

Refugees Asylum Seekers with Disabilities in Zimbabwe: Structural Marginalisation, Policy Commitments, and the Imperative for Disability-Inclusive Refugee Protection

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ABSTRACT

Refugees and asylum seekers with disabilities occupy a profoundly marginal position within contemporary forced migration regimes, shaped by intersecting structures of displacement, disability, poverty, gender, and restrictive legal environments. In Zimbabwe, these vulnerabilities are intensified by an encampment-based refugee policy, enduring economic precarity, and historically weak disability inclusion mechanisms. This article critically examines the status and experiences of refugees and asylum seekers with disabilities in Zimbabwe through a policy, law, practice analytical lens, interrogating the disconnect between normative commitments and lived realities. Anchored in international refugee and disability rights instruments, and national frameworks including Zimbabwe's National Disability Policy (2021), the Persons with Disabilities Act (2025), and the Ministry of Primary and Secondary Education's Safeguarding, Gender Equity, Disability and Social Inclusion (GEDSI) Strategy, the article synthesises academic scholarship and institutional evidence to assess the extent to which these frameworks translate into meaningful inclusion. Drawing on Zimbabwean and African scholarship; particularly the works of Mandikiana, Mhlanga, Tarusarira, and others; alongside reports from UNHCR, IOM, UNICEF, Jesuit Refugee Service, Plan International, and Christian Blind Mission, the paper argues that refugee protection in Zimbabwe remains predominantly welfare-oriented, fragmented, and insufficiently disability-responsive. It contends that refugees with disabilities continue to be positioned as passive recipients of assistance rather than as rights-holders and contributors to social development. The article concludes by calling for a paradigmatic shift toward rights-based, disability-inclusive, and development-oriented refugee governance that embeds participation, accessibility, and intersectionality at the centre of refugee protection and national development planning.

Keywords: refugees with disabilities; asylum seekers; Zimbabwe; disability policy; refugee law; inclusive education; GEDSI; social protection

INTRODUCTION

Global forced displacement has reached an unprecedented scale, with more than 114 million people forcibly displaced worldwide because of armed conflict, persecution, environmental shocks, and political instability (UNHCR, 2024). Within this expanding population, persons with disabilities constitute one of the most structurally marginalised yet consistently under-examined groups in displacement governance, humanitarian programming, and migration research. Despite growing recognition of disability as a cross-cutting human rights and development concern, refugees and asylum seekers with disabilities remain largely invisible in policy design, data systems, and protection interventions (UNHCR, 2019; IOM, 2022; WHO & World Bank, 2022).

The World Health Organization estimates that approximately 15 per cent of the global population lives with a disability, a proportion that is widely acknowledged to be under-reported in displacement contexts due to conflict-related injuries, psychosocial trauma, disrupted health systems, poverty, and weak data collection mechanisms (WHO & World Bank, 2022; UNICEF, 2021). In humanitarian and refugee settings, disability prevalence is often significantly higher, yet refugees with disabilities face persistent barriers to identification, access to services, and participation in decision-making processes (UNHCR, 2019; CBM, 2022). This invisibility

is not accidental but is produced through institutional practices that privilege able-bodied norms, short-term welfare responses, and technocratic approaches to vulnerability (Shakespeare, 2014; IOM, 2022).

Zimbabwe hosts over 20,000 refugees and asylum seekers, the majority of whom reside at Tongogara Refugee Camp in Manicaland Province under an encampment-based refugee governance regime (UNHCR, 2025). While Zimbabwe has acceded to key international and regional refugee and disability rights instruments; including the 1951 Refugee Convention, the 1969 OAU Convention, and the Convention on the Rights of Persons with Disabilities (CRPD); the lived experiences of refugees with disabilities reveal persistent exclusion across education, health, livelihoods, mobility, and social protection systems (Mandikiana, 2021; Chikoko et al., 2024; JRS, 2022). These exclusions are compounded by restrictive legal frameworks, limited freedom of movement, chronic economic precarity, and weak institutional coordination between refugee governance and national disability inclusion mechanisms.

Zimbabwean and African scholars consistently argue that refugee governance in Zimbabwe remains predominantly containment-focused and welfare-oriented, with limited integration into broader social development, disability inclusion, and citizenship frameworks (Mhlanga & Zengeya, 2016; Mandikiana, 2021). Within this paradigm, refugees with disabilities are frequently constructed as passive beneficiaries of humanitarian assistance rather than as rights-holders and social actors capable of contributing to development processes. Such approaches reproduce what disability scholars identify as the administrative production of dependence and exclusion, where impairment is foregrounded while structural and institutional barriers remain unaddressed (Oliver, 1996; Shakespeare, 2014).

This article interrogates the lived realities of refugees and asylum seekers with disabilities in Zimbabwe within broader global and African migration dynamics, drawing attention to the disjuncture between progressive normative commitments and everyday protection practices. It conceptualises disability not as an individual deficit, but as a socially produced and politically mediated condition, intensified by forced displacement, encampment policies, and restrictive refugee protection regimes. By foregrounding disability as an intersectional and structural concern, the article contributes to emerging scholarship that calls for a rights-based, disability-inclusive, and development-oriented rethinking of refugee protection in the Global South (UNHCR, 2019; IOM, 2022; Plan International, 2023).

METHODOLOGY

This article adopts a qualitative, desk-based research design grounded in critical policy analysis and interpretive social science, an approach particularly well-suited to examining structurally marginalised populations whose experiences are often obscured within formal governance frameworks. Qualitative desk-based methodologies are widely recognised within refugee and disability studies as effective for interrogating legal, policy, and institutional discourses, especially in contexts where primary data collection may be ethically, logistically, or politically constrained. Rather than seeking to generate statistically generalisable findings, this study prioritises analytical depth, contextual sensitivity, and normative critique, aligning with social justice-oriented traditions in migration and disability scholarship.

The empirical material underpinning the analysis was drawn from an extensive review of peer-reviewed academic literature, with particular emphasis on Zimbabwean, African, and broader Global South scholarship on forced migration, disability, education, and social protection. This focus responds to long-standing critiques within refugee studies that Global South experiences are frequently theorised through Northern epistemic frames that inadequately capture local political, economic, and social realities. Key contributions by scholars such as Mandikiana, Mhlanga, Tarusarira, Walton, and others were prioritised for their sustained engagement with refugee governance, social work, disability inclusion, and development in Zimbabwe and comparable African contexts. Situating the analysis within this body of scholarship allows the article to engage critically with locally grounded knowledge production while connecting it to wider international debates.

In addition to academic literature, systematic analysis was undertaken of international, regional, and national policy and legal documents relevant to refugee protection and disability inclusion. These included core international instruments such as the 1951 Convention Relating to the Status of Refugees, the 1969 OAU

Convention Governing the Specific Aspects of Refugee Problems in Africa, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). At the national level, the study examined Zimbabwe's National Disability Policy (2021), the Persons with Disabilities Act (Act 3 of 2025), the Refugees Act, and sector-specific frameworks such as the Ministry of Primary and Secondary Education's Safeguarding, Gender Equity, Disability and Social Inclusion (GEDSI) Strategy. These documents were analysed not only for their stated commitments but also for their silences, ambiguities, and assumptions regarding refugees with disabilities, consistent with critical policy analysis approaches that view policy texts as sites of power, inclusion, and exclusion.

