

From Policy to Practice: A Systematic Review of Disability Rights Implementation in Zimbabwe

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ABSTRACT

Background: Zimbabwe has enacted progressive disability rights legislation, including the Disabled Persons Act (1992), constitutional protections (2013), and ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD, 2013). However, significant gaps persist between policy commitments and lived realities for persons with disabilities.

Objective: This systematic review synthesises empirical evidence on the implementation of disability rights legislation and policy in Zimbabwe, examining barriers, enablers, and lived experiences across key life domains.

Methods: Following PRISMA 2020 guidelines, we systematically searched eight databases (Scopus, Informit, PubMed, Google Scholar, African Journals Online, and grey literature sources) for studies published between 2005 and 2025. We screened 148 unique papers using predefined eligibility criteria and extracted comprehensive data from 80 included studies. Narrative thematic synthesis was employed to analyse implementation findings, barriers, enablers, and lived experiences across education, employment, healthcare, justice, and accessibility domains.

Results: The review identified substantial policy-practice gaps across all domains. While Zimbabwe's legal framework aligns with international standards, implementation is undermined by inadequate domestication, resource constraints, weak enforcement mechanisms, and pervasive attitudinal barriers. Institutional fragmentation, inaccessible infrastructure, and intersectional discrimination compound exclusion. Enablers include disabled persons' organisations (DPOs), targeted institutional accommodations, and multi-stakeholder programming. Lived experiences reveal persistent exclusion in education, underemployment, healthcare discrimination, electoral barriers, and inaccessible public spaces.

Conclusions: Zimbabwe's disability rights framework remains aspirational rather than operational. Bridging the policy-practice gap requires strengthened domestication of CRPD provisions, dedicated funding, disability-disaggregated data systems, accessible infrastructure, capacity building for frontline workers, and meaningful participation of persons with disabilities in implementation and monitoring.

Keywords: disability rights, implementation, Zimbabwe, CRPD, policy-practice gap, accessibility, inclusion, systematic review

INTRODUCTION

Background on Zimbabwe's Disability Policy Context

Zimbabwe has progressively developed a legal and policy framework aimed at protecting and promoting the rights of persons with disabilities. Sibanda (2015) states that the Disabled Persons Act of 1992 represented the country's first comprehensive legislative attempt to address disability rights, establishing provisions for education, employment, and accessibility. However, according to Chengeta et al. (2012) and Sibanda (2015), this Act has been critiqued for its vague language, lack of enforcement mechanisms, and insufficient operationalisation.

Dziva et al. (2018) ascribe that the adoption of Zimbabwe's new Constitution in 2013 marked a significant milestone, incorporating explicit protections for persons with disabilities under Section 22 and Section 83, which guarantee equality, non-discrimination, and the right to accessible public facilities. Dziva et al., (2018) and Mandipa (2011) state that the Constitution aligns with international human rights standards and provides a foundation for progressive realisation of disability rights. In the same year, Zimbabwe ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD), signaling commitment to the social model of disability and rights-based approaches to inclusion.

According to the United Nations (2006), the CRPD, adopted by the UN General Assembly in 2006, represents a paradigm shift from charity-based to rights-based approaches to disability. It obligates State Parties to ensure full and equal enjoyment of human rights by persons with disabilities across civil, political, economic, social, and cultural domains. Chengeta et al. (2012) and Dziva et al., (2018) posit that Zimbabwe's ratification of the CRPD in 2013 created binding international obligations to domesticate its provisions, harmonise national legislation, allocate resources, and establish monitoring mechanisms.

Beyond these landmark instruments, Zimbabwe has developed sector-specific policies addressing disability inclusion in education (Education Act amendments, Inclusive Education Policy), health (National Health Strategy), and social protection (National Disability Policy). Dziba et al., (2018) note that the country has also established institutional mechanisms, including the National Disability Board and disability focal points within government ministries. Despite this comprehensive policy architecture, persons with disabilities in Zimbabwe continue to experience marginalisation, discrimination, and exclusion across multiple life domains (Ndhlovu & Mudzingwa, 2022; Tom, 2024).

Problem Statement: The Policy-Practice Gap

A substantial body of evidence suggests a persistent and troubling gap between Zimbabwe's progressive disability rights policies and the lived realities of persons with disabilities. While the legal framework espouses principles of equality, non-discrimination, and full participation, implementation remains weak, uneven, and under-resourced (Dziva et al., 2018; Mashanyare et al., 2025). This policy-practice gap manifests across multiple dimensions:

In addition, Chengeta et al. (2012) and Dziva et al. (2018) ascribe that the national legislation has not been fully harmonised with CRPD provisions, and domestication remains incomplete. The Disabled Persons Act, though amended, lacks specificity and enforcement teeth (Sibanda, 2015). Local government by-laws frequently fail to reflect national accessibility obligations, creating implementation deficits at municipal levels (Chigunwe, 2019). Chengeta et al (2012) advise that institutional fragmentation, unclear implementation guidelines, and weak coordination across ministries undermine coherent policy execution.

State institutions and local councils lack adequate funding, trained personnel, and monitoring capacity to implement disability rights standards (Dziva et al., 2018; Smythe et al., 2022). Schools lack specialist teachers, assistive technologies, and accessible infrastructure (Tlou & Nyoni, 2021). Smythe et al. (2022) alludes that the healthcare facilities face workforce capacity gaps and limited disability-inclusive programming. Public infrastructure remains largely inaccessible despite constitutional mandates (Chigunwe, 2019; Tom, 2024).

Moreso, negative societal attitudes, stigma, and discriminatory beliefs persist among professionals, policy makers, and communities (Mukushi et al., 2019; Ndhlovu & Mudzingwa, 2022). According to Zinahwa (2020), cultural and religious beliefs sometimes frame disability as divine punishment or demonic possession, leading to exclusion and harmful practices. These attitudinal barriers undermine policy implementation and perpetuate discrimination even where legal protections exist.

It is noted by Dziva & Du Plessis (2022), Ncube et al. (2022) and Shumba and Magadze (2023) that women and girls with disabilities face compounded discrimination at the intersection of gender and disability, experiencing restricted access to education, employment, land, sexual and reproductive health services, and justice. Dziva & Du Plessis (2022) advise that rural persons with disabilities encounter additional barriers related to geographic isolation, limited service availability, and poverty.

In conclusion, this policy-practice gap has profound consequences for the estimated 1.5 million persons with disabilities in Zimbabwe (approximately 7-10% of the population), who remain among the most marginalised and impoverished groups in society (Dziva et al., 2018). Understanding the nature, extent, and drivers of this gap is essential for evidence-informed policy reform and effective implementation strategies.

