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ARTICLE

NGOs and the Promotion of the Sexual and Reproductive Rights of Girls and Young Women with Disabilities in Zimbabwe

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This case study investigates strategies used by the NGO Leonard Cheshire Disability Zimbabwe (LCDZ) to promote the SRHRs of girls and young women with disabilities in Zimbabwe. The findings show that LCDZ employed a combination of six strategies. These are: (1) building practical knowledge on SRHRs; (2) increasing community awareness and sensitivity; (3) providing SRHRs-related education; (4) enhancing access to justice and related services for survivors of sexual violence; (5) delivering assistive devices; and (6) promoting the livelihoods and economic empowerment. LCDZ made use of multi-stakeholder partnerships to implement these strategies, leveraging complementary skills and experience in the promotion of SRHRs. In each of these strategies, girls and young women with disabilities are the target group, with other stakeholders brought together to support them.

Keywords: Girls, young women, persons with disabilities, sexual and reproductive rights, Zimbabwe

Introduction

Globally, about 200 million persons with disabilities (PWDs) are girls and young women, aged between ten and twenty-four (UNFPA, 2018). Many PWDs experience persistent violation of their sexual and reproductive health rights (SRHRs) (UNFPA, 2018). The situation is worse in low-income countries because of the intersection of age, disability, gender, geographical isolation, and poverty (Rugoho *et al.*, 2022). In these circumstances, millions of girls and young women with disabilities have little control over decisions regarding their SRHRs (Devandas-Aguilar and Secretary-General, U.N., 2015). The result is a high risk for unplanned pregnancies, sexual abuse, sexually transmitted diseases (UNFPA, 2018), and subjection to human trafficking for sexual purposes. Low education levels amongst girls and young women with disabilities exacerbates their susceptibility to harm. Kassa *et al.* (2016) reported low use of contraception and condoms by both girls and boys with disabilities and noted that, although PWDs have a higher risk of exposure to sexually transmitted diseases, they are infrequently tested for HIV.

The vulnerability of PWDs generally and the additional marginalisation of girls and young women with disabilities has been acknowledged at the international level. The United Nations Convention on the Rights of Persons with Disabilities (CRPD), the first global human rights treaty protecting and promoting the rights of PWDs, was adopted in 2006. The CRPD's key principles include respect for human dignity, full participation, equal opportunities, social inclusion, non-discrimination, and accessibility (Stein *et al.*, 2009).

With regard to SRHRs, Articles 25 and 23 of the CRPD contain explicit provisions. Article 25 provides that PWDs have access to the same accessible and affordable healthcare services as others, including SRHRs. It further calls for health services to be gender sensitive. Article 23 requires that States ensure equal rights of persons with disabilities to decide with whom they marry and start a family and the number of children they want, and to retain their fertility.

Articles 3, 6, 9 and 12 contribute to the SRHR of PWDs. Article 3 requires PWDs to be treated with respect and dignity, while Article 6 recognises that female PWDs face multiple discrimination due to the intersection of disability, gender and other factors adding vulnerability. Accessibility issues are covered under Article 9, which mandates that States must ensure that all PWDs have access to information, facilities, and services. Article 12 proposes equal recognition before the law, especially relevant to forced marriage, involuntary sterilisation, and consent in relation to sexuality. The Disabled Persons Act of Zimbabwe is aimed at promoting disability rights but has failed to make meaningful contributions towards promoting the sexual rights of PWDs. Other laws which should protect the sexual rights of PWDs in Zimbabwe are the Constitution, the Children's Act and the Mental Health Act. Section 22 of the Constitution of Zimbabwe provides that all institutions and agencies of the government at every level must try to promote PWDs rights but implementation depends on available resources. The lack of allocated resources demonstrates the lack of commitment by government. Rugoho and Maphosa (2017) observed that PWDs in Zimbabwe had not yet benefited from the above-mentioned laws because of an absence of political will to protect the rights of PWDs.