The study further draws on reports and programme documentation produced by international and regional organisations actively engaged in refugee protection, humanitarian assistance, and disability inclusion in Zimbabwe and comparable settings. These included publications from UNHCR, the International Organization for Migration (IOM), UNICEF, Jesuit Refugee Service (JRS), Plan International, Christian Blind Mission (CBM), Education Development Trust (edt), and Think Equal. Such sources were treated not as neutral accounts, but as institutional texts reflecting mandates, funding priorities, and operational constraints. Analysing these materials alongside academic literature enabled a more nuanced understanding of how disability inclusion is operationalised; or fails to be operationalised; within humanitarian and development practice.

To complement policy and institutional analysis, the article also incorporates case-based and comparative evidence drawn from Zimbabwe and selected global contexts. These cases, sourced from secondary literature and organisational reports, are used illustratively to highlight recurring structural patterns of exclusion and inclusion affecting refugees and asylum seekers with disabilities. While not intended as formal case studies, they provide contextual depth and empirical texture, enabling the analysis to move beyond abstract policy critique to engage with lived and documented realities.

Data analysis was conducted using thematic analysis, a widely used qualitative method for identifying, analysing, and interpreting patterns across textual data. Coding focused on recurrent themes related to disability inclusion, access to education and essential services, legal status and protection, participation in decision-making processes, and the interaction between refugee governance and national social systems. Attention was given to both convergence and contradiction across sources, particularly where official policy narratives diverged from institutional reports and scholarly findings. This interpretive approach reflects an understanding of knowledge as socially constructed and contestable, rather than fixed or purely descriptive.

While the study does not present original empirical fieldwork, it deliberately positions secondary data synthesis as a methodological strength rather than a limitation. By bringing together dispersed bodies of scholarship, policy texts, and institutional evidence, the article generates integrative insights that may not emerge from single-site empirical studies alone. In doing so, it contributes to theory-informed, policy-relevant debates on disability-inclusive refugee protection, highlighting structural gaps, governance disconnects, and opportunities for rights-based reform within Zimbabwe's refugee regime and beyond.

Conceptual Framework: Disability, Forced Migration, and Intersectionality

This article is anchored in an integrated conceptual framework that draws on the social and human-rights-based models of disability, critical forced migration theory, and intersectionality, to analyse the structural positioning and lived experiences of refugees and asylum seekers with disabilities in Zimbabwe. Together, these theoretical traditions provide a robust lens for interrogating how disability-related disadvantage is produced, intensified, and sustained within refugee governance regimes, rather than arising from impairment alone.

Contemporary disability studies have decisively shifted away from biomedical and charity-oriented interpretations of disability toward social and human-rights-based models that locate disadvantage within the organisation of society itself (Oliver, 1996; Shakespeare, 2014). From this perspective, disability is understood not as an individual deficit but as a socially produced form of exclusion, generated through inaccessible environments, discriminatory attitudes, and exclusionary institutional arrangements. The human-rights-based model, as codified in the United Nations Convention on the Rights of Persons with Disabilities (CRPD), further foregrounds equality, dignity, participation, and non-discrimination as core principles guiding state obligations

toward persons with disabilities (United Nations, 2006). When applied to displacement contexts, these models expose how refugee protection systems often reproduce ableist norms, prioritising emergency relief and physical survival while marginalising access to education, livelihoods, political participation, and long-term development for refugees with disabilities (UNHCR, 2019; IOM, 2022).

Critical forced migration scholarship complements this analysis by conceptualising refugee vulnerability as structurally and politically produced, rather than as an inherent attribute of displaced individuals (Bakewell, 2010; Chimni, 2009). Forced migration is shaped by legal status, border regimes, containment policies, and global power relations that determine who is protected, included, or excluded. In encampment-based systems such as Zimbabwe's, refugees are subject to restricted mobility, limited livelihood opportunities, and dependency on humanitarian assistance, conditions that disproportionately disadvantage persons with disabilities (Mhlanga & Zengeya, 2016; Mandikiana, 2021). This framework highlights how refugee governance operates as a site of regulation and control, where disability becomes a multiplier of exclusion within already constrained protection environments.

Intersectionality theory provides a critical analytical bridge between disability studies and forced migration scholarship by illustrating how multiple, overlapping axes of identity and marginalisation interact to produce compounded forms of disadvantage (Crenshaw, 1989). Disability does not operate in isolation; rather, it intersects with gender, age, refugee status, poverty, nationality, and legal precarity to shape highly differentiated experiences of exclusion and vulnerability. Empirical research consistently demonstrates that refugee women, girls, and children with disabilities face heightened exposure to violence, neglect, exploitation, and educational exclusion compared to both non-disabled refugees and citizens with disabilities (UNICEF, 2021; Plan International, 2023). Intersectionality thus enables a more nuanced understanding of how power, inequality, and social positioning operate simultaneously across humanitarian, legal, and social systems.

Zimbabwean scholarship strongly reinforces the relevance of this integrated conceptual approach. Mandikiana (2021) argues that refugee vulnerability in Zimbabwe is fundamentally structural, arising from governance arrangements that prioritise containment, temporariness, and welfare-oriented assistance over rights-based inclusion and social development. Similarly, Mhlanga and Zengeya (2016) situate refugee protection within a social development and social work paradigm, emphasising empowerment, participation, and structural change rather than residual relief. Viewed through a disability-inclusive lens, these insights underscore how refugees with disabilities are systematically positioned at the margins of both migration governance and national disability inclusion frameworks, rendering them simultaneously invisible and dependent.

Taken together, this conceptual framework positions refugees and asylum seekers with disabilities as rights-holders embedded within intersecting systems of exclusion, rather than as passive beneficiaries of humanitarian care. It foregrounds the role of law, policy, and institutional practice in producing disabling conditions, while also emphasising agency, participation, and the potential for transformative inclusion. By integrating social and human-rights-based disability models, critical forced migration theory, and intersectionality, the framework provides a coherent analytical foundation for examining the gap between Zimbabwe's normative policy commitments and the everyday realities experienced by refugees with disabilities. This approach enables the article to move beyond descriptive accounts of vulnerability toward a structurally grounded, rights-based critique of disability-inclusive refugee protection.

International and Regional Legal Frameworks Governing Disability Inclusive Refugee Protection

Zimbabwe's obligations toward refugees and asylum seekers with disabilities are shaped by a complex constellation of international and regional legal instruments that collectively articulate the normative foundations of refugee protection and disability rights. These frameworks formally commit the state to safeguarding the dignity, equality, and fundamental rights of displaced persons, while simultaneously revealing tensions between humanitarian protection, national sovereignty, and socio-economic resource constraints.

At the core of the international refugee protection regime is the 1951 Convention Relating to the Status of Refugees, together with its 1967 Protocol, which establish the legal definition of a refugee and codify the principle of non-refoulement as a cornerstone of international refugee law. These instruments guarantee a range

of civil, political, and socio-economic rights, including access to employment, public relief, education, and freedom of movement, subject to lawful regulation by host states. For refugees with disabilities, these provisions are particularly significant, as socio-economic rights and mobility are critical enablers of access to healthcare, rehabilitation services, inclusive education, and livelihoods. However, Zimbabwe has entered reservations to key socio-economic provisions of the Convention, notably those relating to employment, public assistance, and freedom of movement, thereby limiting the practical realisation of these rights for refugees, including those with disabilities (AfricanLII, 2025). In practice, these reservations have reinforced dependence on humanitarian assistance and constrained opportunities for social and economic inclusion.

