

The Disabled and Social Development in Rural Zimbabwe*

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I am pleased to have been given this opportunity to communicate with the people who should be in the forefront of social development, and it seems to me that this opportunity has grown out of a growing realisation, on the part of people like social workers and community workers, of the existence of disabled persons in the rural parts of this country. I am encouraged by this and see it as a sign that a new era in development is about to be launched from all fronts in the community. Looking back, even to as recently as 1980, I do not recall anyone in the field of social work even talking about rural disabled people. Back in the days when I was a student at the Harare School of Social Work, the course was very much urban oriented; and I suspect that this is still the case today, but the fact the the school has asked me to reflect on the social development of disabled people in rural Zimbabwe indicates an interest, and I hope a commitment, to look at this issue seriously.

The main concern today is direct attention to solving a problem. A problem of a secluded people; seclusion from attaining social independence and of being branded "special cases" amongst their communities. Hence the disabled have earned a conspicuous social stigma that impedes progress in their social development. Social development, the very root of successful community advancement, should proceed without discrimination against the disabled because of their physical appearance or mental status. The National Council of Disabled Persons of Zimbabwe has intervened to right the wrong that has been the "normal" trend in community development.

Therefore, the National Council of Disabled Persons of Zimbabwe, the organisation that I represent here today, firmly believes in the fight for the social rights of all disabled Zimbabweans wherever they may be. The organisation strives to improve the social status of disabled people in all aspects of the community. Our philosophy as an organisation of the disabled is based on equal opportunity and full participation of disabled persons. That means all services in the community such as transportation, employment, education, housing, recreation must, as a matter of right, be made accessible to disabled people, and most importantly that the tide of social development in

* A paper presented at a seminar on 'Social work and Social Development', School of Social Work, Harare, October 1984.

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Zimbabwean society should carry with it disabled people.

A distinction should be made clear here; that this organisation does not provide services. It is the conventional rehabilitation institutions that offer rehabilitation services in their various centre in Zimbabwe. The National Council of Disabled Persons of Zimbabwe's task is rather to promote full integration of disabled Zimbabweans by creating an environment of equality. The operational programmes of the organisation are geared to campaigning for equalisation of opportunities, i.e., access to all community services available to the general public. As a voice of all disabled Zimbabweans, the Council plays an important role in the process of liberating the nation's disabled persons.

The 1982 national disability survey conducted by the government of Zimbabwe highlights the fact that the vast majority of disabled people live in the rural areas. The estimates are that there are over 276 000 identified disabled persons in the country and of these only about two percent can derive benefits from the conventional rehabilitation centres which are situated in the urban areas. Because of the urban bias and situation of these centres and their limited capacity they are obviously unable to cope with all the disabled people in the country.

To promote the cause of the rural, poor disabled persons and provide fraternal assistance to them in the form of advice and information that can be of use to them in running self-help projects, the National Council of Disabled Persons of Zimbabwe has established a rural grass-roots development programme we call *the Outreach Programme*. Through this programme the Council is endeavouring to contact all rural disabled persons and is encouraging them to work together co-operatively with their communities to improve their standard of living and make a contribution to their communities.

As a membership organisation, the National Council of Disabled Persons of Zimbabwe is increasing its rural membership, many of whom are isolated. The Council locates the disabled in the rural areas, informs them about the National Council of Disabled Persons of Zimbabwe and encourages them to form groups. In this way the Council fulfils the role of being a community based organisation; it does not provide services but it responds to felt needs of the community and hence facilitates the satisfaction of the needs. This is, for example, the same way burial societies and Trade Unions operate, by responding to the needs and aspirations of their members. Professional organisations exist for specific functions of rehabilitating the disabled and National Council of Disabled Persons of Zimbabwe has no cause to quarrel with them. It must be noted that we as National Council of Disabled Persons of Zimbabwe are qualified to represent the rights of the grass-roots disabled to whom we must relate.

The Outreach Programme

The aims of this programme are to identify disabled persons in rural areas and

then to listen and talk to them, counsel and advise them, and finally, facilitate treatment, education, appliances, and self-help projects.

This is done by a system of first making contacts among councillors, teachers, church workers, grass-roots development workers and any other potentially useful and knowledgeable sources. Meetings are then arranged in rural communities with their disabled e.g. Ngwana, Hobodo, Gutu, Maranka. Following this, groups are established and a fuller integration into the community is attempted through community based groups. Other aims include introducing medical and rehabilitation personnel and finding school places. Short courses — mainly in agriculture and horticulture — are arranged and advice about self-help projects is given, facilitated through contacting authorities of land and water and fund-raising for self-help projects is undertaken. Information, contacts, seminars, and NCDPZ functions are organised and advice about how even severely disabled people can grow vegetables and keep small animals propagated.