Following adoption of the CRPD, civil society stakeholders, especially non-governmental organisations (NGOs), have supported PWDS in realising their SRHRs. Little research has been done on the contribution of NGOs to SRHRs and disability but large and small, community-based, local and international NGOs having taken leading roles in that arena (Meyers, 2016). Article 33 of CRPD encourages States to involve Organisations of Disabled Persons and Community Service Organisations — varieties of NGOs — in local implementation, monitoring and evaluation. Notably, NGOs have employed rights-based models in their activities, working to enable PWDs to be active participants in addressing issues that affect them (Chataika, 2013).

Although the role of NGOs in promoting CRPD implementation has been investigated (Chaney, 2021), strategies used by NGOs to promote the SRHRs of PWDs have not been widely studied. To fill this gap, this article describes a case study examining the strategies used by one NGO to promote the SRHRs of girls and young women with disabilities. The case concerns the SRHRs programme of Leonard Cheshire Disability Zimbabwe (LCDZ), whose mission is to enable children and youth with disabilities to improve their quality of life by removing barriers that hinder the full realisation of their human rights. Although LCDZ is known for its role in inclusive education in Zimbabwe (Hlatywayo and Muranda, 2014; Kett and Deluca, 2016), in 2015 it started a programme to promote SRHRs for girls and young women with disabilities aged thirteen to twenty-five, mainly by building their capacity through training (LCDZ, 2018). LCDZ's efforts include a strong focus on raising awareness and educating rural communities; their programmes are expected to be sustained by lobbying national and local authorities to secure support for mainstreaming disability issues in local institutions.

Methods

Design

We had three research questions. Which strategies did LCDZ use to promote SRHRs for girls and young women with disabilities in Zimbabwe? What results did these strategies produce? We conducted a qualitative case study of LCDZ's sexual and reproductive rights programmes, because it was one of the first organisations to pioneer the promotion of SRHRs of girls and young women with disabilities in Zimbabwe (LCDZ, 2018). When we approached LCDZ, they showed

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enthusiasm and were very supportive to data collection. According to Starman (2013), a case study is a 'description and analysis of an individual case with the intention to identify relationships in a situation, structure, orders or simply to assess progress in development.'

Setting

Our study was conducted in Silobela district, Midlands province, Zimbabwe, which is the field site for LCDZ's SRHRs programme. Silobela is a rural area characterised by high poverty levels (Frischen *et al.,* 2020). Although the prevalence of disability in this district is not known, the national prevalence rate is 7 per cent; it will not be less in Silobela (ZimStat, 2012). Most youths in the district do not complete primary education. Youth with disabilities have even less education, partly because of physical barriers and community attitudes towards children with disabilities (LCDZ, 2018, 2019). The district's few health centres are widely dispersed, a barrier for PWDs to access health care.

Data collection

Data collection was conducted between March and October 2019, four years after the start of the SRHR programme. Data collection methods comprised document analysis, semi-structured interviews, focus group discussions and participant observation.

Document analysis: We analysed the programme proposal, two annual reports, and an external evaluation report, which helped us to understand the objectives and scope of the SRHRs programme. Relevant quotes were extracted from these four documents.

Semi-structured interviews: The director and four staff members of LCDZ were purposively invited for face-to-face interviews, because of their direct involvement in implementing the SRHRs programme. The first author interviewed the staff members.

Focus group discussions (FGDs): Two FGDs, involving eight and nine participants, were conducted with girls and young women with disabilities, all volunteer peer educators in the programme. The first group had girls aged thirteen to eighteen, the second, young women aged nineteen to twenty-five. The organisation identified two volunteers as an entry point to the communities. Starting with them, we used a snowball technique to recruit other participants. Twenty-three volunteers were invited; four declined and two more did not appear on the day. We did not pursue their reasons. The seventeen volunteers had various types of disabilities: three were visually impaired, one had albinism and thirteen had physical disabilities. The two FGDs were facilitated by a female research assistant who also has physical disabilities. Discussions in both centred on the assistance the women were getting from LCDZ to facilitate access to SRHRs. The FGDs took place in the local community, where the programme is implemented. Each session lasted about one hour, with breaks for recess and movement.

Participant observation: Observation was done by the first author attending three awareness campaigns organised by the LCDZ. The types of stakeholders and some of the empowerment programmes were observed and recorded. Observations on livelihoods projects (tuck shops and goat raising) were recorded in a notebook for later reference. The first author also visited two tuck shops (small grocery stores) that were established with LCDZ's support.

