

NATIONAL ASSOCIATION
OF SOCIETIES OF THE
CARE OF THE
HANDICAPPED



FIVE YEAR STRATEGIC
PLAN
2015-2020

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1.0 Introduction

This strategic plan document sets out a five year (2015-2020) direction for the National Association of Societies for the Care of the Handicapped (NASCOH). The strategic plan states the background, goals and objectives and identifies a range of strategies to pursue so that the NASCOH can achieve its goals.

2.0 Background

NASCOH is an umbrella body to 70 disability organizations in Zimbabwe. Incepted in 1969, NASCOH pursues its mandate through lobbying and advocating for disability friendly legislation and policies, capacity building and coordinating the activities of its member organizations, conducting research and information dissemination on disability issues and provision of advice to the government and interested entities on disability issues.

NASCOH has impacted the key result area of creating a disability-friendly legal environment through, inter-alia, successfully lobbying for the enactment Disabled Persons Act of 1992; creation of the Disability Fund; establishment of the National Disability Board; for 10% of the Basic Education Assistance Module (BEAM) to be channelled towards children with disabilities; increment of the Public Assistance Fund; enactment of the Mental Health Act; and provided impetus for the signing of the UNCRPD and the election of two senators with disabilities to parliament. It has impacted the area of capacity building through training of 15 of its member organizations in organizational competences. In the area of coordination, NASCOH has routinely conducted consortium interventions with several of its member organizations, assisted various member organizations to access donor funding and organizational support, conducted visits to member organizations and addressed a host of organizational operational issues. In the past five years NASCOH implemented six programs funded by DFID, USAID, ICCO, IFES, HIVOS, and OSISA. Most of the programs were small in nature and could not benefit NASCOH member organisations except for the DFID and USAID funded programs which benefitted 7 and 15 organisations respectively. The DFID-supported five year programme aimed to secure the inclusion of people with disabilities (PWDs) in Zimbabwe's governance systems through their participation in all elections, run for local and parliamentary elections in their respective constituencies, advocating for polling stations accessibility to people with disabilities (PWDs) and are able to vote secretly and independently. The USAID funded program focused on capacity building of the 15 NASCOH member organisations. These fifteen members are ready to implement programs but there is no funding. If funding does not come early the organisations are likely to lose the competent personnel that were developed by the capacity building program.

It would be fair to say that NASCOH has had some good strategic plans which failed to be implemented successfully due to the lack of resources - typically a lack of money, people or both. In this strategic plan it is therefore very important to be realistic and to understand that resources are limited. NASCOH needs to carefully plan the use of the little amounts of funds likely to come its way, the acquisition of its own offices and skills development facilities and equipment, the development of people within the member organisations and resource mobilise to meet the very basic needs of its member organisations.

3.0 Situational Analysis

At the time of writing this strategic document (June 2015) NASCOH had only one major program running in 32 districts of the 10 province on HIV and disability through the National AIDS Council (NAC) supported by the Global Fund.

3.1 DISABILITY CROSS CUTTING ISSUES

The World Health Organization ([WHO) and the world Bank (2011) estimates that approximately 15-19% of the world's population, or about a billion people, lives with some form of disability. The WHO further indicates that "This figure is increasing through population growth, medical advances, and the ageing [*sic*] process" (WHO, cited in UNICEF, n.d., Overview, para. 2). About 80% of all persons with disabilities (PWDs) reside in low-resource countries

3.1.1 Defining Disability

How disability is defined becomes extremely important, because officially sanctioned definitions, in turn, determine eligibility of PWDs for social protection programs or social safety nets (SSNs). For example, impairment-oriented definitions, largely used in developing countries, tend to underreport the prevalence of disability and inadvertently exclude PWDs from eligibility for social protection services (Levers, Magweva, Maundeni, & Mpofu, 2008). Conversely, definitions of disability are more inclusive when based on activity and participation limitations, thus resulting in a higher census of persons eligible for specific SSNs that are a part of the social protection model (Mitra, 2005

The *Convention on the Rights of Persons with Disabilities* (UN, 2007, Article 1 - Purpose, para. 2) defines disability as including persons "who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." The presence of impairments does not necessarily imply the presence of disorder or disease; rather, according to the WHO (2001, p. 12), they "represent a deviation from certain generally accepted population standards" of functioning. Determinations of impairment are made by "those qualified to judge physical and mental functioning according to these standards" (WHO, p. 12). *Disability*, then, refers to "the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives" (WHO, p. 17). The meaning of *disability*, in this international and ecological context, is intended to imply a focus on the comprehensive individual, societal, and body-related aspects of impairments, along with activity limitations and other participation restrictions in the environment. Its determination, also in this international and ecological context, may be made by various professionals or paraprofessionals, who may or may not look a lot or a little like what are viewed as RCs in a Euro-American context.

