



**INSTITUTE FOR COMMUNITY DEVELOPMENT**

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**The impact of COVID-19 on women with disabilities (WWDs) in Masvingo urban, Zimbabwe.**

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### **Acknowledgement**

This note is a product of Institute of Community Development (ICOD) Zimbabwe. ICOD is the initiator and funder of both the research and compilation of this study on the plight of WWDs during the outbreak of COVID-19. These initiatives are in line with our mandate and operations which focus on projects surrounding WWDs in Masvingo urban. The well timed project is an added eye opener to critical WWDs' welfare issues which needs attention during these difficult times. The success of the project is also impacting positively on further broader aspects which needs to be attended to during the COVID-19 outbreak.

## I. Introduction

The COVID-19, also known as coronavirus has devastating impacts on human lives, human rights, livelihoods and socio-economic development world over.<sup>1</sup> The uncontrollable spreading of the COVID-19 virus infections and scaling up recorded fatalities is relentlessly increasing panicking, fear and despair amongst all global citizens. The fears are severe as global citizens are witnessing the abrupt erosion of their long time investments in social protection systems and safety nets. On the other note, the immediate impacts and predicted effects of COVID-19 are expected to corrode the steady developmental gains accrued over the years.

Despite the surging coronavirus being universal, its impacts and effects are not the same across different socio-economic divides.<sup>2</sup> The worst affected victims are the citizens in low-income countries. More to it, the coronavirus will deepen the already existing socio-economic and political inequalities at national level, regional, continental and global levels. On the economic platform, the low-income countries have serious challenges of recovering because of their economies which are in deplorable conditions.<sup>3</sup> On a downscaled focus at national level, the poor and vulnerable social groups are worst victims of COVID-19. The commonly observed vulnerable social groups in low-income countries include but are not limited to, the disabled, the elderly, women, unemployed orphans and minority groups. These vulnerable social groups are always battling with meeting the daily requirements such as food, health services, and education among others.

Current assessments confirmed that people with disabilities (PWDs) tops the list of vulnerable groups to impacts of COVID-19. The PWDs' physical conditions reduces their potential of acting and reacting to the coronavirus threats like the able bodied. The challenges experienced by the PWDs, thus increase the already existing social inequalities between them and the able bodied.<sup>4</sup> It is wise to note that amongst PWDs, women with disabilities (WWDs) are considered more vulnerable to diverse disasters than their male counterparts.<sup>5</sup> The WWDs' physical conditions coupled with social cultural roles as mothers exacerbate their untold suffering to disasters like the current COVID-19 .

This note focuses on WWDs' experiences brought in by the impacts of COVID-19 in Masvingo urban. The novelty of this study is that majority of current studies and

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<sup>1</sup>[https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW\\_AL\\_BlogNotification\\_EN\\_EXT](https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW_AL_BlogNotification_EN_EXT).

<sup>2</sup> <https://en.unesco.org/fieldoffice/harare/unprpddisabilityrights>.

<sup>3</sup> UNESCO, (2014). Good policy and practice in health education booklet: Puberty education and menstrual hygiene management. Place de Fontenoy, 75352 Paris, France.

<sup>4</sup> World Health Organization. (2011). World Report on Disability. Geneva: World Health Organization.

<sup>5</sup> UNESCO, (2014). Good policy and practice in health education booklet: Puberty education and menstrual hygiene management. Place de Fontenoy, 75352 Paris, France.

statistics are focusing on vulnerability to COVID-19 impacts at national and global levels. More so, some studies embrace all the PWDs, yet foregoing some peculiar social groups at downscaled levels such as WWDs. The WWDs are a social group which is usually ignored and marginalized in many socio-economic and political platforms. Therefore, this study took a unique dimension and interrogated the WWDs' lived experiences during the 'lockdown' caused by the outbreak of COVID-19. The experiences to be scrutinized herein, include domestic abuses, pronounced ostracism, infringed human rights, lack of access to adequate healthcare services and food. Lastly, this note ends up providing some recommendations which could be adopted in improving the welfare of the WWDs during the outbreak of COVID-19.