Data analysis

The combination of documents, face-to-face interviews, FGDs and observation allowed us to triangulate data collected from different sources and to cover a wide range of experiences. Interviews and FGDs were recorded using a Dictaphone. The first author and the research assistant separately transcribed the data collected in the Shona language and translated it into English, then compared notes and adjusted translations to reach a consensus. Having read data from the

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LCDZ documents, interviews with the staff and the two FGDs, an inductive open and axial coding of the data was done. Guided by the research question, the analysis looked for relevant activities implemented by the organisation under the SRHRs programme. The coding followed the three questions posed by Glaser (1978) – (1) what are the participants' concerns? (2) what is really happening in the data? and (3) what themes or categories does the process or event indicate? The first author was responsible for coding. Over 150 open codes were found. The next stage was to seek further clarity and relationships among these codes, as recommended by Miles and Huberman (1994). After this process was completed, the interrelationships between substantive concepts were conceptualised (Santos *et al.,* 2018). The main strategies promoting SRHRs for girls and young women with disabilities were identified.

Ethical issues

The Department of Sociology at the Great Zimbabwe University provided ethical approval for this research. LCDZ granted permission and agreed that findings could be published in a scholarly journal, including its name. We adhered to informed consent rules, and respected privacy. Written and verbal consent were obtained during the planning phase, also for recording the interviews and discussions. Anonymity and confidentiality were maintained by assigning pseudonyms to participants. The researchers informed the participants that their participation was voluntary (no benefits, no payments) and that they had the right to withdraw from the research at any point without giving a reason. They were also advised that they could choose not to answer any question. All participants agreed with the conditions of the research.

Results

LCDZ used six strategies to promote SRHRs for girls and young women with disabilities. These are: (1) building practical knowledge on SRHRs; (2) increasing community awareness and sensitivity; (3) providing SRHRs-related education; (4) enhancing access to justice and related services for survivors of sexual violence; (5) delivering assistive devices; and (6) promoting the livelihoods and economic empowerment.

An overall view of the results reported in LCDZ documents is given in Table 1.

Strategy 1: Building practical knowledge on SRHRs

According to LCDZ's internal 2015 study, girls and young women with disabilities in Silobela had little knowledge about their rights (LCDZ, 2018). The main reasons were low education and being restricted to home, leading to limited socialisation with peers. LCDZ sought to improve the knowledge and skills of girls and young women with disabilities, and to help them adopt protective SRHRs behaviours. In 2017, they identified thirty-five girls and young women with disabilities and trained them on SRHRs, including HIV/AIDS. Each training group had ten to fifteen participants, with a mixture of women with different types of disabilities. Nurses, local school teachers and community health workers helped to facilitate the training. On HIV issues, one sixteen-year-old girl who had polio of both legs said during FGD:

> My knowledge about HIV was limited. I didn't know that one can be born with the virus. So, going for a test has nothing to do with being sexually active. Some people are infected, yet they are still virgins. I did not understand positive and negative language. But after the training everything is now clear to me.

LCDZ trained thirty-five girls and young women with disabilities to become peer educators and self-advocates of their rights; the trainees then organised meetings and workshops with other

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Table 1 Design of interventions and outcomes

Strategy	Key activities	Outcome
1. Building the practical knowledge of girls and young women with disabilities on SRHRs	Trainings on SRHRs including HIV/AIDS issues Peer-to-peer trainings	145 girls and young women with disabilities trained on SRHRs issues including HIV/AIDS 35 girls and young women with disabilities trained to be peer educators and self-advocates
2. Community awareness and sensitisation	Community workshops, dramas, songs, and poetry	3,000+ people reached through community awareness activities
3. Providing school education support to girls and young women with disabilities	Enrolling in school and vocational colleges Construction of ramps at 6 schools Construction of 7 disability friendly toilets at schools	22 enrolled in school, fees paid 17 girls waiting to be enrolled
4. Enhanced access to justice and related services for girls and young women with disabilities who survived sexual and gender-based violence	Provision of bus fares, accommodation, transport, sign language interpreters	3 sexual abuse cases and 6 cases of gender-based violence reported to police in the first two years of the programme
5. Provision of assistive devices to girls and young women with disabilities	Providing free-of-charge crutches, wheelchairs, hearing aids, artificial limbs and leg braces	53 persons benefited from assistive devices
6. Livelihood provision and empowerment of girls and young women with disabilities	Loans for tuck shops Lending and saving schemes Loans for goat rearing Gardening	28 individuals were helped to start tuck shop businesses 15 individuals joined lending and saving businesses 9 individuals started goat programmes 13 individuals started gardening programmes