3.2 DISABILITY BARRIERS

Three type of disability discrimination also known as disability barriers exist:

Attitudinal -This is expressed in fear, ignorance and low expectation. Result of the influence of culture and religion. For example mentally challenged persons might not be allowed to vote

Environmental -Two forms; built or information; Inaccessible built environment or information

Institutional -Means legal discrimination e.g. not allowed voting or marrying

The removal of disability-related barriers that prevent PWDs from participating in society is a significant issue in equalising opportunities (Levers & Magweva, 2005). While a particular person may indeed have a physical, sensory, cognitive, or psychiatric impairment, it is society that “handicaps” the person with “disabling” attitudes, thus imposing significant activity restrictions and participation restrictions on PWDs. Such negative or exclusionary attitudes and stigma determine the degree of social protection in a given society, thus influencing the accessibility of social protection instruments for PWDs, and even may involve the structures of the very schemes or social protection mechanisms that are intended to ensure and protect the rights of people with disabilities.

3.2.1 EXCLUSION OF DISABILITY FROM NATIONAL PROGRAMS

Disability has remained largely invisible in many mainstream development frameworks. Although the vast majority of persons with disabilities live in developing countries, disability was not, for example, included in the Millennium Development Goals, nor in their targets and indicators. As a result, disability has been invisible in their implementation, rarely included in national policies or programmes related to the Millennium Development Goals (MDGs), or in their monitoring and evaluation.

3.3 POVERTY

The root causes of disability are inextricably associated with poverty, malnutrition, war, stigma, lack of services, economic disparity, gender bias, class bias, and pollution—and these normally affect the poorest of people in the severest of ways (Barrett, Carter, & Little, 2006; Chinsinga, 2005; Mitra, 2005; Monte, 2007). Living with a disability in a society that does not have adequate social protection mechanisms can mean lowered expectations for engaging in meaningful life activities and, by extension, the possibility for participating in community development (Magweva, 1996). Poverty is a contributing factor to the cause of disability, but at the same time, it is equally an effect. In addition, social and economic exclusion typically does not affect the individual alone; rather, it results in high economic dependency on family members and relatives. Due to the combination of ignorance, discrimination, exclusion, and inaccessible environments, people with



disabilities face enormous barriers to obtaining equitable services and opportunities. Poverty and disability interface with and reinforce one another; this not only negates the rights of PWDs, but it also perpetuates vulnerability and constitutes a vicious poverty cycle (Handicap International).

3.4 DISABILITY RIGHTS

People with disabilities have always operated on the fringes of human rights interventions, raising a clear need for inclusion of people with disabilities in the country's human rights interventions. The participation of people with disabilities in the constitution making process in 2012 resulted in the acknowledgement of inclusion of people with disabilities in the country's constitutional processes and vital decision making processes. This quest for inclusion of people with disabilities in the country's multifaceted activities gave rise to the signing and ratification of the United Nations Convention on the Rights of persons with disabilities (UNCRPD) by the government on September 23, 2013.

The UNCRPD, a bedrock of disability rights and a roadmap to disability inclusion, is the first globally binding human rights instrument to comprehensively address the civil, cultural, political, social and economic rights of PWDs. Its application has immense implications for removal of barriers, equalisation of opportunities and disability inclusion. It also addresses the issue of protection of disability human rights defenders comprehensively. The UNCRPD, in this vein, seeks to operationalise the disability inclusive provisions outlined in the new constitution.

3.5 CHILDREN WITH DISABILITIES

According to a study commissioned by UNICEF on children and adolescents with disabilities in Zimbabwe, children with disabilities in the country live under especially difficult circumstances and are vulnerable as they live with negative attitudes, beliefs, labels and stigmas that militate against them. They face challenges and problems that ordinary children do not experience. They have limited access to facilities and their fundamental rights, such as education and health, are often compromised. Most services for children with disabilities are provided for by non-governmental organisations as charity. Disability has not been put on the national agenda as part of development and is viewed largely as charity or as a social welfare issue. Children with disabilities are therefore caught in a difficult situation hence this study to analyse their situation.

3.6 GENDER

The plight and situation of women with disabilities, who are invariably subjected to harassment, sexual abuse and exploitation, is particularly precarious. Also, within a patriarchal society, disabled women are less likely to benefit from the scant, inadequate services that are available than men.



Vulnerability to poverty, based on having a disability, is elevated in women with disabilities, due to their historical disadvantage as a socially oppressed minority. This is particularly so in rural residents, and among the semi-literate or illiterate, who may not readily have access to any social services to help them mitigate the effects of living with a disability

3.7 EMPLOYMENT OF PERSONS WITH DISABILITIES

People with disabilities struggle to access education and employment. For those who are lucky to get employed the turn over rates for people with disabilities was higher than those without disabilities.

The majority of the population are at higher risk for unemployment, partial employment or full employment at lower wages and people with disabilities are at even greater risk. The employment rate of persons with disability tends to be considerably lower than that of non-disabled people.