#### **11. Objectives:**

- (i) To identify the impact of COVID-19 lockdown on WWDs' socio-economic welfare.
- (ii) To interrogate some strategies they are using in coping up with the impacts and effects of the disasters.
- (iii) To provide recommendations and policy considerations which can assist WWDs in coping with impacts of COVID-19.

#### **III. Scope**

This note is a novel study which highlights the impacts of COVID-19 on the welfare of WWDs in Masvingo urban, Zimbabwe. It considers the socio-economic problems and other increased challenges which are experienced by the WWDs during 'lockdown' enforced by the Zimbabwean government. Ideally, this note takes into cognisance that, currently, there is limited or no readily available clinically researched and documented data which reveals the core-relationship between disability and contracting coronavirus. With this background, the other part of the data presented herein is inferred drawing insights from other more or less identical challenges which have occurred and affected the WWDs. The other part is filled with data collected from the field amongst WWDs.

#### **IV. The overview of COVID-19 whither PWDs and WWDs**

The untimely strike by the novel COVID-19 changed the global fortunes in a blink of an eye.<sup>6</sup> The impact of the attack unexpectedly heightened and exposed the vulnerability of the world to both known and unknown disasters. Considering the recovery from the deep depression is fast disappearing, the global leaders have agreed that the current trends heading towards a great depression were unheard off

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<sup>6</sup>[http://sdg.iisd.org/commentary/guest-articles/will-the-sdgs-still-be-relevant-after-the-andemic/?utm\\_medium=email&utm\\_campaign=SDG%20Update%20%2015%20April%202020&utm\\_content=SDG%20Update%20%2015%20April%202020+CID\\_d9d2ab2ecf945c054e7b53902f5e8837&utm\\_source=cm&utm\\_term=Read](http://sdg.iisd.org/commentary/guest-articles/will-the-sdgs-still-be-relevant-after-the-andemic/?utm_medium=email&utm_campaign=SDG%20Update%20%2015%20April%202020&utm_content=SDG%20Update%20%2015%20April%202020+CID_d9d2ab2ecf945c054e7b53902f5e8837&utm_source=cm&utm_term=Read)

for the past century.<sup>7</sup> The World Bank projected that the depression will see more than 49 million people sinking into severe poverty in the first half of 2020. Unfortunately, 23 million out of 49 million are expected to come from Sub-Saharan Africa.<sup>8</sup> Therefore, more fatalities are expected in this region owing to malfunctioning economies and other already existing man-made and natural disasters. Furthermore, estimation reflected that the impacts of COVID-19 will unsparingly affect the PWDs and the worst effects to be felt by the WWDs.<sup>9</sup> Unfortunately, the worst victims are helpless because of the continuing disaster outbreak.<sup>10</sup>

## V. Zimbabwe's position on WWDs hitherto COVID-19

Disability is a common phenomenon world over. WHO (2013), estimated that more than 10% of the global population live with disabilities.<sup>11</sup> At national level, UNESCO pointed out that, approximately, 7% of the Zimbabwe's total population are people with disabilities.<sup>12</sup> Furthermore, a downscaled focus by the UN Women revealed that one in every five women in Zimbabwe live with disability and the number is also estimated to surpass that figure. The common disabilities observed in Zimbabwe include but are not limited to, Down syndrome, Dwarfism, blindness, deaf and cretinism.

The evidence and statistics of disabled people in Zimbabwe has motivated her to join some supra-international institutions like UNCRPD. The UNCRPD is well known for fighting all sorts of **gender biases** and **disability biases** in the world over.<sup>13</sup> The UNCRPD's working document in Article 25 points out that, '*...full and equal enjoyment of all human rights and fundamental freedoms....and to promote respect for their inherent dignity*'. From this article, it is visible that members to this covenant are expected to treat all their populations without favour and discrimination. All people (disable and abled) are expected to enjoy their full rights safeguarded by the state even during difficult times like the COVID-19 outbreak. The UNCRPD revealed that safeguarding all people's rights is the first positive step towards full human development.