Rationale for Systematic Review

Despite the growing body of research on disability in Zimbabwe, the evidence base remains fragmented across disciplines, sectors, and methodological approaches. It is noted that existing studies include policy analyses, qualitative case studies, program evaluations, and advocacy reports, but no comprehensive synthesis has systematically examined implementation of disability rights legislation and policy across domains. Also, previous reviews have focused on specific sectors (e.g., education, health) or populations (e.g., women, children), but a holistic, cross-sectoral analysis of the policy-practice gap is lacking.

The researcher noted that a systematic review is warranted for several reasons. First, it provides a rigorous, transparent, and replicable method for synthesising diverse evidence on a complex policy question (Petticrew & Roberts, 2006). Second, it enables identification of consistent patterns, contradictions, and gaps across studies, strengthening the evidence base for policy and practice. Lastly, it can inform priority-setting for future research, policy reform, and resource allocation. Fourth, it provides a comprehensive evidence synthesis for policymakers, practitioners, disabled persons' organisations, and international development partners working to advance disability rights in Zimbabwe.

This review is important given Zimbabwe's recent constitutional reforms, CRPD ratification, and ongoing efforts to harmonise national legislation with international standards. It responds to calls from scholars and advocates for evidence-based approaches to disability rights implementation (Mashanyare et al., 2025). Through systematically reviewing empirical evidence on implementation barriers, enablers, and lived experiences, this research aims to inform more effective, rights-based, and contextually appropriate strategies for translating policy commitments into practice.

Review Aim and Objectives

The overarching aim of this systematic review is to assess and evaluate empirical evidence on the implementation of disability rights legislation and policy in Zimbabwe, with particular focus on the policy-practice gap and its implications for persons with disabilities.

Specific objectives:

1. To examine the extent and nature of implementation of Zimbabwe's disability rights legislation (Disabled Persons Act 1992, Constitution 2013) and international commitments (CRPD 2006) across key sectors and domains.
2. To identify and analyse barriers to effective implementation of disability rights policies at institutional, structural, cultural, and economic levels.
3. To identify enablers and facilitators that support better implementation and mitigate barriers.
4. To synthesise evidence on the lived experiences of persons with disabilities across education, employment, healthcare, justice, social protection, and accessibility domains.
5. To examine how cultural and institutional factors shape implementation outcomes and lived experiences.
6. To identify evidence gaps and priority areas for future research, policy reform, and practice improvement.

Research Questions

This systematic review addresses the following research questions:

RQ1: To what extent have Zimbabwe's disability rights legislation and policies (Disabled Persons Act 1992, Constitution 2013, CRPD commitments) been implemented across key sectors and domains?

RQ2: What are the primary barriers to effective implementation of disability rights policies in Zimbabwe, and

how do these barriers operate at institutional, structural, cultural, and economic levels?

RQ3: What enablers and facilitators support better implementation of disability rights policies, and what lessons can be drawn from positive examples?

RQ4: What are the lived experiences of persons with disabilities in Zimbabwe across education, employment, healthcare, justice, social protection, and accessibility domains?

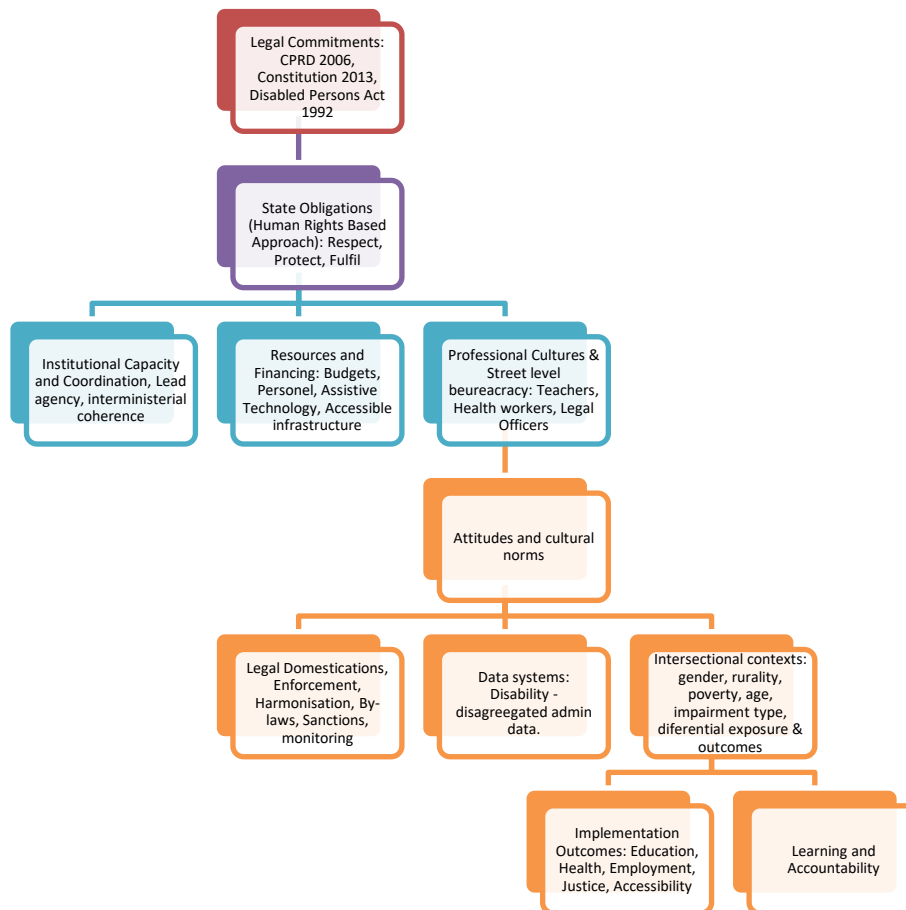
RQ5: How do cultural and institutional factors shape implementation outcomes and the lived experiences of persons with disabilities?

RQ6: What are the key evidence gaps, and what priorities should guide future research and policy development?

