

Disability Inclusive Development Tanzania Situational Analysis June 2020 update

The Institute of Development Studies (IDS) has prepared Situational Analyses (SITANs) which synthesise the most recent existing literature and evidence on factors that impact on the lives of people with disabilities in each of the six UK Aid funded Disability Inclusive Development (DID) countries to better inform the DID programme implementation in each country. The countries include Bangladesh, Jordan, Kenya, Nepal, Nigeria, and Tanzania. The programme focuses on access to education, jobs, healthcare, and reduced stigma and discrimination for persons with disabilities.

This situational analysis addresses the question of: “what is the current situation for persons with disabilities in Tanzania?”.

These SITANs can be used throughout the programme, by all those involved in it, in order to better understand the current context and available evidence, as well as by others working in this area. This will help lead to better informed projects within the four different thematic areas and help with situating these different projects within the wider country context. Where the Committee on the Rights of Persons with Disabilities has recommendations from the concluding observations on the country, these have been integrated in relevant places to ensure that the UNCRPD is at the heart of the SITANs. Where possible, the SITANs also flag up gaps in evidence which the DID programme may be interested in addressing. As living documents they can be adapted to include newly published evidence and to reflect any adaptations in areas of interest in the programme. This SITAN has been briefly updated from the April 2019 SITAN. For more information about how the situational analyses were conducted see page 27.

This paper has been funded with UK aid from the UK government. The opinions expressed are those of the authors and do not necessarily reflect the views or policies of the UK government or members of the Disability Inclusive Development consortium.

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1. Summary of key information

Country facts and figures

Poverty rates: USD 1.90 PPP poverty rate: 49.1% (2017); multidimensional poverty rate: 56.6% (2015/16). Poverty is greater in rural areas.

Disability prevalence: Estimates vary: 9.3% (2012 Population and Housing Census – Disability Monograph).

National policies

Tanzania ratified the *UNCRPD* in 2008 but has not yet reported on it. Disability rights are also provided under the 1977 constitution, the 2010 *Persons with Disabilities Act* (Tanzania Mainland) and the 2006 *Persons with Disabilities (Rights and Privileges) Act* (Zanzibar), amongst others. However, awareness of national disability laws and policies are low and most national and local plans and budgets do not cover disability issues which makes implementation challenging.

The 1982 *Disabled Persons (Employment) Act* and the *Persons with Disabilities Act* established a quota system and prohibit discrimination in employment towards people with disabilities. The *Persons with Disabilities (Rights and Privileges) Act* also included tax incentives for the private sector.

Children with disabilities have been included in education policies since the *Education Act* of 1969. The *Persons with Disabilities Acts* also provide for non-discrimination and inclusive settings for children with disabilities. There is a 2018-2021 *Inclusive Education Strategy* and a 2014 *Special Needs Education Policy*.

The 2007 *National Health Policy* addressed disability barriers to accessing healthcare services. The *Persons with Disabilities Acts* also contain provisions for the healthcare of persons with disabilities, although the Mainland's Act is much stronger on the right to healthcare than Zanzibar's.

The situation for people with disabilities

Disability and poverty: Persons with disabilities are one of the poorest, most marginalised and socially excluded groups in Tanzania. They are more likely to be vulnerable to all kinds of shocks.

Disability and COVID-19: Little is available about the impact of COVID-19 on persons with disabilities in Tanzania, although information and handwashing facilities are reported to be inaccessible. The sectors they work in have been hit particularly hard.

Stigma: People with disabilities experience stigma, discrimination, and violence which hinders them from fully realising their rights and participating in everyday life. Women and girls with disabilities persons with albinism, and children with autism are especially vulnerable to violence. Media awareness, religious teachings, and the work of civil society organisations have contributed to a positive change in perceptions.

Disability and livelihoods/work: People with disabilities face difficulties in accessing employment opportunities. Very few employees in the formal sector are persons with disabilities. Most employed people with disabilities were employed in agricultural, commercial and food crop activities, especially women with disabilities. Barriers to employment and livelihoods include low

expectations of persons with disabilities' abilities; stigma; poverty; concerns over cost; poor enforcement of legislation; lack of entrepreneurship skills; low level of education; low capital; unfriendly business spaces; and unfriendly district and municipal councils' business by-laws. Education, support of family members, positive attitudes, and an entrepreneurial spirit, help persons with disabilities carry out income generating activities.