Zimbabwe's membership to the UNCRPD is a positive step towards embracing

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<sup>7</sup>[https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW\\_AL\\_BlogNotification\\_EN\\_EXT](https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW_AL_BlogNotification_EN_EXT).

<sup>8</sup><https://www.newsday.co.zw/2020/01/jairos-jiri-masvingo-shuts-down/>

<sup>9</sup> [https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW\\_AL\\_BlogNotification\\_EN\\_EXT](https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW_AL_BlogNotification_EN_EXT).

<sup>10</sup> NEWAH, (2011). Making Latrines User-Friendly for Everyone. An Exploratory Research Study on the Discomfort Faced by Pregnant Women, Elderly, Overweight, Sick and Disabled People Using Squat Latrines. Pokhara: Nepal Water for Health.

<sup>11</sup> World Health Organisation (2013). Disability Living Condition Survey. Geneva: Who Press.

<sup>12</sup> UNESCO, (2014). Good policy and practice in health education booklet: Puberty education and menstrual hygiene management. Place de Fontenoy, 75352 Paris, France.

<sup>13</sup> Kempton, W. (2008). Sex Education for Mentally Handicapped. London: Oxford University Press.

PWDs and WWDs as equal beings to able bodied people.<sup>14</sup> More interesting is that, embracing the UNCRPD puts the country on a better position to assist PWDs and WWDs even during the unforetold suffering brought by the COVID-19. Zimbabwe's commitment is witnessed by the inclusion of PWDs and WWDs' rights in the 2013 amended Constitution. The following sections highlighted the need for treating all citizens as equal:

- (i) Section 56 spelt out that every person have the right to equality with no discrimination.
- (ii) Section 34 compels the state to consider that all international agreements are incorporated into domestic law.

Section 34 clearly states the need for incorporating all international covenants in to the country's constitution. For instance, incorporating the African Charter on Human and People's rights on the Rights of Women in Africa (The Maputo declaration) is critical in recognizing women as equal to men. More importantly, the recognition also include the need to incorporate what is missing in action. Fulfilment of people's all human rights also goes in tandem with the prescriptions put forward by the Sustainable Development Goals (SDGs). In lieu of this, the following goals are considered important:

- (iii) Goal 2 – Zero hunger
- (iv) Goal 3 - Good health
- (v) Goal 5 – Gender equality

Giving attention to these goals is a positive step towards empowerment of WWDs in coping with threatening known and unknown disasters. The preparedness aspect builds their capacity to thrive and survive during uncertainties like the outbreak of COVID-19.

In Zimbabwe like elsewhere, WWDs are at a great risk of being infected by COVID-19.<sup>15</sup> Statistical estimation revealed that WWDs are ten times more vulnerable to both COVID-19 and sexual abuses in domestic spheres compared to women without disabilities. The PWDs' and WWDs' vulnerability to contracting COVID-19 infections is worsened by their stay in precarious and high risk zones particularly in urban areas. The high risk urban areas are constituted by uncontrollable high population densities, squalid infrastructures, and have no emergence service delivery. Such conditions are

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<sup>14</sup> [https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW\\_AL\\_BlogNotification\\_EN\\_EXT](https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW_AL_BlogNotification_EN_EXT).

<sup>15</sup> [http://sdg.iisd.org/commentary/guest-articles/will-the-sdgs-still-be-relevant-after-the-pandemic/?utm\\_medium=email&utm\\_campaign=SDG%20Update%20%2015%20April%202020&utm\\_content=SDG%20Update%20%2015%20April%202020+CID\\_d9d2ab2ecf945c054e7b53902f5e8837&utm\\_source=cm&utm\\_term=Read](http://sdg.iisd.org/commentary/guest-articles/will-the-sdgs-still-be-relevant-after-the-pandemic/?utm_medium=email&utm_campaign=SDG%20Update%20%2015%20April%202020&utm_content=SDG%20Update%20%2015%20April%202020+CID_d9d2ab2ecf945c054e7b53902f5e8837&utm_source=cm&utm_term=Read)

not conducive for maintaining effective health-care activities and social distancing which is greatly encouraged. On another note, some suffer serious abuses in these squalid homesteads during the lockdown.