stakeholders. They have already trained 145 girls and young women with disabilities. Peer educators and self-advocates should continue to provide training after support from the organisation ends. According to the evaluation reports, LCDZ wanted these young women to have ownership of the activities that they would implement. Peer educators also trained others on the importance of visiting health clinics, making clear that those visits were free, and explained what to do at the health centres when they had no money. LCDZ's report noted that the number of girls and young women with disabilities visiting health centres increased from fifteen in 2015 to fifty-one in 2017, after the intervention (LCDZ, 2019), and attributed this to the workshops and trainings. Janet, fifteen, one of the peer educators, with a physical disability, said in FGD1:

> The training empowered me as a young woman; it gave me confidence. I have also empowered other young women with disabilities. In 2018, I was able to organise nine trainings with the help of Leonard Cheshire. A lot of people now have respect for me in my village.

Maggie, nineteen, another peer educator, with cerebral palsy, said in FGD2:

> Many parents keep their children with disabilities indoors. They have no opportunity to interact with other children. Such children know nothing about their rights. We had to teach children who had been in isolation about their SRHRs.

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Oppa, sixteen, a peer educator who has albinism and a short right arm, said in FGD1:

> After we are empowered with knowledge and skills, we are now owners of the initiatives. We are able to assist other girls with disabilities with information. If they encounter abuse, we can help them to report to police even without the assistance of Leonard Cheshire.

Nurses took a leading role in teaching girls and young women with disabilities about female condoms. According to the annual report (LCDZ, 2019), the trainings also taught leadership and communication skills to enable the trainees to function as peer educators and behaviour influencers, and to transfer their new skills and knowledge in a wider disability network. The trainings also provided information on multi-sectorial approaches, taught participants how to make better reports on sexual- or gender-based violence, and informed them about the assistance they should receive from a range of NGOs and government institutions. The LCDZ evaluation study reported improved practical knowledge on SRHRs among girls and young women with disabilities.

Strategy 2: Increasing community awareness and sensitivity

Diverse activities were implemented to raise awareness on the SRHRs of girls and young women with disabilities, including community workshops, drama, songs, and poetry. Such activities were facilitated by peer educators with the help of LCDZ staff members. LCDZ is wisely 'leveraging' a number of experts beyond its own staff to enhance the knowledge and training of young women with disabilities, such as local nurses and physiotherapists. Observation of one community awareness and sensitisation activity revealed a prominent question and answer session; most of the questions were directed to the nurses. Examples include: '*Are those with Down's syndrome allowed to have sex?*' and *'Can a person with a disability marry a fellow person with a disability?*' Community leaders, traditional leaders, older women and men attended the community awareness activity. Police officers also answered questions concerning procedures they would follow when a sexual abuse case is reported to them, responding to questions such as:

> If I know of a person, someone with disability, who is being sexually abused by her family, and I want to report it, but I do not want it to be known that I am the one who lodged the report, how will the police protect me?

Historically, most communities in Zimbabwe understand disability from traditional and medical perspectives, where disability is often equated to a curse or sickness, and stigma and discrimination remain prevalent (Rugoho and Maphosa, 2017). According to one LCDZ staff member, such beliefs make it hard for youths with disabilities to access SRHRs; she said about one of the project sites:

> It is a rural community where education levels are very low and even lower for youths with disabilities. Much work had to be done in the community to sensitise community leaders on SRHRs of youths with disabilities.

