents mentioned that:

- The Office on the Status of Disabled People in the Presidency should provide workshops and all relevant information on how to handle disability issues.

- They have not yet moved because their starting point is the designing of a disability plan that is meant to map their way forward. The plans should provide for the district municipality's overarching mandate and ensure integration of disabled people into mainstream programmes.
- Through the needs assessment currently being done in some municipalities, awareness was being raised constantly.

In conclusion, despite very good political will within district municipality, the implementation of legislation and policies for the benefit of people with disabilities remains patchy, uncoordinated and grossly under-resourced.

The positive policy environment in South Africa presents unique opportunities for disabled people to address issues such as:

- Poverty alleviation
- High levels of unemployment
- Education of children and youth with disabilities
- Improved Access to Social Security, Assistive Devices
- Access to Housing, Public Health Services, Transport

With the exception of a few policies such as the Social Assistance Act, the implementation of legislation and policies has had marginal impact on the lives of a majority of disabled people in South Africa. Problems associated with, among other things lack of budgetary allocations, ignorance of civil servants charged with the responsibility of implementing these policies and procedural bottlenecks have been identified as some of the main causes of 'policy evaporation' within the South African context.

3.1.2. Zimbabwean Government Departments

All 10 government departments that were sampled for the survey never filled the questionnaires. They referred the research team to the Ministry of Public Services, Labour and Social Welfare. However, the research team had to make telephone interviews with some government officials in disability strategic ministries i.e. Ministry of Health and Child Welfare, Education, Sport and Culture, Public Services Labour and Social Welfare. Visits were also made to some of the institutions to get an idea of what activities happening at a local level. The referral by the Government to other departments illustrates the way in which the Government does not take disability issues seriously. Disability issues are considered as social welfare issues; therefore any thing to do with disability is referred to the Department of Social Welfare.

Zimbabwe attained Independence in 1980 but to date its Constitution is silent on disability. There are no people with disability in Parliament. One wonders how disability issues could be discussed without people with disabilities. During 1990 – 1995 the President appointed a disabled woman in Parliament. After her tenure of office that was the end of a disability representative in Parliament.

The Zimbabwean government came up with a Disability Act of 1994, which was revised in 1996. The revised Edition makes provision for the welfare and rehabilitation of disabled persons, the appointment and the functions of a Director for Disabled Persons' Affairs and the establishment and functions of a National Disability Board and to provide for matters connected with, or incidental to, the foregoing. The Act went further, stating that the Director for Disabled Persons Affairs' office would be a public office and be part of the Public Service. Eleven years after the

act was introduced there is still no such office in Zimbabwe. The Ministry of Public Service, Labour and Social Welfare is dealing with the issues of disability. In this Ministry, there is a Director for Social Welfare, in charge of disability issues.

A National Disability Board exists, designed to formulate and develop measures and policies for people with disabilities, and submitting reports to the Minister from time to time. The board consists of the Director as ex-officio, ten members appointed by the Minister from a panel of names submitted to him by Disabled Persons Organisations and six able-bodied members from various ministries appointed by the Minister. This clearly shows that the Minister has more power on disability issues than the disabled persons themselves as they are simply appointed by him.

The Disabled Persons Act, specify that it is an offence to prohibit or deny disabled persons access to public premises, services and amenities. It is also an offence to discriminate against disabled persons in employment. It is silent on issues such as education, rehabilitation and provision of devices.

The research revealed that there is no Employment Equity Act, Social Assistance Act, Skills Development Act and Skills Development Levy Act designed specifically for people with disabilities. All these Acts are mentioned in passing in the Disabled Persons Act. This has resulted in the Act not being considered by all members of society, resulting in the suffering of disabled persons in Zimbabwe.

The Government, in its small way, provides persons with disabilities assistive devices through the Department of Social Welfare and the Ministry of Health and Child Welfare. However this is not enough as some disabled persons are being discharged from hospitals in wheelbarrows. The government is failing to meet demand due to its limited resources.

The Department of Social Welfare gives grants to disabled persons that are as follows:

- Adults – Z\$60 000,00 which is equivalent to (US\$6,60) per month for up keeping*
- Children – Z\$30 000,00 which is equivalent to (US\$3.30) per month for up keeping*
- Rentals – Z\$80 000,00 (US\$8.80) per month.*

The officer emphasised that people with disabilities are urged to look for the cheapest accommodation, as the government is unable to pay for expensive accommodation.

This was confirmed during the interviews with the Disabled Persons. The research revealed that most of wheelchair users, if not all, do not enjoy the use of toilets and bathrooms in their houses, as wheelchairs do not fit. They do their bathing and toileting on beds.

The officer went on to indicate that this depends on the availability of funds. If the government does not have resources they cannot pay for it. At the same time they are not sure how many people are benefiting from these grants, but they are not more that 1 000 people.

Asked how one could qualify, he indicated that one has to produce a doctor's report that he or she is a disabled person and is unable work for him/herself. This clearly shows that professionals see DPs as worthless because they will not get employment if they are regarded unsuitable due to a disability.

The Zimbabwean government, in 1995 established the National Social Security Authority (NSSA) to assist those who become disabled at work. This organisation has branches countrywide. It has its own Rehabilitation Centre in Bulawayo. A visit to the Centre by the research team revealed that people with spinal cord injuries are spending three or more years at this institution with pressure sores. The institution does not have enough knowledge to manage people with spinal cord injuries. On discharge the patients are provided with necessary devices. The institution does not make follow ups of their members. Therefore they are dying two years down the line after their injuries. Doctor C Makaruu and Professor B Levy, both neurologists in the country documented this in 1999 in their research of the living conditions of People of Spinal Cord Injuries.

In Zimbabwe there is no Member of Parliament with disabilities or one who has a higher position in government such as Permanent Secretary or Director. Able-bodied people are dealing with all issues of disability. One wonders what can they do for us without us.

Most of the government and public buildings, if not all, are inaccessible. To ascertain the accessibility issue in Zimbabwe, the research team visited government offices, the bank and a hotel. The research revealed that all these places are not user-friendly for any disability. Therefore this hinders a person with disabilities to be employed even though the Public Service Commission is at an advanced stage drawing a policy of employing people with disabilities.

3.1.3. United Kingdom Government Departments

The British Government established a Department for International Development (DFID) responsible for promoting development and the reduction of poverty. The government elected in May 1997 increased its commitment to development by strengthening the department and increasing its budget.

The policy of the government was set out in the White Paper on International Development published in November 1997. The central focus of the policy is a commitment to the international agreed target to halve the proportion of people living in extreme poverty by 2015, together with the associated targets including basic health care provision and universal access to primary education by the same date. Looking at the policy, you see that it does not mention anything about disability.

DFID seeks to work in partnership with governments, which are committed to the international targets, and seeks to work with business, civil society and the research community to encourage progress, which will help reduce poverty. It also works with multilateral institutions including the World Bank, United Nations Agencies and the European Commission. The bulk of its assistance is concentrated on the poorest countries in Asia and sub-Saharan Africa.

DFID is aware and has set out ways in which development co-operation can help incorporate the rights and needs of people with disabilities into the mainstreaming of poverty reduction work and the achievement of human rights. DFID argued that the International Development Targets should be directly relevant to women, men and children with disabilities in poorer countries. Their needs and rights cannot be fully addressed unless the underlying causes of poverty are tackled, unless they are empowered to gain access to education, health services, and livelihoods and participate fully in social life. Given the high proportion of people with disabilities among the poor, it is unlikely that these targets can be properly achieved without specific efforts to tackle disability.

3.2. Section B – Donor Agencies

This section looks at the responses of donors from Zimbabwe and South Africa. The results are presented as a comparison of the two countries. In the United Kingdom no donors were interviewed as some of the funding of the developing countries comes from the developed states.

3.2.1. Zimbabwean and South African donors

In Zimbabwe 11 donor organisations were interviewed and in South Africa twelve donor organisations were interviewed. In Zimbabwe most donor organisations 72% have been in operation for more than 10 years. Eighteen percent did not give their period of operation and also the other 9% have been in operation for less than 5 years.

In South Africa most donors have been in operation for 8 years. This is attributed to the fact that its independence came later than that of Zimbabwe.

Table 3.1: Services Provided by Donors

Services	Zimbabwe		South Africa	
	N	%	N	%
Technical Support	1	9	1	8
General Funding	4	36	2	17
Developmental programmes	4	36	4	33
Children's rights	1	9	2	17
Women's rights	1	9	3	25
Total	11	100	12	100

In Zimbabwe most donors provide development programmes and general funding 72% compared to 50% of funders in South Africa. Only one organisation 9% in Zimbabwe and 3 organisations 25% are funding women's rights. One organisation in Zimbabwe and South Africa cited that it is funding technical support. Children's rights are funded by one organisation in Zimbabwe and two organisations in South Africa (Table 3.1.).

From the above table it can be concluded that most donors do not take women and children's issues seriously, and disability issues are not even taken in to account in the planning process of funding.

Most of the donors interviewed in Zimbabwe, 67% indicated that they are not funding any disability activities. Only 27% admitted that they are funding disability issues. Only one organisation 6% was not sure whether they fund disability activities. In South Africa only 30% of donors admitted that they are funding disability issues. Most of the funding is one off or the amounts are too small to make an impact at the end of their funding. Mostly the funding is for two or three years per project.

This clearly shows that society at large including donors themselves do not know about disability issues and how they could be tackled. One donor indicated that they are not aware of DPs needs and therefore they cannot fund disability issues.

The donors who provide funding to disability activities indicated capacity building, training, advocacy and mobilisations and medical support. Most of the donors 64% indicated that they are working independently, without government interference. Of the four donors who indicated

that they are funding disability issues, they revealed their areas of cooperation as rehabilitation, technical support and research.

Only 27% of the respondents from both countries revealed that they involve Disabled Persons Organisations in their planning process. Disabled persons are involved in three ways. One donor agency seconds Developmental workers (Volunteers) to work with Disabled Persons Organisations. Another donor requests DPs to identify their needs then forward their requirements to the donor. The third donor works closely with DPOs.

From the above one can conclude that donors are not aware of the needs of people with disabilities or they do not take disability as an issue seriously. In some cases they still think that disability issues should be handled as a social problem.