Theoretical Framework

The review employs a comprehensive theoretical framework, recognising that disability rights implementation in Zimbabwe is a complex, multi-level issue involving legal mandates, institutional capacity, professional cultures, socio-cultural norms, and inequalities across various groups (Dziva, 2018). Rather than relying on a single theory, the review integrates four distinct yet compatible perspectives: the Social Model of Disability highlights structural and attitudinal barriers; a Human Rights–Based Approach (HRBA) clarifies state obligations and accountability under the CRPD and Constitution; Implementation Theory (including both top-down and bottom-up views, as well as street-level bureaucracy) explores the gap between policy and practice; and Intersectionality examines how inequities are patterned by gender, rurality, poverty, age, and impairment type. Together, these approaches provide a coherent lens for understanding what needs to change, who is responsible, why change succeeds or stalls, and for whom barriers are most significant, ensuring a nuanced and equitable analysis of disability rights in Zimbabwe.

Figure 1.1 – Disability Rights Implementation Framework



Source: Developed for study

Figure 1.1 above shows a disability rights implementation framework that informs this review by considering these 4 theories. This chart demonstrates the disability rights implementation framework, which brings together four theories to explain how disability rights are put into practice in Zimbabwe. At the core, laws like the CRPD and the Constitution set out what the state must do. How well these laws are carried out depends on factors such as the strength of institutions, the resources available, people's attitudes, and cultural beliefs (Dziva, Skoko & Zvobgo, 2018). The impact is also shaped by intersectional factors, like gender, poverty, where someone lives, and the type of disability, which means some groups may face more barriers than others (Woyowa, 2025). All these elements together influence the results of policy implementation across different areas such as education, employment, healthcare, and social protection.

METHODS

Study Design

This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page et al., 2021). Moreso, the review protocol was developed with a logic, specifying eligibility criteria, search strategy, screening procedures, data extraction methods, and synthesis approach. The review was designed to assess and evaluate diverse forms of evidence, including empirical studies, policy analyses, program evaluations, and grey literature, to provide a comprehensive understanding of disability rights implementation in Zimbabwe.

Eligibility Criteria

The eligibility criteria for this systematic review were structured using the PICOS framework, encompassing studies about persons with disabilities of all ages and impairment types in Zimbabwe, and including those focused on specific subgroups when relevant to disability rights implementation. Furthermore, the review targeted research addressing the implementation of disability rights legislation and policies, such as the Disabled Persons Act (1992), the Constitution (2013), CRPD commitments, and sector-specific policies, alongside studies examining barriers, enablers, lived experiences, and outcomes across domains like education, employment, healthcare, justice, social protection, and accessibility. There was no comparator required for study inclusion, and both studies with and without comparison groups were eligible.

In addition, primary outcomes considered were indicators of policy implementation, identification of barriers and enablers, and lived experiences of people with disabilities, while secondary outcomes included policy recommendations and evidence gaps. Also, all empirical study designs were included, such as qualitative, quantitative, mixed-methods research, policy analyses, program evaluations, and grey literature reports, whereas opinion pieces, editorials, and studies lacking primary data or systematic policy analysis were excluded. Additional criteria were that studies must have been published or disseminated between 2005 and 2025, be available in English, focused on Zimbabwe (with comparative studies included only if Zimbabwe-specific findings were extractable), and open access or publicly available.

Information Sources

A comprehensive search was conducted across major electronic databases, including Scopus, Informit, PubMed/MEDLINE, Google Scholar, and African Journals Online (AJOL) to identify relevant studies on disability rights implementation in Zimbabwe. Grey literature was also sourced from Government of Zimbabwe websites, disabled persons' organisations such as the Zimbabwe National League of the Blind and the National Association of Societies for the Care of the Handicapped, international development agencies including WHO, UNICEF, ILO, and UN Human Rights, as well as academic institutional repositories, conference proceedings, and theses.

Search Strategy

The search strategy combined three concept blocks using Boolean search strings:

Block 1 (Disability): disability OR "persons with disabilities" OR "people with disabilities" OR impair OR

handicap OR “special needs” OR blind OR deaf OR “hearing impairment” OR “visual impairment” OR “physical disability” OR “intellectual disability” OR “learning difficulty” OR wheelchair OR albinism

Block 2 (Rights/Policy/Implementation): rights OR policy OR policies OR legislation OR law OR act OR convention OR CRPD OR implementation OR access OR inclusion OR exclusion OR barrier OR discrimination OR stigma OR participation OR empowerment

Block 3 (Zimbabwe): Zimbabwe OR Zimbabwean

The full search string was adapted for each database’s syntax and controlled vocabulary. For example, in PubMed, search terms “Disabled Persons” and “Zimbabwe” were included. In Google Scholar, searches were limited to the first 100 most relevant results per search string variant to ensure feasibility.

Selection Process

The screening process for studies on disability rights implementation in Zimbabwe involved several key steps: first, all retrieved records were deduplicated using both automated and manual methods within a reference management system; following this, the researcher independently screened titles and abstracts against eligibility criteria, including studies if they addressed disability rights or if eligibility was unclear from the abstract.

After that, full texts of potentially eligible studies were reviewed with documented reasons for exclusion, and finally, included studies were ranked for relevance using a scoring system based on evidence directness, methodological rigour, and comprehensiveness. In total, 148 unique papers were identified after deduplication, with 80 meeting eligibility criteria for inclusion in the final synthesis, and the 30 most relevant papers forming the primary evidence base for detailed analysis and citation.

Data Extraction Process

A guided, standardised data extraction form was used to systematically collect information on study characteristics (such as author, year, design, sample, and location) and implementation findings (including policy evidence, sectoral focus, and governance mechanisms). Other information included, barriers to implementation (like stigma, institutional weaknesses, structural and economic obstacles, and cultural factors), enablers (such as advocacy, good practice, multi-stakeholder involvement, and supportive staff), lived experiences (spanning education, employment, healthcare, justice, social protection, and cultural influences) and policy recommendations or evidence gaps.

Quality Appraisal Approach

Quality appraisal was undertaken using methodology-specific criteria: qualitative studies were evaluated with adapted Critical Appraisal Skills Programme (CASP) criteria, focusing on clarity, methodology, rigour, reflexivity, and ethics; quantitative studies were assessed for sampling, response rates, validity, analysis, and generalisability; mixed-methods studies were appraised on both qualitative and quantitative aspects as well as integration; and policy analyses and grey literature were judged on transparency, evidence use, logic, and author credibility. The quality ratings informed the interpretation of findings but did not determine study inclusion, due to the exploratory approach and limited evidence base, with most studies being qualitative and providing valuable context but limited generalisability.

Synthesis Methods

Narrative thematic synthesis was utilised due to the diversity of study designs and reporting formats, drawing on the methodology described by Popay et al. (2006). Extracted data were coded both inductively and deductively, using predetermined themes based on review questions as well as themes emerging from the data. Codes were then grouped into descriptive themes that highlighted common patterns across the studies, such as attitudinal barriers, DPO advocacy, and education exclusion.

