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CHALLENGES FACING PROGRESSION OF DISABLED PERSONS TOWARDS SENIOR MANAGERIAL POSITIONS IN THE NATIONAL ASSOCIATION OF SOCIETIES FOR THE CARE OF THE HANDICAPPED MEMBER ORGANISATIONS IN ZIMBABWE

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ABSTRACT

The purpose of this research was to identify and analyze the key factors that affect the limited progression of disabled persons to senior positions at the National Association of Societies for the Care of the Handicapped (NASCOH), the umbrella body that represents different organizations that advocate and support people with disabilities. The research followed a qualitative approach with some limited quantitative analysis of some of the findings. Ten member organizations were sampled in the collection of data. Out of the fifty questionnaires distributed, thirty fully completed and valid questionnaires were received back and that constituted a response rate of sixty percent. The sample was made up of five organizations of the disabled and five organizations for the disabled. The findings of the research show, amongst others, that prejudice and in some instances, weak corporate governance are strong determinants of lack of progression to senior positions of disabled people at NASCOH and in some member organizations. Although this research was small in scale, that is, targeted only ten out of forty-five NASCOH member organizations; many lessons could be learned from the findings of the project. Further research is necessary to explore deeper the identified factors to influence better policy and practice in the study area. The research study found that disabled employees are less represented in employment opportunities. The study further found that there are limited or in some instances, no programmes designed to promote the advancement and development of people with disabilities at NASCOH member organizations. The key recommendation is that there is an urgent need for NASCOH, with the active participation of disability rights activists to push for the establishment of a national policy on disability by the Government of Zimbabwe. Further research is necessary to explore deeper the identified factors to influence better policy and practice in the study area.

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Keywords: progression, disabilities, prejudice, disability rights, weak corporate governance, policy.

1.0 INTRODUCTION

The study attempts to analyze factors that affect the lack of progression of disabled persons to senior positions in NASCOH and other member organizations that advocate and represent people with disabilities. Diverse types of forty-five organizations make up NASCOH, which was formed in 1969. Of the forty-five NASCOH constituents, some are cross-disability organizations and others are uni- disability organizations. In addition to that, NASCOH membership comprises both organizations of and organizations for the disabled. The largest and oldest of these member organizations in terms of a number of people employed are: The Jairos Jiri Association which employs more than three hundred persons, Margareta Hugo School and Workshop for the Blind has over one hundred and thirty employees; Danhiko Project and the Council of the Blind employ over one hundred persons each. The smallest NASCOH member organizations, for instance, Disabled Helping Hand Association, Disablement Association of Zimbabwe, Zimbabwe Women with Disabilities in Development and Muscular Dystrophy Association of Zimbabwe have a complement of less than ten employed staff each.

It cannot be overemphasized how important and significant it is to put on scrutiny the concept of disability itself and how it has evolved in conformity to other human and social development over a long period of time. The misconceptions and in some instances ignorance, propagated by prejudice, are central to the phenomenological issues in this area of study. Partly because of that, the current study found that it is rational therefore to draw some lessons and insights from views of both the disabled and non disabled people.

Undoubtedly, understanding the various concepts of disability is crucial if we are to appreciate the modern numerous challenges faced by persons with disabilities in Zimbabwe. That is so in all spheres of life including at employment places. Very few people, in fact, a very small percentage of those people with disabilities are holding senior managerial positions within NASCOH member organizations. In all organizations for disabled people also known as services providers; the general and superficial observation is that no single disabled person is at the very apex of management structures! NASCO itself is not an exception when it comes to having persons with disabilities at the highest managerial position. A neutral observer is bound to suspect that issues such as prejudice, poor corporate governance on disability rights hinder the promotion of disabled employees to senior managerial positions. Most notably, superficial understanding of the dynamics of disability may cloud and hence hinder one's judgment on general issues affecting the disabled and more crucially attitudinal position on promotion prospects to higher managerial positions.

2.0 RESEARCH QUESTIONS

The study was guided by the following research questions:

- What nature of recruitment policies do NASCOH member organizations have?
- Are these policies positively disability-friendly?

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- What are the factors that negatively affect the advancement and promotion of disabled employees at NASCOH member organizations?
- Are there specific programmes in place that are used to promote the advancement and development of people with disabilities?

3.0 LITERATURE REVIEW

This section gives a review of the concepts, theories and arguments of other scholars and practitioners on disability.

3.1 Definition of a disabled person

The Disabled Persons Act (DPA) enacted by the government of Zimbabwe in 1992 defines a disabled person as "a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society". The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), adopted by the General Assembly (GA) on 13 December 2006, reads: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

3.2 The Situation and social status of disabled people in Zimbabwe

Disability no matter its nature puts an individual at a disadvantage in all human activities. In Zimbabwe studies that were carried out confirm that persons with disabilities are marginalized. For instance, Choruma (2007: 17), citing research carried by NASCOH (2002) has this to say: "Most people with disabilities in Zimbabwe are not accorded the same access to job opportunities as their able-bodied counterparts". Although the above statement was referring to access to employment in the public and private sectors; it is also true that access to job opportunities in NASCOH member organizations has never been easy for persons with disabilities. Discrimination, marginalization and exclusion endured by disabled people are almost the same worldwide.

Researchers, Lang and Charowa (2007: 7), stated that "It was found that disabled people encounter multiple attitudinal, environmental and institutional barriers that militate against their effective inclusion with Zimbabwean society. It is a common perception within Zimbabwe that disabled people are passive and economically unproductive, and therefore constitute a burden upon society". It must be acknowledged that before 1980, disabled people in this country endured double discrimination, first as black people and second as disabled persons.

Appreciation for the challenges facing people with disabilities in Zimbabwe translate into appreciating similar oppression confronting the disability community in Europe, the Middle East, North America, and Australia. Discrimination against disabled people cut across the religious and racial divides. An in-depth understanding of disability issues can be facilitated by navigating through some complex theoretical models.

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3.3 Models of Disability

Models of disability generally facilitate a better understanding of disability. These models are classified into three broad social frames of analysis. These are the Traditional of model disability, the medical model of disability and the social model of disability.

3.4 The traditional model of disability.

This model is believed to be the oldest and it is derived from the mixture of indigenous and Christian religious beliefs on perspectives of disabled people. This model has been appealing for many years to the majority of people because it focuses on sympathy for or outright rejection of disabled persons. Disabled people are considered to be an unfortunate group. Physically disabled persons are referred in egregious terms as crippled people under this model. According to this model, disability is a resultant punishment from God or ancestors for crimes committed by one's family. To have a biological relative as a disabled is considered shameful because disabled people are considered to be abnormal (Marongwe and Mate, 2000: 25).

