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GENDER AND SOCIAL SECURITY IN ZIMBABWE: AN ANALYSIS OF THE  
EFFICACY OF SOCIAL SECURITY FOR WOMEN WITH DISABILITIES IN THE  
INFORMAL SECTOR

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BY

FANUEL NCUBE

Supervisor: Dr Rosalie Katsande

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## Abstract

This dissertation interrogates the provision of and access to social security from a gendered perspective with particular reference to women with disabilities in the informal sector in Zimbabwe. This is an area of great interest to the writer who has and continues to interact extensively with women with disabilities at a personal and professional level, being a lawyer at the department of Constitutional and Parliamentary Affairs. The main argument that the writer seeks to earnestly put across is that despite the existence of the principles of equality and non-discrimination, the idealistic notion that women with disabilities have a right to social security on an equal basis with everyone is still a dream whose fulfilment sadly remains uncertain in Zimbabwe. Through disability friendly research methods such as the one the writer chooses to call the sex, gender and disability analysis and the grounded approach, within the rubric of the women's law approach, the writer examines the torrid lived experiences of women with disabilities, mainly in the informal sector, insofar as they access or fail to access social security schemes. Through an integration of information obtained from secondary sources of data such as books, legal instruments, online journals and articles, and data gathered during interviews with women and men with disabilities, women without disabilities and officials from the Department of Social Services in Harare, the capital city of Zimbabwe, the challenges faced by women with disabilities in accessing social security are unearthed. The overall picture obtained from the research findings is that the majority of women with disabilities are excluded from both formal and informal social security schemes due to, *inter alia*, the non-comprehensive and fragmented nature of formal social security mechanisms, the unregulated and inconsistent nature of informal safety nets and constrained financial resources on the part of women with disabilities to contribute to their coverage. This is compounded by the finding that there is no comprehensive disability sensitive social security legal regime that guarantees women with disabilities the right to social security and which they could use to take responsible authorities to task for not providing such social security. Drawing from literature reviewed and primary sources of data, the writer recommends the establishment of a strong constitutional foundation for the respect, protection, promotion and fulfilment of the right to social security. This should be complemented by the enactment of a comprehensive Disability and Gender Sensitive Act. This will set a serious tone which will oblige policy makers to allocate substantial resources towards the funding of long overdue social security schemes targeting women with disabilities.

## ***Dedication***

*To THE One and Only true God, I am wholly indebted to you for the completion of this work.*

*Despite my persistent disobedience to your express will, you have lovingly given me life,  
health and all that I needed to complete this work, Amen.*

*With all humility I also dedicate this work to my grandmother, Masibanda, your illustrious  
material and emotional contribution will forever remain in the annals of history. Your  
spirited prayers kept me going in all my struggles.*

*The love of my life, Tayaruka Ebenezer Nyandoro, I also dedicate this work to you.  
Notwithstanding your gross engagement with the preparations of our Great Wedding Day set  
for the 3rd of July 2016, you have always been by my side. The tireless support you gave me  
in all spheres helped me to come up with this dissertation.*

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Many thanks also to all my 2015-16 SEARCWL colleagues, you have been more than colleagues.

## **List of international human rights instruments**

C102 Social Security (Minimum Standards) Convention 1952 (No. 102)

United Nations Convention on the Rights of Persons with Disabilities

UN Standard Rules on the equalisation of opportunities for persons with disabilities

Universal Declaration of Human Rights

## **List of legislation**

*Republic of South Africa*

Constitution of the Republic of South Africa, 1996

*Zimbabwe*

Constitution of Zimbabwe, 2013

Social Welfare Assistance Act [Chapter 17: 06]

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## **Executive summary**

It goes without saying that women with disabilities are the champions of exclusion as they silently suffer discrimination and social exclusion in virtually all facets of life. This is true insofar as access to and benefits from social security is concerned in Zimbabwe as there exists a huge gap between the ideal, namely, that women with disabilities have or should have a right to social security on an equal basis with others, and their actual lived realities on the ground. This research examines the extent to which the right that women with disabilities have to social security embodied in article 28 of the 2006 UN Convention on the Rights of Persons with Disabilities, which Zimbabwe ratified in September 2013, is realised in the country. It is an exposition of the challenges women with disabilities in the informal sector face in accessing both formal and non-formal social security against their perceived right to social security.

Methodologically, sex and disability friendly research methods, which allow women with disabilities to tell their story, were undertaken within the rubric of the overall women's law approach. Through the sex, gender and disability analysis and the human rights approach, amongst other data collection methods used, the often silent voices of women with disabilities were captured as they related their experiences in relation to access to and benefits from social security mechanisms. The experiences of men with disabilities were also captured to establish whether these resonated with those of women with disabilities with a view to examine the impact of gender in this whole matrix. From an institutional perspective, information on government's social welfare policies and programmes and the measures the state is embarking on to realise the social security rights of women with disabilities was obtained from officials in the Department of Social Services.

Conceptually, there is an apparent contrast between the medical model of disability which to a great degree permeates Zimbabwe's disability legal regime and the social model of disability which forms the foundation of international law in this regard. In terms of the former model, disability is considered as the sole problem affecting persons with disabilities which limits them from enjoying their rights, requiring the rehabilitation of this class of persons to manage their disability. In contradistinction, the social model of disability, while acknowledging the impact of disability, problematises the entire environment created by the society as disabling and hindering persons with disabilities from participating in political,

social and economic activities on an equal basis with the rest of the population. In accordance with this model, the major intervention mechanism is the removal of all barriers that inhibit persons with disabilities from participating in life's activities on an equal basis with others. In this regard, there is a need for Zimbabwe to review its medical-model tainted legal regime and practices and adopt the internationally prescribed social-model legal perspective.

Women with disabilities have been shown to be amongst the poorest of the poor in developing countries, of which Zimbabwe is one. Due to sex and disability, amongst other variables, women with disabilities are susceptible to double if not multiple forms of discrimination as evidenced by their poor access to education and health care, discrimination in employment and social exclusion. As a result, this class of women has poor access to social security as they lack the financial resources required for their coverage and protection, further exacerbating their plight. Such are the cruel lived realities of women with disabilities in Zimbabwe who have very limited means and poor access to all forms of social protection. This unfortunate state of reality requires intervention through the provision of social security mechanisms which, amongst other things, ensure that women with disabilities have access to the basic necessities of life to enable them to lead dignified lives.

Access to and benefits from formal social security schemes by this genus of women is very poor. The majority of social insurance schemes are confined to those in formal employment where women with disabilities are under-represented. Those schemes which have been extended to those outside formal employment still require regular contributions which women with disabilities cannot afford as they are of very limited means and realise subdued dividends in the small trades they are involved in. The social assistance scheme is poorly funded and fails to cater for the needs of needy members of society in general, let alone women with disabilities. It is also not well publicised, resulting in many women with disabilities being ignorant of its existence and the services it offers. In this regard, it is imperative for Parliament to enact a comprehensive, rights-oriented disability sensitive Act which provides for a framework which realises the extra costs associated with disability. Partnerships with international development agencies and donors should be established to enhance the funding of the social welfare assistance programme. When the scheme is properly funded, the Social Services Department should embark on awareness campaigns to ensure that women with disabilities, amongst other disadvantaged and needy groups, are aware of its existence and the assistance they can obtain from it. On the whole, the design,

implementation, monitoring and evaluation of the scheme should ensure that women with disabilities are specifically targeted as they are more prone to poverty in comparison with other disadvantaged groups.

While non-formal social security mechanisms, particularly self-organised safety nets, are the only form of social protection to which the majority of women with disabilities have recourse, seeing that they are concentrated in the informal sector, benefits from these safety nets are far from satisfactory. The manner and extent to which women with disabilities access and benefit from these safety nets is a matter of contestation as this area is poorly documented and has been neglected by the government. As such, the nature, impact and value of these social security mechanisms should be investigated and documented to establish ways in which they could be integrated with formal social security schemes. This could make them more comprehensive, reliable and thus beneficial to women with disabilities.



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## **CHAPTER ONE**

### **1.0 INTRODUCTION AND BACKGROUND TO THE STUDY**

#### **1.1 Introduction**

The traditional dichotomy between the formal and informal sector has led to a similar albeit inaccurate and uncritical categorisation of social security provision. Based on irrefutable statistics that show that the majority of women in Africa are in the informal sector, there is general consensus that formal social security is of little relevance to the majority of women on the continent. Despite the fact that very few seem to draw attention to this fact, this reasoning is equally and even more pronounced of the situation of women with disabilities, who, owing to poor access to education and discrimination in employment, amongst other interlocking factors, are largely concentrated in the informal sector, if in any sector at all. This research locates the provision of and access to both formal and informal social security schemes from a gendered perspective with particular reference to women with disabilities in the informal economy in Zimbabwe.

#### **1.2 Background**

Persons with disabilities have traditionally been perceived as nothing more than alms-askers deserving the compassionate provision of food and clothing to enable them to survive. The few examples of the blind and lame found in the Bible are portrayed as needy individuals located in the busy streets of the ancient world asking for alms from passers-by. Such a state of affairs influenced the development of the medical model of disability which problematised the impairment suffered by the individual and advocated for rehabilitation programmes to help remedy the situation. The 1980s, however, saw a paradigm shift from this conceptual premise towards a social model of disability which problematises the environment as a major disabling factor to persons with disabilities. This saw the amplification in many national constitutions and international instruments of the principles of equality and non-discrimination and the need to remove all forms of barriers inhibiting or hindering women with disabilities, amongst other persons with disabilities, from enjoying their rights and entitlements.

Insofar as Zimbabwe is concerned, its recently enacted Constitution is anchored, *inter alia*, on the principles of equality and non-discrimination and women with disabilities are entitled to social protection on an equal basis with others. Under the national objectives of the Constitution of Zimbabwe, the state is enjoined to provide welfare assistance to persons with disabilities to enable them to lead a respectable and dignified life and to become self-reliant. It is against this background that the efficacy of social security to women with disabilities in the informal sector in Zimbabwe is examined.

### **1.3 Statement of the problem**

Non-discrimination on the basis of, *inter alia*, physical disability and sex is an important tenet of the Constitution of Zimbabwe guaranteeing every citizen equal opportunities, obligations and entitlements at every level. As such, the right that women with disabilities have to access social security schemes on an equal basis with others is no exception and the state is enjoined by the Constitution to take into account the particular circumstances and needs of persons with disabilities in all developmental plans and welfare programmes. It is tragic that despite the realisation that the provision of and access to social security is gendered leading to reforms that have sought to ensure that both women and men equally benefit from social security schemes, there has been no such effort to appreciate and enlist the particular social security needs of women with disabilities. In reality, women with disabilities, much more than those without disabilities, are badly exposed to both present and futuristic contingencies as they are in a quandary of social insecurity. Women with disabilities are by no means special but, owing to their susceptibility to suffer from double if not multiple forms of discrimination due to sex and disability, an equitable provision of social security, of necessity, demands a consideration of their specific circumstances and needs. Sadly, this has been missing in both the provision of social security and social security reform initiatives in the country.

### **1.4 Justification for the study**

While there is a wealth of literature on the impact of sex and gender on the provision of and access to social security, literature on the impact of disability in this regard, particularly in the local scene, is scant. One of the major contributors to the literature on social security in Zimbabwe is Edwin Kaseke who has written a number of articles in this area, particularly on the segmented and non-comprehensive nature of social security schemes and their

exclusionary tendencies. His main concern, as shown in his 1988 article on social exclusion, is the manner in which social security provision in Zimbabwe largely excludes women, the rural population, the elderly and those in low paying jobs. The nature, importance and impact of such variables as disability within gender is wholly missing in his works. Lack of interest in this field by many writers has led to the neglecting of the social security concerns of women with disabilities by policy makers. To remedy this situation, this research, therefore, seeks to interrogate the realities of women with disabilities in Zimbabwe in relation to the provision of and access to formal social security. This will help in bringing to the fore the disability dimension within gender insofar as the provision of and access to social security is concerned.

### **1.5 Research objectives**

The overall objective of this research is to analyse the efficacy of both formal and non-formal social security in respect of women with disabilities. More specifically, I seek to:

1. Establish if there is a correlation between access to and benefits from social security and standard of living.
2. Determine if women with disabilities have very limited access to social insurance schemes because they lack the financial resources to contribute to their coverage during specific contingencies.
3. Interrogate if women with disabilities obtain very little relief from the social assistance scheme due to its small and inconsistent financial disbursements which fail to cover the most basic life needs.
4. Establish if women with disabilities have very limited access to traditional safety nets due to societal prejudices about their ability to reciprocate to other family or kinship members.
5. Investigate if women with disabilities obtain minimal benefits from self-organised social security schemes because they lack adequate financial resources to contribute to self-organised groups for their protection during contingencies.
6. Establish whether or not there is a sound legislative framework governing the provision of social security to women with disabilities.
7. Assess whether or not gender and social security reform in Zimbabwe has taken cognizance of the particular circumstances and interests of women with disabilities.

8. Suggest possible ways in which social security schemes can be accessible to women with disabilities.

## **1.6 Research assumptions**

1. There is a correlation between access to and benefits from social security and standard of living.
2. Women with disabilities do not have access to social insurance schemes because they lack the financial resources to contribute to their coverage during specific contingencies.
3. Women with disabilities obtain very little relief from the social assistance scheme due to its small and inconsistent financial disbursements which fail to cover the most basic life needs.
4. Women with disabilities have very limited access to traditional safety nets due to societal prejudices about their ability to reciprocate to other family or kinship members.
5. Women with disabilities obtain minimal benefits from self-organised social security schemes because they lack adequate financial resources to contribute to self-organised groups for their protection during contingencies.
6. There is a weak legislative framework guaranteeing the provision of and access to social security by women with disabilities in Zimbabwe.
7. Gender and social security reform in Zimbabwe has failed to take cognizance of the particular circumstances and interests of women with disabilities.