Disability and education and training: Persons with disabilities are less likely to have attended school and are more likely to be illiterate than persons without disabilities. Education levels are higher for men, those living in urban areas, and those living on Zanzibar. Children with disabilities tend to attend special schools, special units in mainstream schools or "inclusive places" in mainstream schools, rather than inclusive education. Most of the emphasis on inclusive education has been at the primary school level, making it harder for children with disabilities to enter secondary education. Government support to facilitate inclusive education programmes at primary schools has been found to be unsystematic and unpredictable. Barriers to education include lack of a formal assessment system; lack of trained teachers; lack of accessible learning materials; inaccessible school environment (including toilets); overcrowding; poverty; extra costs; distance to school; concerns over safety; negative parental attitudes; negative attitudes of teachers and peers; risk of sexual abuse; early marriage; and low awareness and sensitivity to disability issues by government policy makers and other stakeholders.

Disability and health: Health programmes are not very inclusive and problems with the health sector in general, contribute to the difficulties persons with disabilities experience in accessing health care. The primary health project has no special services or interventions for people with disabilities. The exemption scheme, which would provide free services, is not really accessible to persons with disabilities. Barriers to healthcare include lack of affordability; distance to health facilities; inadequate medicines or medical equipment; lack of rehabilitation services; poor maternal health services; discrimination; communication barriers; insufficient budgets for disability services, and lack of political will; and lack of practical pro-disability health care plans or programmes.

Disability and humanitarian issues: Persons with disabilities do not seem to have been included in disaster risk reduction and emergency preparedness efforts. Refugees with disabilities in camps in Tanzania have experienced difficulties accessing humanitarian aid.

Main report

2. Country overview

The United Republic of Tanzania is made up of Tanzania Mainland and the island of Zanzibar. It has a young population (estimated 43.8% aged 0-14 in 2019¹) with a high growth rate (CIMA & UNISDR, 2018, p. 8). Most of the population lives in rural areas (65.5% in 2019)² and the country is sparsely populated (CIMA & UNISDR, 2018, p. 8). Tanzania had more poverty than other countries in the region (Kinyondo & Pelizzo, 2018, p. 174). The proportion of Tanzanians living on less than the international poverty line (US\$1.90 per day in 2011 PPP) has declined from 59.9% in 2007 to 49.1% in 2011, but was still 49.1% in 2017³. In 2015/16 56.6% of the population were multi-dimensionally poor (experiencing deprivations in education, health and living standards) (OPHI, 2017, p. 2). Multidimensional poverty was higher in rural (68.6%) than in urban areas (27.7%), and highest in the Western (72.1%), Lake (66.7%), Central (66.1%), and South West Highlands (64.2%) regions (OPHI, 2017, p. 5). Multidimensional poverty was lowest in Zanzibar (30.5%) and Eastern (31.7%) (OPHI, 2017, p. 5). The poverty rate in the country has declined since 2007 but the absolute number of poor has not because of the high population growth rate⁴. Progress in poverty reduction was the result of 'years of sustained growth, the creation of wealth and the creation of employment opportunities', although this has not been enough to prevent Tanzania from still having the highest percentage of people living in poverty in the region (Kinyondo & Pelizzo, 2018, p. 173-174). In 2017 Tanzania had a low human development index (HDI)⁵ value of 0.538, positioning it at 154 out of 189 countries and territories, although it has been increasing over time (UNDP, 2018, p. 8). Tanzania has a gender inequality index⁶ value of 0.537, ranking it 130 out of 160 countries in the 2017 index (UNDP, 2018, p. 5). In relation to income inequality, its Gini coefficient was estimated to be 40.5 in 2017⁷.

Tanzania's GDP was USD 52,090 million, while the GDP per capita was USD 933.6 (measured in 2017)⁸. According to UN statistics, in 2017 agriculture made up 32.1% of gross value added (GVA) of the economy and 65.3% were estimated to be employed in the agricultural sector; industry made up 28.1% of GVA of the economy and employed an estimated 6.1%; services

¹ UN Data Tanzania – Accessed 28.04.2029 and 30.06.2020

² UN Data Tanzania – Accessed 30.06.2020

³ World Bank Poverty & Equity Data Portal Tanzania – Accessed 30.06.2020

⁴ World Bank Tanzania – Accessed 30.06.2020

⁵ The HDI is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.