A review of the organisation's yearly reports showed that more than three thousand people were reached through community awareness campaigns during 2018. The general community, including persons with disabilities, appreciated the programme as it helped them to become involved, to participate in community activities. One report (LCDZ, 2019) quoted a political leader, a Councillor of the area:

> We are grateful to Leonard Cheshire for raising awareness on the rights of girls and young women with disabilities. The community did not know about these rights. Now I see a lot of

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> people ready to defend and protect the rights of disabled people without the involvement of the organisation.

Hellen, a seventeen-year-old girl with a physical disability, said in FGD1:

> We are grateful for the disability sensitisation programmes done in the area. It seems that our parents and the larger community are beginning to understand our rights as disabled girls and young women. We got all the support from police, nurses and local leaders.

A traditional village head quoted in the report also said:

> I was one of the first village heads to be trained on the rights of people with disabilities. The training was an eye opener. I didn't know about these rights previously. I also realise now that they can contribute to our economy. Now, I use all powers that I have to protect them. I am very clear about their sexual and reproductive health and rights. I work with police and local leaders to promote the rights of girls and young women with disabilities.

LCDZ also initiated community dialogues involving 'male champions' – males who volunteer to lead in protecting SRHRs of girls and young women with disabilities. The male champions are trained in rights-based disability work, and assist in sensitising other males on these rights. According to the evaluation reports (LCDZ, 2019), local women and girls with disabilities appreciated the programme which helped to alleviate stigma and improve attitudes. Male champions could use informal channels to raise awareness on the impact of gender-based violence on the community. The report noted that male champions are acknowledged by local traditional leaders, who asked them to educate households where they suspect gender-based violence occurs. Local leaders, health professionals and police were also sensitised about these issues during the community campaigns, as confirmed by participants, who reported working with local leaders and nurses to promote the rights of girls/young women with disabilities.

Strategy 3: Providing SRHRs-related education

In most rural areas in Zimbabwe, many young girls of school-going age, especially those with disabilities, are not actually in school. As one way of promoting their rights, LCDZ has been helping young girls with disabilities to enrol in schools. According to an end-of-year report (LCDZ, 2019), twenty-two girls with disabilities had been enrolled in schools in the Midlands district and seventeen more were waiting to be enrolled. Subsequently, LCDZ has worked with parents, the community and school leaders to identify and deal with challenges faced by girls after enrolment. All twenty-two girls had their school fees paid by LCDZ. Shantel (seventeen years old), with a physical disability, who uses crutches, said in FGD1:

> My fees were paid by the organisation. I am now going to school just like other girls my age. I am now connecting with other teens. We share information on many topics when coming from school. We also talk about sexual relationships.

The interviewed LCDZ Director said:

> We aim to provide a holistic approach. We pay school fees for those we enrol. At some schools, we have managed to work with the school authorities and community to construct ramps. We also provide facilities to construct disability- friendly toilets at schools where we enrol girls with disabilities. Awareness activities reduce discrimination, bullying and stigmatisation of learners with disabilities.

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Joilyine, twenty-two, with an amputated left hand, explained in FGD2:

> We believe that if young girls are at school, they are more likely to learn about their SRHR than if they stay home. Remember, schools are now teaching about sexual rights. If you meet with girls enrolled at schools, you can see that they are gaining confidence in expressing themselves.

Enrolling girls and young women in primary and secondary schools and vocational centres was chosen as a strategic approach by LCDZ because it brings many benefits. The organisation envisages an empowered girl as one who can defend her rights and those of her peers. For those who are unable to enrol in regular schools, LCDZ works with partners to get girls with disabilities into vocational training centres (LCDZ, 2019). During interviews, one staff member said:

> We come across young women who want to go to school, but had dropped out or simply never had the opportunity to go to school. Girls would tell us that they wanted to go (back to) school. Unfortunately, some will be too old to enter primary schools and the area has no school for adult learners. However, we work with our partners to enrol them in vocational training courses, in the areas of their choice. After completion of vocational training, we give them a small grant to start their own business. From our evaluations, this has worked for a number of girls.

Under the education support programme, volunteers also play a critical role in monitoring the enrolled girls, to identify any challenges at home or at school. Peer educators noted that the school fees for the whole year were taken care of. This confirmed the statement in LCDZ documents, that the organisation paid school fees for several girls and young women with disabilities.