These descriptive themes were further synthesised into higher-order analytical themes addressing the main review questions, including issues like the policy-practice gap, intersectional discrimination, and implementation

enablers. Findings were organised according to six research questions, with cross-cutting themes like resource constraints and attitudinal barriers appearing in multiple domains. The consistency and contradictions across studies were assessed, noting any context-specific variations. Results are presented as a narrative, supplemented by summary tables and illustrative quotations where relevant.

RESULTS

Study Selection

The systematic search identified 148 unique papers after deduplication. Following title and abstract screening against eligibility criteria, 80 papers were included in the final review. These 80 papers comprised empirical studies (qualitative, quantitative, and mixed-methods), policy analyses, program evaluations, and grey literature reports addressing disability rights implementation in Zimbabwe.

The included studies were published between 2005 and 2025, with the majority (n=62, 78%) published after Zimbabwe’s CRPD ratification in 2013, reflecting increased research attention to disability rights implementation. Studies employed diverse methodological approaches: qualitative designs (n=54, 68%), mixed-methods (n=12, 15%), quantitative surveys (n=8, 10%), and policy/document analyses (n=6, 7%).

Geographically, studies covered urban areas (n=32, 40%), rural areas (n=18, 23%), and mixed or national samples (n=30, 37%). The most frequently studied provinces were Harare (n=28), Mashonaland West (n=12), Masvingo (n=10), and Bulawayo (n=9). Impairment types included physical disabilities (n=35), visual impairments (n=22), hearing impairments (n=15), intellectual disabilities (n=12), and multiple/unspecified disabilities (n=38).

The top 30 most relevant papers, ranked by directness of evidence and comprehensiveness, formed the primary evidence base for detailed synthesis and citation. These papers addressed implementation across multiple domains and provided robust empirical data on barriers, enablers, and lived experiences.

Study Characteristics

Table 1 summarises the characteristics of key included studies, focusing on the top 30 most relevant papers that provide the primary evidence base for this review.

Table 1: Characteristics of Key Included Studies

Study	Design	Methods	Sample	Focus
Dziva et al. (2018)	Policy review	Document analysis	National policy documents	CRPD implementation
Smythe et al. (2022)	Qualitative	Interviews, thematic analysis	24 persons with disabilities, 10 key informants	Healthcare access
Chigunwe (2019)	Mixed methods	Surveys, interviews, observations	Local authority stakeholders, persons with disabilities	Public sanitation accessibility
Mukushi et al. (2019)	Qualitative case study	Interviews, purposive sampling	Caregivers and children in Harare	Cultural/religious beliefs
Munemo (2014)	Qualitative interpretive	Interviews, opportunity sampling	Voters with visual impairment (5 provinces)	Electoral inclusion
Tlou & Nyoni (2021)	Policy analysis	Document review, interviews	Education policies and practitioners	Education policy-practice alignment
Ndhlovu & Mudzingwa (2022)	Literature review	Systematic review of literature	National evidence base	Disability inclusion and accessibility

Mashanyare et al. (2025)	Qualitative	In-depth interviews	Youth with disabilities	Disability policy framework challenges
Tom (2024)	Mixed methods	Surveys, interviews	Urban residents with disabilities	Urban accessibility and security
Shumba & Magadze (2023)	Legal analysis	Document review, case analysis	Legal frameworks and cases	Access to justice for women
Dube et al. (2021)	Field perspective	Program data analysis	Education intervention data	Reducing education exclusion
Sibanda (2015)	Policy analysis	Document review, critical analysis	National disability frameworks	Disability models and empowerment
Rugoho (2023)	Qualitative	Interviews, focus groups	Girls and young women with disabilities	Sexual and reproductive health rights
Dziva & Du Plessis (2022)	Qualitative feminist	Interviews, narrative analysis	Rural women with disabilities	Rural women's livelihoods
Maunganidze et al. (2022)	Qualitative	Interviews	Youth with albinism in Harare	Employment barriers
Manungo (2023)	Phenomenological	Surveys, interviews	7 students with disabilities	Higher education experiences
Zvisinei & Govero (2019)	Qualitative	Interviews, focus groups	University students with disabilities	Assessment experiences
Mutswanga (2018)	Phenomenology	Interviews, observations, FGDs	32 deaf participants	Higher education access
Chataika (2007)	Narrative ethnography	Interviews, ethnographic methods	15 students at University of Zimbabwe	Higher education of inclusion
Zinahwa (2020)	Qualitative case study	Interviews, observations	Children with disabilities, Mutare	Socio-cultural marginalization in education
Manyumwa (2018)	Phenomenological	Interviews, observations	Students with visual impairments	Psychosocial experiences in university
Chengeta et al. (2012)	Legal analysis	Document review, comparative analysis	National and international frameworks	Disability rights legislation
Ncube et al. (2025)	Qualitative	Interviews, focus groups	Women with disabilities, Masvingo	Gendered economic barriers
Chigunwe et al. (2017)	Qualitative	Interviews, observations	Persons with physical disabilities, Bindura	Public toilet accessibility
Maruzani et al. (2014)	Mixed methods	Surveys, interviews	Students and staff in higher education	Gender, disability, and empowerment
Zenzo et al. (2024)	Qualitative	Interviews, focus groups	Persons with disabilities, Bikita District	Rural local governance participation
Chidemo & Chindimba (n.d.)	Case study	Document analysis, interviews	Media organizations and DPOs	Disability advocacy through media
Mandipa (2011)	Legal analysis	Document review, critical analysis	Legal and institutional frameworks	Rights realization frameworks
Shava (2023)	Theoretical analysis	Literature review, critical analysis	National evidence on blind persons	Citizenship and social inclusion
Magaracha et al. (2025)	Cross-sectional survey	Questionnaires, interviews	Children with disabilities, Bulawayo	Assistive technology availability

Thematic Synthesis: Implementation of Disability Rights Legislation and Policy

RQ1: To what extent have Zimbabwe's disability rights legislation and policies been implemented?

Dziva et al (2018) and Mandipa (2011) ascribe that evidence indicates that implementation of Zimbabwe's disability rights legislation and policies is inconsistent and incomplete across all sectors, with significant gaps in domestication, resourcing, and enforcement. Furthermore, Sibanda (2015) notes that although a comprehensive legal and policy framework exists, the translation of these frameworks into practical outcomes remains limited, with the Disabled Persons Act and other statutes criticised for vague language and inadequate enforcement mechanisms.