Coming on to the job market with poor education and limited skills, people with disability have difficulties competing with those without disabilities. Physical or intellectual impairments may limit their job options. For most, social prejudice makes employers unwilling to hire them. Rates of unemployment among the general adult disabled population vary from country to country but on average, tend to be at 40-60% higher than for the general non-disabled population.

4.0 PESTEL ANALYSIS

4.1 POLITICAL FACTORS

	Problem/Challenge	Strategies
1	Volatile political environment, political polarisation and political uncertainty	Remain apolitical, constructively engage key political players and enter in MOU with relevant government authorities.
2	Lack of political will	Remain apolitical, constructively engage key political players and enter in MOU with relevant government authorities. Advocate for the implementation of government policies; raise concerns of checks and balances on government policies; monitor mechanism of the implementation of government policies

4.2 ECONOMIC FACTORS

	Problem/Challenge	Strategies
1	Sanctions, inflation and de-industrialisation	Engage in self-sustenance, income-generating projects and intensify resource mobilization
2	Global recession	Self sustenance, fundraising, inflation-based budgeting
3	Funding constraints	Establish synergies with SMEs, Establish fundraising strategies, lobby for

		facilitating of funding for PWDs in the informal sector by banks, donors, CSOs, lobby for disability quota in industrialisation, introduce subcontracting services
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4.3 SOCIAL FACTORS

	Problem/Challenge	Strategies
1	High unemployment	Recourse to SMEs, engage in informal trade, income generating projects, promote participation informal sector and vocational training, lobby for an employment quota in private sector, lobby for concessionary taxes.
2	Inaccessible infrastructure	Lobby for universal design of new buildings to ensure accessibility and adaptations to old buildings
3	HIV/AIDS	Facilitate development of information in accessible formats, lobby for organisations engaged in HIV and AIDS to mainstream disability in their programs, implement HIV/AIDS Prevention programmes

4.4 TECHNOLOGICAL FACTORS

	Problem/Challenge	Strategies
1	Inappropriate materials for PWDs	Increased exposure and access of PWDs to technology through lobbying for disability friendly technology, lobby ICT service providers to mainstream disability in their designs

2	Expensiveness of ICT for PWDs	Rebates, form partnerships with international technical organisations and establish manufacturing plants locally, subsidizing PWDs cases
3	Lack of disability friendly curricula	Lobby for introduction of disability friendly curricular.

4.5 ECOLOGICAL FACTORS

	Problem/Challenge	Strategies
1	Climate change	Empower PWDEs through technology such as irrigation, lobby for support of PWDs in farming technology and inputs.
2	Droughts and floods	Empower PWDEs through technology such as irrigation, lobby for support of PWDs in farming technology and inputs. Lobbying for social safety nets
3	Factors threatening the health of PWDs	Lobby for subsidies for related health care products, develop WASH facilities that are disability friendly, implement health and hygiene education for PWDs, facilitate access to assistive devices for PWDs

4.6 LEGAL FACTORS

	Problem/Challenge	Strategies
1	DPA out of touch with best practices	Engage parliament and the social services ministry for amendment or overhaul of the DPA

2	UN Convention on the Rights of Persons with Disabilities not ratified.	Lobby for ratification of the UNCRPD
3	Current constitution does not cover disability comprehensively	Sensitize PWDs to participate in the constitutional making process; ensure that disability is covered in the constitution
4	Most of the laws in Zimbabwe are not disability-inclusive	Sensitise parliamentarians on the need to include disability in all policies, review and come up with disability-inclusive laws and policies.

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5.0 SWOT ANALYSIS OF NASCOH

In addition to the PESTEL analysis, NASCOH also engaged in a SWOT analysis, which outlined internal strengths and weaknesses and external threats and opportunities

5.1 STRENGTHS

	Strength	Strategy
1	Effective administration	Work out mechanisms to keep staff motivated and ensure staff development. Constant review of conditions of service to motivate and retain staff.
2	Skilled personnel	Tap into the skills for effective staff development and ensure that they are motivated and retained.
3	High demand for the organisation's unique services	Diversify and widen the base of funding. Institute fundraising and resource Increase networking and collaboration with stakeholders.
4	Sound financial policy, policy and procedures manual and gender policy.	Constantly review HR and Financial Management policies so they are constantly in line with best practices.
5	Reasonable resources	Practice proper asset management and acquire more resources
6	Up to date audits	Take positive and sustained steps to maintain financial probity and donor confidence.

5.2 WEAKNESSES

	Weakness	Remedy
1	No reliable funding	Establish income generating projects, initiate resource mobilisation plans
2	Limited visibility in communities	Mobilize local, regional and international resources to support programmes, collaborate and networks with other organisations.
3	Poor communication	Improve communication and information dissemination amongst stakeholders.
4	Rented premises	Work towards acquiring own premises.