At the regional level, Zimbabwe is a State Party to the 1969 Organisation of African Unity (OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa, which expands the refugee definition to include persons fleeing external aggression, occupation, foreign domination, and events seriously disturbing public order. The OAU Convention reflects African solidarity and responsibility-sharing principles, emphasising asylum as a peaceful and humanitarian act rather than a discretionary privilege. Importantly, its broader definition better captures the complex drivers of displacement on the continent, including conflict, environmental shocks, and political instability, which disproportionately affect persons with disabilities. However, despite its progressive orientation, the Convention remains largely silent on disability-specific protections, leaving refugees with disabilities reliant on general refugee safeguards that often fail to address their distinct accessibility, participation, and support needs.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) represents a transformative shift in international law by reframing disability from a charitable or welfare concern to a human rights and development issue. The CRPD obligates States Parties to ensure equality, non-discrimination, accessibility, inclusive education, participation in public life, and access to justice for persons with disabilities on an equal basis with others (United Nations, 2006). Crucially, the CRPD applies to all persons with disabilities within a state's jurisdiction, irrespective of nationality or legal status, thereby extending its protections to refugees and asylum seekers with disabilities. Articles relating to humanitarian emergencies, access to education, health, habilitation and rehabilitation, and independent living are especially salient in displacement contexts. Nevertheless, the translation of CRPD obligations into refugee protection practice remains uneven, particularly in states with encampment-based systems and restricted refugee mobility, where structural barriers persist despite formal legal commitments.

Beyond these core instruments, additional international frameworks reinforce the imperative for disability-inclusive refugee protection. The Global Compact on Refugees (2018), while non-binding, explicitly recognises persons with disabilities as a group requiring targeted protection and inclusion, calling for age-, gender-, and diversity-responsive approaches within refugee responses. It encourages stronger linkages between humanitarian assistance and national development systems, an approach that is especially relevant for refugees with disabilities who are often excluded from mainstream services. Similarly, the 2030 Agenda for Sustainable Development and its commitment to "leave no one behind" underscore the interdependence of refugee protection, disability inclusion, and sustainable development, particularly in relation to education, health, equality, and social protection.

Within the African human rights architecture, the African Charter on Human and Peoples' Rights and the African Charter on the Rights and Welfare of the Child further reinforce principles of equality, dignity, and protection for vulnerable populations, including displaced persons and children with disabilities. More recently, the African Disability Protocol, adopted by the African Union, strengthens regional commitments to disability rights by contextualising disability inclusion within African socio-political realities. Although implementation remains nascent, these frameworks collectively affirm that disability inclusion is not an optional add-on but a legal and ethical obligation within refugee protection regimes.

Despite this extensive normative architecture, a persistent gap remains between formal legal commitments and lived realities for refugees with disabilities in Zimbabwe. Legal reservations, policy silos, limited institutional coordination, and resource constraints continue to undermine the effective domestication and enforcement of international standards. As disability scholars and forced migration theorists have argued, the existence of progressive legal frameworks does not automatically translate into inclusion; rather, it is through

implementation, accountability, and participation that rights acquire meaningful substance. In the absence of explicit disability-responsive measures within refugee governance systems, refugees with disabilities remain positioned at the margins of protection, caught between overlapping legal regimes that recognise their rights in principle but often fail to realise them in practice.

National Policy and Legal Frameworks Governing Disability Inclusion in Zimbabwe

Zimbabwe's approach to disability inclusion has undergone significant normative transformation over the past decade, reflecting broader constitutional reforms and growing alignment with international human rights standards, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, despite progressive developments in policy and legislation, the effective inclusion of refugees and asylum seekers with disabilities within national disability governance remains fragmented and uncertain. This section examines the scope, intent, and limitations of Zimbabwe's National Disability Policy (2021) and the Persons with Disabilities Act (Act 3 of 2025), with particular attention to their implications for non-citizens residing within the country's refugee protection regime.

The National Disability Policy (2021): Normative Progress and Structural Silences

The adoption of Zimbabwe's National Disability Policy (NDP) in 2021 represents a major normative shift in the country's disability governance architecture. Anchored in the 2013 Constitution and explicitly aligned with the CRPD, the policy recognises disability as a cross-cutting development and human rights issue, rather than a residual matter of welfare or charity (Government of Zimbabwe, 2021). It articulates state commitments across key sectors, including education, health, employment, social protection, gender equality, disaster risk reduction, and infrastructure development. In doing so, the policy signals an intention to mainstream disability inclusion within national development planning and to dismantle the structural and attitudinal barriers that have historically marginalised persons with disabilities.

From a conceptual standpoint, the NDP reflects a shift toward the social and human-rights-based models of disability, explicitly recognising that exclusion arises not from impairment itself but from inaccessible systems, discriminatory practices, and unequal power relations. This approach is consistent with contemporary disability scholarship and international norms, positioning the state as a primary duty bearer responsible for ensuring equality, participation, and accessibility. In principle, such an inclusive and rights-based policy framework should extend protection to all persons with disabilities within Zimbabwe's jurisdiction, irrespective of nationality or legal status, in line with CRPD obligations.

However, despite its progressive orientation, the NDP is marked by a critical policy silence: it does not explicitly recognise refugees and asylum seekers with disabilities as a distinct category requiring targeted attention. As a result, refugees with disabilities are effectively rendered invisible within national disability planning, implementation frameworks, and monitoring mechanisms. Mandikiana (2021) critiques this exclusion as symptomatic of broader institutional silos between migration governance and social policy in Zimbabwe, where refugee protection is treated as a humanitarian or security concern rather than as an integral component of inclusive national development.

This omission has practical consequences. In the absence of explicit recognition, refugees with disabilities are often excluded from national programmes related to social protection, disability grants, vocational training, assistive devices, and community-based rehabilitation. Access to such services is frequently contingent on citizenship documentation, national registration systems, or residency status, channels through which refugees must navigate additional legal and administrative barriers. Consequently, the promise of inclusion articulated in the NDP remains largely unrealised for displaced populations, reinforcing parallel systems of care in which refugees with disabilities are relegated to under-resourced humanitarian interventions rather than integrated into mainstream public services.

The Persons with Disabilities Act (Act 3 of 2025): Legislative Reform and Implementation Gaps

Further reinforcing Zimbabwe's normative commitment to disability inclusion is the enactment of the Persons with Disabilities Act (Act 3 of 2025), which repealed the outdated Disabled Persons Act of 1992. The 1992 Act

had been widely criticised for its narrow, medicalised understanding of disability and its failure to provide enforceable rights or accountability mechanisms. In contrast, the 2025 Act adopts an explicit human-rights-based approach, incorporating key principles of the CRPD, including non-discrimination, reasonable accommodation, accessibility, and participation (ZimLII, 2026).

The Act strengthens legal protections for persons with disabilities by establishing clearer obligations on public institutions, enhancing enforcement mechanisms, and providing a stronger basis for rights-based claims. Importantly, the legislation moves away from discretionary or charitable models of support, affirming disability as a matter of justice, equality, and citizenship. In theory, such a legal framework should provide a robust basis for the inclusion of refugees and asylum seekers with disabilities, given that the CRPD applies to all persons within a state's jurisdiction.