The other noted factor which increase the WWDs' vulnerability to COVID-19 impacts is caused by discrimination and rejection.<sup>16</sup> Discrimination is mainly caused by culture and religion in Africa and Zimbabwe in particular. On the cultural standpoint, most people believe that disability is caused by witchcraft, use of mascots, herbs and dangerous charms in the families and households. As a result, disability is highly believed to be caused or to cause bad omen and other unexplainable misfortunes and fatalities.<sup>17</sup> More so, during fatalism in most parts of Africa, children born with disabilities were killed. Furthermore, women born with disabilities were subjected to hostilities and rejection. The abuse of WWDs also goes in line with dominant African's patriarchal regimes which considers women as, 'big children', 'second class citizens' and 'minority groups'.

## **VI. Methodology – Face to face interviews and desktop research**

The current 'lockdown' and restricted movements in Zimbabwe due to outbreak of COVID-19 pandemic directly influenced the choice of data collection tools in this note. For progress the note used uncompromised materials and methods. We utilized desktop research, in-depth interviews, telephone interviews and social media (WhatsApp). Identification of in-depth interview participants was made easy with the help from PWDs coordinator for Masvingo urban. Thereafter, we used snowballing in identifying other participants. On another part, we used WhatsApp and telephone interviews in effort to maintain health security as well as abiding by the stipulated restrictions put by the government. These two sources of data collection eased access to inaccessible participants at the same time reducing the chances of increasing infections. Secondly, the face to face interviews were conducted with the identified participants. The WWDs expressed their wide ranging daily experiences of surviving during the outbreak of COVID-19 virus. Lastly, we also utilized data gathered from desktop research. The desktop research provided data on the overview of the background of WWDs' in the area. Therefore, some of the data from the desktop research represent implied or inferred information in relation to other existing or previous disasters.

## **VII. Field data and discussions**

Data presented in this note was gathered through desktop research, in-depth interviews, telephone interviews and WhatsApp chats. For in-depth interviews, five WWDs selected in Masvingo urban participated in the study. The real identities of the

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<sup>16</sup> Chigunwe, G. (2017). Inclusivity of Public Sanitary Infrastructure Provisions for Persons with Physical Disabilities: Case Study of Bindura Urban, Zimbabwe. [www.lis.zou.ac.zw](http://www.lis.zou.ac.zw). Accessed on 19 November 2018.

<sup>17</sup> Zola, I. (2010). *Medicine as a System of Social Control*. London: Macmillan.

participants are not shown for ethical reasons. Also, the reduced number for the participants was considered due to two main reasons namely, (i) many respondents were difficult to find due to the lockdown, and (ii) more respondents were not engaged for security reasons like to reduce the risk of spreading the virus by meeting many participants. Personal narratives from the selected five participants is summarized in form of boxes. For desktop research, ideas, information from online sites, policy briefs and position papers were used and inferred to possible experiences of WWDs during the lockdown period.

### **(a) Desktop research**

Information gathered from desktop research (mainly online sites) showed that, there are many local disability organisations operating in both rural and urban areas in Zimbabwe. These different organizations are operating under Federation of Organizations of Disabled People in Zimbabwe (FODPZ).<sup>18</sup> FODPZ is a national disability umbrella body of various Disabled People's Organizations (DPOs). In Zimbabwe, these organisations are active participants in most urban areas and Masvingo is no exception. A noted trend is that, majority of these organisations are more preoccupied with projects and programs encompassing all PWDs. On another note, there is little or no direct programs which focus specifically on WWDs. As a result, the help offered herein is general and do not consider the peculiarity of WWDs' conditions.