5.3 OPPORTUNITIES

	Opportunity	Strategy
1	Current drive by donor organisations to include a quota for disability projects.	Create a database and network extensively with donors, networking and collaboration through by community involvement and participation assign an individual or team to work on resource mobilisation issues, maintain transparency and intelligent

		engagement with donor community.
2	Technological advancements	Put in place appropriate alternatives and augmentative communication systems for People with Disabilities (PWDs).
3	Government becoming responsive to disability issues	Lobby for UNCRRPD implementation and introduction of disability friendly policies and legislation.
4	Wave of indigenisation and empowerment sweeping the country.	Take full advantage of the indigenisation and youth empowerment drive.
5	Most CSOs concentrated in urban areas	Build partnerships with Rural District Councils

5.4 THREATS

	Threat	Remedy
1	Political uncertainty.	Remain apolitical, engage key political parties constructively.
3	Inadequacy of disability legislation	Lobby for introduction and review of policies to ensure that they are disability sensitive.
4	World recession	Aggressive resource mobilisation, self sustenance, use of local resources.

6. Stakeholder Analysis

	Stakeholder	Aspirations	Strategies
1	Government	Conformity to legislation	Fill in gaps in government service delivery, Compliance to set rules and regulations.
2	Donors/ Funding partners	Accountability, transparency, responsiveness, capability (good corporate governance)	Capacitate staff; engage in preparing appropriate and relevant reports; develop and implement corporate governance manuals; conform to MOUs and provide timely feedback.

3	Members/Beneficiaries (Claim holders)	Sustainable appropriate service delivery; Consultation, involvement and participation; Good services and responsiveness	Membership driven and needs based programming, Involvement and full participation of PWDs
4	Employees	Conducive work environment and working conditions including remuneration.	Adherence to policies and procedures; appraisals; staff development programs; retention incentives.
5	Board members	Sitting allowance; adherence to policies and procedures, good governance; sustainable organization	Board development, regular updates; regular meetings; involvement in strategic activities of the organisation.
6	Community	Creation of an enabling environment for PWDs to fully participate in community development Responsiveness	Involve the community in the implementation of programmes. Research on community needs. Community based projects for PWDs. Limit politics.
7	Media	Success stories; business; timely provision of critical information on disability.	Timely provision of appropriate information; managing good relations with the media; media awards; media sensitisation.



8	Other CSOs	Collaboration; transparency; accountability; knowledge-sharing.	Network and collaborate actively with other CSOs; Develop a common stakeholder database.
9	Traditional leaders	Respect of cultural values and norms	Provision of information Community based projects for PWDs. Consultation.
10	Opinion leaders	Responsiveness	Community based projects for PWDs
11	Competitor organizations	Downfall of NASCOH	Full execution of strategy. Establish common ground and find ways of accommodating competitors.
12	General public	Good public relations; good service delivery	Develop and implement a PR strategy; social responsibility; programme inception meetings, radio programmes; public awareness programmes.

6.0 The Strategic Plan

This part of the document roles out the vision, mission, values, guiding principles, strategies/initiatives Key performance areas (KPA) Key Performance Indicators (KPI) including timelines.

6.1 VISION

NASCOH's vision is to be leaders in the holistic empowerment of people with disabilities in Zimbabwe and beyond.

6.2 MISSION

To promote and protect the rights of people with disabilities through a well-coordinated membership.

6.3 VALUES

- Integrity
- Openness and Transparent
- Professionalism
- Accountability
- Commitment
- Quality Services

6.4 NASCOH'S GUIDING PRINCIPLES

- **Social Model of Disability** - Persons with impairments are disadvantaged by social and environmental barriers to participation. Disability arise[s] from the disadvantages people experience because of their particular impairments.
- **Human Rights** - Disability is a Human right issue
- **Access** - Persons with disabilities have equal rights to access the physical environment, information, communication and services including education, employment, recreation, rehabilitation, and participation as citizens, health and

accommodation services and the right to a meaningful and adequate income.

- **Diversity** - Persons with disabilities have a freedom and a right to define themselves. The diversity of persons with disabilities, including their ethnicity, needs to be recognised, and there should be flexibility to meet their differing aspirations and goals.
- **Equity** - People with disabilities should have equity, regardless of gender, ethnicity, and type of disability and when the disability was acquired.
- **Inclusion** - All people, including those with disabilities, have the right to live in an inclusive community where they are able to make the most of their talents and abilities in learning, training and work.
- **Participation** - People with disabilities have a basic human right to participate in all aspects of community activities, this includes the right to influence and shape policy at all levels.
- **Self** -representation- Persons with disabilities are best placed to represent themselves.