In practice, however, the benefits of the Act remain unevenly distributed. Nyamukondiwa (2025) notes that implementation challenges persist, particularly for non-citizens who fall outside conventional service delivery systems. Refugees and asylum seekers frequently encounter exclusions stemming from documentation requirements, restrictive administrative procedures, and ambiguity regarding the responsibilities of different state institutions vis-à-vis displaced populations. Moreover, service provision at the local level often lacks the resources, training, and coordination necessary to operationalise the Act's provisions for populations residing in refugee camps or informal settlements.

These implementation gaps are compounded by Zimbabwe's encampment-based refugee policy, which spatially and institutionally separates refugees from mainstream social systems. As a result, even progressive national legislation struggles to reach refugees with disabilities, whose access to healthcare, rehabilitation, inclusive education, and livelihoods remains heavily mediated by humanitarian actors rather than state-led disability institutions. This fragmentation undermines the transformative potential of the Persons with Disabilities Act and raises critical questions about accountability, equity, and the universality of rights in contexts of displacement.

Implications for Disability-Inclusive Refugee Protection

Taken together, Zimbabwe's National Disability Policy (2021) and the Persons with Disabilities Act (2025) demonstrate a clear and commendable shift toward rights-based disability governance. However, their limited engagement with refugee realities reveals a persistent disconnect between normative commitments and inclusive implementation. Refugees and asylum seekers with disabilities occupy an ambiguous position at the intersection of disability governance and refugee protection, where they are neither fully integrated into national disability systems nor adequately prioritised within humanitarian responses.

This gap underscores the need for deliberate policy harmonisation between disability frameworks and refugee governance structures. Without explicit recognition of refugees with disabilities within national policies and legislation, inclusion remains contingent, uneven, and dependent on the priorities of humanitarian agencies rather than grounded in enforceable rights. Addressing this gap is essential for advancing disability-inclusive refugee protection in Zimbabwe and for realising the broader constitutional and international commitments to equality, dignity, and social justice.

Refugee Governance, Encampment, and Disability: Structural Constraints and Exclusionary Outcomes in Zimbabwe

Encampment as a Governance Technology

Refugee protection in Zimbabwe is principally governed by the Refugees Act, which operationalises an encampment-based refugee protection regime that confines most refugees and asylum seekers to Tongogara Refugee Camp in Manicaland Province. Encampment functions not merely as a logistical arrangement for humanitarian assistance, but as a deliberate governance technology that regulates mobility, economic participation, and social integration (Mhlanga & Zengeya, 2016; Mandikiana, 2021). Scholars of forced migration increasingly conceptualise encampment as a tool of containment that reinforces temporariness and dependency, particularly in protracted refugee situations where displacement endures for years or decades (Bakewell, 2010; Chimni, 2009).

For refugees with disabilities, the encampment regime produces heightened forms of structural exclusion. Restricted freedom of movement limits access to specialised health services, rehabilitation centres, inclusive education facilities, and livelihood opportunities that are often unavailable within the camp setting. As critical disability studies emphasise, disability disadvantage is socially produced through environmental and institutional barriers rather than impairment alone (Oliver, 1996; Shakespeare, 2014). In Zimbabwe's refugee context, encampment amplifies these barriers by spatially isolating refugees with disabilities from mainstream social systems and development opportunities.

Dependency, Welfare Logics, and Ableist Assumptions

The dominant response to refugees with disabilities within encampment settings remains welfare-oriented and relief-driven. Social assistance mechanisms at Tongogara—such as food aid, basic healthcare, and limited social services—are predominantly designed for short-term humanitarian survival rather than long-term inclusion or empowerment (Chikoko et al., 2024; JRS, 2022). This approach aligns with what disability scholars identify as charity or medical models of disability, where individuals are positioned as passive recipients of care rather than rights-holders capable of agency and contribution (Shakespeare, 2014).

Globally, research by the International Organization for Migration (IOM) demonstrates that refugees with disabilities are systematically excluded from livelihood and economic empowerment programmes due to pervasive assumptions regarding productivity, cost, and dependency (IOM, 2022). These ableist assumptions are reproduced in Zimbabwe's refugee governance, where persons with disabilities are often deemed “too vulnerable” or “unfit” for participation in cash-based interventions, skills training, or entrepreneurship initiatives. Consequently, economic exclusion reinforces cycles of dependency, poverty, and social marginalisation.

This welfare logic also obscures the structural nature of exclusion by framing disability-related disadvantage as an individual problem rather than a failure of inclusive policy design. As UNHCR (2019) argues, humanitarian systems frequently prioritise efficiency and risk management over participation and inclusion, resulting in programme models that inadvertently exacerbate inequality for persons with disabilities.

Encampment, Development Exclusion, and the CRPD Gap

Zimbabwe's encampment policy stands in tension with its international and national commitments to disability-inclusive development, particularly under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The CRPD explicitly affirms the rights of persons with disabilities to freedom of movement, independent living, work, education, and participation in community life, irrespective of nationality or legal status (United Nations, 2006). However, encampment fundamentally constrains the realisation of these rights for refugees with disabilities by segregating them from development systems and public institutions.

Critical development scholars argue that refugee camps function as zones of exception where rights recognised in law are suspended in practice (Agamben, 1998; Chimni, 2009). In Zimbabwe, refugees with disabilities occupy a particularly precarious position within this legal and policy grey zone: they are formally protected as refugees and as persons with disabilities yet materially excluded from both refugee self-reliance frameworks and national disability inclusion systems. This dual marginalisation reflects what Mandikiana (2021) describes as the institutional siloing of refugee governance from social development and disability policy in Zimbabwe.

Gender, Age, and Compounded Vulnerability

Intersectional analyses reveal that the impacts of encampment on disability are not uniform. Refugee women, children, older persons, and individuals with psychosocial or intellectual disabilities experience intensified exclusion due to overlapping systems of gender inequality, age-based discrimination, and stigma (Crenshaw, 1989; UNICEF, 2021). Studies at Tongogara Refugee Camp document heightened risks of neglect, gender-based violence, and social isolation for women and girls with disabilities, who often lack access to safeguarding mechanisms and inclusive support services (Tarusarira, 2024; Plan International, 2023).

Encampment also restricts social networks and community participation, which are critical protective factors for persons with disabilities. The absence of meaningful participation in refugee governance structures further entrenches disempowerment, reinforcing paternalistic decision-making by humanitarian actors and state institutions (UNHCR, 2019).

Toward Disability-Inclusive Alternatives to Encampment

A growing body of scholarship calls for a paradigmatic shift away from encampment toward development-oriented, rights-based refugee governance models that enable inclusion within national systems (Bakewell, 2010; Mhlanga & Zengeya, 2016). For refugees with disabilities, such a shift would involve integrating disability inclusion into refugee self-reliance strategies, expanding access to livelihoods and social protection, and harmonising refugee governance with national disability policies such as Zimbabwe's National Disability Policy (2021) and Persons with Disabilities Act (2025).

Importantly, disability-inclusive refugee governance requires more than policy alignment; it demands the meaningful participation of refugees with disabilities in decision-making processes at camp, district, and national levels. Evidence from community-based and participatory programming demonstrates that when refugees with disabilities are actively involved in programme design, interventions become more responsive, sustainable, and equitable (CBM, 2022; IOM, 2022).

CONCLUSION

Encampment in Zimbabwe operates as a structurally disabling refugee governance system that disproportionately marginalises refugees with disabilities through restricted mobility, welfare-based assistance, and exclusion from development pathways. While framed as a humanitarian necessity, encampment reproduces ableist assumptions and undermines international and national commitments to disability rights and inclusion. Addressing these inequalities requires a deliberate move toward rights-based, disability-inclusive refugee governance that prioritises participation, autonomy, and integration into national development processes. Without such transformation, refugees with disabilities will remain confined not only physically within camps, but structurally within regimes of dependency and exclusion.

