

Resilience of Persons with Road Accident Disabilities in the Face of the COVID-19 Pandemic in Budiriro High-Density Residential Suburb, Harare, Zimbabwe

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Abstract

The article interrogates the resilience of persons with road accident disabilities in the face of the COVID-19 pandemic in Budiriro, a high-density suburb, in Zimbabwe. The resilience theory was adopted to analyse and understand the realities of these people. Through purposive sampling, eight participants and two government administrators were interviewed to generate data for this study. The research findings suggest that persons with disabilities induced by road traffic accidents are resilient in the face of several adversities, some induced partly by the COVID-19 pandemic. Factors that contributed towards their resilience are multiple and varied. These include support from their churches and communities, non-governmental organisations (NGOs) and the Government of Zimbabwe, relatives, neighbours and well-wishers, among others. The article concludes by lobbying and advocating for the provision of social protection programmes for persons with road accident induced disabilities during the COVID-19 pandemic.

Keywords: COVID-19 pandemic, resilience, persons with disabilities, case study

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INTRODUCTION

People with disabilities induced by road accidents had already been facing socioeconomic challenges in their day-to-day lives before the accidents (Mwapaura 2019; Mwapaura & Chikoko 2020, 2021). Some of the challenges include loss of relationships, sleeping difficulties, loss of income and expensive medical treatment and legal challenges (Mwapaura and Chikoko 2021; Mwapaura, 2019). The article is part of a broader study conducted in 2020 in Budiriro 5B, Harare, Zimbabwe. The study examined the resilience of persons with disabilities induced by road accidents during the COVID-19 outbreak. The term 'resilience' is used in a broader context to the need to focus more on how individuals and families are dealing with adversity, especially in health care and livelihoods instead of a narrow focus on the nature of adversity (Van Breda, 2018). There is a dearth of academic studies that interrogate the resilience of persons with road traffic induced disabilities (Sabatello *et al.*, 2020). A number of studies have been carried out on persons with disabilities in Zimbabwe (Mtetwa, 2016). However, there is scant literature on how persons with disabilities induced by road traffic accidents respond to situations of adversities such as the COVID-19 pandemic. The article will significantly contribute towards academic debate on the resilience of persons with disabilities induced by road traffic accidents in the face of disaster situations like the COVID-19 pandemic. In addition, the article will contribute towards social work policy and practice towards the rights and needs of persons with disabilities induced with road traffic accidents.

ENGAGING RESILIENCE THEORY

The study made use of the Resilience Theory by Garmezy as a conceptual framework (Garmezy, 1991). Resilience theory zeros in on positive contextual, individual and social variables that disrupt developmental trajectories from risk and these are called promotive factors (Fergus and Zimmerman, 2005), hence the plausibility of the theory to best explain the realities of persons with disabilities induced by road accidents during the COVID-19 pandemic. Two types of promotive factors were identified by Fergus and Zimmerman (*ibid.*) which include assets and resources. Assets are those positive factors within individuals themselves such as self-esteem and self-efficacy. Positive factors outside individuals that provide persons with disabilities with opportunities to realise their wellbeing are

defined as resources. This framework argues that it is not the nature of adversity that is more significant, but how people deal with them. It highlights that when people face adversity, frustration or misfortune, resilience helps them to recover, survive, and even thrive (Garmezy, 1991).

This modern framework has gained momentum in the social work research arena because identifying resilience-building factors can assist at-risk clients that are in line with key social work issues that include but are not limited to identifying protective factors; promoting strengths of people; and appreciating services and policies that promote or impede wellbeing and social justice (Van Breda, 2018) hence critical to this study because it is concerned with same protective factors but with a specific focus on copying resources of persons with disabilities induced by road accidents during the COVID-19 pandemic. He argues that the relevance of the framework for social work can be evaluated according to three criteria, that are research questions it generates, contribution to indigenous knowledge and contribution to social development (*ibid.*). In this light, this framework orients researchers to positive factors (Fergus and Zimmerman, 2005 and Zimmerman, 2013) in the lives of persons with disabilities induced by road accidents during the pandemic, which becomes the focus of change strategies that can be designed to promote or enhance their strengths. Ungar (2006) and Van Breda (2018) highlight that resilience is both a process and an outcome. In this regard, different terms should be used for each, that is, resilience is best used as process definition while resiliency is best reserved for outcome definition. Resilience has eight (8) key components: that, pursuing a meaningful goal, challenging assumptions, cognitive flexibility, growth through suffering, acting despite fear, emotional regulation, the feeling of agency, and social support (Masten *et al.*, 2007). Unlike other theoretical frameworks, resilience theory is not a set of determined principles or hypotheses but rather keeps evolving as researchers learn more through study.