Table 3.2: Reasons for not involving Disabled Persons given by donors in Zimbabwe and South Africa

Reasons	Zimbabwe		South Africa	
	N	%	N	%
Operate a responsive fund only	1	9	3	25
Involve them as part of general population	6	54	5	42
Plans are afoot to involve them	1	9	1	8
Limited resources and funds	2	18	3	25
Total	11	100	12	100

Table 3.2 shows reasons for not including disabled persons cited by donors. Most of the donors indicated that they do not have any specific activities for DPs. They involve them as part of the general population 54% in Zimbabwe and 42% in South Africa. Five donors cited lack of resources and funds as reasons for not including people with disabilities. Only two donors indicated that plans are at an advance stage to involve people with disabilities. All the 23 donors who were interviewed indicated that they network with other local, regional and international organisations.

Table 3.3: Major differences between the North and the South in terms ways disability issues are tackled

Differences	Zimbabwe		South Africa	
	N	%	N	%
More on main streaming in developed worlds	9	81	6	50
Development programmes are responsive to the needs of DP's in the north	11	100	10	83
Discrimination in the South	11	100	12	100
More government support in the north	11	100	12	100
Developed countries have a based rights approach	10	91	5	42
Developed Countries are serious to development issues	11	100	12	100

It is interesting to note that in both countries most of all the donors 100% indicated that there is difference on ways disability issues are tackled in the developed and developing countries. Table 3.3 indicates the major differences, which were cited by all donors. They believe that

disability is being better mainstreamed in developed countries than in developing countries. Development programmes are responsive to the needs of people with disabilities in developed countries. They all cited that there is discrimination of people with disabilities in the developing countries. Governments in developed countries render support compared to the developing countries governments. Developed countries have a based rights approach and are committed to development issues.

The situation is the same in both countries. This clearly shows that developing countries are lagging behind in disability issues.

The donors also felt that there are different policies in place for the developing and developed countries. In developed countries there are strong policies on building specifications, access of disability rights, transport policy, employment and education policies.

In Zimbabwe, these policies are just on paper and in South Africa; they are still at their infancy stage of being implemented. Some donors indicated that they are happy with the policies if they are to be implemented, as they will alleviate the suffering of people with disabilities. Other donors were not happy with the policies as they are not gender sensitive 18% and others indicated that disabled persons are not being consulted during policy formulation.

Table 3.4: Awareness on UN programmes

Programme	Zimbabwe				South Africa			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Disability Decade	8	73	3	27	2	17	10	83
Poverty Reduction Strategies	11	100	0	0	12	100	0	0
Millennium Development Goals	11	100	0	0	12	100	0	0
Policy formulation with Government	8	73	3	27	12	100	0	0
IMF/World Bank Structural Macro-economic policies	7	64	4	36	3	25	0	0

Donors interviewed in both countries are aware of Poverty Reduction strategies and Millennium Development Goals 100% (Table 3.4). Seventy-three percent of the respondents are aware of Disability Decade and Policy formulation with Government. IMF/World Bank Structural Macro-economic policies are only known by 64% of the respondents in Zimbabwe and 25% in South Africa.

The Zimbabwean and South African donors indicated that they have come to know about these programmes through the media 64%. Others came to know about them through forums and exchange programmes, organisational participation and practices and networking. These programmes are perceived to be very helpful by donors if they are implemented with disability people in mind. They also indicated that they expect these programmes to benefit the disadvantages 27%, strategic direction and planning 55% and to support disabled persons and their organisation in capacity building 18%.

In both countries, donors indicated that these programmes do not consider disability issues 36%, Eighteen percent of respondents are not sure whether they are considering disability

issues. Forty-five percent of respondents indicated that these programmes are considering disability issues. The issue of structuring these programmes to benefit disabled persons was raised, but only four donors responded. They indicated that the programmes should specifically highlight/refer to disability issues and that there is a need to create awareness amongst those involved in programme development. Sixty-four percent of the respondents did not answer this question.

The conclusion therefore is that all donors are aware that there people living with disabilities but they do not give preference to their needs. People with disabilities are viewed by society as useless; hence donors have the same thinking.

3.3. Section C – Disabled Persons Organisations

This section will explore responses of Disabled Persons Organisations in Zimbabwe, South Africa and United Kingdom. A comparison of Zimbabwe and South Africa will be undertaken and the UK data will be analysed from the North to South perception of International development.

3.3.1 Zimbabwe and South Africa DPOs analysis

Table 3.5: Disabled Persons Organisations by level of operation

Level of operation	Zimbabwe		South Africa	
	N	%	N	%
Regional level	2	10	9	15
National level	9	45	5	9
District level	5	25	0	0
Village level	2	10	0	0
Ward Level	2	10	45	76
Total	20	100	59	100

Most of DPOs 45% in Zimbabwe operate at national level followed by those operating at district level 25%. Ten percent of the DPOs operate regionally. 20% of DPOs operate at village and ward levels. Eighty-five percent of the DPOs have been in operation for more than 5 years. There is no newly formed DPO in Zimbabwe, which is less than one year (Table 3.5).

In South Africa the pattern is the same where most of the DPOs are operating at ward level 76%. Fifteen percent is operating regionally and 9% are national organisations. It is interesting to note that there are no district and village organisations.

From the analysis one can conclude that there are many DPOs, which are in remote areas of these countries but no one is aware of them. These are the district, village and ward level DPOs. Mostly donors concentrate on national and regional organisations leaving out the grassroots level ones.

Table 3.6: Services being provided by DPOs

Services	Zimbabwe		South Africa	
	N	%	N	%
Advocacy	7	35	48	81
Networking	7	35	20	34
Peer Group education	6	30	5	8

Income generating projects	6	30	43	73
Micro finance	1	5	0	0
Provision of devices	2	10	5	8
Development	2	10	58	98
Capacity Building	2	10	35	59

The research wanted to get an insight into what DPOs are providing for its members. The Zimbabwean results revealed that Advocacy 35% and Networking 35% are major services being provided by DPOs, followed by Income generating and Peer group education with 30% each. In rural areas most DPOs concentrate on peer group education and networking as they do not have funds to undertake meaningful programmes (Table 3.6).

The situation is different in South Africa; DPOs are concentrating in Development work 98% followed by Advocacy 81%. Income generating project accounts for 73% of services being provided the DPOs.

DPOs major source of funding is membership fees 50% followed by International donors 27%. Local donors 14% and government grants 7% are some of the DPOs sources of funding. It should be noted that some DPOs could have two or three sources of funding at a time. It should be noted that most if not all district, village and ward level DPOs depend on membership fees.

Eight DPOs out of twenty indicated that they have or are being supported by donors from the developed countries. Only 1 on the eight DPOs has two donors supporting different programmes. The duration of support is 1 – 3 years 64%, followed by one off grant 25%. There are no donors who have been funding for more than ten years. In South Africa most DPOs have been supported for duration between 2 – 8 years.

From the analysis, this reflects the possibility that donors are moving away from Zimbabwe due to its political situation.

In Zimbabwe, fourteen out of 20 respondents who responded to this question 50% indicated that Advocacy and networking are being funded, followed by Capacity Building 14% and Income generating project 5%. In South Africa donors are funding almost all the programmes being offered by DPOs.

In Zimbabwe, the nine who indicated that they are being funded revealed that their working relationships with donors are good to excellent. The situation is the same as in South Africa as all the 59 DPOs indicated that they have excellent working relationships.

Most of the DPOs interviewed in Zimbabwe and South Africa revealed that they give input on the funding proposals from their donors from the developed countries. One DPO was requested to attend meetings to this effect. Twenty-five percent of DPOs indicated that they were never consulted. They just submitted a proposal and they were funded. The level of consultation in place is moderate 47% followed by high with 43%.

It is sad to note that most of DPOs 67% in Zimbabwe are not carrying out any advocacy and lobbying. Only 36% DPOs are carrying out this activity. The situation is different in South Africa as most of the DPOs are advocating 84% and lobbying 73% their government and the society at large.

Table 3.7: Tactics used by DPOs

Tactics	Zimbabwe		South Africa	
	N	%	N	%
Engage central and local government	4	44	7	17
Awareness on human rights	1	11	22	53
Writing papers for International forums	1	11	6	14
Production of quarterly magazines	1	11	5	12
Discuss disability through the media	1	11	1	2
Sporting	1	11	1	2
Total	9	100	42	100

In Zimbabwe 9 DPOs who are receiving donor funding where asked to indicate tactics they are using for advocacy and lobbying. Most of them 44% are engaging central and local government. South African's major tactics 80% are the engagement of central and local governments and awareness on human rights (Table 3.7). The most effective tactic was mentioned as engage central and local government followed by discuss disability issues through the media. Also writing papers for International forums and attending conferences and seminars were also mentioned as effective tactics being used by the two countries.

Table 3. 8: Understanding and Experience working with donor agencies

Experiences	Zimbabwe		South Africa	
	Frequency	%	Frequency	%
Need for a lot of research	1	11	5	8
Do not influence policy change in Africa	1	11	1	2
Funding comes with conditions	3	33	5	8
North do not understand disability in Africa	2	22	37	63
Northern funders use Southern DPO for their benefits	2	22	11	19
Total	9	100	59	100

The Zimbabwean and the South African understanding and experiences of working with donor agencies seem to differ. Thirty-three percent of DPOs in Zimbabwe indicated that funding comes with conditions compared to eight percent in South Africa, another 22% indicated that northern funders use Southern DPOs for their benefits. Some 22% indicated that the North do not understand disability in Africa. In South Africa the majority 63% indicated that North do not understand disability in Africa followed by North funders use Southern DPOs for their benefits 19%. Eight percent cited funding coming with conditions and need for a lot of research. Only 2% cited that the North should not influence policy change in Africa (Table 3.8).

In both countries, the northern donors relationships are partnerships 33%, affiliation 33% and Bilateral Relations 17%.

Table 3.9: Targeted development agencies

Targets	Zimbabwe		South Africa	
	Frequency	%	Frequency	%

Developmental agencies	5	55	56	94
Health and disability agencies	4	44	41	69
Embassies	3	33	23	39
International donors	1	11	34	68
Mainstreaming Agencies	1	11	14	24

In Zimbabwe, the 9 DPOs who have sourced funding, were asked to indicate their preferred developmental agencies. Most of the DPOs 55% have been targeting developmental agencies followed by health and disability agencies 44% and Embassies 33%. The trend seems to be different in South Africa as most of them were targeting development agencies 94% followed by health and disability agencies 69%. Some have been targeting International donors 68% and Embassies 39% (Table 3.9).