It must be noted that there is also an important rehabilitative element in many projects that involve members in moving and exercising limbs that would otherwise be resting; and also in the beneficial feelings of self-confidence that result from participating in a successful project.

The National Council of Disabled Persons outreach team listens to the felt needs of these groups and thinks about them in terms of facilitating their satisfaction. Currently the programme of contacting and facilitating the organisation of rural disabled persons is continuing. New groups and branches have been established. These groups are encouraged to develop self-help projects that can help them to improve their subsistence and in some cases they may sell the surpluses. These activities include the education of disabled persons on their rights and obligations.

Running concurrently with this programme is the public education campaign which is targeted both to the general public as well as to officials and organisations. For the rural people there is need to revolutionise some traditional beliefs and practices as they relate to disabled persons and to make the rural public aware of their responsibilities to the disabled members of their communities.

The rural disabled interpret their social development in terms of meeting their needs. That is, the problems they face in their rural situations are compounded by the fact that they are disabled and regarded by their communities as such.

Primarily, all disabled persons have the need and the right to survive, the need to be equal, the need to be given equal opportunity and the need to be integrated into society and contribute meaningfully to the country's social and economic development.

Successful social development for the rural disabled should be geared to the provision of education, skills training, provision of mobility aids and corrective

surgery, encouraging self reliance projects and community acceptance of the disabled who are also part of society. The response from members of the disabled public and from those whom we meet in their home environment has been encouraging and it appears that there is real need for a programme of this type.

The expectations of some rural disabled persons are that they should be taken away from their communities and grouped in an institution in the urban areas. This attitude has also been evidenced by expressions by some parents and relatives of the disabled that their disabled people should be taken away from them. On a number of occasions the NCDPZ outreach team has been requested to come to some communal land and collect the disabled, to where we do not know! Our programme of reaching out for the rural disabled people is much appreciated as both the general public and the disabled community are beginning to understand the importance of involving the disabled in community development programmes and projects. As a result new integrated groups of the disabled are sprouting in many parts of the country.

Cost effectiveness

A programme based on the principles of community development by self-help processes has the advantage of being comparatively cost effective. Reliance on the establishment and continuation of the programme is placed to a large extent on the many contacts, members and organisations that I have mentioned. As the Development Officer, I run the programme with the help of one field worker. We have access to other NCDPZ staff. We also use where possible the existing developmental infrastructures in the communal areas. Ideas are shared with other organisations and also the recently created development committees from village to provincial level.

Conclusion

We have noted that there is a need for rural disabled persons to have access to rehabilitation services. This means the rehabilitation professionals and social workers should start gearing their services to meet this need. The Ministry of Health has made a start in this area with the establishment of the Rehabilitation Assistants programme. This is a positive step in the right direction; but it only serves to highlight the unco-ordinated approach to the whole matter of rehabilitation and the part the various government departments play in the process. We in the NCDPZ have frequently called upon the government to establish a national policy about rehabilitation. This would be a buttress to effective programmes of social development involving disabled persons.

Disabled people certainly recognise that it is the duty of the state to provide rehabilitation services and while these or some of these may be provided by non-Government Agencies; the role of the government is of paramount importance in co-ordinating, funding, researching and stimulating agencies and its own departments. The present situation of buck-passing between departments and vagueness about areas of responsibility is detrimental to the well-being of disabled people — not least the rural disabled.

Social workers should positively and clearly understand the problems of rural disabled people and should positively and clearly understand the problems of rural disabled people and should understand the correct processes and approaches needed to tackle these problems. They should be in no doubt about the fact that disabled persons — wherever they may be — have the same rights as anyone else. That is especially the right to have children, to build families, indeed the right to complete integration. They should develop positive attitudes and increase their awareness about the problems facing disabled persons so that they are able to provide effective services and to counsel disabled persons intelligently and sensitively.

The mobilisation of community participation is important and it is just as much the responsibility of the social worker as anyone else to ensure that disabled persons are not victimised by adverse social attitudes and unprogressive beliefs.

Finally, I wish to summarise by suggesting *a social developmental approach for the rural disabled in Zimbabwe*.

The approach should be aimed at developing positive societal attitudes and a growing awareness of the problems of disability as a pre-condition for providing effective services for the disabled. Such a precondition will facilitate treatment of disabilities on a larger and wider scale. Through this approach it will be possible to mobilise community participation in a more comprehensive way. Involvement of the community in the process of rehabilitation of the disabled should be designed to:

(a) encourage the community especially in the rural areas, to provide a base for rehabilitation and social services, in which the government's role and inputs are merely to stimulate community efforts.

(b) to create conditions favourable for rehabilitation services as well as disability prevention measures.

It may be that the final solution to social development of disabled people lies in the call for a commission of enquiry to be set up by government to look into the problems of disabled persons with a view to making proposals for a national policy on rehabilitation and rights of disabled people.