Social workers have been criticised for focusing more on asking pathogen questions and how vulnerability negatively affects people's lives because while these questions are important, they short-change the profession of

social work (Van Breda, 2018). Social work has evolved and is now a profession and an academic discipline that has transcended to go beyond to focus on facilitating change. This is evident in the global definition of social work by the International Federation of Social Workers, 2014) which reads:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.”

In the above definition, it is clear that social work is a change-oriented profession and discipline.

The article maintains that this is the most appropriate theory for this research because there is more to a client than just the challenges that they face; thus, a good assessment not only addresses the problem but the client's whole person, including coping resources and attempts to deal with the challenges (Ungar, 2006; Van Breda, 2018).

The COVID-19 pandemic has affected all aspects of human lives (Khataybeh, 2021). It threatens all members of society. However, the unprecedented impact of the COVID-19 pandemic on persons with disabilities is huge. The situation is compounded by the persons with disabilities being disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response (CARE, 2020; World Economic Forum, 2020; International Disability Alliance, 2020). Many people with disabilities have pre-existing health conditions that make them more susceptible to contracting COVID-19, experiencing more severe symptoms upon infection and leading to elevated levels of death.

During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living, may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable, as evidenced by the overwhelming numbers of deaths in residential care homes and psychiatric facilities. Barriers for persons with disabilities in accessing health services and information are intensified. Persons with disabilities continue to face discrimination and other barriers in accessing livelihood and income support, participating in

online forms of education, and seeking protection from violence. Particular groups of persons with disabilities, such as prisoners and those who are homeless or without adequate housing, face even greater risks. People with disabilities have a right to benefit from services that meet their specific needs during this unprecedented crisis, just like other citizens. To fulfil the promise of the 2030 Agenda and its fundamental promise of leaving no one and no place behind, it is essential to employ all possible facilitating technologies to support people with disabilities and their families during this crisis.

Persons with disabilities are known to be at increased risk of the COVID-19 due to the need for close contact with personal assistants/caregivers and complications due to underlying health conditions and socio-economic inequalities, including poor access to health care (World Economic Forum, 2020). These risks are compounded by numerous barriers to family crisis preparedness due to displacement and drastic changes in living conditions, a lack of access or obstructed access to public health and protection messaging, risks of increased stigma based on disability, inaccessibility of infrastructure, potentially discriminatory attitudes and procedures of the health workforce and systems, and potentially disrupted protection and social support mechanisms.

In situations of severe pressure on health systems, persons with disabilities, including children with disabilities are at risk of being deprioritised or denied access to treatment for COVID-19 based on the assumption that their chances of survival are less compared to those without disabilities. This would be considered a violation of basic human rights. Physical distancing and/or separation from caregivers and support networks could result in disruption of medical, social and rehabilitation care. This could lead to adults and children with disabilities not receiving adequate assistance for health-related concerns, which may result in life-threatening situations. Potentially increased food insecurity, loss of support mechanisms and protection concerns negatively affect physical and psychological wellbeing (distress, anxiety and negative thoughts, among others). The risks and additional restrictions faced by persons with disabilities in times of community isolation may further impede the health, safety, independence and autonomy of individuals.

In a study of the impact of the COVID-19 pandemic on persons with disabilities induced by road traffic accidents in Zimbabwe, in a case of Budiriro high-density suburb, these persons faced numerous challenges (Mwapaura and Chikoko 2021). Some of the challenges they face include food insecurity, lack of masks, transport, unaffordability of goods and medical supplies (*ibid.*).