Reasons for targeting these agencies were given by the two countries as similarity of objectives and activities 50%. The other (50%) gave various reasons such as Enhancement of disability understanding (13%), Better funding and operational conditions 13%, Non charitable agencies 13% and Funders of gender issues 13%.

This trend might be very correct as most donors are moving away from Zimbabwe and re-locating to South Africa. Therefore all the 59 South Africa DPOs are still receiving funding compared to only nine DPOs still receiving funding in Zimbabwe.

Table 3.10: Best way of supporting South DPOs

Ways of Supporting	Zimbabwe		South Africa	
	N	%	N	%
Empowerment of the South DPOs	8	40	20	34
Imparting of technical and expert skills to the South	3	15	10	17
Dissemination of Information on the ground	5	25	14	24
Influencing donor agencies and government to create favourable environment	4	20	15	25
Total	20	100	59	100

Zimbabwean DPOs indicated the best ways they want to be supported. The major one is empowerment of the South DPOs 40% following by dissemination of information on the ground 25% and influencing donor agencies and government to create a favourable environment with 20% each (Table 3.10). The least with 15% was imparting of technical experts skills to the South.

Attributes of successful relationship management strategies were given by all the 59 DPOs as good communication (100%), Good partnership relations 100% and mutual understanding 100%. Transparency was cited by 90% of the respondents.

DPOs were asked whether their north partners are involving them in planning, most of them 80% said they are not involved. On 20% are being involved. Those who are involved indicated that they are being asked to give input on the funding proposals 80% and some attend planning meetings and workshops 20%.

In South Africa the situation is similar with Zimbabwe 34% citing empowerment of the South DPOs followed by influencing donor agencies and government to create favourable environment 25%.

DPOs in Zimbabwe and South Africa are concerned by the donors funding requirements. They cited that funding comes with conditions 60%, lack of communication and funds 50%, Decision are made by the Northern partners 90% and benefits are for the north partners 90%. The concerns of DPOs are not being address as indicated by 79% of respondents. Only 21% indicated that their concerns are being addressed. The four who indicated yes, 50% of them stated that the donors are funding Pan African programmes and the other two indicated receiving funding even though the funds are limited and good communication and cooperation respectively.

The DPOs indicated that they are taking action for their concerns to be addressed by lobbying the north partners 26% advocacy 11% and working with government 5%. The majority of DPOs 58% are doing nothing with this situation.

In Zimbabwe most DPOs 60% do not network but 40% of DPOs do network with local, regional and international donors. The situation is different in South Africa most of the DPOs do a lot of networking within the country and internationally 95%.

The reason for the Zimbabwean not networking might be lack of information on the organisations to network with or might be lack of funds to undertake these programmes. In South Africa the situation might be favourable as there are more donors operating there.

Table 3.11: Major differences

Response	Zimbabwe		South Africa	
	N	%	N	%
South have weak Parliament Acts	16	80	43	85
North have living Aid grants	16	80	54	91
North provide devices for disabled persons	19	95	55	93
North maintain high standards on disability	18	90	50	84
South still fighting for human rights	16	80	46	78

The research revealed that there are major differences between the South and the North. Most of the 20 DPOs interviewed in Zimbabwe cited North provides devices for disabled persons 95% North maintain high standards in disability 90%, South have weak Parliament Acts 80%, North have living Aid grants 80% and South still fighting for human rights 80% (Table 3.11).

The South African DPOs cited the following the North provide devices for disabled persons 93% followed by North have living Aid grants 91%. South have weak Parliament Acts was cited by 85% of the respondents. North maintains high standard on disability was cited by 85% of respondents and South still fighting for human rights 78%.

From the analysis, it can be concluded that a lot still needs to be done in the developing countries in terms of disability. The South Governments seem to have no knowledge about disability issues.

Table 3.12: Policies

Response	Zimbabwe		South Africa	
	N	%	N	%
North offers living grants	2	10	20	34
North have favourable employment policies	7	35	10	17

North have favourable health policies	2	10	5	8
North have strong non discrimination policies	9	45	24	41
Total	20	100	59	100

All DPOs interviewed in Zimbabwe and South Africa 100% indicated that there are differences in policies between the developed and developing countries. They went further to indicate policies as shown in Table 3.12. In Zimbabwe they indicated that the North have strong non discrimination policies 45% and North have favourable employment policies 35%. In South Africa they cited North have strong non-discrimination policies 41% followed by North offers living grants 34%. The North has favourable health policies were least cited in both countries 10% and 8% in Zimbabwe and South Africa respectively.

Most of DPOs 85% in both countries are not happy with policies being put in place by the world bodies. They cited reasons of not being happy as DPOs are not consulted 80%, North policies are not applicable for the South 90%, Funding comes with conditions 85%, DPOs are not included 95% and North donors do not follow up on the implementation of policies by the Southern governments 80%.

Table 3.13: Aware of UN programmes

Programme	Zimbabwe				South Africa			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Disability Decade	9	45	11	55	29	49	30	51
Poverty Reduction Strategies	5	25	15	75	41	69	18	31
Millennium Development Goals	4	20	16	80	10	17	49	83
Policy formulation with Government	5	25	15	75	21	35	38	65
IMF/World Bank Structural Macro-economic policies	3	15	17	85	5	8	54	92

In Zimbabwe, very few DPOs are aware of programmes shown in Table 3.13. Only 55% of DPOs are aware of Disability decade. Poverty Reduction Strategies and Policy formulation with Government are both only known by 25% of DPOs. Fifteen percent are aware of the IMF/World bank structural Macro-economic policies. DPOs have come to know about these programmes through their International Partners 64%, through the media 27% and through government departments 9%.

The situation is almost the same with South Africa where DPOs are aware of Poverty Reduction Strategies 69% followed by Disability decade 49%. In both countries DPOs are not ware of the IMF/World Bank Structural Macro-economic policies 85% and 92% and Millennium Development Goals 80% and 83% respectively.

The Disability Decades seem as the only programmes well know by DPOs but DPs are ignorant of it. According to (A Phiri) Secretary General of SAFOD, the African Governments have not done enough about the African Decade. Most of them are just talking. They have not prioritised the issues of disability in their National Planning. It is only South Africa that has done something, and it is because the Head of State took a personal interest to do something about it and so until the other heads of states can do the same there will never be meaningful

development on disability. The African Decade is about committing governments at the highest level to incorporate disability issues into their national planning. It should cut across all ministries; it needs a multifaceted approach, which can only be commandeered by the head of State (ZAFOD Disability Herald).

Table 3.14: Helpfulness of UN programmes

Response	Zimbabwe		South Africa	
	Frequency	%	Frequency	%
To reduce poverty by including DPOs	18	90	45	76
To include DPs in HIV/AIDS issues	19	95	51	86
To create a conducive environment for DPs	20	100	53	89
To provide education for all	15	75	52	88
To include DPOs in the planning process of these programmes	20	100	59	100

DPOs felt that the programmes are not helpful at all 65% whilst 35% indicated that the programmes are of help. The DPOs were asked to indicate how these programmes were helpful. Table 3.14 indicates how the programmes are helpful. The programmes should create a conducive environment for DPs 100% in Zimbabwe and 89% in South Africa. Including DPOs in the planning process both countries have 100%. HIV/AIDS issues to be included was cited by 95% Zimbabwean DPOs and 86% South African DPOs.

Table 3.15: Best ways of structuring UN programmes

Response	Zimbabwe		South Africa	
	Frequency	%	Frequency	%
DP should be involved from the planning to implementation stage	18	90	57	96
Donors should target grassroots DPOs	19	95	49	83
Information should be disseminated to grassroots DPOs	16	80	56	94
Government should take a leading role in disability issues	19	95	59	100

In both countries all the 79 DPOs interviewed felt that these programmes are not addressing disability issues. They went further to suggest the best ways of structuring these programmes Table 3.15. They felt that Donors should target grassroots DPOs, governments should take a leading role in disability issues Zimbabwe 95% and South Africa 83%. Others suggest that DPs should be involved from the planning to implementation stage 90% in Zimbabwe and 96% in South Africa. Eighty percent in Zimbabwe and (94%) in South Africa felt that information should be disseminated to grassroots DPOs.

From the analysis it is clear that all DPOs are aware of their needs and they are confident that if these programmes include disability issues, the lives of people with disabilities could be improved. It is very clear that they want to be included from project design to implementation stage.

3.3.2. United Kingdom and Northern Europe Analysis

Respondents were asked how and why their organizations were involved in international development. All those who responded spoke of the concern of their organizations to see disabled people in both the North and South have their voices heard in the development field. One organisation said; “We are concerned that disabled peoples voices are not heard in international development, and work to ensure this happens – both North and South.” It was recognised that individual disabled people and DPOs in the South had a need for up to date information, which was lacking in their countries, and Northern DPOs could perhaps supply that need to empower those in the South and facilitate capacity building there. “INGOs knew that the real gap in any progress was the lack of information – DPOs (Southern) just had no information about their rights or how to implement them.” Another DPO said that they had received requests for help (and information) through their newsletter from individual disabled people all over the world and that had prompted them to look beyond the UK. Some respondents said that they worked on an international level in a consultative capacity. “We provide disabled people led consultancy, training, and research in the international development field.” Respondents said that their organizations were concerned with improving the social status of disabled people and that this should take place at a national and international level. One DPO said: “There was seen to be a need for promoting these issues at the national level since many Southern governments, development agencies and international NGOs were ignoring disabled people. Another said: “We were interested in taking part in finding new ways to develop the international contacts of disabled persons and their organizations, so that they could get empowered and get possibilities to influence their own lives and their societies as well as the international society in an improved manner.”

There were also concerns about who was actually representing the needs of disabled people in development. “We wanted to get involved in disability and international development work because the vast majority of international development work is carried out by organizations for, (not of) disabled people.”

Northern DPOs were asked to explain their relationship to DPOs in the South. Several talked about the exchange of information between themselves and Southern DPOs. One DPO talked about providing readers of their newsletter with information on a monthly basis and through occasional resource kits, and how they then received back requests for advice or information on what readers were doing. “80% of our readers have been in touch with us. Our readers find our information so useful that they readily translate it into 44 languages, many of them being local tribal languages.”