Also, the desktop research showed that in Masvingo urban, there are various DPOs. The popular DPOs include, ZIMCARE Trust Masvingo (offering primary education for children with disabilities), Jairos Jiri (offering vocational training for people with disabilities) and Alpha Cottage (offering education to children with disabilities) and National Council for the Disabled People of Zimbabwe (NCDPZ). Unfortunately, Jairos Jiri is reported to have been closed in early April, 2020.<sup>19</sup> Circumstances owing to the closure are many but the main include, dilapidated infrastructure, break down of water pipes and the borehole which used to supply water for irrigation projects. The closure of Jairos Jiri means that all those who were enrolled were sent to their homes. Unfortunately, the problems experienced by the male PWDs are never the same with those of WWDs during the COVID-19 outbreak. The loss of livelihoods and accommodation poses great risk for them as they are start looking for accommodation.

Despite these positive efforts by the state and other stakeholders in helping PWDs, we discovered that there is a big vacuum in Masvingo urban when it comes to prioritising the rights and welfare of WWDs. The above information showed that, most DPOs work on diverse disabilities in general. Also, the most established organisations with better facilities are focus more on disabled children's education.

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<sup>18</sup> <http://www.safod.net/safod-content/cid/101/>

<sup>19</sup> <https://www.newsday.co.zw/2020/01/jairos-jiri-masvingo-shuts-down/>

To this date, there are no organizations that are considering WWDs' welfare and their vulnerability to COVID-19 . As noted, the majority of WWDs in Masvingo who depend on home-based care are increasingly vulnerable and helpless due to COVID-19 induced lockdown. The worst and nasty experiences they suffer in homes are doubling daily when compared to their male counterparts with disabilities.

It has been noted that, staying in deplorable home conditions worsens their plight during COVID-19 outbreak. The deplorable home conditions coupled with congestion due to lockdown and it makes them to succumb to infections and deprivation.<sup>20</sup> Elsewhere, some studies, revealed that WWDs particularly girls are subjected to wide ranging abuses such sexual violence when compared to other women without disabilities. Notably, these abuses are anticipated to double due to limited options of movements by both the able bodied and the disabled.

The online researches discovered that the vulnerability trends of WWDs are worsened by the restrictive measures imposed by the government in consultations with the Ministry of Health and Child Care (MoHCC). Some of the noted responsive strategies are as follows:

- (i) Total lockdown – a measure with closed all the businesses in towns and other busy areas except those offering the essential services (shops to open from 9.00 hrs to 15.00hrs per day)
- (ii) People are only allowed to go outside to look for food and seeking health.
- (iii) Social distance- Those gone outside, they should leave at least one metre away from the next person.
- (iv) Compulsory washing of hands or using sanitizers after handling any object or materials
- (v) Not to visit friends or relatives – even during funerals, the attendees are supposed to be very few.

The responsive measures were subject to criticism by various people such as academics, human rights defenders, lawyers and the general public. Firstly, the response was considered as highly militarised because of the heavy presence of military personnel. Secondly, the government was accused of copying and pasting the strategies implemented in South Africa, the West and China. <sup>21</sup>A worrying note was that these countries were hard hit compared to Zimbabwe and so the responsive strategies were also supposed to be different, spatial and context specific. In comparison, the suffering of the WWDs is ten times more than of other

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<sup>20</sup> <https://en.unesco.org/fieldoffice/harare/unprpddisabilityrights>

<sup>21</sup> <https://www.theindependent.co.zw/2020/04/24/the-missing-factor-in-zims-cut-and-paste-response-to-covid-19/>



PWDs.<sup>22</sup> Women's bodies are unique when compared to men and they need diligent care and attention. As elsewhere the lockdown in Masvingo urban is negatively impacting on WWDs' access to health services and more specifically access to Sexually Reproductive Health (SRH).<sup>23</sup> The presence of the structural barriers to their access to health services worsens their conditions when compared to men with disabilities as well as able bodied females.