## **1.7 Research questions**

1. Is there a correlation between access to and benefits from social security and standard of living?
2. Do women with disabilities lack access to social insurance schemes because they lack the financial resources to contribute to their coverage during specific contingencies?
3. Do women with disabilities obtain very little relief from the social assistance scheme due to its small and inconsistent financial disbursements which fail to cover the most basic life needs?
4. Do women with disabilities have very limited access to traditional safety nets due to societal prejudices about their ability to reciprocate to other family or kinship members?

5. Do women with disabilities obtain minimal benefits from self-organised social security schemes because they lack adequate financial resources to contribute to self-organised groups for their protection during contingencies?
6. Is there a weak legislative framework guaranteeing the provision of and access to social security by women with disabilities in Zimbabwe?
7. Has gender and social security reform in Zimbabwe failed to take cognizance of the particular circumstances and interests of women with disabilities?

## **1.8 Delimitation**

This research is not a comprehensive dossier on the diverse challenges faced by women with disabilities, but rather is limited to an analysis of those challenges which are related to access to social security. The research also largely focuses on women with disabilities in the informal sector as the social safety nets which are available to those in this sector are poorly documented and lamely understood given that they do not emanate from and are not regulated by the state.

## **1.9 Summary of chapters**

In discussing the efficacy of social security for women with disabilities in the informal sector, this dissertation comprises of six chapters. These are arranged as follows. The present chapter provides the foundation to the study. It introduces the problems women with disabilities have in accessing social security schemes, gives the background to this situation and provides the justification for choosing this research issue. The methodological framework used to interrogate the issues discussed in this research is contained in chapter 2. The data collection and analysis methods and the sampling techniques are also discussed. In chapter 3, some of the major concepts relevant to the provision of social security to women with disabilities are discussed. The models of disability, the relationship between disability and poverty, the concept of social security and the broad legal framework underpinning the provision of social security in Zimbabwe are discussed in this chapter. Linked with these issues is the discussion of the relationship between social security and standard of living, which is one of the assumptions of this research. The access that women with disabilities have to formal social security schemes is interrogated in chapter 4. Public or social assistance and social insurance are the two broad categories of formal social security upon which this chapter focuses. Chapter 5 examines the efficacy of non-formal social security mechanisms for women with



disabilities in the informal sector. The access or lack thereof to traditional safety nets and self-organised safety nets by women with disabilities forms the subject matter of this chapter. Finally, based on the literature reviewed and research findings, chapter 6 presents the conclusions on the challenges women with disabilities face in accessing both formal and non-formal social security and the recommendations to address these challenges.

### **1.10 Conclusion**

This chapter has set the foundation for the analysis of the efficacy of social security for women with disabilities in the informal sector. The methodological approach adopted in this research, the different social security schemes and the way they benefit or exclude women with disabilities and recommendations on how social security schemes can take cognisance of the particular needs of women with disabilities are discussed in this research. Chapter 2 presents the methodological framework and data collection methods used in this research.

## **CHAPTER TWO**

### **2.0 METHODOLOGY AND METHODS OF DATA COLLECTION**

#### **2.1 Introduction**

Literature on social security considered brought to the fore a number of issues as regards social security and its relationship with gender and, to a less extent, disability. The major concern was the extent to which this information reflected the lived experiences of women with disabilities in Zimbabwe insofar as their access to social security is concerned. This necessitated a field study of the nature and extent to which women with disabilities access and benefit from both formal and non-formal social security schemes in the country. This chapter presents the methodological framework used to collect and analyse data.

#### **2.2 Methodological approach**

##### ***2.2.1 The women's law approach***

It cannot be over-emphasized that in any study or research on issues that pertain to women, be they legal, political, economic or social, the women's law approach should inform and influence the data collection methods. According to Bentzon *et al.* (1998) this approach underscores the utilisation of the life situations and lived experiences of women as a foundation in the analysis of the position women occupy in both the law and society. The majority of the research respondents were women with disabilities with a few being men with disabilities and women without disabilities. In the process of carrying out the interviews, I endeavoured to interview the women at a time when they were less occupied with their trade and family responsibilities. This allowed for a more insightful discussion which brought to the limelight the daily experiences of women with disabilities, particularly their social security needs. Over and above the prejudices suffered by women in general, women with disabilities are subjected to such issues as double discrimination due to sex and disability. In carrying out the interviews, I also enquired of the family setting and particular daily and other life needs of the respondents. Knowledge of these personal circumstances allowed me to appreciate how social security provision has neglected women in general, and the particular needs of women with disabilities in particular.

### ***2.2.2 The grounded approach***

More often than not, an academic, abstract and top-down approach has been dominant in analysing the experiences of certain groups of people. This has led to distorted conclusions about the experiences of the people being studied. To guard against this, information obtained from secondary sources of data pertaining to the efficacy of social security to women with disabilities was tested by conducting a ground research on women with disabilities. Bluff (2005) propounds that the grounded approach is a qualitative methodological framework that allows for the development of theory based on the experiences of the subjects being studied. Within the genus of women, women with disabilities have their own peculiarities and interests different from other women. Such needs and circumstances could only be comprehensively understood through face to face interviews with them. Interviews held with the research respondents brought to the fore the actual challenges they face in accessing social security. Before going to the field, I assumed that women with disabilities are aware of the social welfare scheme administered by the Social Services Department. On the ground it emerged that a considerable number of the respondents were unaware of this scheme. It is only after the grounded approach that the issue of awareness arose, pointing to the importance of this approach in conducting a research. The grounded approach conformed to the solidarity motto of persons with disabilities, namely, nothing for us without us.

The overall impression on reading literature on social policy, in general, and social security in particular, is that the provision of social security to women with disabilities is anchored on the social model of disability which sees the environment created by society the disabling factor for people living with impairments. International instruments and, to a limited extent, the Constitution of Zimbabwe are couched in a language that requires the removal of barriers that hinder or inhibit persons with disabilities from enjoying their rights on an equal basis with others. In accordance with contemporary human rights instruments, the provision of social security to women with disabilities is a human right rather than a privilege bestowed upon them by the compassion of the state.

What emerged from the field, however, is that there is a huge gap between the ideal, as contained in legal instruments, and the reality, as evidenced in the relationship between women with disabilities and social security as they narrated it. On going to the field, the underlying theory was that the social model of disability is the conceptual framework underpinning the provision of social security to women with disabilities. The picture

presented by women with disabilities interviewed, however, is that the limited form of social assistance they can receive is poorly funded and dependent upon the mercy of the state. The non-comprehensive and inconsistent nature of the social welfare assistance programme speaks to this reality. Based on this reality on the ground, the emerging theory was that the medical model of disability is still the conceptual premise upon which the provision of limited social security to women with disabilities is anchored. This logically leads to an assertion that the provision of social security to women with disabilities in Zimbabwe, far from being a human right, is a privilege the state bestows upon some of them.

### **2.2.3 *The human rights approach***

The days when persons with disabilities were viewed as objects of mercy rather than bearers of rights have well passed. Though not expressly stated, the right to social protection is a constitutionally guaranteed human right which should accrue to all without discrimination on the grounds of, *inter alia*, disability in Zimbabwe. The principles of equality and non-discrimination permeate the entire Constitution and pursuant to this, women with disabilities in Zimbabwe are entitled to social security on an equal basis with other citizens, without distinction of any kind. This is in tandem with Zimbabwe's international obligations, particularly article 28 of the 2006 UN Convention on the Rights of Persons with Disabilities, which Zimbabwe ratified in September 2013. In keeping with this article, women with disabilities are entitled to social protection to enable them to lead dignified lives as the rest of the population. On interviewing officials from the Department of Social Services, I enquired of the level of government compliance to its international obligations to give effect to the right that women with disabilities have to social security. I also enquired from the respondents if they were aware of this right. These enquiries were necessitated by the assumption that there is a weak legislative framework providing for the particular social security needs of women with disabilities in Zimbabwe. As pointed out in the preceding section, the reality of the daily experiences of women with disabilities as they narrated them is that they do not have access to comprehensive state provided social security. As such, the provision of social security to women with disabilities in Zimbabwe is yet to be a human right which this class of women can seriously expect from the state. In the final analysis, what emerged from the field is that the failure to make the provision of social security to women with disabilities a human right is not so much the result of a weak constitutional framework as it is the lack of a strong political will by the state to enact legislation providing for comprehensive social protection.

#### **2.2.4 Actors and structures**

At an institutional level, the Department of Social Services is responsible for the administration of the social welfare assistance scheme which provides or should provide some form of social security to destitute members of society. Three Social Welfare Officers were the actors under the structure of the Social Services Department who were interviewed to shed light on the activities of the department in relation to social assistance services. The assumption that women with disabilities obtain little relief from the social welfare assistance scheme, of necessity, required conducting interviews with these officials.

What emerged from the interviews with the officials from the Department of Social Services is that there is no policy or programme in place that is specifically targeted to women with disabilities insofar as social security is concerned. The social welfare assistance programme is a mainstream scheme that caters for a number of disadvantaged groups of society including persons with disabilities. The social security needs of women with disabilities are, according to the officials, expected to be addressed within this broad mainstream scheme. It also emerged that while the Constitution obliges the state and all its agencies and institutions at every level to take into account the particular requirements of persons with disabilities in all development plans (which also includes or should include social security programmes), the officials interviewed were not particularly clear on how this could be done in practice. There is, therefore, a danger that this progressive constitutional directive will for a long time be a high sounding nothing as long as the persons involved in the administration of social assistance, amongst other welfare and development programmes, remain clueless as to how this can be made into practical use.

#### **2.2.5 Sex, gender and law analysis**

According to Kasente (2003), the provision of social security is gendered, beneficence thereto determined by sex differences. To establish the accuracy of this claim and the assertion by Stang Dahl (1988) that women and men experience different things and simply live different lives, a sex and gender analysis was used in the data collection and analysis process. This approach, according to Bentzon *et al.* (1998), interrogates the position of women in law and society anchored in notions about gender and sex differences. In this light, both women and men were interviewed to establish whether or not they face the same challenges in relation to access to social security.

Men with disabilities were chosen for the purposes of the sex and gender analysis as they are similarly positioned with women disabilities due to the variable of disability. Disability being the common denominator between these two groups, a level playing field is created for the analysis of the impact of sex and gender in accessing social security. Some of the women with disabilities interviewed brought their children, some of them very young babies still suckling, to their work places. They took some of their time suckling their young ones. This was, however, not the case with men, whose children were with their wives. Clearly, therefore, that one is disabled does not relieve her of her traditionally ascribed role of child-caring. Such a role has to be juggled with the business and the negative implications of this, in an informal setup conducted on an illegal site fraught with running battles with municipal law enforcement agents, is beyond contention. The interviewees indicated that since they brought their children who were not of school going age to their work places as they could not afford to pay domestic workers they had to buy them food from their trade earnings, which further diminished their profits. Their male counterparts were not subjected to this situation and were left to tend to their businesses uninterrupted.

The sex and gendered analysis of the provision of and access to social security was also brought to light by one of the District Social Welfare Officers interviewed. He indicated that the maintenance allowance given to needy member of society by the Social Services Department was household rather than individual based in instances where the beneficiaries were married. For those who were married, the husband was the automatic beneficiary as he is considered to be the head of the household. As the official frankly put it, the amount of benefits the woman would receive was largely dependent on her husband's discretion and responsibility. According to the official, a situation also mentioned by some of the respondents, it was not uncommon for the male beneficiary to squander the money at beer-gardens or by other means, leaving their wives and children out in the cold.

Such were the sex and gender issues which were brought to light through the use of this methodological tool. Based on the data obtained from the interviewees and observations made, there is not a shadow of doubt that access to social security and benefits thereto is gendered, based on one's sex. The field research revealed that like the generality of women in the informal sector, women with disabilities obtain few benefits from traditional safety nets, self-organised systems and formal social security schemes due to their socially constructed

roles based on their sex as women. This explains why the position of women with disabilities is far worse than that of men with disabilities.

### ***2.2.6 Sex and disability analysis***

Women with disabilities suffer the worst of both worlds in that they suffer prejudice on the basis of their sex as women and on the basis of their disability. In this regard, the underlying assumption is that, on one hand, the challenges faced by women with disabilities in accessing social security are more than those suffered by women without disabilities. On the other hand, they suffer even more than those faced by their male disabled counterparts. To establish this reality, outside the officials from the Social Services Department interviewed, three categories of respondents were interviewed, namely: women with disabilities, men with disabilities and women without disabilities. This approach, which one could term the sex and disability analysis, seeks to analyse the variables of sex and disability insofar as these affect or influence women with disabilities' access to social security mechanisms.

What emerged is that while men with disabilities are excluded from many mainstream development programmes and have limited access to social security, their being male allows them to obtain certain benefits from the patriarchal order. In comparison with women with disabilities, they have better chances to attain quality education, have more employment opportunities and have better chances to establish and sustain their marriages. In contradistinction, women with disabilities have poor access to education, are unable to secure formal employment due to lack of requisite qualifications and discrimination and are, therefore, badly exposed to the most extreme contingencies of life.

All of the men with disabilities interviewed who had children were married whereas some of the women with disabilities who had children were not married but were single parents. Proportionately, there were more women without disabilities who were married in comparison with their disabled counterparts. Consequently, women with disabilities had less family support systems to complement the benefits they obtained from self-organised groups. This leaves them in need of comprehensive state funded social security as they are the worst affected by poor access to education, discrimination and social exclusion. This justifies the major theme and plea of this research, namely, that there is a need to take cognisance of the particular circumstances and needs of women with disabilities in the provision of social security.

### **2.3 Sampling technique**

Non-probability purposive or judgmental sampling was used in the selection and interviewing of research respondents. Purposive sampling, according to Burns and Grove (1997), is a respondent selection criterion that allows for the identification of research respondents based on the judgment of the researcher that such respondents possess special expertise or knowledge on the matter under investigation. An analysis of the efficacy of social security for women with disabilities in the informal sector, of necessity, requires obtaining information from women with disabilities who are in the informal sector. The streets of Harare Central Business District are dotted with a few women with disabilities involved in the selling of small goods. These were identified and interviewed since they possessed the relevant experience in relation to the topic under consideration. Similarly, officials from the Department of Social Services were selected on the basis supposed knowledge in relation to social assistance programmes administered by this department.