7.0 NASCOH's Five Year Strategies/ Initiative

7.1 . COORDINATION OF MEMBER ORGANISATIONS AND CSOS

The mandate of NASCOH is broad and includes:

- Developing regular dialogue with States and other relevant stakeholders for the identification, exchange and promotion of good practices related to the realization of the rights of persons with disabilities;
- Receiving and exchanging information and communications on violations of the rights of persons with disabilities;
- Making recommendations on how to better promote and protect the rights of persons with disabilities, including on how to promote development that is inclusive of and accessible to persons with disabilities;
- Technical assistance in support of national efforts for the effective realization of the rights of persons with disabilities;
- Awareness-raising of the rights of persons with disabilities;

- Close cooperation with other UN mechanisms to advance the rights of persons with disabilities;
- Integrating a gender perspective throughout the work of the mandate
- Reporting to the Zimbabwe Human Rights Commission on disability rights violation.
- Facilitate linkages between member institutions (MIs) and implementation partners
- Facilitate and manage CSO representation at national and international forums
- Facilitate - Link - Learn - Growing exchange visits amongst members and beyond ensuring the wealth of information and experience is shared
- Identify and advise MIs on participation, entry points and areas of influence related to national process and request for proposal (RFP)
- Support the formation of consortiums of MIs to ensure resource mobilization

7.1.1. Broad strategy

Cognisant of the overarching importance of coordination role that NASCOH plays, NASCOH has adopted a broad strategy grounded on consortium interventions in which NASCOH works with member organisations and like-minded stakeholders collaboratively, collectively, inclusively and as peers to ensure the production of direction, alignment and commitment (DAC) in attaining the goal of disability inclusion in all spheres of social, economic, political and cultural life. Direction is: widespread agreement in a collective on overall goals, aims, and mission; alignment, the organization and coordination of knowledge and work in a collective; and commitment the willingness of members of a collective to subsume their own interests and benefit within the collective interest and benefit.

The tailor-made medium of change intervention model, as disability migrates to a disability-inclusive sanctuary, is modelled on the v-formation that is adopted by geese as they migrate to the southern part of the United States to escape the bitterly cold Canadian winter. The consortiums created by NASCOH mirrors the v-formation of geese, which is the epitome of teamwork, the ultimate embodiment of direction, alignment and commitment (DAC) in the achievement of common goals.

By working together collaboratively, collectively, inclusively, as peers and as teams, sharing common values and a common destination, the consortium all arrive at the destination quicker and easier, because they are lifted up by the energy and enthusiasm of one another. This is in sync with the geese v-formation flying format, each goose provides additional lift and reduces air resistance for the goose flying behind it, thereby enabling the whole flock to fly at least 71% farther with the same amount of energy than if each goose flew alone.



Geese flying in v-formation

When members of the consortium drop out of the team to try to fulfill their own goals, they usually discover that they miss the synergy and energy that comes when they are an active part of a cohesive team moving toward their destination, and want to return to the group. Similarly, when a goose drops out of the formation, it quickly feels the drag and resistance of the air when flying alone, and quickly gets back into formation, to take advantage of the lifting power of the bird in front of it. This enhances DAC.

The consortium is a well-knit team, with each consortium member possessing disability category inclusion expertise which other consortium members do not have. Consequently, each member of the team will take the leadership role for a while as necessary because of their particular expertise or experience. This is in sync with the geese v-formation flying concept, where, when the lead goose gets tired, it drops out of the front position and moves to the rear of the formation, where the resistance is lightest, and another goose moves to the leadership position. This also enhances DAC,

The consortium will harness the power of constant and effective communication by learning from flying flocks of geese that constant communication among members is exceedingly important in moving effectively towards a common destination. Geese constantly honk from behind to encourage those up front to keep up their speed. This also ensures DAC.

Like geese, the consortium do more than just work together, but care for the wellbeing of each other. When one goose becomes ill, is shot or injured, and drops out of the formation, two other geese will fall out of formation and remain with the weakened goose. They will stay with and protect the injured goose from predators until it is able to fly again or dies, and only then do they launch out on their own or with another group to catch up with their group. This has important implications for DAC.

7.1.2. Implementation strategy:

In its interventions, NASCOH will adopt a tailor-made intervention strategy which consists of a disability mainstreaming approach and a disability specific SRHR approach.

The disability mainstreaming (DM) approach will be two-pronged:

- A Population-based systems-focused strategy that changes organizations, policies, laws, budgets and power structures by integrating disability holistically across all relevant policy and strategy areas.
- Allied to this, another DM approach, Population-based community-focused strategy that changes community norms, attitudes, awareness, practices, and behaviors, through capacity building of relevant multilateral stakeholders in the identified social, economic, political and cultural areas of focus.

The disability specific approach will be a Population-based PWD-focused strategy that changes knowledge, attitudes, beliefs, practices, and behaviors of PWDs and their families and ensures that they receive critical services from the relevant service providers as a population at risk.