Zimbabwe's 2013 Constitution and national policies are broadly aligned with CRPD principles, ensuring provisions for equality, non-discrimination, and accessibility, yet full domestication into national and sectoral legislation is lacking, limiting the realisation of rights for people with disabilities (Chengeta et al., 2012; Sibanda, 2015). The Disabled Persons Act, according to Sibanda (2015), despite amendments, remains insufficiently specific for effective enforcement and empowerment outcomes.

Institutional mechanisms such as the National Disability Board and disability focal points within ministries have been established, but these bodies are hampered by severe resource constraints, limited authority, and weak coordination, undermining their effectiveness (Dziva et al., 2018; Chengeta et al., 2012). Local government implementation is especially problematic, with municipal by-laws often failing to reflect national accessibility obligations and enforcement remaining minimal, thereby restricting access and participation for people with disabilities at the community level (Chigunwe, 2019; Tom, 2024).

Implementation varies widely across sectors such as education, healthcare, employment, electoral processes and justice. In the education sector, inclusive policies are poorly operationalised, and specialist support remains inadequate (Dube et al., 2021; Tlou & Nyoni, 2021). Smythe et al (2022) state that in healthcare, facilities lack accessible infrastructure and trained staff, and disability-specific programming is weak. In employment, discrimination persists despite legal protections (Maunganidze et al., 2022; Sibanda, 2015). Additionally, Munemo (2014) asserts that electoral processes do not provide accessible voting or privacy for voters with disabilities. Finally, access to justice is limited by attitudinal, procedural, and accommodation barriers, especially for women and girls (Shumba & Magadze, 2023).

Although Zimbabwe ratified the CRPD in 2013, follow-through remains inadequate, with reviews highlighting insufficient protection relative to international standards and calling for stronger domestication and systematic monitoring (Chengeta et al., 2012; Dziva et al., 2018). The persistent policy-practice gap, driven by inadequate domestication, resource and capacity constraints, weak enforcement, and fragmented institutional arrangements, means that the formal legal alignment with international standards has not resulted in effective implementation across sectors (Dziva et al., 2018; Sibanda, 2015).

Barriers to Implementation

RQ2: What are the primary barriers to effective implementation, and how do they operate?

The literature consistently reveals that disability rights implementation in Zimbabwe is impeded by a complex interplay of institutional, structural, cultural, and economic barriers, all of which reinforce one another and create systemic obstacles to the realisation of rights for persons with disabilities (Mukushi et al., 2019; Zinahwa, 2020).

Ndhlovu and Mudzingwa (2022) advise that attitudinal barriers are among the most frequently cited, with negative societal perceptions, stigma, and discriminatory beliefs affecting professionals, policymakers, and communities and resulting in exclusion and harmful practices. Also, Mukushi et al., (2019) allude that some cultural and religious traditions frame disability as divine punishment or demonic possession, legitimising discrimination and undermining rights-based approaches; for example, in apostolic communities, such beliefs produce abusive practices towards children with disabilities.

Physical accessibility and infrastructure deficits pose further significant challenges, with public buildings,

schools, healthcare facilities, and transport systems frequently lacking ramps, accessible toilets, and adapted classrooms, thus restricting participation for people with disabilities (Chigunwe, 2019; Chigunwe et al., 2017; Tom, 2024). Studies highlight noncompliance with accessibility standards in both urban and rural areas, and sectoral impacts are evident in education, healthcare, employment, and public spaces (Dube et al., 2021; Tom, 2024).

Resource and capacity constraints severely limit implementation, as state institutions, schools, and healthcare facilities often lack sufficient funding, specialist personnel, assistive technologies, and robust monitoring systems (Dziva et al., 2018; Smythe et al., 2022; Tlou & Nyoni, 2021). It is noted by Dziva et al. (2018) that budget allocations for disability inclusion are routinely insufficient and not fully disbursed, and workforce gaps, along with limited training in disability-inclusive care, persist across sectors, compounded by Zimbabwe's broader economic challenges such as fiscal austerity and currency instability.

Sibanda (2015) and Tlou & Nyoni (2021) state that the policy-practice gap is substantial, with national policies espousing inclusive principles but lacking operational guidelines, implementation plans, and enforcement mechanisms, leading to vague legislation, weak enforcement, and institutional fragmentation. Intersectional and sector-specific barriers, especially for women and girls with disabilities, further restrict access to education, employment, healthcare, and justice, while health system, electoral, and justice process barriers include provider discrimination, affordability challenges, inaccessible facilities, and lack of legal aid, all of which collectively undermine policy implementation and perpetuate exclusion (Ncube et al., 2025; Shumba & Magadze, 2023).

Enablers and Facilitators

RQ3: What enablers and facilitators support better implementation?

According to Smythe et al (2022), despite significant barriers to disability rights implementation in Zimbabwe, the literature identifies a range of enablers operating at individual, organisational, and systemic levels. Chidemo & Chindimba (2019) assert that Disabled persons' organisations (DPOs) and non-governmental organisations (NGOs) play a pivotal role in advocacy, service provision, awareness campaigns, and policy engagement, with evidence showing that their lobbying efforts have improved access to medication and healthcare referrals. These organisations contribute by advocating for legislative reform and CRPD domestication, providing assistive devices and training, raising community awareness to challenge stigma, and monitoring policy implementation gaps (Chengeta et al., 2012; Mashanyare et al., 2025).

At the institutional level, targeted accommodations and inclusive practices facilitate greater participation for persons with disabilities (Manyumwa, 2018; Zvisinei & Govero, 2019). To add, Manyuwa (2018) and Manungo (2023) advise that positive measures such as exam adjustments, alternative formats, disability resource units, accessible hostels, and supportive staff have been shown to enhance both academic and psychosocial outcomes for students with disabilities. Chigunwe (2019) further states that effective practices also include capacity building for staff, the proactive design of accessible infrastructure, and the provision of dedicated support offices, all of which contribute to improved inclusion and participation.

Moreso, Dube et al (2021) note that multi-stakeholder programs that integrate interventions across education, health, livelihoods, and community engagement demonstrate positive outcomes for disability inclusion. These programs work by addressing multiple barriers simultaneously, combining infrastructure upgrades, capacity building, and attitudinal change, while engaging government, NGOs, DPOs, and communities in collaborative efforts (Dube et al., 2021; Rugoho, 2023). Tailoring interventions to local contexts and specific needs further enhances their effectiveness, reducing stigma and improving access to services (Dziva & Du Plessis, 2022).