Another DPO said that they had always been keen to promote the interests of their impairment group throughout the world, and did this through their newsletter and through welcoming international membership. They felt that their newsletter was a valuable resource to both individuals and groups and concentrated on promoting independent living and keeping the membership informed about developments in equality legislation and research.

There were examples of DPOs forging links with Southern DPOs through international committees, and collaboration on research projects. “We have been able to draw Southern DPOs into discussions with DFID”

Others talked of links made through training initiatives. For example, one had worked with DPOs in India through the British Council and ran a disability-training course for them with DPOs from nine different countries. There were examples both of DPOs becoming involved in development work through NGOs working in the South, and through the DPOs own contacts. “We have worked with DPOs in Mozambique, brokered through POWER a disability NGO, and

DPOs in Bulgaria, Russia, Malta and South East Asia, through our own DPO – DPO contacts. When asked who decides which DPOs to work with there was a mixed response. The majority of the initiatives came from the Northern DPOs to the South, but others said that they were self selecting. “Our original mailing list was the member orgs of DPI, Inclusion International, World Federation of the Deaf and World Blind Union – at the last count our mailing list consisted of over 3,000 addresses in 164 countries.”

Two umbrella DPOs said that most of their member organizations were working with ‘sister’ organizations in the South. But that the decision about which countries to work with was made by the board of the Northern organisation. Another DPO said that on campaigning work they initiated the contacts to consult with Southern DPOs on issues. One DPO said that they responded to requests from Southern DPOs to work with them and also got contracts from NGO and QUANGO organizations to do disability projects.

When asked who decides what work should be done, Northern DPOs said that this was mostly done through collaboration, but that more often than not the lead came from the South. However, the implementation of the project can be influenced by funders and other interested parties. One DPO said that generally, the project plan was first made by the Southern organization. Then it was discussed by both partners and then put into the format required by the funder. It was generally agreed that the process was much simpler when DPOs in the North and South had direct contact. “When working with NGOs it is always a negotiated decision making process. When campaigning and there is direct DPO – DPO contact it is much more equal.”

It was also recognized that there were some disabled people who it was difficult to engage in the decision making process. There are groups whose voices are difficult to get heard. “For instance, deaf persons in the South have had very little access to education and they often lack any language of their own.

DPOs were asked how the work they did was funded and by whom? Development work was funded by NGOs for the most part who in turn were funded by national governments in the North. Some funding was secured from Southern government agencies in the countries concerned. Some funding was filtered down to disability organizations working in development. There was only one instance of a DPO self-funding from fees for work carried out, but this was an isolated example, “There are several problems with this arrangement. It puts DPOs in a sub contracting relationship with INGOs. This means there is no ‘up-stream’ engagement with DPOs by funders. All messages about disability are filtered through organizations ‘for’ disabled people. This does not build the capacity of DPOs as the lion’s share of resources goes to the Northern NGO. The funders need to ask themselves why they fund organizations to work on disability that have no meaningful engagement with disabled people - they wouldn’t do this for gender or race”

“The INGOs raise money in the name of disabled people and then use that to fund core staff to put in funding applications to international development agencies, meanwhile DPOs in both North and South are struggling from hand to mouth to survive. This cannot be a good use of resources or value for money to keep these outdated Northern charities going”

DPOs were asked to describe their experiences of working with DPOs from the South. Who benefited and how? Most respondents felt that Southern DPOs gained more benefit from the work carried out, although Northern DPOs sometimes gained new insights from the experience. Those giving information reported that DP and DPOs in the South appreciated the

information they were given, as they knew it was information from disabled people to disabled people. The DPOs themselves said they in turn benefited from the responses to the newsletter as it provided them with the information they needed to send out the information in the most user-friendly way. "There is a mutual exchange of experiences, learning from each others empowerment processes, learning new methods to work with, and new angles to tackle problems. All partners benefit. "

Another DPO said that their main effort had been to support individuals through their newsletter and in some cases to encourage and support the setting up of organizations run by disabled people themselves.

It was felt that Southern organizations had access (through the work of Northern DPOs) to resources, including financial, which they would not have otherwise, and several commented that both parties benefit. One said: "Our organizations get ideas and see different ways of working and establish partnerships with their peers. Their appreciation in the international level increases to some extent through development projects." And another said that: "The DPO-DPO work is negotiated equally or requested by Southern DPO so benefits are much more shared."

There was much to be learned from each other but this could be inhibited by what might be seen as a power imbalance, or if the project was imposed by an NGO without proper consultation with the Southern DPOs concerned. "One of our projects was unequal and I think we benefited more than FAMOD and the DPOs in Mozambique. Our work was well evaluated but imposed from outside with participation from local DPOs. We had to fight for follow up funding for a micro grant scheme which was never seriously implemented by the NGO." In this case it was felt by the Southern DPOs that their Northern partners saw capacity building only in terms of training, whilst *they* saw the need for complementary support through the cover of core costs that would enable them to implement what they had learnt.

DPOs were asked to describe their experience of working with development agencies and funders – governmental and non-governmental – in support of programmes in the South. DPOs talked of the difficulty of obtaining funding for projects they were involved with. "Our experience has been extremely difficult. As a result we cannot find any more funding to continue." It was suspected by them that funders often had a different agenda to that of DPOs who were closer to what was needed at a grassroots level, or that they lacked confidence in disabled people's knowledge of what was required and their ability to manage the projects concerned. "The funders want to fund grass-roots projects which make good media copy – they are not interested in intangible things like information giving which is difficult to measure in terms of development indicators. They also want the project to be based in a developing country, despite being told by our readers that they don't want to do the work."

Several DPOs said that they had sent in numerous applications for funding turned down. "It has been until recently pretty dire, as in no funding." Many Northern DPOs expressed the view that the idea that disabled people should be involved in development was very new to many people, and that there are many competing issues to be 'mainstreamed'. They said that they had a difficult time explaining why disability was an important issue and in convincing agencies that disabled people can contribute in a positive way to development programs at all levels. "There is a lack of understanding that empowerment and development of the rights of women, men, boys and girls with disabilities and their organizations should be given a much higher priority in the agendas of the funding agencies. There is a growing interest but many funders

still need to understand and learn improved ways to integrate persons with disabilities into their poverty eradication programs and all other programs.”

However, although respondents had experienced problems in their relationships with many development agencies and funders there were some positive exceptions. “We have had relatively positive experiences working with the British Council who adopt a human rights based approach and respect the expertise of disabled people.” With some government organizations there had been difficulties until recently but due in part to the campaigning and lobbying undertaken by DPOs a shift in attitude by certain staff had been noticed, but there was still a long way to go.

DPOs were asked whether disabled people & DPOs were included upstream (at an early stage) in the design delivery and management of disability and development projects. Those respondents who were involved in the field of information exchange felt that as the organizations concerned were controlled and run by disabled people themselves it was easy to set the agenda and deliver what was required. “As we are an organization OF disabled people, design, delivery and management of all our activities come from disabled people themselves.” “Our board is made up of disabled representatives of the INGOs, they and our readers decide the design and delivery. Management is done by the staff – all of which are disabled people.”

However other DPOs experienced problems due to the negative attitudes of NGOs and INGOs towards the involvement of disabled people at an early stage in development work. This was seen as a direct consequence of a lack of disabled people in influence or positions of power in the development agencies, and because of this the agencies were geared to the NGO lobby. Another issue identified was a tendency of development agencies to engage with individuals who happened to be disabled rather than representatives of disability organizations. “The DFID should be engaging with the disability movement not disabled individuals unconnected with it.” A perceived lack of capacity in Southern DPOs was also identified as a possible problem. “Lack of education means that there are few disability activists able to make their voices heard.” “Lack of networks. Organizations not strong enough in the country and not well known to the authorities and funders.”

It was also felt that many Northern DPOs did not look beyond work in their own countries. Others said that there was a lack of global awareness in the Northern DPOs where work on development is perhaps not always seen as very important. One DPO said that there seemed to be growing cooperation amongst DPOs, which gave possibilities for cooperation – instead of competition – across organisational barriers.

DPOs were asked how DPO involvement had been achieved – e.g. lobbying, advocacy etc and at what level e.g. policy, delivery, management etc DPOs agreed that awareness raising of rights issues with DPOs both North and South was key to better DPO involvement. The introduction of The International Day of Disabled People was thought to have played an important part in putting disability equality on a global stage.

Respondents talked of the value of persistent lobbying by DPOs of their governments and other development agencies. “Lobbying and advocacy are needed at all levels.” Those organizations involved in producing newsletters talked about how an information exchange could strengthen arguments and encourage action against injustice. “Through our resource kits we have shown how disabled people can be involved in lobbying, consultation and influence and we have given them evidence to back up their arguments and encouragement in taking action”.

Training workshops were also felt to be instrumental in capacity building, and increasing DPO involvement at all levels. “We have also done training workshops in Africa on the media and human rights, worked with the BBC World Service on several programmes throughout Central and Eastern Europe and Africa. We participated in two TV programmes on the situation of disabled people in Africa that appeared on prime time TV on the BBC and CBC.”

It was also felt vital to engage with real allies within NGOs and INGOs. “Through campaigning at organizations like the BC and DFID and by having allies inside who recognize that disabled people and DPO involvement is essential. “ One DPO could see a strong link between the growth and strength of their own DPOs and how that had impacted upon the international movement. “The progress of the disability movement in (our country) has made it possible for us to be in international cooperation. This has also been reflected in our involvement in development.”

They could see a clear progression; Domestic advocacy -> European advocacy -> Worldwide advocacy. “Our advocacy work has also resulted in our Ministry for Foreign Affairs adopting a document where it commits to the importance of mainstreaming disability in all development cooperation.”

However, they did add that this document still remains mainly on paper and most of the action remains to be seen. It was a beginning. Another DPO said that increased involvement had been achieved through the strengthening of organizations of disabled persons in the South in various ways through projects with sister organizations, including training in advocacy and lobbying work, information and media activities. At the same time as lobbying and advocacy in their own country by the member organizations and umbrella group of their government.

DPOs were asked what they thought were the obstacles to DPOs building their own and each others capacities – North/South & South/North. Respondents pointed to an entrenched attitude amongst Northern agencies that ‘charity will deal with the problem’ when it comes to dealing with disability issues in the South, which results in funding being directed towards NGOs and away from DPOs in both the North and the South who are endeavouring to engage in the development process.