7.2. CAPACITY BUILDING

NASCOH's Capacity Development

- Strengthen capacity of the NASCOH secretariat to provide leadership and technical skills (effective management and implementation)

Member Institutions

- Strengthen capacity of member institutions to provide leadership and technical skills and effective implementation of programmes

NASCOH & Zimbabwe Institute of Management to provide technical assistance to members institutions and focus areas to build capacity include:

- Human rights based approach
- Finance Management
- Programme Management
- Lobby and Advocacy
- Resource Mobilisation
- Strategic planning

- Disability Inclusion
- Gender equality and gender based violence
- Monitoring, Evaluation and Reporting (ME&R)
- Sexual and Reproductive Health (SRH)
- HIV and AIDS
- Develop leadership of CSOs in the following areas of : -Good governance, -Succession planning, -Leadership change, - Institutional, sustainability, -Human resources and talent management, -Leadership modelling, -Gold standard of finances.
- Mentoring and coaching

7.3 INFORMATION MANAGEMENT AND SHARING

- Information sharing (updates and trends) on/for CSOs - creating and management a portal of information - streaming to and from members and the secretariat
- Develop, manage, consolidate all member organisations program outputs and outcomes to include quarterly outcome updates and aggregation of the work of disability organisations
- Database development of members (outputs and outcomes)
- Data bank of disability programs across the country
- Document the work of CSOs (mapping and best practices of members)
- Capture lessons learnt and emerging knowledge.
- Contributing gender and disability and human rights perspectives to advocacy, decision-making processes, policy and programme planning;
- Promoting and facilitating media and inter-agency dialogue on gender, disability and human rights;
- Convincing stakeholders of the need for disability inclusion and mainstreaming;
- Networking with other gender rights and disability focal points, disability organisations and like-minded constituencies for the advancement of disability and human rights;
- Improving disability programme effectiveness through better access to local information and experience;
- Promoting transparency and accountability;
- Increasing legitimacy of gender and disability development activities;
- Creation of a community of practice among gender and disability cross-sectional stakeholders;
- Development of knowledge and information sharing strategies

7.4. ADVOCACY

As a leading advocate for all disabled citizens of Zimbabwe, NASCOH has responsibilities to advocate for access and equity issues as they relate to people with disabilities. NASCOH recognizes that self-advocacy is the strongest and most effective form of advocacy. NASCOH will work to empower individuals with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society regardless of the nature or severity of the disability. NASCOH will work to ensure that it does not only advocates for good practice but is a source of good practice.

The rights and responsibilities of people with disabilities are upheld and promoted through advocacy and self advocacy. NASCOH will endeavour to:

- 7.4.1 Advocate for policies, programmes, practices, and procedures that guarantee equal opportunity for all people with disabilities (Legislation, UNCRPD, National disability policy, Sign language Bill, Self representation of persons with disabilities in Parliament, Senate, Provincial Councils, and District Councils.
- 7.4.2 Identify and take up opportunities to advocate for equity, access, and inclusion of people with disabilities at all levels
- 7.4.3 Identify and consolidate CSOs advocacy issues and raise them at appropriate and relevant levels
- 7.4.4 Lead and guide advocacy processes for Disability CSOs
- 7.4.5 Participate in all disability advocacy processes and platforms
- 7.4.6 Strengthen capacity of disability CSOs on advocacy
- 7.4.7 Participate in the development and implementation of the Zimbabwe National Disability Strategy through submissions and participation in other consultation opportunities.
- 7.4.8 Create opportunities for people with disabilities to advocate on their own behalf.
- 7.4.9 Take measures to disseminate information and knowledge on disability to all political and administration levels within national, regional and local spheres.
- 7.4.10 Monitor and make recommendations about the updating and implementation of legislation and practices to achieve the optimum approachability, accessibility and usability in architectural and environmental design.
- 7.4.11 Advocate for the participation of commerce, industry, statutory and non-statutory agencies, individuals, local Authorities, and central government in the provision of an accessible environment for everyone.
- 7.4.12 Encourage the portrayal of persons with disabilities by the media in a positive way.

8.0 Research

Possible areas of research or investigation;

8.1 Determine the awareness of developing agencies personnel of disability issues as a factor contributing to poverty and disability-specific strategies for poverty reduction.

8.2 Find out the capacity of disabled persons and their families to participate in society as professionals and non professionals.

8.3 Find out if disability issues/awareness are taught in the education system generally and in professional disciplines where disability is a significant factor (e.g., health professionals, teachers, engineers, and architects).

8.4 Investigate the attitudes of departments and agencies (public, civil society, and private) toward disability. • Determine the capacity for managing the mainstreaming of disability across sectors.

8.5 Identify gaps in participatory approaches to the development, implementation, research, and evaluation of disability issues. Inclusion to ensure integration

8.6 Assess the status of people with disabilities and attitudes of NASCOH and community toward disabled persons and the extent to which the NASCOH/community is affected by sociocultural norms that segregate and discriminate against disabled persons.

8.7 Review the disability implications of poverty reduction strategies (current and proposed) on disabled persons, assess whether there are positive or negative implications, and explore ways to mitigate negative impacts.