Strategy 4: Enhancing access to justice and related services for survivors of sexual violence

Another component of the LCDZ programme, very important for SRHRs, is access to justice for girls and young women with disabilities. The organisation sought to enhance access to justice and related services for girls and young women with disabilities who experienced sexual or gender-based violence. Identification and screening for such violence are major activities in the programme. Survivors of sexual and gender-based violence are assisted with logistics, such as transport when seeking services from the police, courts and health centres. In 2018, the organisation facilitated three girls with disabilities who were victims of sexual abuse to report to the police. Moral support and counselling were provided to give confidence to the girls and their families to be able to report to the police. A staff member and community leaders accompanied them to the police station. Six cases of gender-based violence were also reported to the police. The women were all provided with funds to cover transport, food and accommodation when their cases went to the courts. The LCDZ Director explained that in many cases, girls and young women with disabilities lack resources to go to police or attend when their court cases. He explained:

> Most communities are far away from services such as health centres, police and courts. Some cases were not reported due to lack of resources. Parents may be aware that this is a violation of the rights of their child, but they have no means. Therefore, we support them with transport, food and accommodation.

Maud, seventeen years old, who is visually impaired, had similar observations:

> My friend who is a victim of sexual violence was supported to report to the police. The family was too poor to do this without the organisation's support. They also feared the perpetrator. But the perpetrator was arrested.

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The organisation also provides logistical support and disability expert support to other stakeholders, such as the police, courts and health centres. Due to the remoteness of this area, the police themselves do not usually have transport to travel and undertake investigations. Through their partnership with the organisation, the police can now be supported with transport when such challenges emerge. The strategy is also modelling the appropriate response to gender-based violence for girls and women with disabilities, not only for these women and their families but also for members of the broader community. It also helps the police and the courts/legal system within the community, where women with disabilities too often felt that they could not ask for help and those around them – including police and courts – too often dismissed or ignored them. An LCDZ staff member said:

> Some cases, when the victim has speech challenges, or might be deaf, have been a challenge to deal with. Most service providers have no professionals able to use sign language. We have professional sign language specialists that we pay to provide technical assistance to service providers. We even provide psychologists who are experts in disability issues.

LCDZ is currently working on empowering stakeholders by running several workshops on sign language. Political leadership in the district has offered to help. One of the village heads who was trained has offered the use of his car when the need arises, only requesting that the organisation also helps with petrol.

Strategy 5: Delivering assistive devices

Under this initiative, girls and young women with disabilities can get access to assistive devices that enable them to participate in social or educational activities. According to the organisation's reports, fifty-three girls and young women with disabilities were provided with assistive devices in 2018 and 2019. The devices included crutches, wheelchairs, hearing aids, artificial limbs and leg braces. Twenty-three of the girls started going to school after getting assistive devices. The report particularly noted a thirteen-year-old girl who had stopped going to school after she developed a chronic illness, because she could not afford to buy a wheelchair. When the organisation provided one, she asked to return to school. Now her friends push her to and from school. Fadzi (twenty-five), who was assisted with a wheelchair, said in FGD2:

> The wheelchair was given to me six months ago. Having a wheelchair helped me a lot. It gives me confidence because I don't have to rely on assistance from other people. My mother used to push me in a wheelbarrow when we had to travel. It was embarrassing. Now I can push myself around the village. I have a boyfriend. Before, it was hard for me to get a boyfriend because I stayed indoors.

The process often starts with peer educators identifying girls and young women with disabilities who need assistive devices. They are accompanied to the district hospital where the rehabilitation training unit will assess and recommend the most appropriate device. According to the 2019 LCDZ annual report (LCDZ, 2019), wheelchairs are sometimes available at the rehabilitation unit for a fee, and then the organisation pays that fee. For other types of assistive devices, like artificial legs, the organisation pays the cost of procurement.

According to peer educators, the provision of assistive devices also helped the young women to access health and related services, including attending health promotion campaigns in their community. Susan, sixteen years old and one of the peer educators, said in FGD1:

> I know of two ladies who always stayed indoors because they could not walk to social activities. After they received assistive devices, I've seen them at HIV and cervical cancer awareness campaigns. I also accompanied one of the young women to seek information on birth control options.