Women and girls both with and without disabilities are more likely to face an increased risk of gender-based violence (GBV), including sexual exploitation and abuse (particularly domestic violence), due to confinement and/or a shift in roles and responsibilities (*ibid.*). Protection risks for women and girls with disabilities are further increased due to disruption of pre-existing protection mechanisms and crucial services (family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling services) (CARE, 2020). Children with and without disabilities may need to adapt to the closure of schools and other structures. School closure impacts continuity of learning and leads to an absence of protective environments and reduced fulfilment of basic needs (for example, feeding programmes, social support, personal assistance, access to assistive devices and rehabilitation). This may lead to negative impacts on physical and psychological wellbeing, and increased child protection risks, including abuse, neglect, exploitation and violence. Children sharing treatment spaces with adults are at-risk of increased anxiety, and fear and of their needs not being identified and/or met. Older persons are at an increased risk of multiple rights violations in the COVID-19 pandemic, such as discrimination based on age, and must be supported to access services on an equal basis with others (HelpAge, 2020).

Needs and risk assessment and analysis activities should be disaggregated by gender, age and diversity, including disability, and should consider the specific risk of exclusion and violation of rights for adults and children with disabilities. All preparedness and response plans must be inclusive of and accessible to all persons with disabilities, including women and girls with disabilities (International Disability Alliance, 2020). This means ensuring that all workers have sufficient training on disability, providing individualised support and have the skills and knowledge to provide to

adults and children with disabilities. Restrictions in the provision of humanitarian services must consider persons with disabilities on an equal basis with others. In the event of quarantine, support services and physical and communication accessibility must be ensured. When in quarantine, personal assistants/caregivers, support persons/family, and/or interpreters shall accompany persons with disabilities as required, upon agreement by all parties and subject to the adoption of all hygiene/protective measures.

Personal assistants and interpreters should be, when possible, proactively tested for COVID-19 to minimise the risk of spreading the virus to persons with disabilities (International Disability Alliance, 2020). Remote services, such as phone-based counselling, should be accessible to persons with disabilities on an equal basis with others, and therefore service providers should consider delivery in various accessible modalities. When infected with COVID-19, persons with disabilities may face increased barriers in seeking and receiving health care. In situations of increased pressure on the healthcare system, a risk may emerge where persons with disabilities experience discrimination and negligence by healthcare personnel. However, in line with basic rights, persons with disabilities and older persons in need of health services due to COVID-19 should not be deprioritised or denied treatment based on their disability and/or age (*ibid.*). Informed consent to health care and other services should always be obtained from all persons with disabilities regardless of the type of impairment. Various communication methods should be utilised to enable this, such as written, verbal and sign language. Children and adults with disabilities should be enabled to exercise maximum participation in decision-making and their treatment and, when required, they should be supported to communicate their needs while under treatment.

RESEARCH METHODOLOGY

The article is based on a qualitative case study research design. The qualitative research data was done through in-depth interviews, observations and key informant interviews (Rubin and Babbie, 2007; Flick, 2006). These qualitative tools were used to generate data for this research because they provide more detailed information that is in line with the tenets of qualitative research and case study research design guiding this study (Creswell, 2009).

Purposive sampling was utilised to select eight (8) people with disabilities sustained from road accidents to generate data for this study. The participants comprised six (6) men and (2) women. As a qualitative sampling technique, purposive sampling is highly beneficial because of its focus on specific characteristics of a population that are of interest, in this context, resilience of persons with disabilities during the COVID-19 pandemic in Budiriro 5B, that can be useful in enabling researchers to answer research questions (Woodside, 2010). Pseudonyms were used to safeguard the identity of the participants. For analysis, the qualitative raw data were arranged into thematic categories that included churches and communities, non-governmental organisations and the Government of Zimbabwe, relatives, neighbours and well-wishers.

RESULTS

Research findings indicate that there are numerous factors that promoted the resilience of persons with disabilities induced by road accidents of Budiriro. Some of the factors included: churches, community, online interaction, NGOs, Government of Zimbabwe and relatives, among others. Utilising the resilience theory, such factors enhanced the level and extent of being resilient and adaptation in the face of adversities such as the COVID-19 pandemic.

Churches contribute to the resilience of persons with disabilities induced by road accidents during the COVID-19 pandemic. Some of the churches included the indigenous (apostolic faith sects, *masowe*², Zion Christian Church), Pentecostal (Apostolic Faith Mission in Zimbabwe, ZAOGA), various ministries, among others. The mainline churches such as the Roman Catholic Church, the Dutch Reformed Church, among others, were very active in preaching the gospel of hope among their congregants.