8.8 Explore the different priorities for disabled persons across age, sex, geography (urban-rural), religion, and disability.

8.9 Determine the extent to which disabilities issues are mainstreamed across sectors.

8.10 Review how people with disabilities are consulted for information and advice on the planning and implementation of poverty Research areas shall also include; employment, education, disability inclusion, barriers, disabled women and service delivery.

9.0. Poverty Eradication and Employment

NASCOH will Endeavour to:

9.1 Encourage and facilitate the employment and development of staff with disabilities.

9.2. Consult with key service providers and advocacy agencies regarding the removal of barriers to the recruitment and development of people with disabilities.

10. Education for Learners with Disabilities

NASCOH will focus on the following areas:

- Early intervention
- Development education
- Resourcing the education sector
- Curriculum & Examinations adaptation

11.0 Governance and Self Representation

Participation in political and public life is a human right as well as an important step in the process of enjoying other human rights. It encompasses the right to vote and the right to be elected. However, it goes beyond formal democratic processes and includes broader participation, such as participation in decision-making on law and policy as well as participation in development and humanitarian assistance.

According to the Convention on the Rights of Persons with Disabilities (CRPD), States Parties shall guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others. States Parties shall undertake to ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity for persons with disabilities to vote and be elected. This is to be done inter alia by:

- Ensuring that voting procedures, facilities and materials are appropriate, accessible and easy to understand and use;
- Protecting the right of persons with disabilities to vote by secret ballot in elections and public referendums without intimidation, and to stand for elections, to effectively hold office and perform all public functions at all levels of government, facilitating the use of assistive and new technologies where appropriate;
- Guaranteeing the free expression of the will of persons with disabilities as electors and to this end, where necessary, at their request, allowing assistance in voting by a person of their own choice.
- Enhancing the activities of:
 - Ward Disability Committees
 - Provincial Disability Committees

- Councillors with Disabilities
- Members of parliament with disabilities
- Community and political leadership training

12. NASCOH Anticipated outcomes of the Strategic Plan period 2015 – 2020

Strategic Priority	Strategic Focus	Output	Outcome
1.1 Build Capacity for Disability organisations to be capable, accountable and responsive to the needs of persons with disabilities	1.1.1 To enhance the capacities of Disabled persons organisations (DPOs) and disability services organisations	1.1.2 Strengthened Disabled persons organisations capable to respond to the needs of PWDs and able to engage government & disability stakeholders	1. A more active disability movement that is able to demand its rights and improved Service delivery to PWDs. 2. Ward Disability Committees, District Disability Committees and Provincial Disability Committees established throughout the country
1.2 Contribute to formulation and amendment of disability legislation and policies	1.2.1 Improving relevance and quality of disability legislation and policies.	1.2.2 Disability legislation amendments and policy formulation within government which is informed by empirical evidence. 1.2.3 Annual reports showing gaps or improvement.	1. National Disability Policy in line with UNCRPD 2. Amended Disabled Persons Act, Electoral Act 3. National Disability framework on the implementation of the UNCRPD
1.3 <i>Improved Coordination and relationship for implementation of disability national strategy</i>	1.3.1 Strengthening Disability coordination among NASCOH member organisations and DPOs	1.3.2 Increased Networking and communication 1.3.3 Improved relationship with government departments 1.3.4 improved relationship with DPOs 1.3.5 Improved relationship	1. A member-relevant NASCOH 2. A NASCOH which coordinates and participates in all national disability issues. 3. A NASCOH which is demand driven.

		with Disability Board, Donors and Media 1.3.6 Increased Relationship building activities	
1.4 Increased participation of persons with disabilities in the governance systems and socio-economic affairs of Zimbabwe	1.4 To enhance the participation of PWDs in the soci-economic activities	1.4.1 Increased Members of Parliament with disabilities 1.4.2 Increased Senators with disabilities 1.4.3 Increased councillors with disabilities 1.4.4 Self- representation by persons with disabilities at ward, district and provincial level 1.4.5 Participation of PWDs in the electoral process 1.4.6 Increased PWDs in accessing education, health and employment services.	1.Members of parliament with disabilities 2. Increased Senators with disabilities 3. Increased councillors with disabilities 4. Self representation of PWDs at all levels 5.Access to education health, and employment services by PWDs
1.5 Contribute to the reduction of HIV related mortality; new HIV infections in adults (15-49); and reduce the percentage of infected infants born to women with HIV.	1.5.1 Promoting inclusion and access to HIV and AIDS services by people with disabilities in Zimbabwe through training of HIV and AIDS service providers to include persons with disabilities in existing HIV and AIDS programme, training of persons with disability distributing IEC material to PWDs	1.5.2 Inclusive HIV and AIDS programs which provides services to PWDs	1.Trained HIV and AIDS services providers providing HIV and AIDS services to PWDs 2. PWDs accessing HIV and AIDS services
1.6 Financial Stability and self sufficiency	1.6.1 Increasing Donor funding 1.6.1 Acquiring own premises 1.6.1 Venturing into Business to support disability	1.6.2 A financially stable NASCOH able to account and utilising all funds received in a cost effective manner.	1. Increased donor support 2. Donor satisfaction 3. Increased internal funding

	programmes		
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13. 0 NASCOH Strategic Implementation Framework