The strict lockdown measures completely neglected the welfare of WWDs in Masvingo urban and the effects are devastating. The restricted movements of people and public transport abruptly disrupts the flow of critical and much needed services and provisions for their specific conditions. On another note, restricted movements also put the WWDs at a greater risk of contracting the COVID-19 virus. Confinement in houses never allow them to manage the social distancing like the able bodied people. Moreover, the WWDs' dependence on assistance do not permit them to dictate the safer methods of reducing the chances of being infected. To make matters worse, WWDs' lack of access to COVID-19 information has made them susceptible to both infections and suffering from increased deprivation and marginalization.

### **(b) Field work research**

The data presented here was obtained from five purposively selected participants. The field data complimented the other information obtained from the desktop researches presented above. Importantly, the inclusion of field work added more empirical experiences on top of imagined or anticipated vulnerabilities of WWDs to COVID-19 impacts.

#### **(i) Case 1**

##### **Box 1**

**Participant 1** is a 47 year old widow and a mother of two children. She became handicapped some ten years ago after her leg with cancer was amputated. She confirmed being a member of NCDPZ which she joined early this year. In her experience, she never came across other DPOs which specifically focus on helping women before and during outbreak of COVID-19 in Masvingo urban. She lamented that the outbreak of COVID-19 virus has aggravated suffering in her life and of her children too. Firstly, she pointed out that due to her condition and poverty, she failed to access adequate information about the COVID-19 pandemic outbreak. Instead, she relied on information from others since she does not have radio,

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<sup>22</sup> [https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW\\_AL\\_BlogNotification\\_EN\\_EXT](https://blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-heres-what-we-can-do-about-it?CID=WBW_AL_BlogNotification_EN_EXT)

<sup>23</sup> Chigunwe, G. (2017). Inclusivity of Public Sanitary Infrastructure Provisions for Persons with Physical Disabilities: Case Study of Bindura Urban, Zimbabwe. [www.lis.zou.ac.zw](http://www.lis.zou.ac.zw). Accessed on 19 November 2018.

television set or smart phone. Her source of income is selling airtime by the roadside and the close down of business and restricted movements is greatly affecting her role as a mother to provide food for her two children. Unfortunately for her as a mother, the restricted movements has thus reduced her chances of innovation as is done by her abled bodied female counterparts. She also expressed that her loss of income is delaying her chances of raising the needed USD \$50.00 for fixing her artificial leg at United Bulawayo Hospital (UBH). Furthermore on health, she complained that the lockdown is preventing her from sourcing funds for the treatment of her elder child who is suffering from epilepsy. On the other note, the other problem troubling her is hunger. Severe food deficits are mainly caused by lost income and absence of well-wishers in cushioning them during the lockdown. However, she acknowledged receiving some food stuffs from the Department of Social Welfare the first week of the lockdown. She confirmed receiving 5kgs of mealie meal, 750 ml of cooking oil, 2kg rice, 2kg flower and 500g of soya mince. She expressed that, the donated food was not adequate for them to eat it for five consecutive weeks. She complained that the lockdown was a serious threat to mothers with disabilities ahead of all other social groups including men with disabilities.

(ii) **Case 2**

Box 2

**Participant 2** is a 63 year old disabled widow with one adult son and two grandsons. She can't walk because of poliomyelitis she developed at the age of four. Her disability problems worsened as she was growing and this was coupled with other ailments namely, meningitis, heart failure and HIV and AIDS. Surviving in the lockdown with these conditions are posing serious threats to her life on daily basis as she is failing to access health facilities. She is member to NCDPZ and Women's Coalition of Zimbabwe (WCZ). She expressed that these two DPOs are playing similar roles of bringing all PWDs together for them to share their problems and also to improvise ways of improving their conditions. She lamented that the two DPOs do not separate them from men and putting them in one group is making it difficult for them to find out solutions to problems unique to women. Despite the presence of WCZ, the organization has made no efforts to make arrangements or to track before and during the surging of COVID-19. Positively, attending WCZ meetings in Masvingo would earn them between USD \$2.00 - \$5.00 per session. However, the lockdown has abolished public gatherings and this has also affected another source of modest income. Furthermore, as a representative of WWDs in Masvingo urban, she acknowledge attending an awareness meeting