The churches give them hope and provide spiritual or mystical answers, not only about their disabilities, but about COVID-19. Through their belief in God, people with accident-induced disabilities got healing from

²Masowe is one of the Apostolic faith sects in Zimbabwe.

their daily challenges that included resilience in the face of adversities such as the COVID-19 pandemic. People also believed that the calamities and pandemics such as COVID-19 had been prophesied in the bible and they looked up to God for protection and deliverance, among other issues. Churches also promote the resilience of persons with disabilities induced by road accidents. In addition, the churches encouraged the congregants to provide support to each other through the 'brother's keeper philosophy.' The churches also taught their congregants about equality in the eyes of their heavenly Father (God). Through equality before the eyes of God, persons with disabilities were just as important as any other person in the wake of the pandemic. As a result of their equality principle before the God, there were very minimal cases or incidences of stigma and discrimination among persons with road traffic induced disabilities in the wake of the pandemic.

The churches promoted the resilience of the persons with road traffic induced accidents as pastors, elders and prayer groups provided online prayers during the COVID-19 pandemic. Pastors cited biblical verses and/or stories that promoted hope.

The community was found to be a factor contributing to the resilience of persons with disabilities induced by road accidents during the COVID-19 pandemic. The reason behind this is that the community gives them support through socialisation and helps them in completing routine tasks during the pandemic.

Communities enhanced the resilience of persons with disabilities induced by road accidents during the pandemic as they were able to interact freely with those with no handicaps. The community promoted the resilience of the persons with disabilities as they got psychological support through their community structures.

Online interactions provided support to persons with road traffic induced disabilities during COVID-19 pandemic in Budiriro high-density suburb. These persons were able to interact online through WhatsApp groups, Facebook, among other media platforms. Through these online interactions, hope was enhanced among them. The persons with

disabilities induced by road traffic accidents shared information as community members of Budiriro. They shared various information that includes information about the COVID-19 pandemic. For example, they shared how COVID-19 is contracted, myths and facts about the disease. They also shared about where to get support in cases of violence such as the Zimbabwe Republic Police, Childline and Musasa hotlines. The information pertaining on operating hours of essential services, such as supermarkets, pharmacies and hospitals were also shared among the persons with disabilities induced by road traffic accidents.

During the COVID-19 pandemic, a number of both local and international NGOs provided support to vulnerable members of society. These included those with disabilities, elderly, orphans and other vulnerable children, grandparent-headed, female-headed, child-headed households, among others. As a result of numerous interventions these NGOs promoted resilience among the vulnerable members of Budiriro.

The provision of food vouchers as a form of social protection became one of the key interventions of the NGOs. For example, one of the local NGOs operating in Budiriro provided food vouchers for persons with disabilities during the COVID-19 pandemic. The persons with road traffic disabilities were able to redeem the food vouchers at selected supermarkets such as OK, among others.

Some of the NGOs provided psychological support sessions to vulnerable persons such those with disabilities induced by road traffic accidents through online sessions. The NGOs also provided medical vouchers for the chronically ill persons of Budiriro. The recipients of the medical vouchers would redeem them at selected pharmacies and hospitals.

The state (government) was found to be a contributing factor to the resilience of persons with disabilities induced by road accidents during the COVID-19 pandemic, by providing cash transfers to vulnerable households, including those with persons with disabilities induced by road accidents. Vulnerable members of society received 300 RTGS from the Department of Social Development under the Ministry of Public Services Labour and Social Welfare.

The cash transfer programme was implemented in partnership with mobile money provider NetOne. Persons with disabilities induced by road traffic accidents accessed their money through NetOne money transfers which they redeemed in selected supermarkets like OK and TM, among others. However, the research findings suggest that the Government-run cash transfer programme has a number of challenges. Some of the challenges included late disbursement, rigidity of the form of payment and the amount of money was little to the extent that it did not buy anything meaningful. During an in-depth interview, a participant had this to say:

"Government of Zimbabwe should seriously consider increasing the amount it is offering each recipient of cash transfers. At the moment the 300 RTGS is merely equivalent to two US dollars, or merely three loaves of bread. The government should scale up as there are deserving people, including people with disabilities induced by road accidents who are not receiving" (Participant 3).