Case Study I: Disability, Securitisation, and Forced Return Narratives in Contemporary Refugee Governance

Mandikiana's analysis of the United Kingdom–Rwanda asylum seeker transfer arrangement provides a critical lens through which to interrogate emerging global trends of refugee protection externalisation and their disproportionate consequences for structurally marginalised groups, including persons with disabilities (Mandikiana, 2023). The Rwanda deal exemplifies a broader shift in refugee governance from protection-oriented frameworks grounded in international solidarity toward securitised, deterrence-based approaches that prioritise border control and domestic political agendas over human rights obligations. While Zimbabwe's refugee context differs institutionally and geographically from European asylum systems, the underlying logics of containment, responsibility shifting, and the administrative management of vulnerability resonate strongly across both settings.

Central to Mandikiana's (2023) critique is the argument that forced or coerced transfers of asylum seekers constitute a breach of foundational principles of international refugee law, notably non-penalisation, non-expulsion, and non-refoulement as enshrined in the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol. These violations are not merely procedural or abstract; they carry profound material and psychosocial consequences for asylum seekers, particularly those with disabilities. Refugees with disabilities frequently depend on continuity of healthcare, rehabilitative services, assistive technologies, and community-based support networks, all of which are severely disrupted by abrupt transfers to third countries with different health systems, legal frameworks, and social infrastructures (Mandikiana, 2023; UNHCR, 2019).

Mandikiana (2023) further situates the Rwanda deal within a growing global pattern of asylum externalisation, whereby wealthier states seek to absolve themselves of direct responsibility for refugee protection by relocating

asylum seekers to countries already grappling with structural poverty, constrained service delivery systems, and fragile human rights records. This strategy effectively reconfigures asylum seekers as transferable entities rather than rights-bearing individuals, a practice that the paper decries as treating human beings “as commodities.” From a disability rights perspective, such practices reproduce what critical disability scholars identify as institutional violence, wherein policy decisions systematically expose persons with disabilities to heightened risks of exclusion, neglect, and harm.

The implications for persons with disabilities are particularly severe in contexts of forced return or third-country transfer. Mandikiana (2023) demonstrates that Rwanda itself remains a contested site of protection, with ongoing concerns regarding political repression, limited civic space, overcrowded detention facilities, and constrained access to specialised healthcare. For asylum seekers with disabilities; especially those with psychosocial, intellectual, or chronic health conditions; relocation to such environments exacerbates existing vulnerabilities and may amount to de facto refoulement, even where formal refugee status determination processes are upheld. This underscores a critical gap in contemporary refugee governance: the failure to meaningfully integrate disability-specific risk assessments into asylum and transfer decisions.

Importantly, Mandikiana’s analysis also highlights the racialised and selective nature of contemporary asylum regimes. The differential treatment afforded to asylum seekers from Ukraine, compared to those from the Global South; including Africa and the Middle East; reveals how securitisation is interwoven with colonial legacies, racial hierarchies, and geopolitical interests (Mandikiana, 2023). Such selectivity has significant implications for refugees with disabilities, who already inhabit marginal positions within humanitarian systems and are often rendered invisible within policy design, eligibility criteria, and data collection mechanisms.

When examined alongside Zimbabwe’s encampment-based refugee regime, these dynamics reveal striking parallels. Although Zimbabwe does not engage in third-country transfers, its restrictive encampment policy similarly confines refugees; particularly those with disabilities; to spaces characterised by limited autonomy, under-resourced services, and dependency-oriented assistance. In both contexts, disability is operationalised through welfare and vulnerability frames rather than rights-based approaches, reinforcing passive subjectivities and undermining agency (Mandikiana, 2021; 2023). The case study therefore illustrates how different governance tools; externalisation in Europe and encampment in Southern Africa; produce comparable exclusionary outcomes for refugees with disabilities.

This case study underscores the urgent need for stronger protection safeguards, grounded in both refugee law and disability rights frameworks. Mandikiana (2023) argues persuasively that states cannot selectively implement international obligations based on convenience, political expediency, or deterrence imperatives without eroding the integrity of the global refugee protection regime. For refugees with disabilities, whose protection needs are intersectional, cumulative, and long-term, the erosion of these norms carries particularly grave consequences.

Ultimately, the Rwanda case illuminates a broader structural warning for host countries such as Zimbabwe. As global refugee governance becomes increasingly securitised and externalised, there is a real risk that disability-inclusive protection will be further marginalised. The lessons from Mandikiana’s work reinforce the imperative for host states to resist welfare-only and containment-driven approaches, and instead embed disability-responsive, rights-based safeguards across all dimensions of refugee protection. Failure to do so risks reproducing, in different institutional forms, the same patterns of exclusion, dependency, and rights erosion that characterise forced return and asylum externalisation regimes elsewhere.

Education, Disability, and Refugee Inclusion

Global and African Contexts

Globally, refugee children with disabilities constitute one of the most educationally excluded populations within humanitarian and displacement settings. UNICEF (2021) estimates that nearly half of all refugee children worldwide are out of school, a figure that rises significantly for children with disabilities due to compounded barriers related to impairment, displacement, poverty, and discrimination. The intersection of forced migration

and disability produces layered exclusion, manifesting in reduced enrolment, low retention rates, and poor learning outcomes (UNHCR, 2019; WHO & World Bank, 2022).

Across Africa, these global trends are intensified by under-resourced education systems, protracted displacement situations, stigma surrounding disability, and weak implementation of inclusive education frameworks. Plan International (2023) documents that displaced children with disabilities in African refugee-hosting countries are routinely excluded from both formal and non-formal education due to inaccessible infrastructure, lack of trained teachers, absence of assistive devices, and limited disability-disaggregated data. Education in Emergencies (EiE) responses often prioritise rapid access and scale over inclusion, inadvertently reproducing ableist assumptions that marginalise learners with disabilities (INEE, 2018; CBM, 2022).

Scholarly and institutional literature consistently highlights that inclusive education for refugees with disabilities is undermined not only by material shortages but also by entrenched social and attitudinal barriers. Disability continues to be framed through medical or welfare-based models, positioning children with disabilities as objects of care rather than rights-holders entitled to equitable participation (Shakespeare, 2014; UNHCR, 2019). These dynamics are particularly acute in displacement contexts, where disability inclusion is often treated as a secondary or “specialised” concern, rather than as a core dimension of education quality and equity.

Organisations such as Christian Blind Mission (CBM) and the Education Development Trust (EDT) further identify systemic gaps that constrain disability-inclusive education in refugee and fragile settings, including limited teacher preparation in inclusive and gender-responsive pedagogies, absence of early identification and support mechanisms, and failure to integrate disability inclusion into national education planning and financing (CBM, 2022; EDT, 2021). Think Equal (2020) emphasises that exclusionary attitudes begin early in the life course, underscoring the importance of inclusive early childhood education and social-emotional learning in shaping norms around disability, diversity, and social inclusion.