### **2.4 Methods of data collection**

#### ***2.4.1 Documentary search***

According to Mogalakwe (2006), documentary search entails the examination of documents and materials that contain relevant information about the subject under investigation. To analyse issues and concepts from an informed perspective, secondary sources of information such as books, journals and articles were considered in this study. The Constitution of Zimbabwe, the Social Welfare Assistance Act [Chapter 17: 01], the Disabled Persons Act [Chapter 17: 06], articles, journals and books on social security were considered.

#### ***2.4.2 In-depth interviews***

Save for one official from the Social Services Department who was interviewed on the telephone, all the other respondents were interviewed in face-to-face in-depth interviews. An in-depth interview, according to Claire (1959), is a qualitative data collection technique that seeks to gather comprehensive data from the potential beneficiaries or those individuals directly affected by a problem. Since the interviewee and interviewer are both present during this process, there is an opportunity for greater flexibility in eliciting information (Claire, 1959). Persons with disabilities are generally sensitive to issues, but are willing to pour out their hearts to someone who seems trustworthy, concerned about their plight and prepared to lend them an ear. The face-to-face interviews I conduct with them proved to be the best way



to achieve this and allowed me to develop some form of close relation with them, which in turn allowed them to open up to me. Pertinent issues, some of them falling outside the scope of this study, were discussed and further probed due to this data collection method. Table 1 shows the number and profile of the persons who were interviewed for this research.

**Table 1: Showing details of the research respondents**

Research respondents	Women with disabilities	Women without disabilities	Men with disabilities	Department of Social Welfare officials
Number of respondents interviewed	20	10	8	3
Occupation/trade	Informal traders	Informal traders	Informal traders	Social Welfare Officers

## 2.5 Limitation of the study

As has already been mentioned and will be fully discussed in the next chapter, the majority of women with disabilities in Zimbabwe are of very limited means and live well below the poverty datum line. They at time receive food clothing and other hand-outs from donor organisations and individuals. When I approached them, some of them thought I intended to help them financially. They expected some form of monetary benefit for being my research respondents. The enthusiasm of some fizzled out when I informed them that I was a mere student and was not in a position to give them such assistance. Some of them showed disinterest and this limited the amount of data I could obtain. Limited financial resources were therefore a major limitation during the research process. I tried to maintain their audience by informing them that it was through processes such as the one I was conducting that policy makers could be encouraged and lobbied to consider their plight.

Another limitation was that some respondents were reluctant to be interviewed because they felt they were being used to enrich others yet they did not stand to benefit anything. They thought they would be used for soliciting donor funds for programmes which they would be excluded from. Others felt that they would be victimised for providing information which put

the government in bad light. To gain their trust, I indicated that I was just a student at an institution they knew and could contact the relevant department to confirm this. I also guaranteed their privacy and informed them that I would not take photographs of them and would not require their names during the interviews.

## **2.6 Evaluation of the research methodology**

Notwithstanding the limitations outlined above, it is fair to point out that the field research was a success insofar as interrogating the issues under consideration is concerned. Due to my background which I shared with the respondents and which resembled their situations, I managed to gain the trust of the majority of the research respondents and they freely and interactively provided information valuable to the subject matter under consideration. The secondary sources of data which included books and online journals and articles reviewed provided a rich vein of knowledge on the issues at play insofar as women with disabilities' access to social security is concerned. The conceptual framework, the position of persons with disabilities in other jurisdictions and other related issues obtained from these secondary sources provided the information against which the data findings could be tested. The interviews held with the various respondents gave the actual lived realities of women with disabilities and allowed them to speak for themselves as will be demonstrated in subsequent chapters.

## **2.7 Conclusion**

The value of a field research, particularly on women with disabilities whose voices are often missing or muffled in many documents and studies cannot be over-emphasized. The interactions I had with women with disabilities brought valuable insights on their social security needs. The official viewpoint obtained from Social Welfare Officers also helped to unearth the missing link between government policy and the needs of its citizens. The data collection methods used within the overall methodological framework chosen were of great help in obtaining information for this research. Having discussed the methodology of the research, the next chapter discusses some of the main concepts underpinning the relationship between women with disabilities and social security and examines the link between social security and standard of living.

## **CHAPTER THREE**

### **3.0 SOCIAL SECURITY AND STANDARD OF LIVING**

#### **3.1 Introduction**

In this chapter the concept of social security and its relationship with standard of living is discussed. The value of social security provision in poverty reduction is also discussed together with the relevance of social security, particularly to women with disabilities. The findings obtained from interviews with the research respondents in relation to the relationship between social security and standard of living are also discussed in this chapter.

#### **3.2 Conceptualising formal social security**

According to Kasente (2003), a consideration of social security schemes in the southern African region shows that social security is conceptualised along the perspective of the ILO definition. In terms of ILO Convention No 102 of 1952 on Social Security (Minimum Standards) social security is defined as:

‘The protection which society provides for its members through a series of public measures, against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, invalidity and death; the provision of medical care; and the provision of subsidies for families with children.’

In terms of this definition, social security entails the mechanisms which society designs and implements to protect its members against such contingencies as death, sickness and employment injury, amongst others. This protection is, however, available to those who are in wage employment. This definition has been criticised for its Western-oriented conceptualisation of social security which does not reflect realities on the African continent. Kasente (2003) argues that the majority of the people in Africa are in the informal sector due to a small formal economic base. As Kasente notes, this is particularly true of the majority of women whose economic activities are mainly concentrated in the informal sector.

This traditional conceptualisation of social security does not reflect the lived experiences of women with disabilities in Zimbabwe. In the first place, wage employment, which is a condition for accessing formal social security, is only accessible to a very small fraction of women with disabilities as the majority of them are either in the non-formal sector or are not

in any gainful economic activity at all. Secondly, even for those women with disabilities in the formal sector, the wages they receive are inadequate to meet their basic immediate needs let alone additional costs related to managing their disabilities and futuristic needs. Finally, disability, save for that acquired at the workplace, is not one of the contingencies mentioned in the ILO definition deserving coverage by social security schemes. Yet disability, whatever its cause, is one of the worst contingencies one can face and manage during their life time.

Over and above the gender specific constraints, gender intensified constraints and gender imposed constraints, referred to by Lourdes and Floro (2006) as limiting the access that women have to social security schemes, disability is an overarching constraint that further complicates the situation of women with disabilities in this area. A persistent theme that runs throughout this study is that the access that women with disabilities have to both formal and non-formal social safety nets is doubly jeopardised by gender and disability. In this regard, women with disabilities suffer the worst of both worlds as they, on one hand, experience the woes that the generality of women face in accessing social security and, on the other hand, join the generality of persons with disabilities in the woes they experience in accessing social security.

A number of countries in Southern Africa have decided to embark on significant reforms in the field of social security with the aim of achieving forms of social protection which are economically affordable, politically acceptable and socially appropriate (Kasente, 2003). Such reform initiatives have been propelled by a realisation that the provision of and access to social security has historically been gendered, necessitating reforms to ensure that both men and women benefit equally from social security schemes. A major flaw in these reforms, as noted by Kasente (2003), is that they have largely been confined to the formal sector, neglecting the majority of women in the African continent who are concentrated in the informal sector. This also applies to women with disabilities who, due to lack of access to adequate education, discrimination and social exclusion, amongst a host of other interlocking factors, have found the formal sector a near-no-go area. Confining reform initiatives to the formal sector where women with disabilities are poorly represented and ignoring the informal sector where they are located is a major point of concern. Finding ways in which informal social security schemes could be strengthened or integrated with formal schemes could be of great benefit to women with disabilities.

### **3.3 Models of disability**

According to Mitra (2005), the definition and measurement of the concept of disability has proved to be a very complex and controversial endeavour. An analysis of the definitional problems is, however, beyond the scope of this research. Discussed briefly in this section are the models of disabilities as these have a bearing on the conception and development of social security for persons with disabilities.

Different conceptual models have been developed to define disability. The medical or charity model is the traditional formulation which considers disability to be a problem of the individual that directly emanates from an injury, disease or other health conditions (Coleridge, 1993). What is stressed is that such injury or condition requires medical treatment or care in the form of treatment and rehabilitation. According to Coleridge (1993) the medical model emphasizes the need to pity persons with disabilities and assist them by welfare approaches. Based on this conception, social security particularly in the form of social assistance is to be provided on a charity basis to persons with disabilities. If properly funded, such social assistance is to enable persons with disabilities just to afford basic day-to-day necessities to remain alive. The Disabled Persons Act of Zimbabwe is a very good piece of legislation that is influenced by this model of disability. The definition of disability is narrow and rehabilitation is provided as the way to manage disability in the Act.

In contradistinction to the medical model is the social model of disability which was developed in the latter half of the 20th century to cure deficiencies in the former model. According to Coleridge (1993) the social model of disability considers disability as a social construct. In terms of this conception, disability, far from being the attribute of the individual, is rather a creation of society through its disabling social environment and requires social change. By way of illustration, a person suffering from an impairment may fail to find work not because of an inability to work per se, but due to the inaccessibility of work places or discrimination. At the political level, disability becomes a human rights issue (Coleridge, 1993). This model has influenced recent international instruments such as the UN Convention on the Rights of Persons with Disabilities, where member states are required to remove all barriers that hinder persons with disabilities from enjoying their rights and entitlements.

Finally, the third model, developed by the World Health Organisation, is known as the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001). Conceptually, this model of disability is a symbiosis of the social and medical models. According to Mitra (2005), this model begins by acknowledging the health condition that gives rise to the disability and then moves on to assess the participation restrictions and activity limitations caused by society. This integration stems from the realisation that, on one hand, it is the disability which paves the way for societal exclusion and on the other hand, it is society which makes the disability disabling.

Against this conceptual framework, social security should be designed and implemented in a manner that supports the reduction of the incidence of disability through the provision of facilities and services necessary to manage disability. Together with this, these schemes should put in place measures which minimise the effects of the barriers erected by society which make a disability disabling.

### **3.4 Disability and poverty**

Whereas defining disability is a complex and controversial exercise, there is a wealth of literature which is in consensus that there is an unequivocally clear relationship between poverty and disability. According to Elwan (1999) the relation between disability and poverty is a vicious circle and a two pronged relationship in which disability increases the risk of poverty and conditions of poverty increase the risk of disability. Due to this unpleasant relationship, DFID (2000) reports that people with disabilities are usually amongst the poorest of the poor. Statistically, the European Commission (2003) estimates that one in five of the world's poorest people has a disability, and 82% of persons with disabilities in developing countries live below the poverty datum line. Not all persons with disabilities are poor, but, persons with disabilities have a greater propensity towards being poor than those without disabilities.

For Mitra (2005), that persons with disabilities are prone to poverty is common place given that, in the first place, disability places constraints on a person's earning capacity through poorly accessible work environments, discrimination and a reduced ability to work, in some instances. Marriott and Gooding (2007) rightly note that persons with disabilities on average fare worse in relation to education, employment, health, material wealth, poverty relief,

access to development assistance and in social well-being in general. If there is a group, more than all others, which is missing from active political activities, influential leadership positions and successful business persons, it is persons with disabilities. They are poorly represented in educational institutions, excluded at the workplace and even trivialised at religious and social institutions. In expert comments and analysis in the media, persons with disabilities are rarely heard.

Mitre (2005) makes an important observation that this link between poverty and disability is particularly pronounced for women with disabilities who may be the victims of double discrimination on the grounds of gender and impairment. In accessing education, girls and women with disabilities fare even worse than their disabled male counterparts. In the records of primary and secondary schools in Zimbabwe, it will be documented that in each stream, female students with disabilities constitutes 20% or less of those students with disabilities. At tertiary institutions the situation is even worse as most of them fail to make the requisite grades to be considered. Lack of adequate education heavily impacts on their eligibility for employment and not surprisingly, they constitute a very small fraction of the disabled population in formal employment. While women in general need much more health care attention compared with men, the need to manage their impairments means that a woman with a disability needs even more. They however, lack adequate health care services to manage both their sex related health needs and those necessitated by their disability. Even their opportunities for marriage, an institution that enhances women's access to certain social protection mechanisms, are diminished as most men are generally not willing to marry them due to their impairment. This is not helped by the fact that a considerable number of men with disabilities, who obviously better understand them, opt to marry women without disabilities in a bid to better manage their disabilities. All these factors point to the predicament that women with disabilities face and necessitates social security schemes that specifically target them if their standard of living is to be dignified.

In the second place, it has been shown beyond retraction, that disability comes with additional direct costs related to the impairment concerned, such as personal care, medical expenses, adaptations to housing and means of transportation and assistive equipment (Mitra, 2005). As noted by Mohapatra (2004), persons with disabilities have to apportion a daily minimum amount of expenditure for mobility and functional independence. This constitutes

what Amartya Sen (2004) refers to as ‘conversion handicap’: the disadvantage that persons with disabilities encounter in order to translate income to well-being.

In other words, the amount of money and support that a person living with a disability needs in order to lead a normal standard of life is more than that required by someone without a disability. As Sen (2004) puts it, to do the same things as a person without a disability, a person who is physically impaired may need more income and with the same amount of income, she/he may be able to do far fewer things. Insofar as women with disabilities are concerned, over and above the costs related to maternity and reproductive health, which women without disabilities also incur, they have extra medical and functional costs due to their disability. While it is difficult to come up with the amount of these additional costs, due to the lack of research on disability issues in Zimbabwe, a survey carried out in India is helpful in this regard. According to Mohapatra (2004) average recurring costs associated with being physically impaired (for instance, medical charges and repairs of appliances) were estimated at Rs421 per month in India, which is approximately the official poverty datum line in that country. In addition, Mohapatra (2004) reveals that persons with disabilities face considerable fixed one-off costs such as assistive appliances and a disability certificate. These costs apply to both men and women with disabilities but women have costs associated with their biological sex such as reproductive health which men with disabilities do not have. This translates to a very high cost to maintain a dignified standard of living for women with disabilities.