Marlowe and Mate (2000: 25) note that "Sometimes disability is seen as a sign that the women's ancestors are angry and wish to be appeased. Or, it is attributed to other causes often associated with the baby's mother's family or her (immoral) behaviour. Men are given to saying that because there are no known People with Disabilities (PWDs) in their family the child disabilities should not belong to their family".

No matter what kind of disability disabled people have, they are not considered specimens of humanity, they are viewed as objects of pity who are supposed to be cared for and they in turn, must be grateful to those who care for them. Such shameful adornment on disability has, unfortunately, been part of the cultural heritage in many races and tribes and Zimbabwe has not been an exception.

Perhaps it was partly in that context, that Professor Leslie Swartz (2012), of Stellenbosch University, candidly commented, "Many disabled do not access education, training and work opportunities. Disabled people do not get a chance to develop the skills, and talents that they have. That is clearly a result of exclusion and discrimination. Part of the exclusion and discrimination is the belief on the part of many able-bodied people that the disabled are not competent, so people are not given opportunities". Some researchers, however, are of the opinion that disability is not properly understood by the wider society.

Harris and Enfield (2003) stated that it is not uncommon for disabled people to become dependent upon the source of help, and for the alms-givers to gain gratification and reward from the relationship. Charity is provided at the judicial discretion of the giver and on the basis of worthiness. If the person providing charity or care decides that the disabled is unworthy, bitter, or 'negative', help may be withdrawn on impulse.

Disabled people are often pictured as being tragic and passive if they need high levels of support; as bitter, twisted, and aggressive, if they are beginning to question the status quo; and as courageous and inspirational if they managed, against all the odds, to overcome the barriers that confront them'. Out of this model, an offshoot sub-sector model called the

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divine intervention approach developed in recent years. This sub-sector model causes untold havoc to persons with disabilities because disability is associated with demonic possession; thus a disabled person is thought and believed to be tormented by the devil. This subsector model has been accepted by Christian faith healers especially the born again or charismatic sects.

The traditional Christian religion approaches disability issues with a sympathetic heart and mind because to them disabled people are natural recipients of sympathy and regular alms. According to this approach, a disabled person is associated with destitution and poverty that is beyond redemption. Therefore the best for society can do for disabled people is to decide what is good and bad for them, regardless of their age, they are thought to be unable to make rational choices about their lives. This approach is often clearly illustrated in the manner in which public amenities established by Christian communities, such as traditional places of worship are constructed, thus unnecessarily highly inaccessible by persons with disabilities because of steps and other impediments.

In Zimbabwe, the divine intervention approach has often generated a lot of controversies because if the impairment does not go away, the blame is attached with the disabled person for not believing enough. In the event that the person with impairment confesses about an improvement on his impairment, even if it was not directly connected to prayers facilitated by the Church, and no matter the significance of the positive improvement, the credit is attributed to the man of God, the pastor for the amazing faith healing power. Nevertheless, Christianity is resolute that all persons are equal before God (Colossians chapter 3 verse 11). Eiesland (1994: 111) was to the point in saying that “Justice for people with disabilities requires that the theological and ritual foundations of the Church be shaken”.

However, this is not to reject or to underestimate the important role played by the Christian faith in working towards the improvement of the lives of people, including those with disabilities, especially in Zimbabwe. But, discrimination masked under the cloak of religion cannot be tolerated by disabled people in Zimbabwe. The general myth which is widely held by religious eccentrics is that whenever a disabled person visits a public place of worship, the major reason will be to seek to be healed from the burden of disability. This is very wrong. The importance of the aspects of these myths is not whether they reflect the truths; it is the African Traditional Religion (ATR) and the Christian religious meanings or myths of the narratives that carry the day. Both religions believe that there is the power of evil in the world and that power is primarily the root cause of disability.

3.5 The medical model

Werner (1994) explained that proponents of this model often forget that; “the needs of disabled are related to the world that surrounds them”. Even in Zimbabwe, the negative attitudes and religious beliefs of family and community, local economic constraints and resources build the world view around culture. Professional medical practitioners and their associates, in other related supplementary professions, view disability in different contexts, as an individual deficiency that solely needs a medical and technological solution. This model was described as creating a passive and a helping system. It highlights the sick role and medicalization of disabilities and spread dependency on the system (Edmands, 2005). Little

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responsibility is placed on the environment, including the attitude of society towards impairment and handicap.

There is no doubt that the medical model is an improvement from the traditional model. However, this model does not help to change the negative perception on the status of disabled people in the eyes of the 'normal' society. The only major difference with the former is that the latter is slightly free from the traditional myth attached to disability. Although a minor positive development, still through it, a disability is a deviation from the norm that deserves medical intervention to put it right at all cost. One of the main reasons why the medical model is still popular is because of the influence of its adherents who are the prime movers of scientific development. Thus, the model is thought to be in tandem with civilization, because it is popular with the educated medical professionals who are, in many cases are the elite of the society.

Harris and Enfield (2003), observed that "the medical model tends to view disabled people first and foremost as having physical problems to be cured". A person with a disability is relegated to permanent patient status, whose entire social life is prescribed by professionals such as medical doctors, social workers, physiotherapists and professional counsellors. There is too much unnecessary interference in the lives of persons with disabilities emanating from those who believe in this model. This model is very oppressive because its strategic focus is on correcting the disabled person's impairment. In failing to correct the impairment, the disabled person is then regarded as hopeless and is convinced to accept that all attempts have failed to make him normal.

Disabled people do believe or accept the role of medical intervention when necessary. What persons with a disability find offending and degrading is the medical's model emphasis on the search for means for curing disability instead of helping disabled people to manage their lives. In fact, with regard to the unnecessary role of professionals' offending interference in the lives of disabled people and disability rights advocate complaint bitterly.

Werner (1994) was candid, loud and clear when he stated that "and, most urgently of all, it is time for non-disabled professionals to recognize the right of disabled persons to self-control, and therefore to gracefully step to one side, into a role where they, as professionals, are no longer on top but rather on tap". This means that key policymakers at NASCOH need to realize that disabled people can perform their duties properly if they are given the opportunities to be at senior management positions.

3.6 The social model of disability.

There is nothing more basic than a switch away from focusing on the physical limitations of particular individuals to the way the physical and social environments impose limitations on certain groups or categories of people (Oliver, 1983: 23). This model is very popular with disabled people the world over because it is premised in the manner and way in which society is organized, resulting in unfair exclusion of citizens with impairments from participating fully in mainstream social activities. It is an emancipator approach to disability issues because it calls for the abolishing of socially constructed barriers to inclusion.