Zimbabwe, Refugees, and the GEDSI Strategy

Within Zimbabwe, education sits at the intersection of progressive normative commitments and persistent structural constraints. The adoption of the Safeguarding, Gender, Equity, Disability and Social Inclusion (GEDSI) Strategy (2025–2030) by the Ministry of Primary and Secondary Education (MoPSE) represents a significant policy milestone in advancing inclusive, safe, and rights-based education systems. Grounded in the Constitution of Zimbabwe, the National Disability Policy (2021), the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and regional human rights instruments, the GEDSI Strategy explicitly articulates the principle of “*no one and no place left behind*” as a central organising framework for education governance (MoPSE, 2025).

The GEDSI Strategy adopts a holistic and intersectional approach to inclusion, recognising that disability-related exclusion is reinforced through gender inequality, poverty, safeguarding failures, and social marginalisation. It commits the Ministry to strengthening inclusive infrastructure, teacher capacity, assistive technologies, safeguarding systems, and survivor-centred response mechanisms across all educational institutions. Importantly, the Strategy operationalises inclusive education not merely as physical access, but as a transformation of institutional culture, pedagogy, accountability, and power relations within schools (MoPSE, 2025).

Despite these progressive commitments, refugees—particularly refugee learners with disabilities—remain largely invisible within the practical implementation of national education reforms. While the GEDSI Strategy is, in principle, applicable to all learners within Zimbabwe’s jurisdiction, it does not explicitly address the specific barriers faced by refugee children residing in encampment settings such as Tongogara Refugee Camp. Empirical research by Walton et al. (2024) demonstrates that refugee children with disabilities in and around Tongogara continue to experience exclusion from meaningful education due to language barriers, limited specialist support, overcrowded classrooms, and inadequate assistive devices.

Similarly, Jesuit Refugee Service (2022) reports that inclusive education commitments articulated at policy level frequently fail to translate into classroom-level inclusion for displaced learners. Teachers often lack training in

disability-inclusive and trauma-informed pedagogies, while refugee schools and host-community schools alike struggle with insufficient resources to accommodate diverse learning needs. These gaps reflect a broader disconnect between sectoral disability strategies and refugee governance frameworks, reinforcing what Mandikiana (2021) describes as the institutional siloing of refugee protection from national social development systems.

The GEDSI Strategy itself acknowledges long-standing implementation challenges, including limited financing, infrastructural deficits, weak monitoring and evaluation systems, and socio-cultural resistance to disability inclusion (MoPSE, 2025). For refugee learners with disabilities, these challenges are magnified by encampment policies that spatially isolate refugees from mainstream education systems and restrict access to specialised services. As a result, refugee children with disabilities frequently rely on fragmented humanitarian interventions rather than fully benefiting from Zimbabwe's inclusive education policy architecture.

Nevertheless, the GEDSI Strategy provides a critical entry point for rethinking refugee education through a disability-inclusive and safeguarding-oriented lens. Its emphasis on inclusive infrastructure, gender-responsive and inclusive pedagogy (GRIP), assistive technologies, and inter-sectoral collaboration offers a normative framework through which refugee learners with disabilities could be more systematically integrated into national education planning. Aligning refugee education programming with the GEDSI Strategy would not only enhance equity and accountability but also strengthen Zimbabwe's compliance with its constitutional and international human rights obligations.

Case Study II: Lived Experiences of Refugees with Disabilities at Tongogara Refugee Camp, Zimbabwe

Contextualising Tongogara Refugee Camp

Tongogara Refugee Camp, located in Chipinge District of Manicaland Province, hosts the majority of Zimbabwe's refugee and asylum seeker population under an encampment-based refugee protection regime. The camp accommodates refugees from the Democratic Republic of the Congo, Mozambique, Burundi, Rwanda, Somalia, and other conflict-affected states. While designed as a site of humanitarian protection, Tongogara functions as a spatially and institutionally bounded environment where refugees' mobility, economic participation, and access to mainstream social services are heavily restricted (Mandikiana, 2021; Mhlanga & Zengeya, 2016).

For refugees with disabilities, the camp environment produces intensified forms of exclusion. Empirical studies and organisational assessments consistently document inaccessible physical infrastructure, limited access to specialised healthcare and rehabilitation services, exclusion from livelihoods programmes, and marginal participation in community decision-making structures (UNESCO, 2020; Jesuit Refugee Service [JRS], 2022). These barriers are not incidental but are structurally embedded in the design and operation of encampment systems that prioritise containment and humanitarian efficiency over inclusion and empowerment.

Material and Infrastructural Barriers

Inaccessible housing and physical infrastructure remain among the most pervasive challenges faced by refugees with disabilities at Tongogara. Camp shelters are largely constructed without universal design considerations, rendering them unsuitable for persons with mobility impairments, visual impairments, or chronic health conditions. Uneven terrain, narrow pathways, and the absence of ramps, handrails, or adapted sanitation facilities significantly limit independent mobility and increase safety risks, particularly for older persons and women with disabilities (UNESCO, 2020).

These infrastructural deficits align with global findings on disability and displacement, which demonstrate that refugee camps frequently reproduce disabling environments by failing to integrate accessibility into shelter, water, sanitation, and hygiene (WASH), and public-space design (WHO & World Bank, 2022; UNHCR, 2019). At Tongogara, the lack of inclusive infrastructure effectively confines refugees with disabilities to their immediate living spaces, reinforcing social isolation and dependency.

Access to Health, Rehabilitation, and Psychosocial Support

Access to healthcare and rehabilitation services for refugees with disabilities at Tongogara remains limited and fragmented. While basic primary healthcare is available through camp-based clinics, specialised services such as physiotherapy, occupational therapy, mental health care, and provision of assistive devices are scarce or inconsistently supplied (JRS, 2022). Refugees with disabilities often depend on humanitarian organisations for referrals to external facilities, a process constrained by funding shortages, bureaucratic delays, and restrictions on movement beyond the camp.

Psychosocial support is particularly inadequate, despite high levels of trauma associated with pre-flight experiences, conflict-related injuries, and prolonged displacement. Research indicates that refugees with psychosocial and intellectual disabilities face compounded stigma, frequently being excluded from both disability-specific and mental health services (IOM, 2022). The absence of sustained, trauma-informed psychosocial interventions exacerbates distress and undermines coping mechanisms, especially among women caregivers of children with disabilities.

Gender, Care Work, and Intersectional Vulnerability

Tarusarira's (2024) qualitative research on Zimbabwean refugee mothers of children with disabilities provides critical insight into the gendered dimensions of disability and displacement at Tongogara. The study illustrates how caregiving responsibilities disproportionately fall on women, who must navigate stigma associated with disability, economic precarity, and limited access to psychosocial support. These mothers frequently experience social isolation, emotional exhaustion, and heightened vulnerability to poverty, as caregiving demands restrict participation in livelihoods and community activities.

This gendered burden of care reflects broader intersectional patterns documented in refugee and disability scholarship. Refugee women and girls with disabilities or caring responsibilities are consistently shown to face elevated risks of neglect, gender-based violence, and exclusion from education and livelihoods (UNICEF, 2021; Plan International, 2023). At Tongogara, such dynamics are compounded by patriarchal norms and cultural beliefs that associate disability with misfortune or blame, reinforcing stigma and silence.

Livelihood Exclusion and Administrative Dependency

Livelihood opportunities at Tongogara are limited for refugees broadly, but refugees with disabilities face particularly acute exclusion. Humanitarian livelihood programmes often prioritise individuals deemed "economically productive," sidelining persons with disabilities based on assumptions of dependency and incapacity (IOM, 2022). As a result, refugees with disabilities are frequently excluded from cash-based interventions, vocational training, and small-enterprise support initiatives.