Others cited the strength of organizations *for* disabled people and the funding they attract from governmental organizations, saying this was a real obstacle to DPO involvement, together with a lack of awareness on disability in mainstream organizations. One DPO said that: “if disability is thought about, then the approach is rather charity based.” Another said: “Our organizations are broke and cannot get funding because there is no level playing field. The NGOs raise money in our name and use this to fund businesses that clean up the resources.”

There can be problems caused by lack of co-operation between DPOs in the North who do not work beyond their impairment group. One DPO said: “There is a lack of awareness of the importance of cross disability work within Northern DPOs. Mostly it is the blind helping the blind, etc. “ Others agreed that sadly there was often a lack of awareness about development within Northern DPOs and an attitude of ‘we have our own problems up here, lets deal with those first, and then we can start thinking about development’.

Disabled people themselves can also be victims of the negative ideas about their capabilities and worth in society. Being subject to the many myths, fears, and stereotypes, which surround disability and result in exclusion, oppression and a low status in all areas of life and society,

can mean a lack of confidence and involvement at all levels. "Funding of course and also perhaps cultures negative to disabled people and a lack of role models in some countries. "

Lack of funding for DPOs generally was identified as one of the main obstacles to capacity building both internally and externally. Several DPOs said that the problems were "lack of funding, lack of capacity, and being excluded from mainstream development." Others expressed it this way, "The problem is a lack of funding for both North and South organizations and lack of regular systems of bi-lateral communication. Although technically we could do this, it doesn't happen."

Disabled people were not seen as a priority issue. The fact that disability issues are not integrated/ mainstreamed into each sector with disability organizations as experts (education, employment, culture, media etc) was identified as a key issue by several DPOs.

DPOs were asked to describe any experiences they had of shaping/influencing governmental and aid agencies policies and procedures. All those who responded felt that their activities had influenced governmental and aid agency policy and procedure in some way. Some organizations felt they had made their mark more 'at home' in getting legislation in place to protect the rights of disabled people and in helping to shape high profile agencies in their dealings with disabled people.

DPOs talked of involvement in numerous successful solo and joint campaigns to achieve legislative and regulation changes in the UK. For example the Rights Now campaign which was chaired by one of their representative for the 10 years leading up to the Disability Discrimination Act 1995. "We continue to work with BCODP for full civil rights for disabled people."

Another DPO said that their influence had resulted in their government signing up to a commitment to disability issues. One DPO is currently working with the Department for International Development (DFID) in the UK to review their policy and practice in four areas of its work and hope to see this process translated into action. "We have been campaigning and lobbying to improve its approach to disability and development. Following two initial meetings between DFID and a number of disability NGOs, we were able to convince DFID that they needed to talk to the disability movement separately. "They are currently carrying out a consultancy with DFID on four areas of its work. The recruitment strategy on disability, development of their Disability Equality Training, challenges and opportunities for them to mainstream disability throughout their development policy, and the Information and Civil Society Department (ICSD)'s application, assessment and approval processes for the Civil Society Challenge Fund (CSCF).

Other DPOs said that they felt they had played a part in influencing national policies and legislation in many countries through the activities of their readership. One DPO gave examples of readers who had taken leadership roles in the Asian and Arabic Decades and been instrumental in the elaboration of the Inter-American convention on the elimination of all forms of discrimination against disabled people. Another gave as an example the pressure they had exerted to ensure that the International Day of Disabled people were focused on human rights not charity.

DPOs were asked what they thought were the challenges for Northern DPOs in disability and development in both the North and the South. There were some challenges that applied to both the North and the South, and these were seen as being:

- Capacity building: “If disabled people’s voices are really to be heard, then organizations OF disabled people should be encouraged to set up and be properly funded by their governments, and consultation should be weighted towards and primarily through these organizations.
- To look for funding from a broader base: “We also rely, as do most other DPOs on the largess of agencies like DFID, and this can mean we are hampered in having a go at them for fear of losing our funding.”
- To build up our evidence base, there is need not to work only with single impairment groups and “To stick to our principles and not compromise because society would feel more comfortable.”
- To work for real social change, “being heavily resourced by your Northern government (or other agencies) is not necessarily the road to liberation when it is not supported by social change, rights and enforceable legislation.”

Particular challenges identified for the North were seen as being:

- Not to be arrogant, “Not to behave like the development agencies and go in thinking they know it all”
- To raise awareness amongst DPOs in the North about development issues.
- To find ways of working on an equal footing with DPOs in the South.
- To acknowledge that DPOs in the North can learn from those in the South.
- To learn to work with real allies, “To identify progressive partnerships and to try to cross barriers.”

Particular challenges identified for the South were:

- How to make sure new policy translates into practice, “How to make lip service into action.”
- “To stop apologizing and thanking.”

3.4. Section D: Zimbabwe and South Africa Disabled Persons Sampled

Specific features related to people with disabilities that were interviewed during the research study is provided in the following section. The statistical data in this section was not based on a head count of all disabled people in each country.

This data was useful in enabling the researchers obtain some insights and perspectives of individuals with disability on whether or not their voices were being heard in the development process.

3.4.1 Demographic Characteristics for Sample of Individuals with Disabilities

In Zimbabwe a total of 501 people with disabilities were surveyed in the country’s ten provinces. Mashonaland East had the highest number of people with disabilities 17%, Matabeleland South 12%, Manicaland and Mashonaland Central with 11% each. Matabeleland North and Mashonaland West with 9% whilst Masvingo and Bulawayo with 8% each. Harare had the lowest number 7%. Distribution by province seems as people with disabilities are all over the country. South Africa surveyed 215 people with disabilities from five provinces.

Table 3.16: Distribution of the sample-disabled persons by sex

Sex	Zimbabwe	South Africa	Total for two countries

	N	%	N	%	N	%
Male	213	43	101	47	314	44
Female	288	57	114	53	402	56
Total	501	100	215	100	716	100

In Zimbabwe there were more females 57% compared to males 43% of people with disabilities in the sampled areas. The trend was the same in South Africa with 53% females and 47% males. Overall for the two countries females percentage was high 56% compared to 44% males (Table 3.16).

As indicated by the Zimbabwean 2002 Census, Preliminary Report (CSO) that there are many females compared to males in Zimbabwe, this research also concluded that there are more females with disabilities than males.

This could be true as the women population is high than men world-over. Also it is safe to conclude that there are more women with disabilities than men. This might be because many women have some complications during reproduction, which might result in disabilities.

Table 3.17: Distribution of the sample-disabled persons by age and level of education

	Zimbabwe		South Africa		Total for two countries	
	N	%	N	%	N	%
Age						
Below 10 years	9	2	9	4	18	3
10 – 20 years	56	11	39	18	95	13
21 – 30 years	141	28	69	32	210	29
31 – 45 years	159	32	62	29	221	31
46 - 65 years	73	15	22	10	95	13
Above 65 years	63	13	15	7	78	11
Total	501	100	215	100	716	100
Education						
No Formal education	165	33	54	25	219	31
Primary school level	113	23	43	20	156	22
Secondary school level	138	27	73	34	211	29
Advanced level	20	4	22	10	44	6
Tertiary	65	13	12	7	77	11
Other	0	0	9	4	9	1
Total	501	100	215	100	716	100

In Zimbabwe, most respondents were in the 31 – 45 years age group 32%. Followed by those in the 21 - 30 years age group with 28%. Elderly disabled persons were 13%. (Table 3.17). Children below 10 years were only 2%. The trend is the same in South Africa most respondents were in the 11 – 30 years age group 30% followed by 31 – 45 years age group 29%. Most respondents from both countries 73% are in the productive age. Therefore they could actively contribute to the development of their countries.

Table 3.17, indicates that most 33% of respondents in Zimbabwe had no formal education followed by those with secondary school education 27%, whilst 23% had primary school education. Thirteen percent had tertiary education. In addition to formal education, there were two respondents with additional qualifications such as farmer certificates. For South Africa,

34% of respondents have Secondary education followed by 25% with no formal education whilst 20% has primary education.

The low level of education of respondents indicates that formal employment may be very difficult for them to get. The respondents might be difficult to train in projects that require high literacy levels. These low education levels might be the major cause of poverty and also could be the result of poverty. The Zimbabwean 1995 Poverty Assessment Survey highlights that poverty is highly associated with low level of education.

The trend is the same with South Africa as the number of respondents that never went to school or less than standard five was greater than those that attained standard 6 or better in the rural sample. However in contrast, a majority of the respondents in the urban sample had attained at least Standard 6 or better. The rural group of people with lower education levels (less than standard 5) largely consisted of people above the age of 30. Seven people out of the nine respondents that had attained less than standard 5 in the urban area were also 30 years or older. Perhaps one would argue that that is not uncommon owing to South Africa's history prior to 1994 especially in the Eastern Cape where developments in education for the African race were lagging far behind all the other races.

Also the South African study revealed that people with disabilities are among the least educated and most of them do not have any skills. This is particularly sad as chances for employment are even less for them, taking into consideration that there is a gap in the market of any real organisations focusing on skills development for people with disabilities.

In Zimbabwe 65% of 501 respondents indicated that they are not members of any Disabled Organisations compared to 35% who are affiliated to one or more Disabled Persons Organisation. Periods of being members of disabled persons organisation varies. Forty-eight percent of respondents have been members for more than five years and the least 14% have been members of these organisations for less than one year.

The trend is the same with South Africa as few disabled persons are members of Disabled Organisations. This trend is more common in rural areas, as most DPOs are situated in urban areas. This makes it different for rural inhabitants to know that there are DPOs representing their rights in society.

This might mean that people with disability in the Zimbabwe and South have less knowledge of affiliation benefits or they might not have the knowledge of the existence of such organisations and how they could be assisted. Some might deliberately not join DPOs as they feel that they are being used for the benefit of donors and the DPOs leadership. They argued that since the inception of DPOs years ago their lives have not changed. They are still living in abject poverty. There are a number of reasons of not being members such as their low level of education; poverty, they cannot afford membership fees and transport cost to visit the organizations.