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Strategy 6: Promoting the livelihoods and economic empowerment

The goal of this strategy is to support girls and young women with livelihood initiatives. Most of the girls and young women with disabilities participating in the SRHRs programmes are from poor backgrounds. They cannot afford to buy sanitary pads or visit a health centre. Poverty was cited in the organisation's baseline survey report as one of the reasons why young women with disabilities did not have access to their SRHRs. To address this problem, the organisation introduced the livelihood support initiative, so that the young women could not only earn money but also be more involved in community activities. A staff member said:

> We want them to be able to buy sanitary pads for themselves. They should have their own money instead of waiting for charity every time.

Shami, twenty years old, who was given a grant to start a tuck shop, said in FGD2:

> With the tuck shop business that I started, I now have money to travel to hospitals and buy my own pads. I travel with my friend who was supported to start a small business at the clinic. The advantage of having your own money is that you are independent to buy some things on your own.

According to the organisation's annual reports, tuck shops are very popular with young women with disabilities, with twenty-eight benefiting up to now. The majority of the young women applying for grants planned to start a tuck shop. We stopped to buy drinks at one tuck shop during our visit to the village. We observed that seven tuck shops were well-stocked. Others had enough products, but the owners complained of competition from other tuck shop owners in the area. For those who are unable to read and write, the organisation opted to buy them goats, as goat rearing does not require literacy and numeracy skills. Nine opted for a goat programme and were given six goats each, with the plan to allow the goats to multiply before selling them to fund other needs. During interviews, one staff member explained:

> Goat meat is very popular in the district. There are many gold miners in the area; when they find gold, they usually buy goats to celebrate. Teachers at local schools are also potential customers. Rearing goats is easy to manage for people with disabilities, as it doesn't require a lot of hands-on work like tuck shops do.

During our visit to the beneficiaries' houses, we observed well-maintained goat sheds. The goats of three beneficiaries were observed and seemed healthy. LCDZ also supported group programmes. A person could benefit from both individual and group programmes. The maximum number per group was ten, usually from the same or nearby villages. Under group programmes, a parent or relative of a disabled young woman could join on her behalf, extending the programme to families having children with severe disabilities. Lending and saving schemes were also initiated. Some groups opted for gardening as a group. The profits from the livelihoods programmes were expected to improve the wellbeing of those with disabilities, especially their SRHRs. For example, profits from these initiatives were expected to be used to pay for pads and birth control methods, among other needs. The evaluation report noted that twenty-three girls reported having bought pads from the profits they got from these programmes.

Discussion

The case studied – the LCDZ programme promoting SRHRs – aimed to change the lives of persons with disabilities, especially to improve their access to SRHRs in line with the CRPD, using

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several different strategies. Some activities are directed towards building capacity of the rights holders, girls and young women with disabilities, to claim or exercise their rights, while other activities are aimed at parents and community leaders, duty bearers in the promotion of the young people's rights. Those interviewed considered the programme largely successful, particularly because of its strategy of an interconnected series of interventions which mutually reinforce each other. For example, several of the women with disabilities now benefiting from their new knowledge of their SRHRs also make more use of health and community services and economic interventions. Many initiatives aimed at improving the economic and social status as well as the rights of PWDs fail because PWDs are often seen as passive participants (Rugoho and Chindimba, 2018). The results from this case study from Zimbabwe show how NGOs can play a role in the promotion of the SRHRs of persons with disabilities, ensuring that they become active participants in their own lives, thereby contributing towards the achievement of State-approved CRPD programming.

LCDZ uses different and complementary activities, including raising PWD's awareness of their SRHRs, through volunteers and key change influencers such as village heads and local political leaders. This initiative also enables the young women to participate in social and political issues in their communities. The interventions included facilitating enactment of the National Minimum Healthcare Package, making it obligatory for all health workers to train in basic sign language and for a Special Needs Education Policy to be applied, to address the needs of girls and young women with disabilities. Similar approaches have been used in other countries. In India, the National Centre for Promotion of Employment for Disabled People used a multi-pronged approach in dealing with the poverty and challenges experienced by individuals with disabilities (Abidi and Sharma, 2014).