This exclusion entrenches administrative dependency, whereby refugees with disabilities rely heavily on food aid, sporadic social assistance, and charitable support. Such welfare-oriented responses reinforce passive subjectivities and undermine agency, contrary to the principles of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which emphasises autonomy, participation, and inclusion (United Nations, 2006). Mandikiana (2021) characterises this dynamic as the institutional production of dependency within encampment governance systems.

Participation, Voice, and Rights-Based Inclusion

Despite formal commitments to participatory refugee governance, refugees with disabilities at Tongogara remain underrepresented in camp leadership structures, consultative forums, and programme planning processes. Decision-making is largely mediated by humanitarian actors and camp authorities, with limited mechanisms for meaningful participation by persons with disabilities (UNHCR, 2019).

Global studies confirm that when refugees with disabilities are excluded from participation, programmes often fail to address accessibility, relevance, and sustainability (CBM, 2022). Conversely, participatory and community-based approaches have been shown to enhance programme effectiveness, dignity, and

accountability. At Tongogara, the absence of institutionalised participation mechanisms perpetuates a disconnect between policy commitments and lived realities.

Discussion: From Welfare to Rights-Based Refugee Protection

The Tongogara case study illustrates how encampment, welfare-oriented humanitarianism, and policy silos jointly produce disabling conditions for refugees with disabilities. While Zimbabwe has adopted progressive disability frameworks, including the National Disability Policy (2021) and the Persons with Disabilities Act (2025), these instruments have limited reach within refugee settings due to weak policy harmonisation and implementation gaps.

The lived experiences documented at Tongogara underscore the need for a paradigmatic shift toward disability-inclusive, rights-based refugee governance. Such a shift requires integrating refugees with disabilities into national disability systems, redesigning humanitarian programmes around accessibility and participation, and recognising refugees with disabilities as contributors to social and economic life rather than as perpetual dependents.

CONCLUSION

The lived realities of refugees with disabilities at Tongogara Refugee Camp reveal persistent structural exclusion shaped by inaccessible environments, limited services, gendered care burdens, and welfare-oriented governance. These experiences reflect broader global patterns but are intensified by Zimbabwe's encampment-based refugee regime and institutional silos between refugee protection and disability governance. Addressing these challenges requires centring lived experience in policy and programme design, strengthening participation, and operationalising disability rights within refugee contexts. Without such reforms, refugees with disabilities will remain marginalised not only spatially within camps, but structurally within protection systems that recognise their rights in principle yet fail to realise them in practice.

The Role of Social Work and Humanitarian Practice in Advancing Disability-Inclusive Refugee Protection in Zimbabwe

Social work and humanitarian practice occupy a critical yet constrained position in addressing the needs and rights of refugees with disabilities in Zimbabwe. Drawing on Zimbabwean scholarship, institutional reports, and empirical insights from Tongogara Refugee Camp, this article interrogates the extent to which social work practice mediates between welfare-oriented humanitarianism and rights-based, disability-inclusive refugee protection. While social work scholarship advocates for empowerment, participation, and social development approaches, practice remains embedded within bureaucratic, donor-driven systems that prioritise compliance and short-term relief over structural transformation. The article argues that without deliberate disability-responsive and participatory reorientation, social work risks reproducing dependency and exclusion. It concludes by proposing pathways for repositioning social work as a transformative, development-oriented actor within disability-inclusive refugee governance.

Social Work, Refugee Protection, and Social Development

Social work occupies a central mediating role within refugee protection systems, situated at the interface between state institutions, humanitarian agencies, and displaced populations. In the Zimbabwean context, Mhlanga and Zengeya (2016) position social work as a critical instrument for advancing socially just and development-oriented refugee responses. They argue that refugee protection should extend beyond emergency relief toward empowerment, participation, and integration into broader social development frameworks. This perspective aligns with African social work traditions that emphasise collective wellbeing, structural change, and community-based practice over residual welfare approaches.

However, empirical evidence suggests a persistent gap between the normative aspirations of social work and the realities of humanitarian practice in refugee settings. Social workers operating in Zimbabwe's refugee regime, particularly at Tongogara Refugee Camp, are embedded in institutions characterised by limited resources,

restrictive refugee policies, and donor-driven accountability mechanisms (Mandikiana, 2021; Chikoko et al., 2024). As a result, practice often prioritises bureaucratic compliance, case management, and service rationing rather than advocacy, rights realisation, or systemic transformation.

This tension is especially pronounced for refugees with disabilities. While social work ethos theoretically aligns with the social and human-rights-based models of disability, institutional constraints frequently compel practitioners to operate within medicalised or charity-oriented paradigms that frame disability as vulnerability rather than as a locus of rights and agency (Shakespeare, 2014). Consequently, social work practice risks reinforcing the very dependency it seeks to dismantle.

Humanitarian Practice and Disability: From Welfare to Rights

Humanitarian actors play a dominant role in shaping service delivery at Tongogara Refugee Camp, including in education, health, psychosocial support, and livelihoods. Organisations such as the Jesuit Refugee Service (JRS) and Plan International have demonstrated normative leadership by advocating for community-based, participatory, and disability-inclusive programming (JRS, 2022; Plan International, 2023). Their interventions emphasise dignity, participation, safeguarding, and intersectional sensitivity, particularly for women, children, and persons with disabilities.

However, despite these commitments, disability inclusion remains uneven and often peripheral within humanitarian programming. Empirical assessments at Tongogara show that refugees with disabilities are frequently categorised as “*extremely vulnerable individuals*” (EVIs), a designation that prioritises access to basic assistance but simultaneously excludes them from livelihoods initiatives, skills development programmes, and leadership opportunities (IOM, 2022; Mandikiana, 2021). This vulnerability framing, while well-intentioned, reproduces paternalistic assumptions about incapacity and reinforces welfare dependence.

Humanitarian social work practice thus operates within what disability scholars describe as an *administrative production of vulnerability*, where impairment is foregrounded while structural barriers remain unchallenged (Oliver, 1996; Shakespeare, 2014). In such contexts, social workers are rendered implementers of predefined assistance packages rather than facilitators of rights-based inclusion and social participation.

Participation, Voice, and the Limits of Current Practice

Participation is a core principle in both social work ethics and international disability rights instruments, notably the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Yet research at Tongogara Refugee Camp consistently demonstrates that refugees with disabilities remain underrepresented in camp governance structures, programme design processes, and community leadership forums (UNHCR, 2019; JRS, 2022). Decisions affecting their lives are frequently made by humanitarian agencies and camp authorities, with limited consultation or co-production.

This exclusion reflects broader institutional dynamics in which participation is procedural rather than substantive. Consultations, where they occur, often lack accessibility, reasonable accommodation, or targeted outreach to persons with disabilities. Social work practitioners, constrained by time, resources, and organisational mandates, struggle to translate participatory ideals into meaningful practice. As a result, refugees with disabilities continue to be positioned as service recipients rather than as active stakeholders and contributors.

Evidence from community-based and participatory pilots suggests that when refugees with disabilities are meaningfully involved in programme planning and monitoring, outcomes improve in terms of relevance, accessibility, and sustainability (CBM, 2022; IOM, 2022). These findings underscore the transformative potential of participatory social work practice, even within constrained humanitarian settings.