Table 3.18: Sources of livelihood for Zimbabwe and South Africa persons with disabilities

Response	Zimbabwe		South Africa		Total for two countries	
	N	%	N	%	N	%
Relatives/Friends	204	62	65	30	269	49
Have an income generating project	43	13	22	10	65	12
Government grants	16	5	116	54	132	24

Local donors	6	2	6	3	12	2
International donors	2	1	2	1	4	1
Employed	52	26	2	1	54	10
Other	6	2	2	1	8	2
Total	329	100	215	100	544	100

Most of the Zimbabwean respondents 58% of the 329 respondents who answered this question indicated that they were receiving fund for livelihood, mostly from relatives and friends. The relatives are parents, bothers and sisters. Very few 26% were employed. Only 2 respondents indicate that International donors were funding their livelihoods. Local donors were catering for six respondents 2% from the respondents. Sixteen percent of the respondents were receiving Government grants (Table 3.18.). They indicated that the grants were too small for them to afford a living. The grant is not even enough for their bus fares to and from the Social Welfare offices. Those who are not receiving funding for their livelihood were in institutions where everything is being provided for.

In South Africa it seems, as most of people with disabilities 54% are entitled to a disability grant. Thirty percent of the respondents depend on relatives or friends for a living. Only 10% of the respondents have income generating projects. The respondents indicated that the disability grant is not enough to cover their expenses such as school fees, food among others. The situation is the same in the two countries.

Although progress has been made in South Africa, in terms of enacting laws promoting equity for all in employment, people with disabilities remain marginalized and discriminated in this country. This is evidenced by the number of respondents 1% who indicated that they are employed. Legislation, policies, job creation initiatives and various mechanisms specifically targeted at equalizing opportunities for disabled persons to access employment have not succeeded due to many existing barriers.

In both countries, a negligible number of people with physical disabilities are visible in semi-skilled or clerical jobs as compared to the total absence of people with other forms of disabilities such as blind and deaf people and people who suffer from epilepsy and mental illnesses.

From the survey, in both countries very few respondents 17% are working with other organisations that are not DPOs in their respective areas. Eight-three percent indicated that they do not associate themselves with any other organisations. It was revealed that DPOs in Zimbabwe do not offer any assistance to their members. With only 28% of the total 50 respondents indicating that they benefit from Peer group education, vocational training, workshops and education. One respondent indicated that he is receiving a living grant from his DPO.

People with disabilities in Zimbabwe were asked to indicate whether they are being involved by their DPOs in the organisation's planning process, on 53 respondents 10% of 501 respondents said "yes". They went on to indicate that they were involved by attending Annual General meetings, Workshops and Conferences. Other reasons of their non-involvement were given as lack of funds 62% of the organisation or lack of transparency from the leaderships 23%. Most of them 77% do not network with any other organisations in their areas or beyond.

In South Africa people with disabilities indicated that they are not involved in the planning process 72%. Those involved cited attending Annual General meetings, Workshops and

Conferences as their involvement. The South Africa respondents revealed the same reasons cited in Zimbabwe.

3.4.2. Disabled Persons Environment

The issue of government not offering a conducive environment for people with disabilities was asked. A total of 390 respondents out of 501 78% in Zimbabwe indicated that the environment was not conducive for people with disabilities. Those who indicated yes (64 out of 501) respondents said that they are receiving devices from Government at reasonable prices 29%, education 27%, vocational training 23%, employment 15% and counselling services 5%. Forty percent of the respondents indicated that government does not consult them on policy issues and 51% indicated that they do not know any thing. Only 9% indicated that government does consult them on policy issues. This trend is the same in South Africa where a number of legislation has been passed.

The survey probed whether there was a difference in handling disability issues between the North and the South countries, 57% indicated that there were differences and 4% said there is no difference. Thirty-nine percent do not know whether there were differences or not. The same sentiments were echoed by the South African respondents with 55% indicating yes and 45% do not know. To find out whether People with disabilities were aware or are being consulted by government, they were asked to indicate policies that were put in place by Government. It was sad to note people with disabilities are ignorant about policies. Only 27 respondents indicated Disability Act as a policy. There are some that indicated that Disability is not disability and the Africa decade is government policies.

It might be true that most respondents do not know about the difference due to their low levels of education and the fact that most of them are not members of disabled organisations – therefore they do not know anything about issues that affect them. Also they live in rural areas where there are no DPOs representing them.

In South Africa respondents seem to know a number of policies 64%, which are in place even though they are not consulted in the planning process 89%. Other essential policies with disability components include:

- The Employment Equity Act;
- The Labour Relations Act;
- Amendments to the Social Security Act;
- White Paper on Special Needs Education;
- Rehabilitation White Paper; and
- Convention of the Rights of the Child.

Table 3.19: Knowledge of Disability Programmes in place

Programme	Zimbabwe				South Africa			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Disability Decade	108	22	393	78	60	28	155	72
Poverty Reduction Strategies	68	14	433	86	150	69	65	31
Millennium Development Goals	29	6	472	94	32	15	183	85

Policy formulation with Government	24	5	477	95	146	67	147	29
IMF/World Bank Structural Macro-economic policies	32	6	469	94	2	1	213	99

Most respondents in Zimbabwe are unaware of all the programmes that are being put in place by the United Nations and other international organisations as indicated in Table 3.19. Respondents were asked whether the programmes were helpful for them, on 25% of the 501 respondents indicated yes. Seventy-five percent they are not benefiting from these programmes.

Most of them they have know about these programmes through their DPOs and the media. Some have come to know them through the Government. The churches seems do not know have any impact when it comes to disability issues as only 3 respondents indicated that they came to know these programmes through their churches.

In South Africa the knowledge of the programmes is better in urban areas compared to the rural population.

Table 3.20: Major Difference between North and South countries

Response	Zimbabwe		South Africa	
	N	%	N	%
Devices are easily available in the north	455	90	163	76
The North provides its DPs with disability grants	313	62	194	90
Buildings are accessible	448	89	118	55
There are MPs with disabilities	329	65	45	21
There are Ministries responsible for disability issues	410	81	71	33
Equal education and Employment opportunities	497	99	172	80

In Zimbabwe, respondents indicated major differences between the North and the South as indicated in Table 3.20 above. Most of the respondents 99% indicated that equal education and employment opportunities are better in the North than in the South countries followed by easily availability of devices in the north 90%, accessibility of buildings 89%, there are Ministries responsible for disability issues 81%. There are MPs with disabilities 65% and the North provides DPs with disability grants 62% are some of the responses. In South Africa, respondents felt that the North provided its DPs with disability grants 90% followed by Equal education and Employment opportunities 80%.

From this analysis one can conclude that people with disability are aware of the difference that exists between the north and the south countries. Also it means that people with disabilities do not want to live on handouts, they want to be gainfully employment.

People with disabilities felt that they should be involved from the planning up to the implementation stages of these programmes. Some felt that all grassroots people should be involved and that Government and donors should work together for the betterment of people with disabilities.

Chapter 4: Conclusion and Recommendations

4.1. Conclusion

Generally, in Zimbabwe and South Africa the development / implementation of disability policies within government departments at both national and provincial levels are at a very infant stage with the majority of departments / municipalities having draft or no policies at all. Where policies exist, such policies are generally not backed up by funded strategies hence no meaningful implementation of these policies has occurred. Hence, the voices of disabled people in the South are not heard and acted upon. In the north there is involvement in numerous successful solo and joint campaigns to achieve legislative and regulation changes. Some have successfully influenced their governments to sign up their commitment to disability issues. Therefore, the North's voices are starting to be heard but more needs to be done.

The conclusion of this study centres on the major focus and questions of the research:

- What is the extent to which disabled individuals and Disabled People's Organizations are involved in strategies, policies and funding for addressing the poverty of disabled people?
- Have the voices of DPs been heard, listened to, and acted on in the development process?
- Are disabled people and organizations of disabled people involved upstream in the design and delivery of pro-poor policies and programmes?
- What is the relationship between Northern and Southern DPOs in the development agenda and process?

The study undertaken in South Africa, Zimbabwe, UK and Europe has produced data on whether Disabled People's voices are being heard in the development process. In Zimbabwe, there is no person with disability holding a high office as a Minister or Director or Member of Parliament. Even the Zimbabwean Constitution does not have anything in favour of disabled persons. In South Africa policies are in place and disability issues are being dealt with but most of these policies are still just on paper with little implementation.

Most DPs are not aware of policies, which have been put in place by their governments; partly due to that fact that DPOs presently lack adequate capacity to work with DPs at grassroots level. Also the different tiers of governments are not raising awareness enough on disability issues for effective implementation. The study also revealed that the governments have no resources to undertake disability programmes and do not always prioritise disability work despite the existence of policies. This is the same situation with donors, as they too do not have any specific programmes or policies targeting disability issues.

In Zimbabwe issues of disability are treated as social welfare issues. Therefore anything to do with disability is referred to the Ministry of Public Service, Labour, and Social Welfare. In South Africa disability is a cross-cutting issue. Comparing the two countries, South Africa is much better compared to Zimbabwe in terms of policy development and political will to address the problems faced by people with disabilities.

The relationship between the Northern and Southern DPOs is ranked as good but the southern DPOs complained that the Northern donors come in with tailor-made programmes, which in some cases are being imposed on them even though they are requested to contribute on the funding proposals or are asked to attend initial funding meetings. They feel that they should be more involved and the programmes should support the Southern DPOs by empowering them. Some DPOs are aware of the UN programmes but most DPs are not even aware of these policy instruments.

Northern DPOs indicated that their relationships with DPOs in the South are good as they provide them with their newsletters and they receive back requests for advice or information. They cited that they work through collaboration. They complained that NGOs and INGOs were not taking disability work seriously and there are DP groups whose voices are difficult to be heard, for example the deaf persons in the South have had very little access to education as they often lack any language of their own.

The UK and Europe also felt that disabled people and DPOs in the South had a need for up to date information from the North about their rights and how to implement them. There is also need to capacity build the Southern DPOs.

Most of the DPOs sampled are at ward and district levels in both countries. The majority of donors target national and regional DPOs for funding. DPOs at ward level depend on membership fees and local donations but at the same time they do not network with any other organisations. This is largely due to the lack of resources to network and low levels of education among their members. The study revealed that most DPs either have primary education or have never been to school.

The survey revealed that most Disabled Persons in the sample are not members of the Disabled Person Organisations. They are not even aware of the functions of DPOs. This might be attributed to the sampling methods used or individual perceptions of the inability to address 'bread and butter' issues due lack of resources.