Research findings suggest that relatives provided the much-needed support to enhance the resilience of persons with disabilities induced by road traffic accidents. The relatives promoted their resilience in many respects. They provide care, financial support and emotional support for them. In an interview, another participant had this to say:

"My relatives are very generous as they send me some money monthly. At times they do not as they will be settling fees and other expenses in their households. When they visit me, we discuss my condition and I gladly share with them so that they become knowledgeable about it and appreciate ways to help me effectively" (Participant 4).

In interviews, participants shared that relatives are very important and should never underestimate their significance in the lives of persons with disabilities induced by road accidents during the COVID-19 pandemic. The participant had this to say:

"Although caring for a family member with a disability, particularly induced by road accidents can be stressful and demanding, their role is significant to ensure their safety and protection" (Participant 8).

One of the social workers employed at one of the NGOs also confirmed that relatives of persons with disabilities induced by road traffic accidents

were very crucial in enhancing the later's resilience. Relatives promoted resilience through financial, spiritual and material support, among others.

DISCUSSION

Churches contributed to the resilience of persons with disabilities induced by road accidents during the COVID-19 pandemic. For example, the provision of spiritual support can enhance their resilience. Merriam-Webster (2021) defines a church as a building for public and especially Christian worship. It is observed that churches give them hope and provide spiritual or mystical answers, not only about their disabilities, but also above the COVID-19 pandemic. At the place of worship, participants' hopes are continuously restored concerning their lives and the future. They go to church to know about the Son of God who they believe made miraculous healings and his followers through his name. In that regard, it gives them hope as they navigate the Christian religion canon (Bible) that has stories of how God can provide them with healing during this pandemic as he did the Israelites when they were affected by pandemics.

Such a state of affairs vindicates the resilience theory that stresses that resources (Garmezy, 1991; Fergus and Zimmerman, 2005) in this context can help people with disabilities induced by road accidents to realise their wellbeing. In that light, churches help people with disabilities induced by road accidents to face adversities in their lives, such as spiritual well-being which is an important part of an individual's health, hence enhancing their resilience. These findings are in line with an article in *Newsday* by Moyo (2021) that stresses that the church must be considered an essential service. In that article, pastors indicated that churches have a mandate to assist people spiritually and emotionally and to save lives during times of distress, trauma and depression caused by the combination of economic difficulties and COVID-19. Considering the spike in cases daily, alternative church gatherings can be adopted, such as online church gatherings to reduce the spread of the virus.

Research findings have revealed that community is a factor contributing to the resilience of persons with disabilities induced by road accidents during the COVID-19 pandemic. A community as a unified body of

individuals such as people with common interests living in a particular area, promotes resilience in the face of adversities (Merriam-Webster 2021). It was observed that the community gave persons with disabilities induced by road accident of Budiriro support through socialisation during the COVID-19 pandemic. Budiriro was able to assist persons with disabilities through such community services like shopping for groceries, crossing the road with many potholes, and getting or navigating around.

The findings are related to a study by United Nations Women (2020) conducted in India, that uncovered that persons with disabilities rely on a range of support services, including members of the community and friends, for example in navigating inaccessible environments and meeting needs such as purchasing and preparing food. This study notes that these support networks can help those with disabilities induced by road accidents to live independent lives and be included in the community to enhance their resilience. This contradicts findings by Mwapaura (2019) that communities have a negative attitude toward persons with disabilities induced by road accidents because, in this context, they are assisting the participants to accomplish daily or routine tasks that they find difficult to do on their own.

Research findings reveal that NGOs are a contributing factor to the resilience of persons with disabilities induced by road accidents during the COVID-19 pandemic. For example, through food vouchers, persons with disabilities induced by road accidents can enhance their resilience. NGOs can be defined as non-profit entities independent of government influence (Merriam-Webster, 2021). These organisations provide food assistance to persons with disabilities induced by road accidents as a safety net during the COVID-19 pandemic. Participants highlighted that a local NGO is providing them with social safety nets such as monthly grocery vouchers and they can redeem those vouchers at selected OK Supermarkets using a card issued by the NGO. The same NGO had ceased giving them monetary assistance through Ecocash because it was usually eroded by inflation and this could have been ineffective in assisting them to resolve food insecurity during COVID-19 lockdowns. Such situations support arguments by proponents of resilience theory (Fergus and Zimmerman, 2005; Zimmerman, 2013), that in this context, NGOs help people with

disabilities induced by road accidents to survive through food provision programmes hence enhancing their resilience.