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Harris and Enfield (2003) identified three major barriers that confront persons with impairments. These are physical (exclusion from the built environment), institutional (systematic exclusion or neglect in social, legal, educational, religious, and political institutions), and attitudinal (negative evacuations of disabled people by non-disabled people). All the above are also applicable in the Zimbabwean scenario, in this regard attitudinal takes centre stage when it comes to employment situations. It is possible to do away with these barriers and have a positive impact on the social status of disabled persons in particular and the entire community in general.

This model calls for equalization of opportunities for disability in all spheres of life; it does not reject all forms of medical intervention whose sole aim is to mitigate the burden associated with impairment by such means as rehabilitation assistance and availing assistive devices for use by disabled persons. In this context, all human being's basic needs including those for Persons with disabilities are the same. It is difficult for the researchers to put it more than it was explained crystal clear by Harris and Enfield, (2003), as follows: "The social model has allowed many disabled people to regain control of their own lives, becoming the experts on their own experience and changing their outlook in fundamental ways".

An understanding of the social model provides a radically different framework with which to understand the discrimination that arises as a result of impairment. For many Disabled People's Organizations (DPOs), the social model of disability describes the true nature of the problem of disability. The problem is not in the individual, nor in his or her impairment. The impairment exists, but its significance is neutral-neither necessarily negative nor necessarily positive. The problem of disability lies in society's response to the individual and the impairment, and in the physical environment, which is mainly designed (largely by non-disabled) to meet the needs of non-disabled people. In this regard, a good example is the difficulties faced by disabled students when they get inside the Delta lecture theatre and the administration offices of the Graduate School of Business (GSB) at the National University of Science and Technology (NUST). The social model of disability is a liberator model because as opposed to both the traditional and the medical model, it sees the panacea of the problems facing disabled people emanating from changes of the attitude of the community in which disabled people, starting from the family set up, rather than from changes in the impaired individual. Because "If the social and environmental barriers were eliminated, disabled people would be given a more realistic opportunity of living equally alongside non-disabled people" (Donnellan, 2001: 4).

From the above three broad models of disability, it is clear that persons with disabilities continue to be confronted (both visible and invisible) and being referred by negative and pejorative terminology. In fact, even those organizations that are publicly known to provide services to disabled people are often accused of providing mediocre service. This view was supported by Blair (2005) who said "Too many services are organized to suit providers rather than being personalized around the needs of disabled people". Ultimately this results in their being denied equal participation in the normal lives within the wider community hence it is a true reflection that 'worldwide, the current "status quo" for disabled people can only be described as disability inequality'.

Disability is the result of an environment that does not conform to universal design specification; barriers, not the disability of a particular people, are the problems that must be

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eradicated (Enns and Neufeldt, 2003). It cannot be denied that disabled people have largely been excluded from disability discourse, excluded from academic and institutional research, political think tank, charity and pressure group, and marginalized within the political process and the media structure that influence public and policy discussion (Kitchin, 1999).

UNICEF consultant Mate (2007) revealed that the livelihoods opportunities of persons with disabilities living in rural and urban areas are extremely constrained and poorly understood. The United Nations Standard on the Equalization of Opportunities for Persons with disabilities (1993) says, "States should recognize the principle that persons with disabilities must be empowered to exercise their human rights, particularly in the field of employment. In both rural and urban areas they must have equal opportunities of productive and gainful employment in the labour market".

It is confirmed that disabled people are social outcasts because of the fact that they are being excluded from the mainstream labour market. Empirical evidence supports the view that disabled people are often denied access to public utilities such as education, health facilities and employment. Bynoe, Oliver and Barnes, (1991) argued that the essential point is that differences in economic participation between disabled people and others are so universal and so systematic; one is forced to conclude that discrimination is the reason. Long (2006) concluded that three levels under which discrimination against disabled people occur are:

i. Direct discrimination, which means treating other people less favourably than others because of their disability.
ii. Indirect discrimination, which means imposing a requirement or condition on a job, facility or service which makes it harder for disabled people to gain access to it; and,
iii. Unequal burdens, which means failing to take reasonable steps to remove barriers in the social environment that prevent disabled people from participating equally.

He further said that employment in the mainstream of community is important to disabled people both for self-esteem and for self-support. Disabled people and their organizations have been victims of the systematic exclusion of people with accredited impairments from the world of work (Finkelstein, 1980; Oliver, 1990; Barnes, 1999; Abberley, 1997).

However, there has been a growing concern about protecting and enhancing the rights of people with developmental disabilities in recent decades.

3.7 disabled person or person with a disability?

In Zimbabwe, both terms person with a disability and disabled person are used. The majority of NASCOH member organizations and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) use the term Person with Disability. The Disabled Persons Act (DPA) of 1992 [as revised in1996] enacted by the Zimbabwe Parliament, uses the term Disabled Person.

3.8 Disability and Work within the International Arena

Work has long been identified as an important issue by disabled people (Hyde, 1998). Prior to industrialization and the demands of mass-production, it was possible for people with a

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variety of functional and sensory impairments to be economically productive as their differences could be accommodated and skills used (Oliver, 1990). The development of factory production demanded standardised production that did not allow for physical and intellectual differences between workers. Thus 'disabled' became a term applied to those who could not meet the demands of a modern workforce (Galvin, 2006). Since the industrial revolution, disability has maintained its exclusionary relationship with work.

Conceptions of disability have been tangled with employment since the turn of the industrial revolution (Humpage, 2007), and the 'disabled' category was associated with unemployment or under-employment (Barnes, 1999). Up until the 1980s, the disabled person was said to have been largely treated as a "helpless individual' dependent on 'medical and rehabilitative treatment, backed up by dependence on family and friends for assistance and/or a safety net of welfare benefits and services" (Barnes and Mercer, 2005: 528).

To facilitate greater inclusion of disabled people in the workforce, the DDA (1995) was enacted in the UK to prevent 'unreasonable' workplace discrimination. Broad aspects of employment are addressed by the DDA, for example, recruitment, terms and conditions, training and development, advancement, and workplace accommodations. Critics of the DDA argue its medical, individual definitions of disability exclude certain individuals who would usually be regarded as disabled (Barnes and Mercer, 2005). By treating disability as an individual problem, allows organisations to adopt an individual approach to disability in organisations, creating a situation where the politics of disability in the workplace are therefore primarily shaped by employer willingness to accommodate disabled people rather than their right to be there (Foster, 2007: 82).