Literature is replete with statistical evidence to the effect that the overwhelming majority of people with disabilities live well below the poverty datum line in developing countries ((Marriott and Gooding, 2007). Although there is little disaggregated data that indicates the percentage of women with disabilities in developing countries, there is general consensus, based on the susceptibility of women with disabilities to suffer from double discrimination that they are usually amongst the poorest of the poor. Their standard of life is worse than that of women without disabilities and even that of men with disabilities.

The experiences and observations obtained from my field research also mirrored the information from secondary sources of data insofar as the standard of life of women with disabilities is concerned. All of the women with disabilities I interviewed live well beyond the poverty datum line which, according to the Zimbabwe National Statistics Agency stands



at US\$97 per individual and US\$483.16 for a household of five people as at January 2016. The majority of the women were involved in low profit informal businesses whose profits are not even sufficient to meet the normal basic needs of life. Some of the respondents were not even involved in any gainful economic activities, making their position even worse. One thing that was clear above everything else, during the field research, was the dire socio-economic conditions of the women with disabilities, which greatly compromised their standard of living in comparison with women without disabilities. That women with disabilities are amongst the poorest of the poor is, therefore, not a mere academic supposition or a myth, but a reality which has to be grappled with.

### **3.5 Disability and Social Safety Nets**

It is important from the onset to underscore that persons with disabilities are by no means a homogenous group, but have a wide range of circumstances, needs and interests that impact on their well-being and opportunities in life (Guthrie *et al.*, 2001). As such, different types of impairments create different needs and situations. As Marriott and Gooding (2007) propose, this must be recognised in all discourses on the rights and interests of this category of people. Be that as it may, disability is the overarching variable that impacts on the standard of living of women with disabilities, justifying the design and implementation of social security schemes which are disability friendly. An analysis of the different needs different types of disabilities require is beyond the scope of this research.

Given the close interplay between disability and poverty, and given that the main objective of social security schemes is to reduce poverty, social safety nets have an important role to play with regard to women with disabilities. According to Mitra (2005), this role is threefold. In the first place, social security schemes can play a poverty alleviation role through the provision of resources to under-privileged women with disabilities, amongst other persons with disabilities. Clearly, therefore, if the poverty alleviation role of social security schemes is to be realised, the inclusion of persons with disabilities as beneficiaries is essential since they are more likely to be poor in comparison with persons without disabilities.

Secondly, as argued by Mitra (2005), beyond poverty alleviation, social security mechanisms have a long-term poverty reduction and development role. This can be achieved in various ways such as the provision of insurance schemes (that protect activities which lead to

productivity and growth) and by the reduction of inequities that lead to long term asset depletion, and thus compromise economic growth (Mitra, 2005). If social security schemes neglect women with disabilities, this can lead to increased inequality between those with and without disabilities. If such a state of affair is allowed to exist, it certainly counteracts long term poverty reduction and development initiatives.

Finally, since poverty can, as a matter of fact, lead to disability, social security mechanisms can reduce the incidence and prevalence of disability (Mitra, 2005). On one dimension, poor or lack of access to health care services has been shown to be a major cause of disability. Polio, sugar diabetes and cancer, amongst a host of other diseases, can lead to disability if they are not treated at an early stage. A great number of the population of persons with disabilities in developing countries, of which Zimbabwe is one, acquired their conditions as result of delayed treatment of diseases. While some of the research respondents interviewed indicated that they were born disabled, some of them acquired their impairments due to delayed treatment of some diseases. Lack of access to medical care to cure these diseases timeously was due to the very limited means that the respondents or their families had. Cash or in-kind support measures could help prevent disabilities that result from malnutrition and diseases. Lamentably, women with disabilities interviewed lacked access to these social safety support schemes and this cost them their physical well-being.

At another level, Mitra (2005) propounds that socio-economic support programmes that assist persons with impairments in obtaining personal care and assistive devices may expand their capabilities. The value of such programmes lies in the fact that they can prevent impairments from being disabling. This stems from the realisation that women and men with disabilities can lead normal life-styles in spite of their impairments if assistive technology and devices are made available and accessible to them. Some of the research respondents were, at least according to their intimation, in their present predicament due to lack of access to assistive devices to acquire decent education. Some of them with visual impairments indicated that they could not access assistive technology such as the JAWS voice software which makes the operation of computers and phones possible for the visually impaired. Some of the respondents could not enter into formal employment because of lack of access to such assistive technology which would enable them to carry out their duties. Unfortunately, the absence of social security mechanisms that assist the respondents to get these devices has made their lives unbearable.

### **3.6 Social security and standard of living**

According to Kaseke (1999), from a social policy perspective, the major purpose of social security is to promote the well-being of all citizens and thus enable them to function as fully integrated individuals. In this light, argues Kaseke (1999), social security safety nets serve to preserve and promote human dignity. It is commonly accepted that there can be no dignity in poverty and consequently social security mechanisms should be designed and implemented to prevent and reduce poverty (Kaseke, 1999). If it is accepted that social security has a major role to play in poverty reduction, it goes without saying that there is a close relationship between social security and standard of living. Like the relationship between poverty and disability, this relationship is also double faceted: the quality of social security one gets invariably determines the quality of their lives and the standard of live one leads determines the level of social protection they tend to receive. Given that women with disabilities, who formed the majority of the respondents of this research, do not have access to basic life needs and thus live well beyond the poverty datum line, an equitable provision of social security, of necessity, demands targeting women with disabilities. Unless and until this is achieved, the much avowed poverty reduction goal of social security, which would certainly impact positively on the standard of living of citizens, will remain an elusive dream.

At an institutional level, that the provision of and access to social security plays a salient role in the standard of living of individuals finds support in the vision and mission statement of the Social Services Department, which is under the Ministry of Public Service, Labour and Social Welfare. According to an official from the department, the vision of the Department of Social Services is a social protection system that promotes a decent standard of living for people of Zimbabwe. The department's mission statement, according to the official, is to reduce poverty and enhance self-reliance through the provision of social protection services to vulnerable and disadvantaged groups in Zimbabwe. Clearly, therefore, even the government of Zimbabwe acknowledges the importance of social security in relation to poverty reduction and maintaining a decent standard of living for its citizens. Whether the Government provides an effective social protection scheme, particularly to women with disabilities, is considered in the following chapter.

### **3.7 The legal framework**

It is important to underscore van Steenberg *et al.* (1999)'s assertion that the right to social protection is a fundamental human right in all modern states and an essential mainstay of society. In any discussion of the legal framework governing the provision of security, it should be borne in mind that the right to social security is a mother-right whose realisation is entailed in the enjoyment of other rights such as the rights to health, education, safe water, labour rights and other socio-economic rights. A sound legal system insofar as the provision of social security is concerned is one that provides for the right to social security generally and further provides for other specific socio-economic rights in a comprehensive manner. The right to safe and portable water, the right to food, the right to health care, the right to education and other rights which promote a decent standard of living are components of the right to social security.

At the domestic level, there is no explicit right to social security in Zimbabwe in the Constitution. This is a major point of concern given that Zimbabwe is a constitutional democracy, the Constitution being the supreme law of the land, from which all laws emanate. This gives the impression that the right to social security is less important than other rights which are specifically stated in the Constitution. Insofar as women with disabilities are concerned, section 22 of the Constitution, which is one of the national objectives, sets the tone for the realisation of the rights of persons with disabilities, including (though not expressly mentioned) their right to social protection. The section also speaks to the need to consider the particular needs of persons with disabilities in developmental plans and programmes.

The limited and often erroneous understanding of the justiciability of national objectives and the vague wording of section 22 of the Constitution makes its application and interpretation a matter of contestation to the detriment of women with disabilities' ability to enjoy comprehensively their right to social security. Despite the fact that this is a misapprehension of constitutional language, there are many who still doubt the justiciability of the national objectives in a constitution.

South Africa has a much stronger constitutional foundation for the observance of the right to social security. Section 27(1)(c) of the South African Constitution provides that everyone has

the right to have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance. This is an express and clear statement of the right to social security which makes it much easier to bring the state to task for failing to afford its citizens social protection.

Equality and non-discrimination is also an important constitutional principle, found in section 56, which should be used to advocate for the provision of social security to everyone without discrimination on the grounds of sex and disability. The design, implementation and evaluation of social security schemes should be done with the particular circumstances and needs of women with disabilities in mind to guard against discriminating against them.

The human rights and freedoms contained in chapter 4 of the Constitution, which include the right that persons with disabilities have to be included in programmes that help them to become self-reliant, should be given a generous rather than restricted interpretation. Section 44 obliges the state and all its institutions to respect, promote, protect and fulfil the rights contained in the bill of rights. Section 46(1)(b) directs the judiciary to give credence to such principles as human dignity and equality in the interpretation of the bill of rights. In view of these progressive sections, there is no doubt that women with disabilities should be accorded the right to social security on an equal basis with other citizens. Further, section 46(1)(c) enjoins the courts to take into account international law and all conventions and treaties to which Zimbabwe is a party in the interpretation of, *inter alia*, the right that women with disabilities have to social security.

At the international level, the right that women with disabilities have to social security without discrimination on the basis of disability is enshrined in a number of international instruments such as the Universal Declaration of Human Rights and UN Standard rules on the equalisation of opportunities for persons with disabilities. This right is, however, epitomised in article 28 of the UN Convention on the Rights of Persons with Disabilities to which Zimbabwe is a party. In terms of this article, persons with disabilities are entitled to social protection without discrimination on the grounds of disabilities. Member states are called upon to remove all barriers which hinder or inhibit persons with disabilities from accessing social services. A realisation of the disadvantageous position of women with disabilities is echoed as member states are specially required to take particular note of the position of women and girls with disabilities in the design and implementation of their social policies.

Given that Zimbabwe is a state party to this Convention and given that the courts are especially enjoined to give a benevolent interpretation of the rights contained in the Constitution paying due regard to Zimbabwe's international obligations, the right that women with disabilities have to social security should be respected, protected, promoted and fulfilled.

### **3.8 Conclusion**

The dominant conceptualisation of social security is negatively skewed against women with disabilities from both a gender and disability perspective. The absence of a disability perspective in the formulation of social security has led to the exclusion of women with disabilities from both the provision of comprehensive social security and social security reform initiatives in Zimbabwe. Yet, due to the fact that the majority of women with disabilities are amongst the poorest of the poor, social security is acknowledged as one of the best mechanisms to reduce such poverty and aid this class of women to become self-reliant. Based on the dictates of the social model of disability, it is imperative that social security is provided to women with disabilities as a right to which they are entitled and not a mere privilege bestowed upon them by the charity of the state. The conceptual foundation laid in this chapter leads to the discussion on formal social security in the next chapter.

## **CHAPTER FOUR**

### **4.0 FORMAL SOCIAL SECURITY AND WOMEN WITH DISABILITIES**

#### **4.1 Introduction**

The discussion on the conceptual base of social security in the preceding chapter revealed that social security is understood in formal terms. The limitations of this conceptual framework were discussed in the same chapter. This chapter focuses on formal social security schemes in Zimbabwe and the extent to which women with disabilities have access to them. Findings on the access that women with disabilities have to social insurance and social assistance, two forms of formal social security that have been selected for this study, will be discussed. Relevant information from officials from the Department of Social Services will also be discussed in this chapter.

#### **4.2 Overview**

In contemporary society, the state has assumed the chief role in the provision of social services to citizens as it wields the necessary political power and controls the economic resources in order to do so. The provision of social security therefore, is the primary responsibility of the state. In this discourse, social security schemes which emanate from and are regulated and administered by the state constitute formal social security (Olivier and Kaseke). According to Kaseke (1999), in Zimbabwe, as is the case with other countries in the region, there are three main schemes of formal social security, namely, social insurance, social assistance and provident funds. Kasente (2003) contends that all of these schemes in the region are faced with the problem of limited coverage but with varied experiences in different countries. Kasente (2003) observes that the main contingencies addressed by these formal security schemes are related to protecting workers and their families against involuntary loss or interruption of earnings. The discussion that ensues focuses on social insurance and social assistance as provident funds apply to the formal sector *stricto sensu*, which is outside the scope of this study. While provident funds are treated as a separate kind of formal security by many authors, it is in essence, a category of social insurance. As such, some mention of its operation in the public sector will be considered under the section on social insurance.

### **4.3 Social insurance**

Social insurance, according to Epstein (1948), is a formal safety net designed to guarantee wage earners and their dependants a minimum income during periods when, through forces largely beyond their control, their earnings are cut off or impaired. Social insurance is thus a formal social security scheme that is largely designed for and implemented among those in formal employment. As such, the scheme is contributory in nature and covers such contingencies as invalidity, sickness, unemployment, old age and disability acquired during the course of employment (Kasente, 2003). Under this scheme the employer, employee and, in some instances, the government pool resources together for the social protection of the employee in cases where he/she falls victim to the contingencies covered.

That social insurance is formal stems from the fact that it is regulated, being governed by a legal instrument which clearly sets out the amount one has to contribute, the circumstances under which benefits can be obtained and the level of benefits (Kaseke, 1988). This is an esteemed social protection mechanism with no stigma attached to it, as is the case with social assistance. Unlike social assistance, which is viewed as a privileged since its benefits are not dependant on prior contribution, social insurance is seen by many as a right since one would have contributed for his/her social protection.

Kasente (2003) observes that social insurance schemes are well developed in some African countries notably South Africa, Namibia and Mauritius, but, rather poorly developed in most other countries. The major problem with social insurance schemes in many African countries, as contended by Kasente (2003), is that they tend to be disjointed and offer rudimentary protection. Except for provident funds, which others consider a separate form of social protection, but, are nonetheless a form of social insurance run by the state, social insurance schemes are riddled with complexities and, in certain instances, uncertainties relating to the level of benefits. Many people have failed to access their benefits or have received far less than the entitlements commensurate with their contributions because of certain requirements such a window periods. Many append their signatures to be bound by the terms and conditions of the insurance policies without reading and understanding them to their detriment.