⁶ The gender inequality index reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity.

⁷ World Bank Poverty & Equity Data Portal Tanzania – Accessed 30.06.2020

⁸ UN Data Tanzania – Accessed 30.06.2020

made up 39.9% of GVA of the economy and employed an estimated 28.6%⁹. 'Tanzania has sustained relatively high economic growth over the last decade, averaging 6–7% a year'¹⁰.

Tanzania is vulnerable to natural disasters, such as floods and droughts, whose impacts will be greater as a result of climate change (CIMA & UNISDR, 2018). Drought affects on average 5.5 million people annually (10% of the total 2016 Population) (CIMA & UNISDR, 2018, p. 15). The northern parts of the country are currently most affected, but the future increased drought hazard is country wide (CIMA & UNISDR, 2018, p. 15). Floods affect on average almost 150,000 people, about 0.26% of the total population of the country (CIMA & UNISDR, 2018, p. 11). There is a flooding hotspot in the province of Morogoro (CIMA & UNISDR, 2018, p. 11). Tanzania currently hosts 284,266 refugees and asylum seekers, mainly from Burundi (74%) and the Democratic Republic of Congo (25.8%), with most arriving prior to 2018 (UNHCR, 2020). They mainly live in camps in the west of the country, near the border with Burundi (UNHCR, 2020).

COVID-19 impact

A key feature of 2020 has been the COVID-19 outbreak which has caused disruption across the world. COVID-19 and responses to it have triggered a global crisis that that have impacted on all areas of life, including people's health, livelihoods, and education. It has exposed existing inequalities in society, with groups who were already marginalised and vulnerable, including persons with disabilities, amongst the most affected. The 'COVID-19 outbreak has provoked social stigma and discriminatory behaviours' (IFRC et al, 2020, p. 1). Estimates from the World Bank in early June suggest the COVID-19 pandemic could push between 71 to 100 million people into extreme poverty – up to 39 million in Sub-Saharan Africa (Mahler, 2020). The impact on livelihoods has been devastating, with the ILO (2020) warning at the end of June that there has been the equivalent of the loss of 400 million jobs in the second quarter of 2020 as a result of COVID-19, with women workers worst affected due to their overrepresentation in some of the worst affected sectors - accommodation, food, sales and manufacturing. Previously the ILO (2020b) warned that 1.6 billion workers in the informal economy stand in immediate danger of having their livelihoods destroyed as a result of the pandemic. Globally, over 1 billion students and youth are affected by school and university closures due to the COVID-19 outbreak¹¹. Health systems are struggling to cope, leaving services such as sexual and reproductive health care and other more routine services side-lined (UNFPA, 2020, p. 1). Existing gender inequalities are being compounded by the pandemic (UNFPA, 2020, p. 1).

At the end of June, Tanzania had 509 confirmed cases and 21 deaths¹². There are concerns that lack of data is concealing the true level of infections (Mwai & Giles, 2020). The government did not put in place a lockdown, choosing instead to put in place several measures, covering aspects of health, hygiene and social distancing, which are being eased (WFP, 2020, p. 1). COVID-19 is expected to cut Tanzania's GDP growth at least in half and increase poverty (World Bank, 2020, p. 1). The pandemic has especially hit 'foreign-linked sectors such as tourism, transportation, horticulture and floriculture' (WFP, 2020, p. 1; ESRF, 2020, p. vii-viii). Financial institutions are less likely to lend (World Bank, 2020, p. 2-3). The most at risk group is the informal sectors (mostly women) that are heavily reliant on microfinance (SACCOs and microfinance banks)',

⁹ UN Data Tanzania – Accessed 30.06.2020

¹⁰ World Bank Tanzania – Accessed 30.06.2020

¹¹ UNESCO COVID-19 Education response - Accessed 30.06.2020

¹² Corona Tracker Tanzania - Accessed 30.06.2020

which is at risk in the medium and long term (ESRF, 2020, p. xi). The World Bank (2020, p. 2) estimates that ‘an additional 500,000 Tanzanians could fall below the poverty line, particularly those in urban settings relying on self-employment and informal/micro enterprises’. ESRF (2020, p. xi) warn that ‘key sectors that employ the majority of the poor, the youth and people living with disabilities are and will continue to be severely impacted by the pandemic’. Women are also likely to be hit harder by the economic impact of the pandemic (ESRF, 2020, p. xi). The World Food Programme ‘estimates that up to 2.1 million people may need food assistance as a result of the socioeconomic impacts of COVID-19’ (WFP, 2020, p. 1). UNESCO finds that at the end of June almost 14 million learners were affected by school closures in Tanzania, more than 10 million of whom are in primary school and just over 1.4 million in pre-primary¹³. One of the consequences of school closures has been an increase in female genital mutilation, as schools are often protective spaces for girls (Grant, 2020).