Unemployment is marked among those born with impairment (Burchardt, 2000). Seventeen percent of individuals who develop impairment in paid employment lose their job within a year (Burchardt, 2000). Disabled people at the same time tend to be located in lower-paid peripheral employment (Barnes and Mercer, 2005; Hyde, 1998) requiring fewer skills (Stevens, 2002) and are proportionately less well represented in higher-paid professional occupations (Goldstone and Meager, 2002; Wilson-Kovacs et al., 2008). Significant evidence identifies that disabled workers with similar skill levels and educational attainment as their non-disabled peers encounter fewer opportunities for promotion (Barnes, 1999; Berthoud, 2008; Thornton and Lunt, 1997; Wilson- Kovacs et al., 2008).

Discrimination in organizations towards minorities (the disabled people community) in mainstream organizations can be categorised into two types (Jones, 1997: 1053). First, access discrimination, where barriers exist to 'prevent stigmatised individuals from gaining employment'. Second, treatment discrimination encountered once employed, for example, fewer training opportunities, limited promotion prospects, unchallenging work, and negatively biased performance appraisals. Employer attitudes are the key antecedent of access discrimination (Cunningham et al., 2004; Jones, 1997; Stevens, 2002; Wilson-Kovacs, 2008). Organisations are said to possess inaccurate negative beliefs about their productivity, aspirations for promotion, and quality of output which account for their reluctance to recruit disabled staff (Wilson-Kovacs et al., 2008).

Jones (1987) revealed that once employed disabled people encounter two major sources of treatment discrimination. The first relates to individual factors, directly relating to the stigma

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of having a disability or stereotyping (Levinson and Parritt, 2006). In a related sense, multiple stigmas may also occur, where, for example, the disabled individual is black and/or a woman. Secondly, circumstances may force disabled people to adopt self-limiting behaviours where they remain in a post or location as it allows them control over their individual circumstances (Shah, 2005).

Disabled workers mostly complain about the lack of advancement opportunities available (Mowry and Anderson, 1993; Wilson-Kovacs et al., 2008; Roulstone et al., 2003; Shah, 2005). Four examples of organisational factors that limit opportunities for disabled workers can be identified. First, positive role models are scarce within an organisation, reflecting the limited advancement of disabled people within the organisation (Shah, 2005). Second, a situation is where critical feedback is scarce (Braddock and Bachelder, 1994) as demonstrated by supervisors' and colleagues' reluctance to criticise the disabled worker, creating a situation where the dependency on co-workers is fostered (Jones, 1997). Third, it is where the disabled person becomes the recipient of inappropriate concern and sympathy and is treated as a helpless victim (Levinson and Parritt, 2006). Fourth, a situation of denial, where non-disabled co-workers refuse to acknowledge the existence of a peer's impairment as a means of reducing 'role confusion'; a situation that extends to the position when a disabled person is located in a senior role when stereotyping suggests they should occupy subservient positions (Levinson and Parritt, 2006: 115; Wilson-Kovacs et al., 2008).

3.9 Rehabilitation of the Person or Society

The culture, the attitudes and beliefs of family and community, local economic constraints and resources are important and shape the needs of disabled people relative to the world surrounding them. Rehabilitation, (a word that has become popular and also less understood by some sections of the society in Zimbabwe), must be provided as the official response to disability. Without the full participation of DPOs, rehabilitation often has fewer chances of succeeding in achieving the intended goals. Some disabled activists dislike the term rehabilitation, viewing it as an attempt to 'normalize' or re-form the disabled person to fit into the existing society, rather than to require society to appreciate and adapt to the differences of the disabled person (Werner, 1994).

4.0 SOME OF THE KEY INDICATORS OF MARGINALIZATION OF PEOPLE WITH DISABILITIES

4.1 Poverty and disability

It focuses the problem on immediate needs, rather than on the causes of poverty and the problems faced. The absence of underlying analysis treats poverty as a problem to record as a fact beyond anybody's influence. This is a universal tragedy and Zimbabwe is not an exception. It is recognized that poverty and lack of education go hand in hand, and lock disabled people into a chronic cycle (Yeo, 2001: 11; Elwan, 1999). Exclusion from education translates into limited social contacts, poor health, and low self-esteem. As a result, income-generating opportunities become further reduced, leading to chronic poverty, further exclusion, and higher risks of illness, injury and impairment (Peters, 2008).

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Some of the concepts of deprivation cause poverty as an index of marginalization; for instance, social and physical isolation, powerlessness and lack of voice, low social status, and physical weakness. Physical isolation manifests itself by geography; for example, in rural areas in Zimbabwe, where access to health and social services may be in a small scale or completely nonexistent. It is possible for physical isolation to occur within families, as it can be the parents' decision to constrain disabled children, girls, and mothers to home life, preventing them from attending mainstream school and other activities.

4.2 Education and disability

Disability on its own, without externally imposed factors, does not certainly inevitably lead to poverty. The cycle combining disability and poverty needs to be broken at the point of discrimination. Therefore, when disabled people are denied educational opportunities, then it is the lack of education and not their disabilities that limit them. A UNICEF report challenged all 189 signatory governments to the UN Convention on the Rights of the Child to "take all measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs; to ensure the recognition of their dignity, to promote their self-reliance; and to facilitate their active participation in the community" (UNICEF 2002, paragraph III.A.21). This report was meant to address discrimination.

4.3 Minority status and disability

Marginalization due to minority status often emerges in "heterogeneous, stratified societies that encompass a variety of ethnic groups, languages and customs" (Lewis & Lockheed, 2006: p. 48) or other factors such as disability. In Zimbabwe, for instance, the minority status alone does not certainly lead to the marginalization of disabled people. A negative attitude towards disability itself; and not towards the minority status is the root of discrimination. Certainly, exclusion suffered by the disabled community cannot be attributed to its minority status within wider society. As Lewis and Lockheed (2006: 48) concluded, "It is diversity accompanied by derogation and discrimination that leads to exclusion".

4.4 Cultural norms and disability

Cultural links to disability constitute a critical influence on marginalization. Culturally embedded attitudes render the harshness of impairment minor compared to the social consequences of disablement. In a traditional Muslim household, a girl child with a slight blemish may be fully functional but considered impure and unfit for marriage, making education unnecessary in the eyes of her parents. By contrast, a boy with a more severe impairment within the same household might be sent to school and given support that greatly diminish the influence of the impairment. Boukhari (1997: 37) asserts that in a Lebanese cultural context, "the birth of a disabled child is seen by many as not only a misfortune but as shameful and embarrassing. The husband's family is likely to blame the misfortune on the mother… and is likely to consign his or her mother to a lifetime of misery…" Essentially, "lives of people with disabilities are made more difficult not so much by their specific impairment as by the way society interprets and reacts to disability" (DFID, 2000: 8).