As is argued by Kasente (2003), the main gender concern with regard to social insurance schemes is that very few women have access to them. This is due to the fact that the schemes largely offer protection to those in formal employment yet, as is persistently mentioned in this research, most women are in the informal sector. Due to their reproductive role, even those women in the formal sector face challenges in accessing social insurance. Continuous uninterrupted employment is a major determinant of the level of benefits one receives and this is an obvious setback for women since their employment is usually interrupted by pregnancy and child birth. In this regard Kasente (2003) concludes that due to well-known gender inequalities in the labour market, there are very few women who are eligible to benefit directly from social insurance schemes unless their needs are specifically and deliberately targeted.

Insofar as women with disabilities are concerned, the picture is even gloomier. Due to lack of adequate education, discrimination and social exclusion, amongst a host of other interlocking factors, they are largely excluded from the formal sector (Mitra, 2005). The high percentage of unemployment in Zimbabwe is even higher for women with disabilities. Despite the gospel of non-discrimination which is a foundation of the Constitution, the private sector has remained very hostile to women with disabilities. Women with disabilities are seen as expensive to employ and this is worsened by lack of government incentives and support mechanisms for those who employ women with disabilities. Although government is the largest employer of persons with disabilities and gives credence to the principle of reasonable accommodation, women with disabilities form a very small fraction of its work force because they lack the requisite educational qualifications to be considered. All these facts speak to the tenuous relevance of social insurance to women with disabilities.

The overall picture that emerged from the field research is that the majority of the women with disabilities interviewed do not have access to social insurance. Less than 20% of the research respondents indicated that they contribute to funeral insurance schemes such as Nyaradzo, but they lamented that they cannot raise enough funds to make monthly contributions. Nyaradzo is a funeral insurance scheme that offers some benefits upon the death of the member to his/her indicated dependants. It has been extended to cover even those who are not in formal employment as long as they can make prescribed monthly subscriptions. Due to the little profits women with disabilities in the informal sector make,

they revealed that they cannot afford to make consistent contributions to this and other similar schemes. One of the respondents, a mother of two children, had this to say:

‘I am a member of the Nyaradzo Funeral Policy scheme and I have to pay every month to them about US\$15 for myself and my children to get decent burial. As you can see, people are not buying what we sell because they do not have money and so where do I get that US\$15 every time.’

Another respondent, a visually impaired woman who is a single parent with one child, narrated her challenges as follows:

‘Everyone around us has a funeral policy so that you get a decent burial when you die but I do not have, not because I do not want, but because I cannot afford it. I am a single parent and have to take care of my child who is now going to pre-school who I have to feed, clothe and pay for his school fees. There is nothing much that I am getting from this selling of towels, undergarments and wrapping clothes as you can see that very people are buying. For now I just hope God will provide but if things get better I want to join some funeral policy like others so that I do not have a shameful burial.’

A number of other respondents echoed the same sentiments, lamenting the little profits they realise from their businesses as a major factor hindering them from subscribing to funeral insurance policies. Another respondent said:

‘I used to have a policy with Nyaradzo but there is a time things got bad and I defaulted paying for about 4 months. I had put my mother in the policy and unfortunately she passed away. When I went to seek assistance from Nyaradzo they told me they could not because my policy had expired due to non-payment.’

Another funeral insurance scheme, which allows for contributions as little as US\$1, is EcoSure, which is administered by Econet, a telecommunications company. According to the communications Econet makes to its subscribers, this scheme is available to all of its willing subscribers and offers benefits upon the death of a contributor or their dependants if they are insured. None of the research respondents subscribe to this mobile insurance scheme, with some of the respondents expressing ignorance of its existence while the majority expressed reservations as to its effectiveness. Upon enquiring if they knew about this insurance scheme, one of the respondents laughed at the idea saying:

‘Econet is robbing us of our moneys with their so-called promotions and you think you are calling for free only to realise they have taken your money. You think they can provide insurance, no! I do not trust that.’

Another respondent scoffed at the whole idea saying:

‘Why would Econet be so kind to provide insurance at such low rates as US\$2? I have not seen anyone who has benefited from this scheme as yet so I cannot risk my hard earned money.’

In a similar vein, another responded wondered if one could receive any meaningful cover even if they had made small contributions saying:

‘It seems a good thing but how does one get substantial benefits when they make small contributions? These companies are clever, you get something similar to what you contribute or you cannot even trace your contributions because right now it is not clear what exactly happens. There are no forms that you fill, just contribute, let’s wait for some time so that we see how the policy works.’

Ecosure is a noble initiative but at present it would seem that very few if any of the women with disabilities subscribe to it for them to obtain some form of insurance upon the contingency of death.

For women with disabilities in the formal sector particularly those employed by government, they, as other government employees, have access to the National Social Security Pension Scheme. Prior to December 2015, the scheme was funded by both the employee and the employer (government), with both parties contributing 3% each. In December 2015, changes were made to the scheme with contributions raised to 7,5% and wholly funded by the employee. Before even talking of the adequacy of this scheme for women with disabilities, the scheme has always been criticised for the very few contingencies it covers. Retirement, death and sickness are the main contingencies covered, leaving other contingencies wholly unsecured. The benefits received are generally low and insufficient to meet the basic life needs of the people concerned. As is the case with many government procedures, the process of claiming benefits from the pension scheme is complex and lengthy. It is not uncommon for some people who are entitled to the benefits to fail to obtain them on technical grounds. The method use to compute the value of benefits due is not altogether clear and is in fact a mystery to the majority of employees.

For women with disabilities, the scheme is burdensome, particularly after the changes which made the employee the sole contributor in view of the fact that their salaries are already below the poverty datum line. Contributions made and benefits received are the same for persons with disabilities and for those without. This is a major problem given that, as mentioned earlier, women with disabilities incur extra costs associated with their disability. These, together with the additional costs associated to their sex as women, of necessity, requires benefits that are higher than employees without disabilities unless there are other complementary schemes. Unfortunately, there are no other complementary schemes which take into account their conditions, leaving them without any meaningful social protection.

#### **4.4 Social assistance**

According to Barrientos and Lloyd-Sherlock (2002) social assistance refers to regular and predictable transfers provided as cash, in-kind (often food) or as vouchers to vulnerable households or individuals. Social assistance is funded by the government and does not require prior contributions from beneficiaries. The world over, social assistance is granted to under-privileged members of society and can be universal or means-tested. Universal social assistance programmes target a certain category of people who suffer from certain conditions or are in circumstances which make them vulnerable to poverty. Means-tested social assistance schemes are granted to people upon satisfaction of some criteria that they lack the means and capacity to fend for themselves and are poor.

##### ***4.4.1 The value of social assistance***

A major focus of contemporary discourses in this field is the value and impact of social assistance to persons with disabilities. On one hand, it is believed in certain quarters that social assistance programmes reinforce the notion that persons with disabilities are a dependent lot who cannot survive outside assistance and provide a disincentive to work (Skoufias and McClafferty, 2001). According to Marriott and Gooding (2007) those who question the relevance of social assistance in developing countries argue that it is not affordable and can thus not benefit many. On the other hand, it is argued that social assistance, if properly funded, can greatly improve the standard of living of beneficiaries and make them self-reliant (Lund 2002; Samson *et al.*, 2004). According to Marriot and Gooding (2007), social assistance programmes in some countries in Africa, Latin America and Asia have not only improved income security and nutrition but also health and access to education

for recipients and other household members. Insofar as the funding of social assistance is concerned, DFID (2005) demonstrates that modest social assistance programmes are affordable in even the poorest countries, especially when supplemented with resources from international development assistance.

Given that many women living with disabilities are poor, there is no question about the value of social assistance in reducing such poverty. Most of them are not involved in any meaningful economic activities to sustain themselves while some are in the informal sector where they make very little profits. Social assistance is, therefore, the best form of social security suited to their circumstances as no prior contribution is needed. Whether social assistance leads to self-reliance or dependency largely depends on the funding and efficiency of these schemes. If poorly funded, as is the case in most developing countries, social assistance can hardly lead to self-reliance, but can lead to dependency and even alienation.

#### ***4.4.2 Administration of social assistance in Zimbabwe***

As discussed in chapter 3, section 22 of the Constitution of Zimbabwe as read together with section 83 obliges the state to provide social welfare assistance to persons with disabilities to enable them to lead normal and dignified lives. In Zimbabwe, public or social assistance is largely governed by the Social Welfare Assistance Act [Chapter 17: 06] which came into operation in June 1990 to provide for the granting of social welfare assistance to persons in need and their dependants. The scheme is administered by the Department of Social Services under the Ministry of Public Service Labour and Social Welfare. Section 3 of the Act provides that indigent or destitute individuals can apply to the Social Services Department for Social Welfare Assistance. In terms of section 6 the state of destitution may be as a result of old age, disability, unemployment, chronic illness or desertion of a breadwinner. According to Kaseke (1988), for one to qualify for this assistance, he/she must satisfy three criteria, namely, political, economic and social. Politically, one has to be a citizen of Zimbabwe or be a permanent resident. Economically, one should be of very limited means and be incapacitated or unable to be engaged in gainful economic activities. Socially one should be a law abiding citizen. One should, therefore, not just be poor to qualify for assistance, but, should be amongst the deserving poor.

In section 5, the Act provides for a number of items that one can apply for under the social assistance scheme. These include financial assistance, pauper burials, orthopaedic and

orthoptic appliances, and food and clothing. Section 8 provides that funding of the scheme should come from budgetary allocations and/or any other sources available. The following sub-sections discuss some of the major aspects of the social assistance programme.

#### **4.4.3 Maintenance allowance**

Under the social assistance programme, the Department of Social Services offers a public assistance allowance to under-privileged members of the community, upon application to the department (Kaseke, 1998). An official from the department indicated that they administer a grant meant to assist the destitute members of society to meet their basic needs. In the words of the official, who is a Social Welfare Officer:

‘This grant, known as the maintenance allowance is supposed to be given to members of the society monthly who, according to the assessment of this department, are unable or incapacitated to meet their basic needs. Such people include persons living with disabilities, the elderly, people with chronic illnesses and other indigent members of the society who cannot meet their basic needs.’

According to this official, a person who wishes to benefit from the allowance should apply to the nearest social services district office whereupon the relevant office assesses whether or not the applicant qualifies for the allowance. ‘When such an application is made,’ narrated the officer, ‘we conduct a means test which includes a home visit to the applicant to assess whether or not he or she qualifies to receive the allowance.’ In so far as people living with disabilities are concerned, the official said:

‘Disability is one of the issues that are taken into consideration when assessing whether or not one qualifies to receive the allowance. You will appreciate that the fact that one is disabled makes them more vulnerable to poverty and as government we try by all means to include them in these initiatives to reduce their poverty. We, of course, have to subject them to a means test but usually being disabled is a strong factor that we take into account and the chances of success for such applicants are good.’

At present, revealed the official, recipients receive US\$20 per household a month. When I enquired if the allowance is consistent and certain, the official said:

‘This allowance stems from moneys allocated by treasury and government endeavours to avail it, but, you will appreciate that government is currently

running on low revenue, meaning that at times the allowance is affected and may not necessarily come every month.’

Very few of the women with disabilities interviewed access this allowance. Some expressed ignorance on its existence while others cited that the amount disbursed is so low that they have chosen not to apply for it. They also cited the inconsistent nature of the allowance as creating uncertainties which discouraged them from relying on the allowance. One of the respondents bemoaned the insignificance of the amount saying:

‘Yes, we may be poor, but, sometimes those people (government) do not seem to be serious because how do you say you are helping someone when you give them that.’

Another respondent said:

‘Honestly, I cannot waste my time queuing at those offices to get that.’

Another respondent, however, who expressed knowledge of this allowance said:

‘To be frank with you, I did not know of this, and I am willing to apply for it, whatever I will get is fine.’

Those who benefit from the allowance lamented that more than a quarter of the amount went to bank charges and transport costs meaning that they collected an amount far less than its stated value. Mrs X said:

‘We want to thank government for trying to help, but, our biggest challenge is that the money we receive is very little.’

She said she had four children and the allowance could not meet their expenses. Another respondent who informed me she is a beneficiary of the allowance lamented the inconsistent nature of the allowance saying:

‘You will not know when the money is coming and not coming. You have to be checking from your bank account or hear from others.’

All this speaks to the insignificance and inconsistency of the maintenance allowance, thus defeating its stated purpose of helping needy members of society to manage and eventually escape poverty.

#### ***4.4.4 Assisted Medical Order***

Besides the maintenance allowance, women with disabilities are also entitled to state assisted medical treatment. According to one official from the Social Services Department, government assists persons with disabilities, amongst other disadvantaged members of society, to access medical services by giving them assisted medical treatment orders. The order is granted upon formal request by a person wishing to get treatment at government hospitals. According to the official, the order was given upon satisfaction that the person seeking for it could not afford to fund his/her medical expenses. Some of the respondents acknowledged that they had utilized this facility but indicated that it had serious shortcomings which will be discussed later. Some of the respondents, however, expressed ignorance of the existence of this scheme.

#### ***4.4.5 Assistive aids***

Women with disabilities, as is the case with other persons in general, are entitled to the provision of assistive devices such as walking crutches, wheel chairs, walking canes and other equipment which help to manage disability. According to the Social Services Department, it was government policy to ensure that persons with disabilities were assisted to manage their environment in this way. None of the respondents, however, indicated having received any such equipment from this department. They said they had acquired their assistive aids from non-governmental organisations such as the Zimbabwe National League of the Blind and Council for the Blind.

#### ***4.4.6 Basic education assistance scheme***

According to Kaseke (1988), as part of social assistance provision, government assists children of needy members of society by providing state assisted primary and secondary education. Mr. D, a Social Welfare Officer, indicated that children of needy members of the community, which included those of women with disabilities, were assisted under the Basic Education Assistance module (BEAM) to acquire education. Mr. D said:



‘The government is running a very successful educational programme, known as BEAM, whereby children from disadvantaged families are assisted to attain primary and secondary education. You may be glad to note that children of women with disabilities are also targeted though I do not have the exact details here.’