Research discoveries suggest that the Government of Zimbabwe is also a contributing factor to the resilience of persons with disabilities induced by road accidents. For example, through COVID-19 allowances, persons with disabilities induced by road accidents can enhance their resilience. Merriam-Webster (2021) defines a government as the agency through which a political unit exercises authority and performs functions and that is usually classified according to the distribution of power within it.

The Government of Zimbabwe, as the primary custodian of disadvantaged people, has been providing cash transfers to vulnerable households, including those with persons with disabilities induced by road accidents during the COVID-19 pandemic. At the time the participants received monthly COVID-19 allowances from the Government through the Ministry of Public Service, Labour and Social Welfare. For the participants, this money is very significant considering some lost their jobs and efforts to get formal employment have been fruitless. Participants lamented how they cannot engage in informal trading which is their main source of livelihood because of the COVID-19 lockdowns. On the other hand, participants expressed their concern that the Government should consider increasing the COVID-19 allowances so that they can afford some household basics. The findings vindicate the resilience theory that stresses that resources as a promotive factor (Masten *et al.*, 2007; Zimmerman, 2013), in this case, the Government of Zimbabwe, provided cash transfers that enhanced the resilience of persons with disabilities induced by road accidents.

Research findings reveal that relatives were an important factor too in the resilience of these persons. For example, through the provision of emotional and financial support, persons with disabilities induced by road accidents enhanced their resilience. The relatives as persons connected with another by blood or affinity are very important in promoting resilience of their affected members (Merriam-Webster 2021). Relatives provided care, financial and emotional support for them. Some were generous to the extent that they send them money monthly. Other

relatives visited them and discussed their condition with a view to offer support in terms of knowledge sharing and of psychological nature. The research findings collaborate observations made by Garmezzy (1991) and Zimmerman (2013).

CONCLUSION

As discussed above, persons with disabilities induced by road accidents of Budiriro high-density suburb of Harare, Zimbabwe faced a number of challenges during the COVID-19 pandemic. However, utilising the resilience theory, the persons were able to adapt to the various adversities that they faced in the context of the COVID-19 pandemic. There are numerous factors that promoted the resilience of persons with disabilities induced by road traffic accidents. Some of them included churches, community, online interaction, Government of Zimbabwe, NGOs and relatives, among others. For example, some of the persons with disabilities induced by road accidents got spiritual support from their churches; help for completing routine tasks from communities; food vouchers from NGOs; monetary COVID-19 allowances from the Government of Zimbabwe; and emotional and financial support from relatives, neighbours and well-wishers, among others.

The article proffers a number of recommendations to enhance the resilience of persons with disabilities induced by road traffic accidents:

- 1 There is need to review local legislation and policies on disabilities and gender issues in Zimbabwe so as to ensure that the rights of persons with road traffic induced accidents are catered for, for example, aligning the Disability Act, the Domestic Violence Act with regional and international protocols like the SADC protocol on Gender Issues, the United Nations Conventions on the Rights of Persons with Disabilities, the United Nations Conventions on the All forms of Discriminations Against Women, mainstreaming of disability and gender issues in disaster situations targeting persons with disabilities induced by road traffic accidents, among others. This will go a long way in addressing the disability and gender stereotypes and stigma and discrimination faced by persons with road induced disabilities,
- 2 There is need for the above-mentioned key stakeholders to engage persons with disabilities induced by road accidents in all

stages of their responses and all decision-making processes. Considering the prevailing COVID-19 pandemic, they can set up informal networks for them and harness the chance to interact with them via social media platforms such as WhatsApp to enhance their resilience in the wake of the pandemic,

- 3 There is need to ensure social protection in response to the impact of COVID-19 on persons with disabilities induced by road accidents or introduce them where they do not currently exist such as through cash transfers. In that light, inclusive and accessible methods of service delivery in the current COVID-19 context are essential to enhance their resilience in the wake of the COVID-19 pandemic,
- 4 There is need to strengthen community structures in promoting resilience of vulnerable members of society in the face of the COVID-19 pandemic. This could be through establishing online support groups, among others,
- 5 In line with the human rights-based approach, the duty bearers in the name of Government of Zimbabwe and other key stakeholders should provide more and comprehensive social protection programmes targeting the persons with disabilities induced road traffic accidents, such as social protection programmes such as Assisted Medical Treatment Orders, Basic Education Assistance Module among others.

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