In Zimbabwe, most of the DPs interviewed depended on relatives or friends for their livelihoods. Very few eligible DPs receive living grants from their respective governments. The grants are very small. In Zimbabwe the grant is not even enough to pay for bus fare to and from the Social Welfare offices. In South Africa, the disability grant is still far below the minimum wage and recipients are not able to cover all their living expenses.

On the issue of employment very few disabled people in both countries are gainfully employed. Despite, the fact that there are better employment policies in South Africa, only 1% employment target has been achieved by all employers.

Very few are deriving real benefit (in terms of access to basic necessities of life) from donors or DPOs.

All the DPs and DPOs sampled in Zimbabwe felt that developed countries have better disability policies in place and their respective governments are implementing these policies. They indicated that in developed countries, people with disabilities could easily access government living grants; devices; employment and buildings are accessible. In South Africa, DPOs are generally satisfied with the policy formulation process and at least satisfied with the implementation thereof. In Developing countries, there are no devices; this was evidenced during the research in some rural areas in Zimbabwe where people with mobility impairment are

using wheelbarrows. In the capital Harare, very few buildings if any are user friendly. To drive this point home, the country's President's office is inaccessible.

On the issue of funding, the UK and Europe DPOs cited that development work was funded by NGOs, whom in turn were funded by their national governments in the North. They complained that INGOs raise money in the name of disabled people and then use that to fund core staff to put in funding application to international development agencies meanwhile DPOs in both North and South are struggling from hand to mouth to survive.

The UK and Europe DPOs revealed their experience of working with DPOs from the South. They felt that Southern DPOs gained more benefits from the work carried out, although Northern DPOs sometimes gained new insights from the experience.

The survey concludes that, in real and significant terms, the voices of People with disabilities are not being heard. Disabled people and organizations of disabled people in Zimbabwe are not involved upstream in the design and delivery of pro-poor policies and programmes. While DPOs in South Africa are involved in the design of policies and strategies, and are represented in key structures, such involvement and representation is not backed up with adequate capacity and resources to make policies / legislation work for the benefit of people with disabilities on the ground.

In the UK and Europe more work needs to be done even though there are some positive changes towards mainstreaming disabilities issues. Most of the DPOs felt that people with disabilities were not seen as a priority. The fact that disability issues are not integrated / mainstreamed into each sector with disability organizations as experts, was identified as an issue by several DPOs. It was revealed that there were some challenges that applied to both the North and the South DPOs. These were highlighted as:

- Capacity building: "If disabled people's voices are really to be heard, then organizations of disabled people should be encouraged to set up and be properly funded by their governments, and consultation should be weighted towards and primarily through these organizations.
- To look for funding from a broader base: "We also rely, as most other DPOs do, on the largess of agencies like DFID, and this can mean we are hampered in having a go at them for fear of losing our funding."
- To build up our evidence base, there is need not to work only with single impairment groups and "To stick to our principles and not compromise because society would feel more comfortable."
- To work for real social change, "being heavily resourced by your Northern government (or other agencies) is not necessarily the road to liberation when it is not supported by social change, rights and enforceable legislation."

4.2. Recommendations

The following recommendations are made in the light of the survey findings:

- a. Need to promote inclusion, integration and human rights of disabled people through a variety of strategies that include the following:
 - Conducting advocacy targeting politicians, senior management, and other decision-makers within government and civil society in order to create awareness, appreciation,

and implementation of disability policies/ legislation as part of the development process. Internal disability awareness work is recommended within government and particularly municipalities ultimately responsible for delivering services to people with disabilities.

- Disability training at all levels of government based on more in depth analysis of the disabled people's and DPOs' needs in order to develop the required change in attitudes and competencies to work effectively with disability issues.
 - Support the development and effective implementation of disability sensitive and inclusive policies and legislation.
 - The development and implementation of systems and tools at all keys levels of government and appropriate civil society organisations is required in order mainstream disability; and improve the monitoring, and evaluation of disability outputs/ indicators.
 - It is recommended that DPs and DPOs should have increased access to and dissemination of information on benefits that are conferred to people with disabilities by existing legislation.
 - Networking, inter-agency cooperation, and information sharing among government departments, donors, DPOs and DPs should be promoted.
- b.** DPOs should be given resources to implement activities and disseminate information on the African Decade for Person with Disabilities (1999 – 2009) and other policy instruments that enhance their engagement and participation in the development process.
- c.** Donors should target Disabled Persons Organisations for support, particularly programmes and projects that enforce the rights of people with disabilities and development of grassroots initiatives that address poverty reduction, economic empowerment, and employment creation.
- d.** Constructive partnership relationships should be forged between DPOs in the North/ South and with donors. As far as possible, funding should not come with unreasonable restrictions and conditions.
- e.** DPs and DPOs should be fully involved in the planning, implementation, monitoring, and evaluation processes.
- f.** It is recommended that planning processes aimed at generating disability objectives, outputs and indicators that are relevant to the needs of people with disabilities be implemented with the active involvement of the disability movement.

In relation to the municipal level of government, it is recommended that:

- i. Given the fact that municipal management, councillors and DPOs require a good level of awareness of disabilities legislation and policies, it recommended that each municipality should plan and implement awareness-raising and strategic planning processes linked to the objectives of current legislation and policies with disability components.

- ii. Dedicated resources in the form of skilled personnel, capacitated DPOs, and budget allocations are required and recommended to support the disability programming and implementation processes.
- iii. Comprehensive disability strategies should further be mainstreamed in Integrated Development Plans (IDPs) or other similar strategies.
- iv. Municipalities should plan programmes and strategies that ensure the full and equal participation of people with disabilities in key employment creation and other municipal programmes that enhance the well being of members of the community.
- v. Monitoring and evaluation systems are essential in determining success and challenges in the implementation process. It is recommended that:
 - Disability indicators, outputs/outcomes should be incorporated in the performance management system for municipal managers and other senior personnel.
 - DPOs should be capacitated to enable them to play an effective monitoring and evaluation role.
- vi. In addition to local strategies to secure resources for programmes, municipalities should implement bi-lateral, twinning, and other resource mobilisation initiatives in order to increase the amount and coverage of funding available for disability strategies, programmes, and projects.

END OF REPORT

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Appendices

Annex 1

Government Departments Questionnaire

Q1. Ministry/Department:

Q2. What services do you provide to Disabled organisations or disabled persons?

.....
.....
.....

Q3. How do you select Disabled persons/organisations you offer services?

.....
.....

Q4. Does your projects/programmes targeted for people with disabilities

1. Yes ☐ 2. No ☐

Q5. If yes in Q4, state activities/programmes:

1.
2.
3.
4.
5.

Q6. Do you work with other government departments on disability issues? 1. Yes ☐ 2. No ☐

Q7. If Yes in Q6, state list them:

.....
.....

Q8. Do you involve Disabled organisations in your planning processes? 1. Yes ☐ 2.No ☐

Q9. If Yes Q8, explain involvement:

.....
.....

Q10. If No in Q8, state the reasons for not involving DPOs:

.....

.....

Q11. Do you network with other local, regional and international DPOs? 1.Yes ☐ 2. No ☐

Q12. Do you think there is a difference on the way disability issues are tackled between developed and developing countries? 1.Yes ☐ 2. No ☐

Q13. If yes in Q12, state major differences?

.....

.....

Q14. Are there any different policies in place for developed and developing countries?

1. Yes ☐ 2.No ☐

Q15.If Yes in Q14, state some of the policies:.....

.....

.....

Q16. Are you happy with disabled persons policies being put in place with world bodies?

1. Yes ☐ 2. No ☐

Q17. If No in Q16, why

.....

Q18. Are you aware of these programmes?

1. Disability Decades
2. Poverty Reduction Strategies
3. Millennium Development Goals
4. Policy formulation process with Governments, development agencies and private sector
5. IMF/World bank induced structural Marco economic policies

Q19. Are these programmes helpful to your department? 1.Yes ☐ 2. No ☐

Q20. How are DPs going to benefit from these programmes?

.....

.....

Q22. Do you think disability issues are being considered with these programmes?

1.Yes ☐ 2. No ☐

Q23. If No in Q22, please explain how best they could be structured for the benefit of people with disabilities?.....

Q24. Comments

Thank you

Annex 2

Donors Questionnaire

Q1. Name of Organisation:

Q2. Period of operation:

Q3. What services do you provide?

Q4. Do you fund any disability activities? 1.Yes ☐ 2. No ☐

Q5. If yes in Q4, state funded activities/programmes: 1.
2.
3.
4.
5.

Q6. Do you work with any government departments on disability issues? 1.Yes ☐ 2. No ☐

Q7. If yes in Q6, state areas of co-operation:

.....

.....

Q8. Do you involve Disabled organisations in your planning processes? 1.Yes ☐ 2. No ☐

Q9. If yes Q8, explain your involvement:

.....

.....

Q10. If no in Q8, state the reason for not involving DPOs:

.....

.....

Q11. Do you network with other locally, regionally and internationally DPOs? 1.Yes ☐ 2.No ☐

Q12. Do you think there is a difference on the way disability issues are tackled between developed and developing countries? 1.Yes ☐ 2. No ☐

Q13. If yes in Q12, state major differences?

.....

.....

Q14. Are there any different policies in place for developed and developing countries?
1. Yes ☐ 2. No ☐

Q15.If yes in Q14, state some of the policies:.....

.....

.....

Q16. Are you happy with disabled persons policies being put in place with world bodies?
1. Yes ☐ 2. No ☐

Q17. If No in Q17, why are you not happy?

.....

Q18. Are you aware of these programmes? 1. Disability Decades
2. Poverty Reduction Strategies
3. Millenimum Development Goals
4. Policy formulation process with Governments, development agencies and private sector
5. IMF/World bank induced structural marco economic policies

Q19. How did you come to know about them?

Q20. Are these programmes helpful to your organisation? 1. Yes ☐ 2. No ☐

Q21. What do you expect to benefit from these programmes?

.....

.....

Q22. Do you think disability issues are being considered with these programmes?
1.Yes ☐ 2. No ☐

Q23. If No in Q22, please explain how best they could be structured for the benefit of people with disabilities?.....

.....

Q24. Comments

Q24. Comments

.....

.....