This is probably the most effective kind of social assistance that government affords women with disabilities as most of the respondents acknowledged that their children were attending primary school under this scheme. The respondents, however, lamented that the scheme is largely confined to primary education and they had to look for alternative funding for secondary education. They also said schools had a negative attitude towards this scheme since at times government did not pay its dues.

#### ***4.4.7 Some inadequacies of the social welfare assistance scheme***

Despite the fact that public assistance is potentially the most comprehensive social security system accessible to women with disabilities since it is not based on prior contributions, this system in Zimbabwe has been bedevilled by a number of shortcomings. To begin with, many women with disabilities, most of whom constitute the ‘real poor’ and, as such, should be the target social welfare assistance, do not have access to this programme. This agrees with Kaseke (1988)’s observation that the real poor do not have access to the social welfare assistance programme. The majority of the women with disabilities interviewed, though evidently living well below the poverty datum line, do not get relief from this scheme. In real terms, what this means is that women with disabilities have no access to any social security scheme and thus remain impoverished.

The second major problem with social welfare assistance in Zimbabwe is that it is poorly funded. During the 1980s, a period considered by many as the hay days of this country’s economy, Kaseke (1988) lamented that the country lacked adequate financial resources to sustain the social welfare assistance scheme. More than two decades down the line, when the country is experiencing severe economic hardships, the funding of this scheme can only be worse. Budgetary allocations to social services in general, from which the social welfare assistance programme gets its grant, have drastically declined from 76% in 2014 to 17% in the current year. This speaks for itself in terms of the limited funds channelled towards this scheme. Social Welfare Officials interviewed also spoke of the strained government coffers

as affecting the sustainability of the scheme. This explains why the maintenance allowance does not come every month.

In the third place, linked with the debate on whether public assistance promotes self-reliance or dependency, Kaseke (1988) argues that these programmes are ideally not an end in themselves, but a means of propelling the under-privileged towards self-reliance. Weaknesses within the public assistance programme, argues Kaseke (1988), militates against its objective of promoting self-reliance. The US\$20 recipients get a month can hardly be enough to buy even one week's groceries since most of the beneficiaries have families. For women with disabilities this is complicated by the fact that they have other expenses related to their disability and motherhood. This amount is certainly inadequate to help one to become self-reliant. It may even be true to say that this creates a dependency syndrome given that even the women who receive this allowance cannot depend on it since it cannot cover even the most basic daily needs. The scheme, one is constrained to argue, promotes neither self-reliance nor dependency, but alienates even the few who access it. A number of the respondents indicated that they were once beneficiaries of the maintenance allowance but had since given up on it because they could not do anything meaningful with it.

Another major flaw with the social welfare assistance scheme is the lengthy application procedure one has to go through to qualify for assistance. Kaseke (1988) notes that before assistance can be obtained under this scheme, one has to visit the district office two or more times. This tends to discourage the applicants, particularly women with disabilities who lose patience with arduous complex application processes. Kaseke (1988) argues that destitution has a tendency to create blocks in people and thus they easily lose confidence that something can be done about their situation. Mss L. informed me that she had to wait for six months to get the allowance after she had made application:

‘After I made my application, each time I went to check the progress I was told they (the Social Services Department) were still working on it. I almost gave up, but people advised me to be patient.’

Mrs. Y. expressed similar sentiments as she said she had to wait for 4 months before being informed she had been successful and even then, she had to wait for a further six months before anything could be deposited into her bank account.

With regard to the maintenance allowance, a major point of concern from a gender perspective is that access to the fund is household based. According to local tradition, the man is the head of the family and controls much of the income and expenditure. The household-based nature of the access to this allowance greatly disadvantages women with disabilities who are married. In such instances, it is the husband who collects the allowance since he is the head of the household. For the woman, benefits to this allowance are dependent upon the men who may well squander the money, leaving his wife with no recourse. Men have been shown to be less responsible in caring for the family than women and this calls for a reconsideration of the household nature of the allowance so that it is individually based.

One of the Social Welfare Officers raised a pertinent issue about people manning the department offices. He said a number of the officials in the Social Services Department were not disability sensitive and caused persons with disabilities to withdraw their applications prematurely. He said persons with disabilities are treated in an undignified manner which makes them shy away from approaching the department. 'They do not treat them with dignity and respect,' said the official referring to how some officials from the Social Services Department treated women with disabilities when they approached the office for assistance. In light of this, it is imperative that government trains its employees on disability issues since it is understandable that this group of people need to be treated sensitively to avoid alienating them.

In relation to obtaining the assisted medical treatment order to get free medical treatment at government hospitals, many respondents raised concern over the fact that one has to go to the Social Welfare Office each time they got ill, which could be a number of times in a short space of time. According to them, this was very uncomfortable and discouraged them from obtaining these letters. One of the respondents intimated:

'When you are disabled, you may need to visit the hospital more than other people because of your condition. When you go to Social Welfare (Social Services Department), you are given a letter which you can only use once and you have to come back again when you want to visit the hospital. This is not comfortable and you would seem as if you are bothering people.'

In their opinion, government ought to give them a letter which lasts for at least a year to avoid these inconveniences. The hostile attitude of health personal at the hospital when they realised one had come with such a letter also discouraged the respondents.

Another important issue raised by the women interviewed and an official from the Social Services Department is that the assisted medical order may be helpful in relation to minor illness. For the purposes of complicated medical operations bearers of this order end up meeting the bills. Government hospitals have a shortage of medical drugs resulting in patients having to buy them in private pharmacies. The assisted medical order does not extend to these pharmacies. 'You will have the letter from Social Welfare,' said Mrs. X, 'but you cannot go with it to the pharmacy since hospitals prescribed some of the drugs.' Given that getting prescriptions of medicine which government hospitals do not have is the norm, women with disabilities do not have real access to health care services.

The issue of awareness is also another important factor in the analysis of the efficacy of the social welfare assistance scheme. When people are unaware of the existence of a scheme or programme from which they are supposed to benefit, they are deprived of their entitlement technically. According to Kaseke (1988) many of the under-privileged members of society who are supposed to be benefiting from social assistance are not aware of the existence of this scheme. This is true of women with disabilities as a number of those interviewed indicated that they know nothing about the social welfare programme. Social Services Department officials interviewed conceded that there was no comprehensive awareness campaign to inform people about the social welfare assistance programme. In their opinion, this scheme has been in existence for quite some time and it is their belief that people are generally acquainted of its existence. Kaseke (1988), however, opines that the lack of awareness programmes is deliberate to avoid artificial demand.

Finally, the theme that runs throughout this research is that women with disabilities have their own peculiar circumstances and needs that require consideration insofar as the provision of social security is concerned. At present, there is no distinction as to whether one has a disability or not in the amount of the maintenance allowance. The Social Welfare Assistance Act does not provide for such consideration in the granting of the allowance. This is a major weakness given that women with disabilities have extra costs related to their disability. This essentially means that a woman with a disability needs more in order to achieve a similar

standard of living as that of a woman without a disability. This reasoning is supported by Sen (2004) who notes that with the same level of income a person living with a disability may be able to do far fewer things in comparison with someone without a disability.

## **4.5 Comparative approach**

At this stage it is incisive to consider a few selected countries' social security policies towards persons with disabilities, which also includes women with disabilities. This is necessary for the purposes of offering a constructive criticism with a view of learning from the progressive experiences of some of our African sisters. The countries selected are South Africa, Mauritius and Nigeria as these countries offer helpful and, to a great extent, achievable experiences as regards the provision of social security to persons with disabilities. Although these schemes are not specific to women with disabilities, their existence is of great benefit to them as women and men with disabilities share similar experiences and needs.

### **4.5.1 South Africa**

Much of the discussion on the South African social security schemes for persons with disabilities is taken from an article entitled Social Security Policy Options for People with Disabilities in South Africa: an International and Comparative Review Prepared by The Child Health Policy Institute and The South African Federal Council on Disability For the Committee of Inquiry into a Comprehensive Social Security System (March, 2001).

In South Africa, the provision of social assistance is government by the Social Assistance Act which provides for non-contributory and means-tested social grants and child-care grants to indigent members of society. Social grants are available to persons of old age, persons with disabilities and war veterans. The Disability Grant is specific to persons with physical or mental disabilities who are 18 years and above. It is means tested and is awarded to those who are incapacitated or unable to maintain themselves as a result of their disability.

Another grant in the South African scheme is the Care Dependency Grant for Children whose purpose is to enable parents or foster parents to take care of children who have mental or physical disabilities under their custody. Eligibility to this grant is also means-tested and is awarded to children who are between the ages of 1 to 18 years if they are suffering from mental or physical disability. This is a helpful grant to women with disabilities if they have

children suffering from disabilities since women are the ones who usually take care of children. Even women who are deserted by their spouses or would-be spouses can take good care of their children owing to this grant.

It must be acknowledged that the South African social security system for people with disabilities is more comprehensive than that of many developing countries, particularly in Africa. Both the Disability Grant and the Care Dependency Grant help women living with disabilities to maintain themselves. These grants are usually adjusted upwards to reflect the cost of living and are usually able to cater for the basic day to day needs of the beneficiaries.

#### **4.5.2 Mauritius**

Persons with disabilities in Mauritius are eligible to get assistance under the Invalid's Basic Pension scheme. According to Berry (2000), those who are between 15 and 60 years and are certified as either permanently or substantially incapacitated to work to a degree of 60% by a Medical Board qualify under this scheme. Berry (2000) notes that the Invalid's Basic Pension scheme is non-contributory. Another important form of social insurance accorded to persons with disabilities in Mauritius is the Disablement Pension available to employees who have a disability, and is dependent on the severity of the disability (Berry, 2000).

To help persons with disabilities to manage their environment, the Ministry of Social Security provides them with free rehabilitative equipment such as spectacles, hearing aids, wheelchairs and walking sticks. This assistance is given to those of limited means who are eligible in terms of a stipulated annual income ceiling. Additionally, children with disabilities attending special schools, and their parents accompanying them have their transport costs refunded by the Ministry of Social Security. Further, students with disabilities attending secondary and tertiary institutions get monthly stipends from government to help them take care of themselves in light of their disability.

Other progressive measures which enhance the social security of women with disabilities in Mauritius include Income Tax Rebates on the heads of households of families with disabled members and awarding of matching grants to organisations involved in direct disability activities. Government also runs a social assistance scheme under the Social Aid Act which is similar but more comprehensive than the one operating in Zimbabwe. Finally, children with

disabilities under the age of 15 years are entitled to a Compassionate Care's allowance which is awarded to their parents or guardians to care for them.

#### **4.5.3 Nigeria**

While the social security system of Nigeria does not offer persons with disabilities financial grants as comprehensive as those found in South Africa and Mauritius, it offers them a wide range of free or subsidised services. The Nigerians with Disability Decree of 1993 guarantees persons with disabilities, including women, equal treatment and promotes their full integration into the national economy. In terms of this Decree, every person with a disability is entitled to a permanent Disability Certificate, which qualifies her/him to the schemes under the Decree. Under the Decree, persons with disabilities in Nigeria are entitled to free education in public learning institutions at all levels, comprehensive vocational training and the committal of not less than 10% of all educational expenditure towards their educational requirements (DFID Nigeria, 2007). The Decree also entitles persons with disabilities to free public health and medical care, provision of prosthetic devices and functionality therapy and training and non-taxation on the importation or purchase of health materials (DFID Nigeria, 2007). Persons with disabilities are also entitled to free transportation by rail or buses and their children should receive free child care services (DFID, 2005).

In relation to employment, the Decree requires employers to reserve at least 10% of their work force for people living with disabilities and 15% tax deductions are granted to private employers who employ persons with impairments. To cater for the accommodation needs of persons with disabilities, the Nigerian government is supposed to apportion at least 10% of public houses to persons living with disabilities and make these houses accessible.

The Nigerian situation shows how non-monetary schemes can be used to cater for daily needs of persons with disabilities to improve their living standards. If women with disabilities are given access to education, employment and health care, amongst other life needs, as is the case in Nigeria, there is no doubt that their standard of living is improved. This shows that the lack of adequate financial resources cannot be used as an argument to deny women with disabilities or any other persons of limited means of the most basic needs of life.

## **4.6 Conclusion**

Whereas it is fair to conclude that men's and women's relationship with formal social security has historically been gendered, it is not so much of a distortion to add that women with disabilities have and continue to be the worst affected insofar as access to these schemes is concerned. Due to lack of adequate education and the hostile labour market, women with disabilities are largely excluded from the formal sector and are located in the informal sector where formal social security coverage is almost non-existent. The majority of women interviewed neither benefit from the government run social welfare assistance scheme nor social insurance mechanisms. This is largely due to the fact that these schemes are not comprehensive enough, being of very limited coverage and offering insignificant benefits. There is, however, much to learn from other countries in the developing world on how best to cater for the basic needs of women with disabilities even when resources are scarce. This leads us to the discussion of the efficacy of informal social security schemes for women with disabilities in the following chapter.



## **CHAPTER 5**

### **5.0 NON-FORMAL SOCIAL SECURITY AND WOMEN WITH DISABILITIES**

#### **5.1 Introduction**

Thus far, it has been shown that formal social security is of little relevance to women with disabilities in Zimbabwe. As discussed in the preceding chapter, this is largely due to the fact formal social security schemes at present are limited to those in the formal sector where women with disabilities are largely missing. Given the shortcomings of formal social security, one is bound to wonder if informal safety nets are the alternative answer to the social security needs of women with disabilities. In this vein, this chapter is dedicated to an analysis of the efficacy of informal social security insofar as the social security needs of women with disabilities are concerned.

#### **5.2 Conceptualising non-formal security**

With regard to non-formal social security mechanisms, Kasente (2003) postulates that literature in this field highlights the important role that these mechanisms play in respect of the majority of people in the continent, especially women who are concentrated in the informal sector of the economy. In a similar vein, Kasente (2003) notes that the majority of the population in Africa rely on non-formal social security mechanisms due to the absence of comprehensive formal security systems intertwined with well-documented market failures and shortcomings of the state in solving many socio-economic problems resulting from urbanisation, HIV/AIDS and structural adjustment policies.