organized by National Peace and Reconciliation Commission (NPRC) which was held at Great Zimbabwe Hotel. Unfortunately, due to travelling bans and restrictions, she failed to deliver the information to her vulnerable and waiting colleagues. Efforts to use the WhatsApp platform did not yield much results due to challenges owing to her colleagues' lack of smart phones or bundles alike. Lastly, she complained that hunger was also affecting her badly and her two grandsons. Her survival on her labour migrant son's remittances from South Africa suffered a still-birth after that very country also effected lockdown prior to Zimbabwe's. On another note, she expressed that the food handouts she received from Zion Christian Church (ZCC) and its partners on the second week of lockdown were not enough to take them throughout the extended lockdown.

**(iii) Case 3**

**Box 3**

**Participant 3** is 36 years old and married with two children. She was born with the problems of legs. She is always limping whenever she is walking although she doesn't use the wheelchair for walking. She is a full member of NCDPZ. Prior to the outbreak and COVID-19 and the subsequent lockdown, she used to attend regular meetings organized by National Aids Council (NAC) and others by the Leonard Cheshire organisation. In attending these meetings, she could and other HIV and AIDS positive attendees be given transport money and some nominal allowances which could supplement the money they get from their informal markets. She complained that the lockdown has since affected their attending of meetings and selling perishable goods. She also acknowledged that some able bodied people are engaging in nocturnal vending which she could not do because of her condition. The able bodied women could run away when the state security agents pound on them a strategy which she could not do. Furthermore, her and other WWDS problems are increasing because of their social roles of proving food as mothers. Her condition is worsening during the lockdown when compared to men with disabilities and able bodied. Lastly, she acknowledged that as a disabled person, she is finding it difficult in accessing the sanitary wares and other needs since many nearby shops are closed. For her travelling to town on foot is difficult for unlike other people.

(iv) **Case 4**

Box 4

**Participant 4** is a 66 year widow with disabilities and a mother of one. She can't walk and depends on her wheelchair. She can't walk and whenever she is doing household chores, she will be crawling. She is a full member of NCDPZ and WCZ. Before the lockdown, she had serious problems in travelling to attend meetings like other PWDs and WWDs. In her life, she survive by operating an informal market in the Mucheke bus terminus. However, her business has been greatly affected by the lockdown. The lockdown did not only affect her business but is also disregarding her basic rights as a woman. The loss of income has affected her duties of feeding her Down syndrome son who was recently discharged from Ngomahuru Psychiatric home. The discharge of her son was influenced by the need to scale down concentration of people in Ngomahuru. Due to loss of income, the demand for food for her and her son has increased. She also have difficulties cooking for him, feed him as well as travelling to collect his medication. She expressed that the duty of caring for children is always cast on women despite disabilities. As a crippled women, she is finding it difficult to join ques for scarce roller meal like other able bodied females. She also complained that WWDs are exposed to dangers of performing domestic duties like cleaning toilets without adequate hygiene items such as gloves, sanitizers and soap. Furthermore, she complained that as a mother she was finding it difficult to fetch fire wood and water for cooking since they do not have money. She expressed that men with disabilities are better-off since they are not directly involved in participating in domestic chores. Finally, she expressed that the outbreak of coronavirus forced WWDs to experience 'three lockdowns' that is disability, being a woman and the exact national lockdown.