Key Performance Areas	Strategies	Key Performance Indicators	Responsibility	Time Frame
1.Resource mobilisation	1.1 Employment of Professional Resource Mobilisation Manager and Grants proposal writer	1.1.1 Resource Mobilisation Manger and Grant proposal writer in post	Executive Director & Treasurer	October 2015
	1.2 Establish following; -Church disability Fund -Patron disability Fund -Cooperate Disability fund -Disability Livestock Fund -Disability Water Fund	Church disability Fund -Patron disability Fund -Cooperate Disability fund -Disability Livestock Fund -Disability Water Fund in place	Resource Mobilisation Manager & Executive Director	December 2015
	1.3 Acquire a farm and venture into commercial farming	Farm and Commercial farming	Executive Director & Resource Mobilisation Manager	June 2016

2. Capacity Development	2.1 Partner with Zimbabwe Institute of Management	MOU signed	Executive Director	July 2015
	2.2 Training of NASCOH members organisations Boards and staff; Corporate Governance & leadership, Finance Management, Program management, resource mobilisation	Training Manuals and reports	Member development Officer	January 2016- December 2018
	2.3 Exchange Programmes with sister partners from other parts of the world	Exchange programs reports	Member development Officer	January 2016- December 2018
	2.4 Hand holding and coaching of member organisations	Reports	Member development Officer	January 2016- December 2018
	2.5 Run Disability Management Diploma in conjunction with ZIM	Training Modules, Training reports	Member development Officer	January 2016- June 2020
3.Legislation	Advocate for amendment of DPA, electoral Act; Zimbabwe Constitution; Enactment of;	Amended Electoral Act, DPA and Constitution; National Disability Framework Enactment of;	Research and Advocacy officer	January 2016- April 2018

	Sign language Bill Disability Discrimination Bill Development of National Disability Framework	Sign language Bill Disability Discrimination Bill		
Building Disability Structures	Establish Ward, District and Provincial committees. Link Senators with disabilities to these structures	1800 Ward Disability Committee; 63 District Disability committees and 10 Provincial Disability committees	Research and Advocacy officer	January 2016- June 2020
	Lobby for the reservation of 10 seats in parliament for people with disabilities; 6 seats in the senate; 2 council seats in each local authority for 1 male and 1 female with disabilities	10 parliamentary seats; 6 senatorial seats; 2 council seats in each local authority reserved for persons with disabilities.	Research and Advocacy officer	October-2015- June 2018
Disability Coordination	National Disability Stakeholders conference Periodic Consultative fora;	National disability strategy; Reports of consultative meetings	Executive Director	October 2015- June 2020
Initiate and Support Small to Medium Enterprise targeting PWDs	Support programs on poverty reduction targeted at PWDs in the following areas; -Access to Water -Water for Food	Small to medium enterprises established; ➤ = 18 000 heifers ➤ Goats= 50 000 ➤ Chickens =200 000 distributed	Business Development officer	

	<p>-Livestock as a breaker of rural poverty</p> <ul style="list-style-type: none"> ➤ Cattle= 18 000 heifers ➤ Goats= 50 000 Goats ➤ Chickens and Egg production <p>-Small Enterprises in Cities and Towns</p> <p>-Skills Development</p>	<p>on a revolving schemes</p> <ul style="list-style-type: none"> ➤ 100 Clean Water projects ➤ 100 Water for food project ➤ 200 small enterprises in cities and towns ➤ 5000 PWDs trained in skills development 		
Education for learners with Disabilities	<ul style="list-style-type: none"> ➤ Early intervention Program (ECD) ➤ Development educators ➤ Resourcing the education sector ➤ Curriculum & Examinations adaptation 	<p>Teacher Training Curriculum Targeting teachers for children with disabilities at ECD level.</p> <p>Trained of teachers Teaching and learning material for children with disability in schools Examinations modified.</p>	Research and Advocacy Officer	January 2016- December 2019
Monitoring & Evaluation	<p>Develop Standards and Norms for each program area;</p> <p>Develop project monitoring plan (PMP) for each project</p>	<p>Standards and Norms for each program</p> <p>PMP for each project</p>	M&E officer	June 2015- June 2020

Annex 1 Organizational Structure

NASCOH secretariat is headed by the Executive Director who reports to an elected National Executive Committee (NEC) through the chairperson. The NEC is elected every two years from Directors of member organisations during the annual general meeting (AGM). Below the NEC a smaller committee (Finance and Management Committee) of four people, (chairperson, vice chairperson Treasurer and Board Secretary) which is tasked of overseeing the secretariat.