Annex 3

The South Disabled Persons Organisations Questionnaire

- Q1. Geographical areas of operation:
1. International level
 2. Regional level
 2. National level
 3. Provincial level
 4. District level
 5. Village level
 6. Ward level

- Q2. Period of operation:
1. less than 12 months
 2. 13 months to 36 months
 3. 37 to 60 months
 4. more than 60 months

- Q3. What services do you provide?
1. Advocacy
 2. Networking
 3. Peer group education
 4. Income-generating projects
 5. Micro-finance
 6. Provision of devices

- Q4. State sources of funding:
1. Membership fees
 2. Government grants
 3. Local donors
 4. International donors
 5. Other (specify)

Q5. Do you work with development agencies in the North in support of programmes in the South?

1. Yes ☐ 2. No ☐

If yes please Q5, please state programmes and duration of funding:

	Programmes covered	Duration of support
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Q6. What has been your experience of working with these development agencies?

1. Excellent
2. Very good
3. Good
4. Poor
5. Very poor

Q7. How are the Southern DPOs involved in shaping these programmes? 1. Giving input

2. Attending meetings
3. Never consulted
4. Other (specify).....

Q8. What level of consultation is in place?

1. High
2. Moderate
3. Low
4. None at all

Q9. Have your DPO carried out advocacy and lobbying work in the field of development cooperation?

1. Yes 2. No

Q10. If yes what tactics did you use?

.....

.....

Q11. What tactics were more effective?

.....

.....

Q12. What is your understanding and experience of dealing with development agencies from the North?.....

.....

.....

Q13. How were Southern DPOs involved?

.....

Q14. Which development agencies were targetted?

Q15. Why were these agencies selected?

Q16. What was the impact of your campaign?

.....

Q17. How best can DPOs in the North support your advocacy efforts?

.....

.....

.....

Q18. What is the nature of relationship between your organisation and funding agencies that support your work?

1. Partnership
2. Mutually benefiting
3. marketing concept approach

Q19. What are the attributes of a successful relationship management strategy with northern agencies that support your work?

.....

.....

Q20. Do your North partners involve you in their planning processes? 1. Yes ☐ 2. No ☐

Q21. If Yes Q 20, explain your involvement:

.....

.....

Q22. If No in Q20, state the reasons why not being involved:

.....

.....

Q23. Are your concerns being addressed by your North partners? 1. Yes ☐ 2. No ☐

Q24. If Yes in Q23, state how:

-
-
-
- Q25. If No in Q23, state what action are you taking so that your concerns can be addressed?

- Q26. Do you network with other local, regional and international DPOs? 1.Yes ☐ 2. No ☐
- Q27. Do you think there is a difference on the way disability issues are being addressed between developed and developing countries? 1.Yes ☐ 2. No ☐
- Q28. If yes in Q27, state major differences?

- Q29. Are there any different policies in place for developed and developing countries?
 1. Yes ☐ 2. No ☐
- Q30.If Yes in Q29, state some of the policies:.....
- Q31. Are you happy with policies being put in place with world bodies? 1.Yes ☐ 2. No ☐
- Q32. If No in Q31, why are you not happy? 1. DPOs are not included
 2. Funding comes with conditions
 3. Do not follow up on the implementation of policies by Southern governments
 4. DPs are not consulted
 5. Some policies are not applicable to South
 6. Other (specify).....
- Q33. Are you aware of these programmes? 1. Disability Decades
 2. Poverty Reduction Strategies
 3. Millennium Development Goals
 4. Policy formulation process with Governments, development agencies and private sector
 5. IMF/World bank induced structural Marco Economic policies
- Q34. How did you come to know about them? 1. Our International partners
 2. The media
 3. Government departments

4. Church
5. Relatives
6. Other

Q35. Are these programmes helpful to your organisation? 1.Yes ☐ 2. No ☐

1. To reduce poverty by including DPs
2. To include DPs in HIV/AIDS issues
3. To create a conducive environment for DPs
4. To provide education for all
5. To be included in the planning of these programmes
6. Other

Q37. Do you think disability issues are being addressed with these programmes?

1.Yes ☐ 2. No ☐

Q38. If No in Q37, please explain how best they could be structured for the benefit of people with disabilities

1. Disabled Persons must be involved from the planning to implementation stage in all sectors of the economy
2. Donors should target grassroots DPOs
3. Information should be disseminated to grassroots DPOs
4. Other (specify)

Q39. Comments

Thank you

Enumerator's name: Date:.....

Annex 4

Disabled Persons Questionnaire

Q1. Your Province:

- Q2. Sex of respondent: 1. Male ☐
2. Female ☐
- Q3. Age of respondent in completed years 1. Below 10 years
2. 10 – 20 years
3. 21 – 30 years
4. 31 – 45 years
5. 46 – 65 years
6. Above 65 years
- Q4. Level of education for respondent: 1. No Formal education
2. Primary School level
3. Secondary level
4. Advanced Level
5. Tertiary
6. Other (specify)
- Q5. Are you a member of any Disabled Organisation? 1. Yes ☐ 2. No ☐
- Q6. If yes Q5 Name Organisation(s):
.....
- Q7. State period of being a member: 1. less than 12 months
2. 13 months to 36 months
3. 37 to 60 months
4. more than 60 months
- Q8. What services does your DPO provide? 1. Advocacy
2. Networking
6. Peer group education
7. Income-generating projects
8. Micro-finance
9. Provision of devices
- Q9. Do you receive any funds for your up keeping? 1. Yes ☐ 2. No ☐
- Q10. If yes in Q9 state sources: 1. Relatives/friends
2. Have an income-generating project
3. Government grants
4. Local donors
5. International donors
6. Employed
7. Other (specify)
- Q11. Do you work with any other organisations, which are not DPOs? 1.Yes ☐ 2 No ☐
- Q12. If yes in Q11 state 1. Local
2. Regional
3. International

Q13. Do you receive any assistance from your DPO? 1.Yes ☐ 2.No ☐

Q14. If Yes in Q13, state kind of assistance:

1. Education grants
2. Living grants
3. Small business loans
4. Vocational Training
5. Workshops
6. Peer group Education
7. Other (specify)

Q15. Does your DPO involve you in its planning processes? 1.Yes ☐ 2.No ☐

Q16. If Yes Q 15, explain your involvement:

1. Annual General meetings
2. Executive Committee meetings
3. Workshops
4. Various Training
5. Other

Q17. If No in Q15, state the reason why not being involved:

1. Lack of funds
2. Lack of transparency from Leadership
3. Other

Q18. Is government offering an appropriate environment for DPs? 1. Yes ☐ 2. No ☐

Q19. If Yes in Q18, state how:

1. Provision of devices
2. Counselling services
3. Suitable transport
4. Education
5. Vocational training
6. Employment

Q20. If No in Q19, state what action are you taking so that your concerns can be addressed?

1. Raising awareness
2. Advocacy campaigns
3. Doing nothing
4. Other (specify)

Q21. Do you network with other local, regional and international DPOs? 1.Yes ☐ 2.No ☐

Q22. If yes Q21, how?

1. Through workshops
2. Through conferences
3. Exchange programmes
4. Funding of your small business
5. Other(specify)

Q23. Do you think there is a difference on ways disability issues are being tackled between developed and developing countries? 1. Yes ☐ 2. No ☐ 3. Do not know ☐

Q24. If Yes in Q23, state major differences?

1. Devices are easily available in the north
2. The North provides its DPs with living grants
3. Buildings are accessible
4. There are MPs with disabilities

5. There are Ministries responsible for disability issues
6. Equal education and Employment opportunities
7. Other (specify).....

Q25. Do government consult DPs when coming up with policies? 1.Yes ☐ 2. No ☐ 3.Do not know ☐

Q26. If Yes in Q25, state policies you know?

Q27. Are you aware of these programmes? 1. Disability Decades 1.Yes ☐ 2. No ☐
 2. Poverty Reduction Strategies 1.Yes ☐ 2. No ☐
 3. Millennium Development Goals 1.Yes ☐ 2. No ☐
 4. Policy formulation process with Governments, development agencies and private sector 1.Yes ☐ 2.No ☐
 5. IMF/World bank induced structural marco economic policies 1.Yes ☐ 2. No ☐

Q28. How did you come to know about them? 1. My DPO
 2. The media
 3. Government departments
 4. Church
 5. Relatives
 6. Other

Q29. Are these programmes helpful to you? 1.Yes ☐ 2. No ☐

Q30. What do you expect to benefit from these programmes?
 6. To reduce poverty by including DPs
 7. To include DPs in HIV/AIDS issues
 8. To create a conducive environment for DPs
 9. To provide education for all
 10. To be included in the planning of these programmes
 11. Other

Q31. Do you think disability issues are being considered with these programmes?
 1.Yes ☐ 2. No ☐ 3. Do not know ☐

Q32. If No in Q31, please explain how best they could be structured for the benefit of people with disabilities in the South?.....

Q35. Comments

.....

Thank you

Enumerator's name:

Date:.....

Annex 5

Are Disabled People's voices from the South and North being heard in the development process?

Guided Interview schedule for Northern Disabled People's Organizations (DPOs)

Q1. How are you/your organisation involved in international development?

Q2. Why did you/your organisation get involved in disability and international development?

The following questions relate to work with DPOs in the south

Q3. Explain your relationship to DPOs in the South

- How do you co-operate?
- Who decides which DPOs to work with?
- Who decides what should be done?

Q4. How is this work funded and by whom?

Q5. Describe your experiences of working with DPOs from the South

- Who benefits from this co-operation and how?

Q6. Describe your experience of working with development agencies and funders – governmental and non-governmental – in support of programmes in the South

Q7. Are disabled people & DPOs included upstream (at an early stage) in the design, delivery and management of disability and development projects?

- If so how?
- If not why not?

Q8. How has DPO involvement been achieved? – e.g. lobbying, advocacy etc and at what level e.g. policy, delivery, management etc

Q9. What do you think are the obstacles to DPOs building their own and each others capacities – North/South & South/North?

Q10. Describe any experiences you have of shaping/influencing governmental and aid agencies policies and procedures

Q11. What do you think are the challenges for Northern DPOs in disability and development in both the north and the south?

Q12. What are the key changes you would like to see around disability and development in relation to:

- Policy
- Funding
- Capacity
- Other?

Annex 6 : Participating Countries

South Africa

United Kingdom

Zimbabwe

2 Northern countries (please provide the countries here).