Individual champions, such as staff members in schools, clinics, universities, and government offices, are frequently identified as key facilitators in advancing disability rights (Manyumwa, 2018; Smythe et al., 2022). These individuals provide ad hoc accommodations, advocate for policy adoption, and foster supportive networks, often making a tangible difference even in the absence of formal institutional policies (Manungo, 2023; Chataika, 2007). Thus, according to Smythe et al (2022), their pragmatic support, referrals, and advocacy help to mitigate access problems and build more inclusive environments for persons with disabilities.

Chidemo and Chindimba (2019) advise that media-led advocacy campaigns have also played an important role in raising awareness and supporting policy dialogue around disability rights. Through challenging stigma, amplifying the voices of DPOs, and creating public pressure for legislative reform, media initiatives contribute to greater visibility and momentum for CRPD domestication and implementation (Chidemo & Chindimba, 2019). Collectively, these enablers demonstrate that positive change is possible even within constrained contexts, offering valuable lessons for scaling up effective practices in disability rights realisation (Chidemo & Chindimba, 2019).

Lived Experiences Across Domains

RQ4: What are the lived experiences of persons with disabilities across key domains?

Qualitative evidence from the literature highlights that persons with disabilities in Zimbabwe face significant constraints in realising their rights across education, employment, healthcare, justice, social protection, and accessibility, with lived experiences often falling short of legal protections (Manyumwa, 2018; Tlou & Nyoni, 2021).

Tlou & Nyoni (2021) assert that in the education sector, exclusion persists due to lack of identification, specialist support, and inaccessible infrastructure, with children frequently marginalised by socio-cultural factors such as family shame and community stigma, and schools refusing enrolment for children with disabilities. Higher education presents mixed experiences, with some positive institutional accommodations but ongoing challenges, including psychological stress, registration barriers, and limited awareness of policies (Chataika, 2007; Manungo, 2023; Zvisinei & Govero, 2019). It is stated by Mutswanga (2018) that deaf students in particular struggle with communication barriers and social isolation.

Additionally, Maunganidze et al (2022) and Sibanda (2015) state that employment outcomes are generally poor, shaped by prejudice, insufficient training, and inaccessible workplaces, resulting in high unemployment and underemployment rates. Rural women with disabilities face further exclusion from land, finance, and markets, compounded by restrictive gender norms and disability stigma (Dziva & Du Plessis, 2022; Ncube et al., 2025). Many persons with disabilities rely on informal sector activities, family support, or social grants, which are often inadequate to escape poverty (Dziva & Du Plessis, 2022).

Healthcare access is hindered by discrimination, poor capacity among health workers, and affordability challenges, with persons with disabilities frequently turned away from clinics and facing prohibitive costs for medications and assistive devices (Smythe et al., 2022). While some clinic staff provide referrals to mission hospitals and DPO advocacy can mitigate access problems, these facilitators are inconsistent and dependent on individual initiative (Smythe et al., 2022). Furthermore, Smythe et al (2022) note that health information systems lack disability-disaggregated data, impeding effective planning and resource allocation.

In conclusion, Munemo (2014) and Shumba & Magadze (2023) postulate that legal rights are undermined by attitudinal, procedural, and physical barriers, limiting practical access to justice and civic participation. They note that voters with disabilities encounter privacy violations, lack of accessible formats, and safety concerns during political violence, while women and girls with disabilities face disbelief, inaccessible courts, and limited awareness of rights when seeking justice for gender-based violence. Social protection systems and public amenities, such as toilets and transport, remain largely inaccessible, and rural populations struggle to access social grants and essential services (Chigunwe, 2019; Dziva & Du Plessis, 2022; Tom, 2024).

Cultural and Institutional Factors Shaping Outcomes

RQ5: How do cultural and institutional factors shape implementation outcomes and lived experiences?

Cultural beliefs, social norms, and institutional structures significantly influence both policy implementation and the lived experiences of persons with disabilities in Zimbabwe, operating across individual and systemic levels (Mukushi et al., 2019; Zinahwa, 2020). Diverse cultural interpretations, such as viewing disability as divine punishment, demonic possession, or incapacity, contribute to stigma, exclusion, and the legitimisation of discrimination, undermining rights-based approaches and framing disability as a personal or family issue rather

than a societal concern (Mukushi et al., 2019; Sibanda, 2015; Ncube et al., 2025).

Dziva & Du Plessis (2022) advise that gender norms intersect with disability to create compounded discrimination, particularly affecting women and girls through patriarchal structures and gendered expectations regarding marriage, childbearing, and economic participation. Rural women with disabilities face gendered exclusion from land, finance, and services, with customary land tenure systems denying independent land rights and disability stigma further restricting economic opportunities (Dziva & Du Plessis, 2022; Ncube et al., 2025).

Furthermore, institutional fragmentation and weak coordination across ministries, as well as unclear accountability mechanisms, undermine the effective implementation of disability policies (Chengeta et al., 2012; Dziva et al., 2018). Also, disability responsibilities are spread across multiple government departments, with limited coordination and no clear lead agency, while local government structures often lack the capacity, resources, and political will to implement national policies, resulting in barriers to participation for persons with disabilities in rural governance (Dziva et al., 2018; Zenzo et al., 2024).

Sibanda (2015) alludes that professional cultures within education, health, and justice sectors further shape outcomes, as teachers, healthcare workers, and legal professionals frequently lack training in disability rights and inclusive practices. This lack of training leads to policy-practice mismatches, with teachers unable to identify learning difficulties or adapt curricula, and healthcare workers lacking disability-inclusive care and sometimes holding discriminatory attitudes (Tlou & Nyoni, 2021; Smythe et al., 2022).

As noted by Dziva et al (2018), economic challenges, including fiscal austerity, currency instability, and competing development priorities, constrain resource allocation for disability rights implementation, with disability often deprioritised in government budgets and allocated funds not always disbursed. Tlou & Nyoni (2021) state that these economic constraints impact both government institutions and households, limiting access to assistive devices, transport, and school fees, and restricting funds for infrastructure, specialist personnel, and monitoring systems. Collectively, cultural beliefs, gender norms, institutional structures, professional cultures, and economic contexts interact to create systemic barriers, requiring comprehensive transformation beyond legal reform (Sibanda, 2015; Ncube et al., 2025).

Evidence Gaps and Research Priorities

RQ6: What are the key evidence gaps, and what priorities should guide future research?