4.5 Gender and disability

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Rousso (2004: 5) indicates that disabled women and girls' access to education "is affected not only by their gender and disability, but also by their type of disability, the socio-economic status of their family, their race/ethnicity, whether they live in an urban or rural area, and a host of other factors." Lewis and Lockheed (2006) report that worldwide 70% of the 60 million girls not in primary school come from excluded groups, including those with disabilities. Children and youth with disabilities experience marginalization differently according to gender; i.e., physical, social and psychological factors have a strong gender dimension. In some cultures, especially in Zimbabwe, decisions of whether or not to send a child to school are typically made by the father. When resources within families are scarce, decisions favour the boys over the girls, including children with disabilities.

4.6 Marginalization from education systems: disabled children and youth.

The provision of special schools has been the primary method of educational service delivery for those children with disabilities who are included. Yet, only a handful of schools cater for these students with special needs. For example, in Lebanon, 20 schools allow entry to children with disabilities. However, the majority of children with disabilities are in special care institutions, and private schools have a policy of automatically eliminating these students (Arab Resource Collective, 2006: 14).

4.7 Effective Interventions and Programmes

Strategies highlighted in this section address two most critical dimensions of exclusion. Cultural factors constitute the first dimension, and incorporate strategies to address attitudinal barriers. The second dimension constitutes structural factors and includes human and material resources, organization and design of programmes, and policies to support resources and programmes. These strategies stem from the research on social exclusion in Europe and the Middle East that have been reported in the literature (Silver, 2007). These researchers strongly believe that all these strategies are applicable to the Zimbabwe scenario.

4.8 Addressing cultural barriers

The Convention on the Rights of People with Disabilities, passed in 2006, also emphasizes the problem of attitudinal barriers. At its summit meeting held in Tunis in 2004, the League of Arab States proclaimed 2004-2013 the Arab Decade of Disabled Persons, with the goal of incorporating disability into social and economic development. The plan of action focused on 11 priority areas, including health, education, employment and poverty.

The Arab Decade of Disabled Persons Declaration states as its first objective: "Changing society's view of disability and that of people with disabilities of themselves" (Kabbara, 2003). Despite the recognition that cultural barriers constitute one of the most serious obstacles and pressing issues to address, few recommendations exist that would provide specific strategies for addressing this barrier. Experiences in the Middle East region provide a window for strategies to address attitudinal barriers that are specific and targeted: the family unit, the community, the service sector, and the government sector. Attitudes and the family First, as Abu-Habib (1997), has pointed out, discrimination starts in the home with the family. Programmes targeting the isolation of women in the home, and parenting information, especially for fathers, becomes critical.

4.9 Attitudes and Teachers

Teachers are widely considered the most influential factor in successful school achievement. Several studies have provided evidence that negative attitudes of teachers towards students with disabilities are a major barrier to student learning (UNESCO, 2005: 22). To address negative attitudes, teacher training must include, not only effective instructional strategies geared to individual learners but awareness and consciousness-raising concerning attitudes. The earlier in a child's education that this can be accomplished, the better chance there is for long-term gains and success in school achievement. Conversely, it is less likely that a child will be retained or requires special education services or placement (Arab Resource Collective, 2007: 6).

Several countries in the Middle East region now include special education training in degree programmes for teachers in mainstream classrooms. For example, the Ministry of Higher Education in Jordan has established several training programmes for undergraduate and graduate students to prepare them for teaching special education. The University of Jordan offers both Masters Level and PhD level degrees that place emphasis on preparing professionals in developing special education programmes (Al Japery and Zumberg, 2008: 118). Although not widespread, some innovative early childhood programmes have been developed that break new ground in tackling increased awareness.

One of the most powerful ways to accomplish a change in attitudes is through experience. The voices of disabled children and youth, and their direct participation in strategies to address attitudinal barriers become critical in this endeavour.

4.10 Attitudes and government policymakers

Just like in Zimbabwe, most countries have enacted legislation in support of children and youth with disabilities. In 1993, the Jordan government passed the Law for Welfare of Disabled People and established the National Council for the Welfare of Disabled People. The Lebanese government passed Law 220/2000 guaranteeing disabled persons' rights and the principle of inclusive education. In 2004, the Syrian government created a National Committee for integration and a Unit of Educational Integration was established. Projects have focused on intensifying teacher training and accessible school construction. Attitudes of policy-makers at all levels of government must be addressed to ensure the presence of political will to translate legislative commitments into action (UNICEF, 2007: 23).

However, in recognizing the importance of a political will, Dr Ali Saad, Director of the Syrian Ministry of Education stated: "The political will of decision-makers at the advanced level and the awareness of the moral, professional, economical, and social value of the integration projects, and persistent work to achieve their objectives….remains the most important factor of their success" (Saad, 2008). The integration project is personally supported by the wife of the President of Syria.

4.11 Addressing structural barriers

Structural factors influencing the extent of exclusion or inclusion include decisions regarding government policies, resource allocation, multi-sector collaboration, institutional training of

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educational personnel and design of programmes to integrate the education of students with disabilities with their non-disabled peers. These three factors are 'no-gap' policies for integrating gender and disability development; addressing prevention through expansion of early childhood programmes; and building capacity of the infrastructure to support inclusion.

4.12 Addressing prevention through Early Childhood Programmes

Prevention is recognized as an important strategy in relation to children and youth with disabilities, as well as those at risk for impairments. It is widely recognized that a significant amount of disability is preventable, often through relatively simple and low-cost interventions such as immunization programmes and improved maternal care. Yeo (2001: 15) reports that 70% of visual impairments and 50% of hearing impairments in Africa and Asia regions are preventable through these measures. The Human Development Department for the MENA region recognizes that strengthening public policies and programmes to prevent disabilities would "reduce their occurrence and long-term impact through early identification of the risk factors and introduction of preventive measures" (HDD, 2005: 21).

Early childhood intervention is an important strategy for guaranteeing the right to education of all children. "Identifying and addressing the different learning needs that children may have in the early years, along with other developmental aspects, helps to pave the way to placing them all on an equal footing in their access and completion of basic education, and in achieving significant learning outcomes" (Opertti and Belalcazar, 2008: 127). Making early childhood education free and compulsory for all children would go a long way towards achieving the goals of Education for All.