While it is beyond argument that these mechanisms have done much more than formal social security schemes in meeting the daily needs of women with disabilities, their efficacy in relation to this class of women remains a matter of contestation requiring further empirical research. At this level, what can be said with a fair degree of confidence is that informal safety nets are not without their shortcomings insofar as providing reliable and comprehensive social protection to women with disabilities is concerned.

There are two main forms of non-formal social security systems, namely, traditional safety nets and self-organised safety nets (Ravazi, 1998). They come in different forms such as

burial societies, cooperatives, savings associations and other self-help organisations (Ravazi 1998, fieldwork). Kasente (2003) is authority to the fact that informal social security systems, whether they be traditional safety nets or self-organised systems, offer a wide range of cash or in-kind support in diverse circumstances. The research respondents acknowledged there was some form of support culture in their families and trades in order to assist each other to meet life's basic needs and during times of sickness and death.

According to Kasente (2003) informal safety nets observe the principles of pooling resources together, risk sharing, sharing obligations as well as membership. These are important principles which can form a strong foundation for a sound social security system for the benefit of the majority of citizens, including women with disabilities. However, because of the tendency to conceptualize social security from the ILO perspective, efforts by African governments to provide social security have largely focused on formal social security (Kasente, 2003).

Kasente (2003) laments that because non-formal social security systems have not originated from government initiatives, they are neither understood nor well documented. The main concern here, from a disability perspective, is that since this is where the majority of the economically active women with disabilities find their protection, that such systems have not been adequately studied constitutes a significant knowledge gap. Kasente (2003) further bemoans that the contingencies these schemes cover, the manner in which they are organized and the role they play in the current context of Africa, are all issues which not well understood. One is constrained to say that the ultimate losers in this knowledge gap are the women with disabilities.

### **5.3 Traditional safety nets**

According to Kasente (2003) traditional social security systems refer to those forms of social security which have a close link to social tradition, and which are frequently very binding for members of the family community on the basis of common law or custom. These systems are kinship-based and follow the principles of solidarity and reciprocity. Kasente (2003) notes that traditional safety nets operate through the mobilisation of resources within the extended family to take care of the needy members of the family. Kasente further argues that the effectiveness of these safety nets is enhanced by making it obligatory for members of the

family or kinship to assist needy members and to assist each other during specific contingencies. Failure to do so, contends Kasente, is accompanied by societal sanctions, although this is becoming less and less effective.

The majority of the respondents had identifiable links with their families in varying degrees. They professed to be part of an extended family set up which included brothers, sister, uncles and aunts amongst other relatives. Notwithstanding the existence of this extended family set up, though in a depleted form, all the respondents indicated that there were no coherent family support systems which provided significant support to meet life's needs and to cover them during major set-backs. The respondents indicated that while they occasionally got assistance in the form of money and groceries from other family members, during sickness bereavement or other major set-backs, such assistance was disjointed, inconsistent and driven by compassion. Among the *Shona* people living in Zimbabwe, persons with disabilities are commonly referred to as *vanhu vaMwari* (people of God) and giving them money or groceries is believed to attract blessings from God.

For Mr. A, the extended family, though still in existence, could not be relied on for constant support. In his words:

‘While I get assistance from other relatives since I am blind, I cannot rely on that and I have to look for other means to survive.’

Another respondent weighed in:

‘My relatives think of me, but they have to mind their families and so they cannot give me much help since money is a problem these days.’

Mrs F. confessed:

‘They do assist during illness and they assisted me when my husband passed away, but there is no family fund and I do not expect much from them anyway.’

These were the sentiments of all the respondents and it speaks to the limited role that the traditional extended family plays in protecting women from the stresses associated with major contingencies of life.

Reciprocity is believed to be one of the major principles underlying the operation of traditional safety nets. In simple terms, in order for one to benefit from traditional family support, they must also help others. Kassente (2003) argues that traditional safety nets are more beneficial to those members of the family who have more means and are perceived as able to reciprocate when they are assisted. Since women with disabilities generally have little means, if any at all, the operation of the principle of reciprocity greatly diminishes their chances to benefit from this support system. The majority of respondents, however, attributed this limited family support to the current economic hardships bedevilling many, while a few of them felt that their disability caused them to be trivialised and excluded from family benefits. The majority felt that given the current economic hardships faced by the majority of the population in Zimbabwe, many people are struggling to put food in the table for their own families which meant it was even more difficult for them to support other family members. In the words of Mrs. G:

‘Disability does not mean inability and I can do what others can and the challenge I face they also face. We are all struggling because there is no money in the country and that is why my relatives may not assist me that much.’

Another respondent also ruled out the issue of discrimination in getting family support saying:

‘I would lie if I say I am discriminated against because I am not the only one who is needy in our family and they are also not getting much support. People just do not have money you see.’

Those who felt neglected due to their impairment pointed out that some of their relatives in the extended family were well off and could easily assist them, but they did not do so. One such respondent, Mr. B retorted:

‘Because they know I am disabled and cannot give back if they help so they will not bother themselves. To be honest, some of my relatives are well off but they choose to splash their money elsewhere and help others who are not disabled.’

Another female respondent said:

‘People are struggling yes, but, if you are disabled, people will not see the value of helping you because they think you can never help them, that’s the truth.’

According to these and a few other respondents, the issue of reciprocity could not be totally ruled out as a reason for the failure by women with disabilities to get meaningful support in times of need.

Regarding the efficacy of traditional safety nets in relation to women in general, Kasente (2003) argues that the weaker and fewer traditional legal rights of women in comparison with those of men greatly limits the access that women have to these safety nets independently. She also argues that the position of women is particularly difficult after widowhood or divorce as the traditional mechanisms that would have been supporting them weaken or are no longer legitimate. While it can be admitted that these factors affect women with and those without disabilities, it should be pointed out that the position of the former class of women is further complicated by the fact that a considerable number of them are outside the marriage institution. Since marriage is an important condition for women to enjoy comprehensive benefits from traditional safety nets, in instances where these exist, that a considerable number of women with disabilities are not married greatly limits the support they obtain from these safety nets.

At the conceptual level, however, what complicates the situation for women with disabilities in this respect is the operation of the principle of reciprocity in the traditional safety nets matrix. A point that many of the respondents admitted was that if it comes to borrowing money for settling bills, paying school fees or meeting any other important obligation, a relative without a disability would receive preference over other family members, the thinking being that the disabled woman will not repay the debt.

Over and above the challenges women with disabilities have in accessing traditional safety nets stated above, Kaseke (1999) refers to the fact that the impact of industrialisation and urbanisation has greatly eroded the effectiveness of these safety nets. As a result of these phenomena, the extended family has lost much of its cohesiveness and, as such, has also lost much of its erstwhile capacity to provide social protection to its members.

## 5.4 Self-organised safety nets

The absence of comprehensive formal security that can be easily accessible to the majority of people in Africa and the weakening of traditional extended family system have led to the development of self-organised social security nets or semi-formal social networks. According to Kasente (2003), these systems have emerged from the consequences of socio-economic transformation and hardships, as well as from pressures precipitated by such trends as urbanization and monetisation. As is argued by Kasente (2003) and shown by the field research, self-organised systems are usually the only source of socio-economic sustenance to the majority of women and men in Africa. They take four distinct forms, namely: (1) savings associations based on mutuality; (2) self-help organisations with common funds and resources for emergencies; (3) consumer and savings associations, and (4) cooperatives.

According to Fuchs (1988), self-organised social security mechanisms tend to develop independently of traditional origins, and are anchored in principles of solidarity and reciprocity among people who experience similar socio-economic circumstances. Women with disabilities in the informal sector interviewed were mainly involved in selling low profit items such as airtime recharge cards, assortments, towels, stockings and other such items that have very low returns. They indicated that they are involved in money and/or grocery savings clubs and burial societies in order to manage the little profits they were getting in their trades as saving individually would be very difficult. In respect of the former, the respondents indicated that they formed groups, composed either of women and men with disabilities only or women and men in similar trades regardless of physical ability, where they made daily or weekly financial contributions. The average contributions were US\$3 daily and US\$25 weekly, the amount of money one gets when it is their turn (pay-out day) being the sum total of the contributions of the entire group members. Describing how these organised systems work, one of the respondents said:

‘To help us to save our little profits, we arrange ourselves into groups where we contribute every day or every week. As for me I am in a group of four friends who also are also in the selling business and we contribute weekly. We contribute US\$30 each week meaning that one gets US\$90 during their turn.’

One of the women without disabilities interviewed said, ‘As for me, I have two money clubs and one grocery club which I am involved in.’ She indicated that she contributes US\$3 a day and US\$30 a month to the money clubs and US\$25 a month to the grocery one. ‘These

clubs,' she continued, 'are composed of women to avoid problems with men.' Other women without disabilities interviewed were involved in more or less the same arrangements with slight variations in the amounts contributed and the number of groups in which a person was involved. For others, their monthly contributions were US\$20, US\$25 or as much as US\$40.

As regards burial societies, the respondents indicated that they were members of these self-help societies and paid monthly subscriptions to get funeral insurance in the case of the death of the member or their dependant.

Mrs G. indicated:

'I am a member of a burial society and I contribute US\$10 monthly. This burial society is for persons with disabilities and we hold our meetings once every month.'

A number of the women with disabilities were members of such burial societies which mainly comprised of persons with disabilities.

According to Kasente (2003) the major advantage of self-organised social security systems is that they are flexible and oriented towards meeting both immediate and future needs, making them more suitable for women. These systems are particularly suitable for women mainly because it allows them more latitude to build social networks that best suit their needs and interests. In principle, this fact, coupled with the fact that women with disabilities are largely located in the informal sector, makes self-organised safety nets of great benefit to women with disabilities.

While self-organised safety nets have become an important source of protection for many women in Zimbabwe due to the dominance of the informal sector, their efficacy in relation to women with disabilities remains debatable. In the first place, women with disabilities are still unable to meaningfully participate in this sector due to lack of start-up capital and the harsh operating environment in this sector which is coupled with constant running battles with law enforcement agents as most of the activities take place in undesignated areas. Although this may not be documented, as is the case with many aspects of disability, a great number of women with disabilities are not involved in any gainful economic activities, making self-organised systems of little relevance to them. A number of visually impaired women can be

spotted in the streets of Harare Central Business Districts and in buses asking for alms to fend for themselves and their children. While these women may have some form of money clubs, self-organised systems play a limited role in their lives since these usually develop among people involved in some form of business who have constant determinable means to contribute to them.

Secondly, even for those women with disabilities in the informal sector, the harsh operating environment coupled with the absence of strong family support mechanisms complicates the position of this class of women. All the respondents in the informal sector operated their business in undesignated places of Harare's Central Business District where the municipal police always operates to restore order and sanity to the city. Some of the respondents professed that their disability inhibited them from managing the running battles with the police and were considering quitting as they survived solely on the mercy of these law enforcement agents. One of the respondents narrated how she once lost all her goods to municipal during one of their operations as follows:

‘During one of the raids by municipal police, I tried to lee just like my other colleagues, but, because I am partially blind I could not manage and they confiscated all my goods and I had to pay a fine. People advised me not to run away in future as council was tolerant to people with disabilities. During another raid, I did not run away but, unfortunately, there was so much stampeding such that the police just took my goods.’

While the findings indicated that there is no significant difference on the amounts contributed to self-organised groups by women with disabilities and those without, this should not be taken to mean that these classes of women benefit equally from these arrangements and, therefore, lead similar life standards. On deeper probing it became clear that women without disabilities enjoy better family support and can have several self-organised schemes to support them, which is not the case with women with disabilities. The amount of money a woman with a disability contributes daily or weekly to a money club may well be all she has while it may be a fraction of what a woman without a disability would have made.

Finally, the amount of benefits one obtains from semi-formal social security schemes is determined by the amount of money one contributes. As stated earlier, women with disabilities are involved in low profit making trades which compels them to join groups which require contributions commensurate with their thin pockets, thereby restricting them to



low benefits. In the case of burial societies, there is a risk of one losing membership and a substantial portion of their contributions if they do not contribute for a certain prescribed period of time. Some respondents indicated that they had lost their membership to burial societies due to failure to meet their monthly subscriptions.

## **5.5 Conclusion**

The extent to which women with disabilities in Zimbabwe benefit from informal social security systems is far from clear necessitating further investigation in this field. What came out from the field research is that informal social security, however minimal its benefits may be, is the only form of social protection most women with disabilities have constant access to. While traditional safety nets have lost much of their protective support, offering only casual assistance on limited circumstances, self-organised systems have helped women with disabilities in the informal sector to make maximum use of their meagre profits. Be that as it may, the effectiveness of these safety nets in relation to women with disabilities is greatly impaired by their unregulated and contributory nature. At the end of it all, non-formal safety nets are unsustainable, inconsistent and prone to abuse to the detriment of women with disabilities. Chapter 6 presents the conclusions of this research and based on these, proffers recommendations to improve the access that women with disabilities have to both formal and non-formal social security.

## **CHAPTER SIX**

### **6.0 CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Introduction**

Drawn from relevant literature considered and findings from the field research, a number of issues relating to the access that women with disabilities in the informal sector have to social security and the extent to which their needs are met have been unearthed. At this stage it is necessary to draw conclusions on these issues and make recommendations on how women with disabilities in Zimbabwe can enjoy comprehensive social protection in light of their perceived prejudices in society. This is the focus of this chapter.

#### **6.2 Conclusions**

The conclusions of this research are presented in this section with the recommendations presented in the following section.

##### ***6.2.1 The concept of social security***

Before turning to the conclusions based on the specific assumptions of this research, it is prudent to make conclusions on the concept of social security as concepts form an important foundation in the reform process. The main concern with the traditional conceptualisation of social security from a gender perspective is that social security is formulated from a formal premise, yet the majority of women in Africa are in the informal sector. From a disability perspective, over and above this gender biased conceptualisation, disability, other than that acquired during the course of employment, is not regarded as a major contingency requiring social protection. The re-conceptualisation process has failed to appreciate that access to social security is also dependant on one's physical state of ability. As concepts inform policies, this disability insensitive conceptualisation of social security has led to the exclusion of the majority of women with disabilities from social protection.