Significant evidence gaps persist in the Zimbabwean disability literature, despite increased research activity, with priority areas for future investigation and policy development identified (Chataika, 2007; Mutswanga, 2018; Zvisinei & Govero, 2019). Dziva et al (2018) ascribe that most empirical studies use qualitative designs, small to moderate samples, and purposive or convenience sampling, providing rich contextual insight but limiting generalisability and prevalence estimation. Dziva et al (2018) and Chigunwe et al (2018) advise the importance of advocating for larger quantitative studies, population-based surveys, longitudinal designs to track outcomes, and mixed-methods approaches to combine depth and breadth (Dziva et al., 2018; Chigunwe, 2019).

A critical gap exists in the routine collection of disability-disaggregated data across health, education, and social protection sectors, hampering planning, resource allocation, and monitoring (Dziva et al., 2018; Smythe et al., 2022). Priorities include adopting standardised disability measurement tools, such as the Washington Group questions, integrating disability indicators into administrative systems, and building capacity for evidence-informed policy and programming (Smythe et al., 2022; Dziva et al., 2018).

Significantly, Dziva et al (2018) note that there is limited rigorous evaluation of policy implementation processes and outcomes, with studies often documenting barriers but rarely assessing the effectiveness of specific strategies or interventions. Research priorities include implementation evaluations, process evaluations to understand context-specific success and failure, and cost-effectiveness analyses to assess economic efficiency (Dube et al., 2021; Tlou & Nyoni, 2021; Dziva et al., 2018). Several populations and domains are underrepresented, including persons with intellectual and psychosocial disabilities, children with disabilities, rural populations, and sectors such as disaster risk reduction, climate adaptation, and digital inclusion (Ndhlovu & Mudzingwa, 2022; Mukushi et al., 2019).

Ultimately, further research is needed to explore intersectional experiences, analysing how disability interacts with gender, age, rurality, poverty, and other social identities to produce unique patterns of exclusion and vulnerability (Dziva & Du Plessis, 2022; Ncube et al., 2025; Shumba & Magadze, 2023). Dube et al (2021) therefore state that limited attention has been paid to positive deviance and enablers, with calls for systematic analysis of effective practices, local innovations, and scaling strategies to inform improved implementation. Addressing these evidence gaps will require investment in research infrastructure, capacity building, and multi-sectoral collaboration.

DISCUSSION

Summary of Key Findings

This systematic review analyzed 80 studies on disability rights in Zimbabwe, identifying a persistent gap between policy and practice across education, health, employment, justice, and accessibility. To understand these challenges, the review applied four key theoretical frameworks: the Social Model of Disability, a Human Rights–Based Approach, Intersectionality, and Implementation Theory. These perspectives clarify not only where and why failures occur, but also for whom, and highlight the most promising strategies for change.

Key findings include:

1. **Incomplete implementation:** Despite progressive legal frameworks (Disabled Persons Act 1992, Constitution 2013, CRPD ratification 2013), implementation remains incomplete, uneven, and under-resourced. Domestication of CRPD provisions is inadequate, enforcement mechanisms are weak, and institutional capacity is limited.
2. **Multiple, interacting barriers:** Barriers operate at attitudinal (stigma, discrimination), structural (inaccessible infrastructure), institutional (fragmentation, weak enforcement), economic (resource constraints), and cultural (harmful beliefs) levels. These barriers compound one another, creating systemic obstacles to rights realization.
3. **Intersectional discrimination:** Women and girls with disabilities, rural populations, and persons with specific impairments face compounded vulnerabilities at the intersection of multiple social identities.
4. **Enablers and positive practices:** DPO advocacy, targeted institutional accommodations, multi-stakeholder programming, individual champions, and media campaigns demonstrate that positive change is possible and offer lessons for scaling up effective practices.
5. **Constrained lived experiences:** Persons with disabilities experience persistent exclusion, discrimination, and limited opportunities across education, employment, healthcare, justice, and public life, despite legal protections.
6. **Cultural and institutional factors:** Cultural beliefs, gender norms, institutional structures, professional cultures, and economic contexts profoundly shape implementation outcomes and lived experiences.
7. **Evidence gaps:** Significant gaps remain in quantitative research, disability-disaggregated data, implementation evaluation, and attention to underrepresented populations and positive deviance.

Social Model of Disability:

According to Mthethwa (2019), the social model of disability arises from societal barriers, not impairment. This framework guided the analysis of infrastructural and attitudinal barriers across education, health, and public participation. This perspective argues that disability results from societal factors (Mthethwa, 2019). Advocates of this model, particularly individuals with disabilities, assert that it is society's structures and attitudes that hinder and disable people with disabilities.

Findings showed that there were challenges in inaccessible infrastructure, transport, and facilities; non-compliance with building codes; and stigmatising professional/community attitudes, indicating that disability is *socially produced* through environmental design, service organisation, and informal norms rather than impairment alone (Ndhlovu and Mudzingwa, 2022). In other words, the “barriers” identified in this review include inaccessible toilets/schools, non-signing classrooms, the absence of assistive technologies, and the refusal

of reasonable accommodations (Tom, 2024). These are the ways that people's rights are not upheld in real life, even though the law says they should be protected. In this framing, infrastructure upgrades, universal design, and attitudinal change are core rights work, not supplementary activities.

Human Rights-Based Approach:

The HRBA provided criteria for evaluating state duties to respect, protect, and fulfil the rights of persons with disabilities in line with the CRPD. Nyamukondiwa (2024) notes that this means that constitutional promises and CRPD commitments must turn into real government actions, such as stopping discrimination, making sure private companies and organisations follow the rules, and providing practical support like accessibility upgrades, assistive devices, and collecting data about disability. The HRBA makes it clear that gaps in services or support are not just about lacking resources, they show that the government is failing to meet its legal duties (Mandipa, 2011). It also highlights the need for independent checks, ways for people to seek justice, and for people with disabilities and their groups to be involved in decision-making.

The findings from Zimbabwe mirror trends in other low- and middle-income countries (LMICs), with studies from South Africa, Kenya, and Uganda also highlighting policy-practice gaps, limited resources, attitudinal barriers, and intersectional discrimination (Eide & Ingstad, 2011; Mitra, 2018). Grech (2015) and Mitra (2018) advise that Zimbabwe's experience demonstrates that ratifying the CRPD and implementing progressive legislation does not guarantee effective realisation of rights, as resource limitations, weak governance, and competing priorities continue to impede progress even when there is political will. Furthermore, Eide & Ingstad (2011) allude that the persistence of medical and charity models influences professional and community responses, resulting in ongoing segregation in education, paternalism in healthcare, and dependency assumptions in social protection.