4.13 Lebanese Physical Handicapped Union (LPHU)

Established in 1981 as an advocacy organization, its focus is on "creating the societal conditions necessary to foster the full inclusion of people with disabilities in Lebanese society" (Wehbi, 2007: 67). LPHU carries out advocacy initiatives to raise awareness of the rights of people with disabilities as well as community-based development projects for inclusive education. The organization has forged alliances with civil-society working from a rights and social justice perspective. By "adopting an intersectional analysis, by seeing the links between all forms of oppression and by actively organizing with others, LPHU enriches its own work and allows others to see the importance of taking disability issues into account in their work," (Wehbi, 2007: 76).

4.14 Suggestions for communicating with people with disabilities

It is important to recognize that people with disabilities may require special accommodation to ensure their full participation. These should be enabled only, and not serve to create a bridge between people with disabilities and other stakeholders. The things that draw people together, such as shared concern for their communities, understanding of local context, and desire for change should always be emphasized over those things that make people different from one another.

5.0 RESEARCH DESIGN AND METHODOLOGY

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The study took the form of a descriptive survey where both qualitative and quantitative research methods were used. The research design for this study was carried out in accordance with the views of research theorists such as Cooper and Schindler (2004) who claim that "research design can be thought of as the structure of the research" as well as "the glue that holds all the elements in a research project together". While the qualitative method avails the data that explains the research topic, the quantitative method gives the justifications that make it possible for the researchers to make an evaluation of the findings. The main research instrument used to collect data was a questionnaire. Focused, short, repeat interviews were done whenever it was felt necessary to gather additional data to verify key observations or check a fact.

5.1 Sampling techniques

Out of the forty-five organisations that make up NASCOH the researchers conveniently sampled ten organisations (five organisations of disabled and five organisations for the disabled). The researchers deduced the sample size by using the haphazard method or blind guessing which uses informal intuition to determine the number of units to sample. A total of Fifty (50) research questionnaires were sent out seeking information for this study. Two questionnaires were sent targeting two disabled employees of each of the ten NASCOH member organizations. Two questionnaires were sent to each of the senior non-disabled employees of the ten NASCOH member organizations. The remaining ten questionnaires were sent to former employees and other key stakeholders such as board members for ten out of forty-five (45) NASCO member organizations. A total of thirty questionnaires were sent back with answers to questions raised together with comments. In one of the organizations there is no single disabled person employee, so, two questionnaires were not returned. Eighteen other questionnaires sent to non-disabled senior employees and/or to other stakeholders were not returned.

5.2 Data presentation and analysis

For this research, a combined approach to data analysis was employed: qualitative and quantitative approaches. For quantitative data analysis, a statistical tool of SPSS was used for data input and analysis. The statistics results were presented in graphical form with detailed description and analysis in combination with qualitative data. In the end, a comparison was conducted with the previous literature for drawing conclusions. For qualitative data when a pattern from the same data type was corroborated by the evidence from another, regarding the same organization, the finding was considered stronger and credible stronger. When evidence conflicts, deeper probing of the differences was necessary to identify the cause or source of conflict. In all cases, the researchers treated the evidence fairly to produce analytic conclusions answering the original "how", what" and "why" research questions (Gill and Johnson, 2002).

6.0 RESULTS OF THE STUDY

6.1 Recruitment policies of NASCOH member organizations

The survey results indicated that six organisations have a ratio of one disabled employee for every ten employees. Three organisations in the sample have ratios of 2.5%, 5% and 20%.

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One organisation does not have any disabled employees. What comes out is that disabled employees do not influence policy direction within those organizations. It is an illustration of marginalization and exclusion of disabled employees by non-disabled workmates.

The results further show that 50% of the respondents said that their organisations do not have any disabled employees in supervisory/managerial positions. The other 50% had between 1 and 5 employees in supervisory/managerial positions.

According to the United Nations (UN) at least10% of the population of any country is made up of disabled persons. Therefore at least ten per cent of the Zimbabwean population comprises of disabled persons with various different types of disabilities. It is thus expected that if equitable levels are to be achieved, then more than 10% of the workforce should be disabled especially for organisations that were established specifically to fight for the rights and/or to look after the interests of disabled people (Mate, 2007). From the study, it was discovered that only one NASCOH member organization had a proportion of 20% of its employees with disabilities. Eight organizations had 10% or fewer employees each, like disabled persons. The study revealed that one organization actually did not have any disabled employees. The situation becomes worse at the supervisory/managerial level where 50% of the respondents said their organisations do not have any disabled employees in supervisory/managerial positions. NASCO is an organisation made up of member institutions that were created for the care of disabled people; some were actually created by the disabled people themselves.

The results are in line with the work of Barnes and Mercer (2005) and Stevens (2002) who say that disabled people tend to be located in lower-paid peripheral employment requiring fewer skills. The pathetic situation faced by disabled employees of NASCOH member organizations supports the opinion of some international scholars. In fact, it was Wilson-Kovacs who pointed out that disabled workers are proportionately less well represented in higher-paid professional and influential occupations Wilson-Kovacs et al., (2008). In Zimbabwe, additional pecks are offered to holders of higher-paid professional/senior management jobs.

6.2 Are these policies positively disability-friendly?

Table 1: Disabled employees and promotional opportunities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	80.0	80.0	80.0
	No	6	20.0	20.0	100.0
	Total	30	100.0	100.0	

The findings of the study noted an absence of affirmative action for disabled employees. For instance, table 1 above illustrates that, 80% of the respondents said that disabled employees are given the same chances as non-disabled when promotional opportunities arise. The other 20% of the respondents disagreed with the statement and went on to explain that, pronunciations by management; that there was equalization of opportunities in job advancement is hardly supported by the situation on the ground.

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Table 2: Disabled employees and special preference on promotion opportunities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	30.0	30.0	30.0
	No	21	70.0	70.0	100.0
	Total	30	100.0	100.0	

Table 2 above shows that a majority 70% of the respondents did not agree that disabled employees are given special preference over non-disabled employees when promotion opportunities arise. Thirty percent (30%) said that they are given special preference.