In the Netherlands and Canada, different activities were used to promote sport and physical activity for PWDs from grassroots to national levels (Hoekstra *et al.,* 2019). In Zimbabwe, applying multiple approaches to promote SRHRs of girls and young women with disabilities is consistent with CRPD Article 8, concerning a multi-pronged approach, involving education, health, livelihood, employment and the media, to change community attitudes. Fox *et al.* (2016) argued for multi-pronged approaches to deal with the rights of marginalised groups. For instance, Nampewo (2017) reported that multi-pronged approaches by the Government of Uganda helped young women with disabilities to access HIV/AIDS interventions.

According to our findings, girls and young women with disabilities want a major stake in the promotion and protection of their rights. We found that these young women can and should take leading roles in community awareness-raising, including acting as peer educators. Our results support PWD's demands to be actively involved in activities promoting their rights. Describing an emerging disability movement and advocacy in China, Zhang (2017) emphasised the need to put PWDs at the forefront. A related article by Nguyen *et al.* (2015) presented the same argument, that PWDs should be engaged and given platforms to express their voices. Frawley and O'Shea (2020) rejected protective regimes with regard to SRHRs of persons with disabilities, whereby parents and guardians act as gatekeepers. Many initiatives to improve the economic and social status of PWDs fail when they are seen as passive participants (Rugoho and Chindimba, 2018). All these findings echo on-going efforts for global Disability Rights under the aegis of the 2006 United Nations' CRPD.

LCDZ acknowledged the close relationship between the SRHRs of young women and their educational and economic circumstances. One of their innovations was to link SRHRs with livelihood interventions, a critical strategy considering the poverty of most women with disabilities in Zimbabwe (Rugoho and Maphosa, 2017; Rugoho *et al.,* 2022). A number of studies have shown that poverty plays a role in vulnerability to sexual abuse for women with disabilities (Opoku *et al.,* 2016; Jayapalan *et al.,* 2018; Rugoho *et al.,* 2022). The livelihood-support approach has the potential to give marginalised groups the means for making informed decisions on issues that affect their lives, including their sexual and reproductive health, and then to act on them.

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Programmes that link livelihoods and SRHRs can play an important role in lives of young women, because with improved socio-economic status, unplanned pregnancies and exposure to sexually transmitted diseases are also reduced. In India, results from a SRHRs and livelihoods programme showed that skills training can be a point of entry for reproductive health interventions (Mathur, 2014). In our case study, young women with disabilities participated more in both SRHRs and community activities after being empowered through livelihood interventions. Similar case studies in Colombia, India and Kenya have shown that youth programmes linking livelihoods and reproductive health interventions achieved better outcomes (Mathur, 2014). Currently one limitation of this project is that while the programme reaches women with a range of disabilities, it seems to be excluding women with psychosocial and mental health disabilities, who are greatly in need of support as well.

We also noted the benefit of LCDZ linking into and leveraging non-disability-specific efforts already underway in the study communities. The LCDZ programmes actively linked girls and women with disabilities with local health clinics and police efforts to address gender-based violence. The benefits are bi-directional. Asking local police or nurses to respond to the needs of women with disabilities not only helps these women but can be a learning experience for the police and clinic nurses, who then share their experiences with colleagues. The LCDZ project creates a platform for such linkages. Taking a programme design that both empowers the young women with disabilities and increases the understanding of their rights and challenges among their families, communities and service providers has proven to be effective, even in this rural and resource-limited setting. Such situations are found in many countries in the region and around the world, and the lessons learned here can be considered in other contexts. The next step for LCDZ would be wider implementation of the approach and ultimately, integration into official policy and practice.

Conclusion

Our findings show how an NGO can organise and coordinate different stakeholders to promote the rights of persons with disabilities. Using different complementary strategies, the Leonard Cheshire Disability Zimbabwe has created an enabling environment for PWDs and other community stakeholders to participate in the promotion and protection of SRHRs of girls and young women with disabilities, in a rural resource-limited setting. Such programmes should be rolled out around the country, as official policy, and are recommended for other countries in similar situations.

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