Intersectionality

Meekosha (2011) postulates that evidence from Zimbabwe contributes to the international literature on intersectionality, illustrating how the intersection of gender, disability, rurality, and poverty produces unique patterns of exclusion that require specific policy responses. It is noted by Grech (2015) that the critical role of Disabled Persons Organisations (DPOs) and civil society in advocacy, service provision, and accountability aligns with international findings, though DPOs in Zimbabwe are constrained by limited resources, capacity, and political restrictions. Additionally, local cultural and religious beliefs significantly shape disability experiences and the effectiveness of implementation, suggesting that culturally sensitive and context-specific strategies are essential for advancing inclusion (Eide & Ingstad, 2011).

Implementation Science

Critically, the policy-practice gap in Zimbabwe is multifaceted and can be analysed through several perspectives. Fixsen et al (2005) state that an implementation science lens reveals that while Zimbabwe has progressed in policy adoption, such as ratifying the CRPD and enacting constitutional reforms, significant challenges persist in resource allocation, organisational readiness, and monitoring, hindering effective implementation. From a political economy viewpoint, power imbalances, limited resources, and political priorities often result in disability rights being deprioritised, with persons with disabilities lacking the political clout to demand accountability and economic constraints commonly cited as reasons for inadequate support (Grech, 2015).

Institutionally, although formal laws and policies in Zimbabwe promote disability rights, entrenched informal norms, such as stigma and discrimination, and fragmented organisational structures with weak enforcement mechanisms undermine progress, meaning that legal reforms alone are insufficient without cultural and structural change (North, 1990). A cultural perspective underscores how prevailing beliefs and values, including the framing of disability as divine punishment or incapacity, reinforce exclusion and challenge rights-based reforms (Eide & Ingstad, 2011). Finally, Meekosha (2011) alludes that an intersectional approach highlights that ableism, sexism, classism, and ruralism intersect to create distinct patterns of exclusion, necessitating policy responses that address the multiple, overlapping identities and disadvantages faced by people with disabilities in Zimbabwe.

Implications for Policy, Practice, and Advocacy

Zimbabwe needs to change its laws and policies to fully support people with disabilities, especially by updating the Disabled Persons Act and making sure all policies match global standards (Chengeta et al., 2012; Dziva et al., 2018). This means having enough protected disability funding, proper monitoring, and setting up independent bodies to check progress and handle complaints (Chengeta et al., 2012; Dziva et al., 2018). Adequate data systems are needed for planning and checking results, and disability should be included in every policy, alongside special support programs (Smythe et al., 2022; Dube et al., 2021).

In addition, social workers, teachers and health staff, need better training to support people with disabilities, focusing on practical skills and changing attitudes (Smythe et al., 2022; Tlou & Nyoni, 2021). Buildings, transport, schools, and workplaces must be made more accessible, and Disabled Persons' Organisations (DPOs) should be given more support and a say in decisions (Chigunwe, 2019; Tom, 2024; Mashanyare et al., 2025; Rugoho, 2023). Advocacy should highlight the voices of people with disabilities, fight stigma, and build links with other social movements to push for change and tackle all types of discrimination (Mukushi et al., 2019; Ncube et al., 2025).

Limitations of the Review

The review is constrained by several limitations, including the predominance of qualitative studies with small, purposive samples, which limits the ability to generalise findings. It is susceptible to publication bias, as positive or significant outcomes are more likely to be reported than null or negative results. The evidence base is restricted to English-language, open-access sources, possibly overlooking relevant research in other languages or behind paywalls. A wide diversity in study designs, outcomes, and reporting formats presented challenges for meta-analysis, resulting in reliance on narrative synthesis that may involve subjective interpretation. Furthermore, there is a lack of robust evidence concerning certain populations and domains, such as people with intellectual and psychosocial disabilities, children, rural communities, and areas like disaster risk reduction and digital inclusion. Finally, the review reflects evidence up to January 2025, while policy and implementation contexts continue to evolve.

CONCLUSION

This systematic review offers comprehensive evidence on disability rights legislation and policy implementation in Zimbabwe, exposing a significant and ongoing gap between policy and practice (Dziva, Shava & Mpfu, 2018; Chengeta, Mtetwa & Mawere, 2012). Although progressive legal frameworks such as the Disabled Persons Act (1992), constitutional protections (2013), and CRPD ratification (2013) have been enacted, implementation remains inconsistent, incomplete, and under-resourced (Chataika, 2007; Dziva, 2018). Multiple, intersecting barriers, including negative societal attitudes, inaccessible infrastructure, resource limitations, weak enforcement, institutional fragmentation, and harmful cultural beliefs, continue to impede progress, especially for women, girls, rural residents, and people with specific impairments (Mashanyare et al., 2025; Dziva & Du Plessis, 2022).

Despite these challenges, the review identifies several positive practices and enablers, such as DPO advocacy, targeted institutional accommodations, multi-stakeholder programming, individual champions, and media campaigns that demonstrate pathways to positive change (Chidemo & Chindimba, n.d.; Chigunwe, Manyumwa & Mtetwa, 2017). Lived experiences of persons with disabilities reveal ongoing exclusion and discrimination in education, employment, healthcare, justice, and public life, shaped by cultural beliefs, gender norms, institutional structures, professional cultures, and economic contexts (Dube, Mpfu & Shava, 2021; Chigunwe, 2019). Bridging the policy-practice gap requires comprehensive, multi-level action, including strengthening CRPD domestication, allocating resources, establishing monitoring mechanisms, developing disability-disaggregated data systems, capacity building for frontline workers, accessibility improvements, strengthening DPO participation, and building alliances with other social movements (Dziva & Du Plessis, 2022; Mukushi et al., 2019).

Significant evidence gaps remain, such as limited quantitative and longitudinal research, insufficient disability-disaggregated data, inadequate implementation evaluation, and underrepresentation of certain populations and

domains (Mashanyare et al., 2025; Ncube et al., 2025). Addressing these gaps requires investment in research infrastructure, capacity building, and multi-sectoral collaboration (Dziva, 2018; Chataika, 2007). The review calls for urgent, sustained, and comprehensive action from government, civil society, DPOs, international partners, researchers, and persons with disabilities to realise disability rights, emphasising that with political will, adequate resources, institutional reform, cultural transformation, and meaningful participation, Zimbabwe can achieve equality, dignity, and full participation for all (Dziva, Shava & Mpofu, 2018; Chengeta, Mtetwa & Mawere, 2012).

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