Table 3: The organisation has an equal opportunity monitoring policy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	10.0	10.0	10.0
	No	27	90.0	90.0	100.0
	Total	30	100.0	100.0	

From table 3 above, the results show that an overwhelming majority of 90% said that their organizations did not have an equal opportunities policy. The issue of equal opportunities policy was raised by many disability rights activists and disability rights practitioners. It is important for organizations (even for NASCOH member organizations) to have an equal opportunities policy so as to eliminate perceived or real discriminator practices towards disabled employees (Wilson-Kovacs, 2008). Jones (1997) highlights that there is first access discrimination, where barriers exist to prevent and stigmatise individuals from gaining employment. Jones goes on to refer to what he termed, treatment discrimination encountered once a disabled person gets employed. For example, fewer training opportunities and limited promotion prospects for disabled persons. During the carrying out of this study both non-disabled and disabled respondents did not allude to training opportunities as a method of enhancing chances for disabled employees to hold senior managerial positions in their organizations.

6.3 Factors affecting the advancement and promotion of disabled employees

Questions 2.1 to 2.5 sought to establish the factors which affect the progression of persons with disabilities to senior management positions at NASCOH member organizations.

Table 4: Prejudice is a factor affecting the advancement of disabled employees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	3	10.0	10.0	10.0
	Disagree	5	16.7	16.7	26.7
	Do not know	2	6.7	6.7	33.3
	Agree	10	33.3	33.3	66.7
	Strongly agree	10	33.3	33.3	100.0

	Total	30	100.0	100.0	

As is shown in table 4 above, prejudice was cited by over sixty-six percent (66%) of respondents as a major factor contributing to the lack of progression of disabled employees to senior positions at NASCOH member organizations. But twenty-six percent did not believe that prejudice was a factor. As can be seen in the literature review, prejudice is one of the pillars of sustenance for the traditional model of disability. The traditional model of disability looks at disabled people as an unfortunate group and subsequently non-disabled persons develop a better than thou attitude. Disability is viewed as a resultant punishment from God or ancestors for crimes committed by one's family. Consequently, ingrained prejudices develop and are a contributing factor in limiting the advancement of persons with disabilities. Non-disabled persons do not understand or hold wrong conceptions of disabled persons and this perpetuates the negative stereotypes. Further compounding the problem is the traditional Christian religion which sees disabled people as natural recipients of sympathy and regular alms. Accordingly, a disabled person is associated with destitution and poverty that is beyond redemption and society has to decide what is good and bad for them as they are thought to be unable to make a rational choice about their lives.

Harris and Enfield (2003) observe that the medical model tends to view disabled people first and foremost as having physical problems to be cured but not as people who are just different and hence this model also perpetuates the negative conceptions of disabled people.

Table 5: Discrimination is a factor affecting the advancement of disabled employees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	1	3.3	3.3	3.3
	Disagree	5	16.7	16.7	20.0
	Do not know	2	6.7	6.7	26.7
	Agree	16	53.3	53.3	80.0
	Strongly agree	6	20.0	20.0	100.0
	Total	30	100.0	100.0	

Over 73% of respondents agreed that discrimination was negatively affecting the progression of disabled employees to management positions at NASCOH member organizations. Table 5 above illustrates that finding and also shows that 20% of the respondents disagreed and 6.7% stated that they did not know. The finding of this study confirms observations by Jones, (1987) who was forthright in saying that " once employed disabled people encounter two major sources of treatment discrimination". According to Jones (1987), the first discrimination relates to individual factors, directly connected to the stigma of being disabled or stereotyping. As a consequence of the first treatment discrimination; circumstances may force disabled people to adopt self-limiting behaviours where they remain in a post or location as it allows them control over their individual circumstances (Shah, 2005). Wilson-Kovacs et al. (2008) found that disabled workers mostly complain about the lack of advancement opportunities available.

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Forty-three percent (43.3%) of the respondents said that poor corporate governance was a contributory factor to the lack of advancement of disabled employees to management positions at NASCOH member organisations. Further, the results indicated that 53.3% disagreed that poor corporate governance was a contributory factor.

Table 6: Culture is a factor affecting the advancement of disabled employees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	3	10.0	10.0	10.0
	Disagree	6	20.0	20.0	30.0
	Agree	8	26.7	26.7	56.7
	Strongly agree	13	43.3	43.3	100.0
	Total	30	100.0	100.0	

Table 6 shows that 70% of the respondents agreed that culture is a factor negatively affecting the advancement of disabled employees at NASCOH member organisations. 30% disagreed with the statement. Werner (1994) says that the culture, attitudes and beliefs of family and community, local economic constraints and resources shape the needs of disabled people because it is the world that surrounds them. The traditional model of disability which in some cases encompasses some offshoots such as the religious or charitable model of disability is derived from a mixture of indigenous and Christian religious beliefs and perspectives of disabled people. It focuses on either sympathy for or outright rejection of disabled persons. The outright rejection has given rise to the most negative cultures and misconceptions of disabled people.

The results further show that 50% of the respondents did not agree that lack of appropriate training and education was adversely affecting the advancement and promotion of disabled employees to management positions at NASCOH member organisations. Twenty-six percent (26.7%) of the respondents agreed whilst a significant 23.3% were unsure. Peters (2008) notes that exclusion from education translates into limited social contacts, poor health, and low self-esteem and as a result, income-generating opportunities become further reduced, leading to chronic poverty, further exclusion, and higher risks of illness, injury and impairment. Disability does not certainly inevitably lead to poverty but when disabled people are denied educational opportunities, then it is the lack of education and not their disabilities that limits them (UNICEF, 2002).

On further questioning the respondents on other factors that explain the lack of progression of persons with disabilities to management positions at NASCOH member organizations, the following responses were obtained:

- One respondent said that “there are a lot of people with disabilities who are well educated and some with the requisite talents in certain fields but that are denied opportunities to excel. Most are used as window dressers just to wood-wink the public. This scenario is prevalent in many organizations in NASCOH member organisations.

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- There is general greed among the non-disabled employees which categorises persons with disability as fodder to be utilized in fundraising ventures that will, in the final analysis, not be of benefit to the disabled group itself. If any benefit does come their way, it has to be managed in such a way that it is only marginal benefits the disabled employees.

- It is painful to note that even the government itself has not enacted any compressive legislation in favour of disabled people. Generally; even in its own structures, a lot of the positions to do with disability in government at the moment are all largely held by persons who have not disabled themselves, particularly the key decision-making and implementation posts.

- Further evidence of a lack of concern of the political system over issues of disability is the fact that there is no national disability policy in Zimbabwe. The culture of non-concern for the rights of disabled persons has become entrenched in all sectors of society. There is a need to check with other sister countries such as regional giant, South Africa and other governments in Africa where attention has been paid to the disability with no significant strains to the national purse, for instance, Lesotho, Namibia, Zambia, and Uganda.