Structural Constraints and Professional Dilemmas

Social workers in refugee camps navigate complex professional and ethical dilemmas. On the one hand, they are guided by professional values of dignity, self-determination, and social justice. On the other, they operate within

systems shaped by encampment policies, donor priorities, and restrictive legal frameworks that limit refugees' mobility and economic participation. For refugees with disabilities, these constraints are magnified by accessibility barriers, stigma, and intersecting forms of exclusion related to gender, age, and poverty.

Zimbabwean scholarship highlights how encampment functions as a governance technology that undermines social development and reproduces dependency (Mandikiana, 2021; Mhlanga & Zengeya, 2016). Within this structure, social work practice risks becoming an extension of containment rather than a vehicle for emancipation. This raises critical questions about professional autonomy, advocacy, and the role of social workers as agents of change.

Repositioning Social Work for Disability-Inclusive Refugee Governance

This analysis suggests that advancing disability-inclusive refugee protection in Zimbabwe requires a deliberate reorientation of social work and humanitarian practice. First, social work must be explicitly anchored in rights-based and disability-inclusive frameworks, aligning practice with the CRPD, Zimbabwe's National Disability Policy (2021), and emerging sectoral strategies such as the GEDSI framework. Second, capacity building for social workers should prioritise disability rights, intersectionality, and participatory methodologies, enabling practitioners to challenge ableist assumptions and institutional inertia.

Third, humanitarian agencies and state institutions must create enabling environments for participatory practice by resourcing accessibility, supporting refugee-led initiatives, and integrating refugees with disabilities into decision-making structures. Without such systemic changes, social work risks remaining confined to the management of vulnerability rather than its transformation.

Conclusion

Social work and humanitarian practice hold significant potential to advance disability-inclusive refugee protection in Zimbabwe. However, this potential remains constrained by welfare-oriented paradigms, institutional silos, and encampment-based governance structures. Evidence from Tongogara Refugee Camp illustrates that refugees with disabilities continue to be marginalised within protection systems that recognise their vulnerability but insufficiently operationalise their rights. Repositioning social work as a participatory, rights-based, and development-oriented practice is essential for bridging the gap between normative commitments and lived realities. Such a shift is not merely technical but political, demanding renewed professional courage, institutional reform, and the centring of refugee agency in the pursuit of social justice.

DISCUSSION

Toward Disability-Inclusive Refugee Governance

Persistent Policy–Practice Disjuncture

This study reveals a persistent gap between Zimbabwe's progressive disability and inclusion policy commitments and the lived realities of refugees with disabilities, particularly in encampment settings such as Tongogara Refugee Camp. Despite the state's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the adoption of national frameworks including the National Disability Policy (2021) and the Safeguarding, Gender, Equity, Disability and Social Inclusion (GEDSI) Strategy (2025–2030), refugee governance remains largely welfare-oriented and insufficiently disability-responsive. In practice, disability continues to be framed through vulnerability and charity lenses, resulting in fragmented assistance and limited pathways toward autonomy, participation, and long-term inclusion.

Encampment and the Institutional Production of Exclusion

Findings from Tongogara Refugee Camp demonstrate that encampment operates as a structurally disabling governance system. Restricted mobility, dependence on humanitarian assistance, and separation from national development systems reproduce conditions of dependency for refugees with disabilities. Consistent with the social model of disability, exclusion is produced not by impairment itself, but by inaccessible environments,

policy silences, and institutional arrangements that fail to operationalise rights. Encampment thus undermines the realisation of CRPD principles related to independent living, participation, and access to education, health, and livelihoods.

Relevance of Inclusive Governance and the GEDSI Framework

Inclusive governance theory underscores the need to shift refugee protection from residual humanitarianism toward participatory and development-oriented models. The GEDSI Strategy provides a critical normative framework for such recalibration by foregrounding intersectionality, safeguarding, accessibility, and accountability under the principle of “no one and no place left behind.” However, refugees; especially refugees with disabilities; remain largely absent from GEDSI implementation discourse and practice. Aligning refugee governance with the GEDSI framework would strengthen coherence between humanitarian action and national social policy, while extending inclusive education, safeguarding, and disability accommodation obligations to displaced populations.

Participation as a Governance Imperative

A central finding of this research is the limited and often tokenistic participation of refugees with disabilities in decision-making processes. While participation is endorsed in policy, it is rarely institutionalised in practice. Refugees with disabilities remain underrepresented in camp leadership, programme design, and monitoring structures. Institutionalising meaningful participation; through accessible consultation mechanisms, support for refugee-led disability organisations, and accountability benchmarks; is essential for responsive and rights-based refugee governance. Participation must be understood not as consultation alone, but as a substantive right and mechanism for social accountability.

Implications for Policy and Practice

The analysis highlights the need for deliberate policy harmonisation between refugee governance, disability frameworks, and inclusive education strategies. For policymakers, this entails extending national disability and GEDSI commitments explicitly to refugees, irrespective of citizenship status. For practitioners, it calls for reorienting humanitarian and social work practice away from vulnerability management toward rights-based, participatory, and disability-inclusive approaches. Without such recalibration, refugees with disabilities will remain marginalised within systems that recognise their vulnerability yet inadequately realise their rights.

Conclusion

In conclusion, disability-inclusive refugee governance in Zimbabwe remains constrained by welfare-oriented paradigms, encampment policies, and limited participation, despite strong normative commitments. Advancing inclusion requires a paradigmatic shift toward rights-based, participatory, and development-oriented governance that embeds disability inclusion at the core of refugee protection and national development planning. Such transformation is essential for bridging the gap between policy commitments and lived realities, and for ensuring that refugees with disabilities are recognised not merely as beneficiaries of care, but as rights-holders and contributors to social development.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This article has demonstrated that refugees and asylum seekers with disabilities in Zimbabwe remain structurally marginalised at the intersection of displacement, disability, and restrictive refugee governance. Despite Zimbabwe’s progressive normative commitments, reflected in international obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and national frameworks such as the National Disability Policy (2021) and the GEDSI Strategy (2025–2030); disability inclusion within refugee protection remains uneven and weakly operationalised. Empirical insights from Tongogara Refugee Camp reveal that encampment-based governance, welfare-oriented humanitarian responses, and institutional silos continue to constrain access to education, health, livelihoods, and meaningful participation for refugees with disabilities.

These exclusions are not inherent to disability but are socially and institutionally produced, underscoring the need for a paradigmatic shift from residual humanitarianism toward rights-based, disability-inclusive, and development-oriented refugee governance.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

Policy Harmonisation and Inclusion

Refugee governance frameworks should be deliberately harmonised with national disability and inclusion policies, explicitly recognising refugees with disabilities as rights-holders within national disability systems, irrespective of legal status or citizenship.

Reform of Encampment Practices

Encampment policies should be reviewed through a disability-inclusive lens, with progressive relaxation of movement restrictions to enable access to specialised services, inclusive education, and livelihood opportunities beyond camp boundaries.

Institutionalised Participation

Refugees with disabilities must be meaningfully integrated into camp governance, programme design, and monitoring mechanisms. Participation should be resourced, accessible, and embedded as a governance obligation rather than treated as ad hoc consultation.

Disability-Inclusive Programming and Data

Humanitarian and government actors should mainstream disability inclusion across all sectors, supported by disability-disaggregated data collection, accessible infrastructure, and reasonable accommodation in service delivery.

Capacity Building and Accountability

Targeted training for state officials, social workers, and humanitarian practitioners on disability rights, intersectionality, and inclusive practice is essential, alongside clear accountability mechanisms for implementation failures.

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