(v) **Case 5**

Box 5

Respondent 5 is a 39 year old woman who lives with her three children and two orphans she is taking care of. She was born with osteomyelitis (her left leg is shorter than the right one). She confirmed her membership to NCDPZ. She confirmed working in the Ministry of Agriculture as an agricultural extension services officer. This work has helped her to fend for herself and the children she is taking care of. She also get some inconsistent support from the government's Social Welfare department. In her condition she admitted that she was better than some of her colleagues. However, the lockdown has greatly affected her other

survival skills since her salary was not enough. She is also one of the representatives of WWDs and she noted failing to travel to meet her friends with more or less similar conditions who are in dire need of help during the COVID-19 lockdown. In relation to her condition, she wished the government to give WWDs land and space for projects such as piggery and pottery. She expressed that projects would capacitate WWDs to take care of their needs without problems especially during hard times like the outbreak of COVID-19 and subsequent lockdowns.

### **(c) Data gathered via telephone interviews and WhatsApp chats**

Data gathered using these two platforms was necessitated by the difficulties and security measures to reduce movements during the lockdown. These platforms enable us to access information which complemented the data gathered from other collecting tools relayed above.

Other data gathered from three WhatsApp groups consisting of girls with disabilities reflected wide ranging problems which they are experiencing during the lockdown period. A common noted trend revealed that access to sexual reproductive health facilities was problematic. The absence of such vital services is worsening their already precarious physical and biological conditions. One participant in the group chats expressed that, the lockdown is seriously disturbing their already disturbed physical and mental health. Excessive thinking about their future and other increasing problems such as sexual violence due to the lockdown is getting problematic. It was also noted that the continued extension of lockdown will result in rising number of suicide amongst girls with disabilities due to stress and depression induced abuses.

A telephone interview with one blind women aged 33 showed further increasing vulnerability due to the lockdown. The participant expressed that her survival is primarily based on begging money and food in the CBD of Masvingo urban. The close down of the CBD and restricted movements has thus, destroyed her source of livelihood income over the past five weeks. The closure has deprived her the opportunity to feed her family. Therefore, surviving with blindness during the lockdown is brought fear for the worst particularly for her and her children. Also, she complained that the lockdown has greatly affected her right to sexual reproductive health as a woman. She expressed that getting outside their homes in order to buy items like sanitary pads has become difficult during the lockdown. Like all other WWDs, further extension of the lockdown will worsen their problems and they are likely to die first ahead of their male counterparts

## Conclusions

Despite the fact that the impacts of COVID-19 virus are threatening every living human being, their consequences are not similar across different social groups. WWDs are the worst victims of such a surging pandemic. The increasing problems might not be resting on infections alone, but, however, are increasing suffrage in their home conditions. A worrying noted problem is that the government and other concerned stakeholders are not doing enough to make sure that WWDs are fished out of these serious problems. Noted is the fact that in Masvingo urban, there are no direct DPOs which are working on women considering their complicated internal and external biological make-up. The absence of such organisations therefore, reflects that all women are equally considered as their male counterparts, yet ignoring critical issues which safeguards their total rights. With all this, the increasing rate of infections and the subsequent lockdown will deeply leave WWDs in serious suffering than any other social category. Lastly, though the COVID-19 outbreak has not brought totally new problems, they are trebling and quadrupling the multi-layered problems which are and has been faced by WWDs in the surging COVID-19.

## Recommendations

- The government and other concerned and active stakeholders should make sure that WWDs are given adequate information on mitigating and managing the spread of COVID-19 virus. These stakeholders must establish and implement vibrant awareness campaigns so as to educate guardians, WWDs and their caregivers on how best to reduce chances of increasing infections in households.
- Appropriate health care provisions should be made available for WWDs especially their SRH during the lockdown.
- The government and NGOs should also help each other in making sure that the quarantine centres have all the adequate amenities to cater for WWDs with complicated physical and biological conditions.
- The Zimbabwean government should consider downscaled focus on disabilities moving away from systems of heaping PWDs in one bracket. Herein, each group such as WWDs should have separate and more elaborate provisions to cater for them during disasters like COVID-19.
- The government should also allocate land to WWDs so that they depend on themselves and avoid suffering especially during unforeseen periods like COVID-19 outbreak.
- At the international level, the leaders should make efforts to revise the SDGs after the pandemic and include some novel lessons learnt from this coronavirus.