- Disability has become a lucrative industry where some able-bodied people raise funds for themselves, using people with disabilities. NASCO is even one good example of such organizations because disabled people at NASCOH will remain at lower levels of employment and are used as a smokescreen to raise funds for selfish owners.

- Most organizations affiliated to NASCOH have the philosophy that people with disabilities are led in order to survive. Even the NASCOH secretariat illustrates the above statement. Suitably qualified people with disabilities who have the potential for promotion are seen as threats to the so-called non-disabled and will eventually be frustrated and leave the NASCOH member organizations. During recruitment people with disabilities are discriminated against deliberately.

- People who are not disabled do not want to be led by disabled people. Superiority complex is also the major reason. My (employer) organization was formed in1954 but it has never had a disabled director or director of finance and out of over 103 employees, there are only 3 disabled employees. I personally have been in the same position for the past twenty years.

Programmes to promote the advancement and development of the disabled

All the respondents said that there are no programmes to facilitate the advancement and development of employees with disabilities at NASCOH member organisations.

7.0 RECOMMENDATIONS

From the findings and consequent conclusions from the study, the following are some of the recommendations that the researchers felt NASCOH member organizations have to consider:

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1. NASCOH member organizations are strongly encouraged to craft corporate governance guidelines which ensure equitable representation and the promotion of capable disabled employees to senior management positions.

2. At least 10% of the employees of NASCOH member organizations should be capable disabled persons. Or alternatively, the majority of board members of NASCOH member organizations have to be people with disabilities.

3. Discriminatory barriers that have been identified to inhibit the progression of employees with disabilities to senior management positions should be eliminated and NASCOH must encourage its members to adopt measurable affirmative actions.

4. Staff development and training programs for disabled employees can be of assistance to NASCOH member organizations to achieve equalization of opportunities.

5. NASCOH member organizations need to take positive and measurable steps in order to dispel misconceptions that they are taking advantage of disabled persons and are just using disability organizations as a vehicle for enriching able-bodied dominated leadership.

6. DPOs must put pressure on government needs to enact compressive legislation and guidelines to ensure sanity in the disability sector and eliminate loopholes that facilitate exploitation and abuse of disabled people.

7. There is a need for the holding regular seminars (not talk shows), between DPOs, Civic organizations and able-bodied members of society to find solutions associated with prejudices against disabled persons.

8. There is an urgent need for NASCOH with the active participation of disability rights activists to push for the establishment of a national policy on disability by the government of Zimbabwe.

9. Granting financial assistance with strings attached, to NASCOH member organizations might be another option available to donors so that any organization working in disability would be bound to employ qualified disabled people in key decision making positions.

8.0 CONCLUSION

The study which had sought to evaluate the factors affecting the progression of disabled employees to management positions at NASCOH member organisations found that indeed there were few disabled persons in supervisory and management positions mainly due to discrimination, culture, prejudice and to a lesser extent lack of appropriate training and education and poor corporate governance. A combination of exclusion, marginalization and prejudice were found to be major key factors that affect the progression of disabled persons to senior managerial positions in the NASCOH member organizations in Zimbabwe. The

study also found that disabled employees were victims of discrimination. The two key recommendations of this study are:

a) There is an urgent need for NASCOH, with the active participation of disability rights activists to push for the establishment of a national policy on disability by the government of Zimbabwe.
b) Granting financial assistance with strings attached, to NASCOH member organizations might be another option available to donors, so that any organization working in disability would be bound to employ qualified disabled people in key decision making positions.

REFERENCES

Abu-Habib, Lina. Working with disabled women: reviewing our approach. In L. Abu-Habib (Ed). Gender and disability: Women's experiences in the Middle East, p. 9-25 London: OXFAM, 1997. 64p.

Barnes, C. (1999), A Working Social Model? Disability and Work in the 21st Century. A paper presented by Colin Barnes at the Disability Studies Conference and Seminar, Apex International Hotel, Edinburgh (9 December 1999)

Choruma T. (2007), The forgotten Tribe, People with disabilities in Zimbabwe, Progressio, London.

Colossians Chapter 3 verse 11, King James Version, the Holy Bible

Cooper,D.R. and Schindler, P.M. (2004). Business Research Methods. New York: McGraw-Hill Higher Education.

Disability Alliance: DISABILITY RIGHTS HANDBOOK: 28th Edition, April 2003-April 2004 A guide to benefits and services for all disabled, their families, carers and advisers.

Donnellan, Craig11 (2001). Series 362.4, Disability Rights -(Issues Series): UK: The Burlington Press.

Eiesland, L. Nancy (1994), The Disabled God: Towards a Liberatory Theology of Disability. USA: Abington Press.

Gill, J. And Johnson P. (2002) Research Methods For Managers, Third Edition SAGE Publications India (Pvt) Ltd. 32, M-Block Market, Greater Kaulash-1, New Delhi 110048

Government of Zimbabwe (1992) The Disabled Persons ACT: Government Press, Harare

Harris, H. and Enfield, S. (2003), Disability, Equality, and Human Rights A training Manual for Development and Humanitarian Organisations. Oxford: Oxford Publication in association with Action on Disability and Development (ADD).

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ISSN 2583-0333

Lang, R.,and Charowa, G. (2007). Disability issues in Zimbabwe, Scooping Study. DFID Zimbabwe

Saad, Ali. Syrian Experience in 'Educational Integration: from Vision to Practice'. Power-point presentation given at the 48th Session of the International Conference on Education. Geneva, Switzerland. November 25-28, 2008.

Shah, S. (2005), Career success of disabled high-flyers. London: Jessica Kingsley.

Marongwe, N. and Mate, R. (2007), Children and Disability, Their Household's Livelihoods Experiences in Accessing Key Services, FAO, Rome.

Peters, S. (2008). Inequalities in Education for People with Disabilities. In Donald B. Holsinger and W. James Jacob (Eds.), Inequality in Education: Comparative and International Perspectives. p. 149-172. Hong Kong: Springer/CERC, 2008

Swartz, L. (2012), Witten presentation by e-mail: University of Stellenbosch, Cape Town, South Africa

United Nations (UN), (1993), Standards Rules of Equalisation of Opportunities for Disabled People. New York, U.S.A

Werner, D. (1994), strengthening the Role of Disabled People in Community Based Rehabilitation Programs -A paper presented at a workshop on CBR, held in Solo, Indonesia, November 1994

ESCAP terminology for disabled persons http://www.unescap.org/esid/hds /decade/ terminology.htm.