##### ***6.2.2 Correlation between social security and standard of living***

Literature reviewed established beyond retraction that there is a two-pronged relationship between access to and benefits from social security and one's standard of living. On the one hand, the quality of life one leads invariably determines the level of social protection they obtain. On the other hand, the level of social security one obtains determines the quality or

standard of life they live. Observations and data gathered from the field research corroborated this relationship. All of the women with disabilities interviewed lacked access to comprehensive social insurance schemes and as such they live well below the poverty datum line. The argument is that if they had access to comprehensive social security, that would enhance their access to basic necessities of life such as education, health and employment, which in turn would greatly improve their standard of living.

### ***6.2.3 Lack of access to social insurance***

The research also established that the majority of women with disabilities do not have access to social insurance schemes because they lack the financial resources to contribute to their coverage during specific contingencies. Social insurance is largely meant for those in formal employment yet the majority of women with disabilities, owing to lack of access to quality education, discrimination at the workplace and social exclusion, are excluded from the formal sector. Women with disabilities also do not have access to those insurance schemes which have been extended to those who can afford them outside the formal sector because they lack adequate financial resources to contribute to them. The profits they realise from their small trades are not even enough to cater for their basic needs, let alone their social security.

### ***6.2.4 Poor relief from social assistance***

The provision of social assistance to women with disabilities in Zimbabwe is included in mainstream schemes with persons with disabilities as one of the target groups. Unlike in other countries such as South Africa which has the Disability Grant specifically for persons with disabilities, there is no separate social assistance scheme for this class of people in Zimbabwe. This has resulted in a failure to take cognisance of the particular circumstances and needs of women with disabilities, amongst other persons with disabilities in general.

In light of this, it is fair to conclude that women with disabilities obtain very little relief from the social assistance scheme due to its small and inconsistent financial disbursements which fail to cover the most basic life needs. Both the officials from the Department of Social Services and women with disabilities indicated that the maintenance allowance was very little and inconsistent in nature. Further, other social assistance programmes such as assisted medical orders and the provision of assistive aids are of little help insofar as providing for the basic needs of women with disabilities is concerned. Lack of awareness of these programmes is also a major reason why some women with disabilities are not benefiting from them.

### **6.2.5 Limited access to non-formal safety nets**

With regard to the efficacy of non-formal social security schemes to women with disabilities, it can be concluded that this class of women have very limited access to traditional safety nets and obtain minimal benefits from self-organised social security schemes. As regards the former safety net, while reciprocity cannot be ruled out as limiting women with disabilities' access to traditional family support systems, the demise of the extended family has rendered traditional safety nets of little relevance. The support rendered under these nets is small, disjointed and nothing close to a coherent and consistent family support mechanism that women with disabilities can rely on for protection against life's contingencies. In relation to self-organised safety nets, the contributory and unregulated nature of these safety nets limits the participation of women with disabilities due to the subdued profits they realise and the risk of losing membership in cases of non-contribution. That self-organised nets are not regulated by the states creates the danger of them being inconsistent, unreliable and potentially prone to fraud and abuse to the detriment of women with disabilities.

### **6.2.6 Weak legal framework**

Insofar as the legal framework governing the provision of social security is concerned, it has been established that there is no comprehensive and expressly stated right to social security in Zimbabwe. This is a major lacuna (gap) in the law given that Zimbabwe is a constitutional democracy, the Constitution being the supreme law of the land from whence all laws should emanate. Be that as it may, the right that women with disabilities have to access social security on an equal basis with others is founded in the principles, objectives and bill of rights in the Constitution. Save for the Social Welfare Assistance Act, which is limited to mainstream public assistance, there is no comprehensive social security legislation that gives effect to this Constitutional dispensation and guarantees women with disabilities their internationally recognised right to social security. In this light, one is justified in concluding that there is no comprehensive social security legislation that guarantees the provision of disability sensitive social protection.

From another dimension, as is the case in many developing countries, the provision of public assistance in Zimbabwe has been perceived as a privilege which the state bestows on the needy rather than a right to which they are entitled. This stems from the fact that legislation governing the provision of social security in general and social assistance in particular is couched in a language that gives the impression that access to public assistance is a privilege

and not a right. This explains why the social welfare scheme caters for a limited population of the needy, offers insignificant benefits and is poorly funded.

### ***6.2.7 Gender and social security reform initiatives***

In the final analysis it should also be pointed out that gender and social security reform in Zimbabwe has failed to take cognisance of the particular circumstances and interests of women with disabilities. Social security reform initiatives have been confined to the formal sector where women with disabilities are under-represented. While reforms in formal social security have sought to ensure that men and women benefit equally from social security schemes, no such initiatives have been made to ensure that persons with disabilities receive equitable benefits. This is despite the fact that there is irrefutable evidence that persons with disabilities need more to lead the same standard of life as those without disabilities.

## **6.3 Recommendations**

Based on the conclusions reached in the preceding section, relevant recommendations are suggested in this section.

### ***6.3.1 Re-conceptualisation of social security***

Given that the traditional conceptualisation of social security does not consider the impact of the variable of disability on the access to social security, there is need to overhaul the traditional formulation of social security and replace it with a gender and disability sensitive conceptualisation which acknowledges the impact of sex and disability in the provision of and access to social security. Such a re-construction should allow for the recasting of social security as a right that women with disabilities have, rather than a charity that they are privileged to receive.

### ***6.3.2 Studying and documenting non-formal safety nets***

Given that non-formal social security mechanisms play an important role in the lives of women with disabilities yet their nature, value and impact remain largely unknown, it is important that government extends research on these safety nets. Kasente (2003) suggests that researching on the nature, value and impact of these systems on the lives of people in the informal sector would help find possible ways to regulate or integrate these safety nets with formal schemes to make them predictable and comprehensive. If properly documented, self-

organised clubs could be turned into some form of investment clubs where government or a quasi-public institution could facilitate borrowing and lending with interests accruing at prescribed periods. Such transformed clubs would increase the otherwise small profits that women with disabilities in the informal sector make into substantial investments. All this can be achieved, however, if government understands how these organisations work and documents them.

### **6.3.3 *Improved access to formal social security***

Given that the majority of women with disabilities have poor access to quality education, lack necessary qualifications to obtain formal employment and suffer from discrimination and social exclusion, the state is the best institution and avenue that can limit the effects of these exclusionary factors and ensure that women with disabilities have access to social security. In this regard formal social security schemes, particularly social assistance should target women with disabilities. Given the cost and administrative complexities involved in targeted disability social protection schemes, it would be difficult to establish such schemes in Zimbabwe and specifically targeting the needs of women with disabilities within existing mainstream social assistance programme is recommended.

Mitra (2005) recommends that mainstream social safety nets should be designed with some element of disability targeting in their conditions of eligibility, benefit levels or services provided to better reach and serve persons with disabilities. In this light, the current social welfare assistance scheme in Zimbabwe should be designed, implemented and evaluated in a manner that takes into account the particular needs of women with disabilities. As women with disabilities have been shown to be amongst the poorest of the poor, an effective evaluation of the scheme should ensure that they are well represented amongst the beneficiaries of the scheme. The level of benefits should be commensurate to the cost of living of women with disabilities, which is higher than that of people without disabilities. One of the respondents suggested:

‘As it is known that persons with disabilities are poor, they should give us priority in these programmes so that we can benefit.’

The recommendations suggested by many of the respondents centred on increasing the funding of the social assistance programme and the establishment of income generating

projects to help them to become self-reliant. This leads to the discussion on how this could be done in the next two sections.

#### **6.3.4 Financing**

Against the background of poor funding of social assistance, there is need to revisit the funding mechanism of social assistance and other insurance schemes. Guthrie *et al.* (2001) suggest moderately increasing government's borrowing as well as increasing the progressive taxes, in particular the personal income tax. It is an acceptable practice for governments to borrow money to fund some of their operations and the Zimbabwean government has done so to finance some of its operations due to its dry coffers. There is no good reason why the government does not borrow in order to fund the provision of social security to persons with disabilities.

Seeing that disability virtually affects everyone whether directly or indirectly, the introduction of a disability levy to form part of the funding of a disability grant would be a prudent initiative. This has been successfully done in relation to HIV/AIDS where monthly deductions are made from the salaries of those in formal employment towards the AIDS levy. If it has been acknowledged that the HIV/AIDS pandemic is a national catastrophe as everyone is either infected with or affected by the disease, there is no reason why such an acknowledgement should not be extended to disability.

Guthrie *et al.* (2001) also recommend the reallocation of resources from other departments' budgets if there are debit balances at the end of each financial year. In Zimbabwe it is within the public domain that not all departments utilise their allocated financial votes at the end of each year. Such unutilised resources could be transferred to social security schemes for the benefit of women with disabilities. The principle is that departments which fail to use all their allocated funds by the end of the financial year forfeit those funds and may receive lesser allocations in the following year since they would have demonstrated that they do not need the funds. This has seen a number of departments holding unnecessary workshops and programmes towards the end of each financial year in a bid to exhaust their votes. Rather than 'encourage' departments to squander funds in this manner, they should be encouraged to save. It is these extra funds which could be transferred to social security provision without necessarily 'punishing' the departments concerned.

Finally, some of the respondents indicated that government should look for funds from donor agencies to provide them with the basic necessities of life. One of them suggested:

‘Government should not be proud, but should accept that it is broke and approach donor organisations for assistance to help us.’

Developmental organisations and the donor community have always been willing to partner governments as funders of a wide range of projects and programmes. Despite a marked decline in the participation of international donor organisation in Zimbabwe in the past 15 or so years, they have remained active in the funding of many programmes including health services, education, child protection and constitutional awareness. It is recommended that partnerships between government and international donor organisations could be established for the purposes of funding social security schemes which benefit women with disabilities. If the donor community has been willing to fund such programmes as child protection, the empowerment of women and the fight against HIV/AIDS, one is justified in believing that it should also be equally willing to fund programmes that enhance the social protection of women with disabilities.

### ***6.3.5 Developmental public assistance***

While it is accepted that the country is going through a tough economic period, limiting government’s capacity to fund several programmes including social assistance, this should not be used as an excuse to deny needy members of society their right and entitlement to social security. Kaseke (1988) proposes that in the light of inadequate financial resources to fund public assistance, the government should adopt a developmental approach. One way in which this can be effectively done is by linking social assistance to job creation schemes. According to Kaseke (1988), the job creation scheme could entail the provision of financial assistance to under-privileged members of society desirous to embark on income-generating projects. Seeing that disability is by no means inability, as shown by the participation of women with disabilities in various economic activities, through the use of loans and grant, a revolving fund could be established with women with disabilities as one of the major targeted groups. In countries such as the Philippines, developmental social assistance has been implemented successfully to such a degree that needy persons have been rehabilitated to become successful entrepreneurs (Kaseke, 1988).



The respondents also alluded to the usefulness of income generating projects if they are given the start-up capital. One of them said:

‘We are disabled yes, but, that does not mean we cannot do anything. We can do poultry, farming, sewing and other things because some of us learnt this.’

Another respondent said:

‘They (government) are busying others project funds but they do not give us. Yet we can also work like them. They should consider us also.’

These were the sentiments of many of the women with disabilities, making it plain that, if given such assistance, they can become self-reliant.

### **6.3.6 Comprehensive disability sensitive legal framework**

In order to enhance the access of women with disabilities to social security, it is recommended that the provision of social security should be made an express constitutional right to which all citizens are entitled. Under this right, there should be a subsection that requires the state to ensure that persons with disabilities, in general, and women with disabilities, in particular, are particularly targeted in relevant social security schemes. As a follow up to this, Parliament should enact a comprehensive Disability Sensitive Act which more specifically gives effect to the social security entitlements of persons with disabilities. Such legislation should be realised through regulations, policies, strategies and programmes which provide for benefits criteria which gives heed to the additional costs that women with disabilities incur to achieve certain basis living standards.

Marriott and Gooding (2007) propose that legal reforms which seek to strengthen access that persons with disabilities have to social security schemes should make social security a right to which persons with disabilities are entitled rather than a charity handout. Such legislation should provide minimum thresholds to be directed to public assistance in each annual budget. As a progressive step forward, Devereux *et al.* (2005) suggest that such legislation should provide a framework for the provision of regular and predictable assistance to needy groups.

### ***6.3.7 Social safety nets only part of the solution***

It is beyond retraction that both formal and non-formal social safety nets, if properly funded, designed, implemented and evaluated, have an important role to play in the standard of living for women with disabilities. Based on the literature considered and field research, it has been established that social security can reduce poverty amongst women with disabilities and aid them to become self-reliant. Notwithstanding this fact, it should be appreciated that social safety nets are not a panacea for all the livelihood challenges faced by women with disabilities. As noted by Mitra (2005), social security schemes cannot be expected to entirely solve the poverty problem for persons with disabilities. Education, health and labour policies and programmes all have a bearing on the welfare of persons with disabilities. If women with disabilities are to lead dignified lives and become self-reliant, inclusive education, health, labour and other socio-economic policies and programmes should be developed and implemented.

## **6.4 Conclusion**

This research has unearthed some of the major challenges that inhibit women with disabilities from accessing social security schemes in Zimbabwe. What emerged is that there is no comprehensive social security system in the country that takes into account the particular circumstances and needs of women with disabilities. In the final analysis, one is constrained to say that disability is not an alien, obsolete or abstract phenomenon, but rather a reality that permeates much of society's experiences and human development. As such, it is a risk, whether directly or indirectly, that threatens all of society and it is incumbent upon the state to take upon itself the responsibility of protecting everyone against the contingencies precipitated by disability. Comprehensive social security schemes should be established and implemented to manage these contingencies. This, of necessity, requires a paradigm shift about the place of women with disabilities in social security that sees them as legitimate holders of the right to protection rather than mere recipients of charity.

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