3. National Policies

National Development Plan

The second **National Five Year Development Plan 2016/17 – 2020/21** theme is “Nurturing Industrialization for Economic Transformation and Human Development” which focuses on growth, economic transformation, poverty reduction, and improved livelihoods. It also implements aspects of **Tanzania’s Development Vision (TDV) 2025** which aspires to have Tanzania transformed into a middle income and semi industrialized nation by 2025, characterized by the year 2025: (i) high quality and sustainable livelihoods; (ii) peace, stability and unity; (iii) good governance and the rule of law; (iv) an educated and learning society; and (v) a strong and competitive economy. The five year development plan mentions persons with disabilities in relation to social protection and promoting employable skills (MoFP, 2016).

The recent anti-poverty strategies for the Mainland and Zanzibar (Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Tanzania (**MKUKUTA II**) and Mkakati wa Kukuza Uchumi na Kupunguza Umasikini (**MKUZA II**)) had some components on disability (FCS, 2017, p. 3).

UNCRPD and national disability laws and policies

Constitution

The **1977 Constitution** prohibits discrimination against people with disabilities (Miles et al, 2018, p. 76). Disabled people’s organisations were involved in consultations for the new constitution and the final draft included several disability related issues such as the right to sign language, Braille and accessible healthcare for people with disabilities in the area of reproductive health (African Initiatives, 2018, p. 12). However progress on constitutional reform is currently stalled (African Initiatives, 2018, p. 12).

UNCRPD

Tanzania ratified the UNCRPD and its Optional Protocol in 2009, obliging the government to take measures to safeguard the rights of people with disabilities, including the right to equality and non-discrimination, right to life, right to equality before the law, right to liberty and security of

¹³ UNESCO COVID-19 Education response - Accessed 30.06.2020

person, freedom from torture, freedom from violence, right to education, right to health and right to work and employment (LHRC & ZLSC, 2018, p. 154; FCS, 2017, p. 14). It has not yet submitted its report which was due at the end of 2011 (LHRC & ZLSC, 2018, p. 181; African Initiatives, 2018, p. 12; FCS, 2017, p. 15). A review carried out by the Foundation for Civil Society (FCS) in 2016 found that 'Tanzania is lagging behind in implementation of the commitments' contained in UNCRPD (FCS, 2017, p. v). Tanzania's report to the Committee on the Rights of Persons with Disabilities is overdue (THRDC, 2019, p. 18).

National disability legislation

A variety of legislation to protect the rights of people with disabilities in Tanzania exists but implementation is weak and few detailed approaches exist (African Initiatives, 2018, p. 4). Analysis by African Initiatives (2018, p. 6, 38) suggests that while there is a willingness to address the needs of persons with disabilities, the attitude of the government is still influenced by the medical model of disability and prioritises work on rehabilitation, assistive devices and education over a more holistic approach, addressing confidence, skills, access to resources, employment possibilities and social welfare.

The UNCRPD was domesticated through the 2010 **Persons with Disabilities Act**¹⁴ on Tanzania Mainland (LHRC & ZLSC, 2018, p. 154; FCS, 2017, p. 14). The act makes provisions for the health care, social support, accessibility, rehabilitation, education and vocational training, communication, employment or work protection and promotion of basic rights for the persons with disabilities. The law established the National Advisory Council for PWDs, which includes monitoring of implementation of the law amongst its functions (FCS, 2017, p. 3). Enforcement of the act is marred by challenges such as 'low awareness of the laws, lack of funds to operationalise institutions created to enforce implementation of the laws, and absence of guidelines and rules to localise implementation of the laws at grassroots levels' (FCS, 2017, p. v).

The first **National Policy on Disability (2004)** (for both Tanzania Mainland and Zanzibar) set out the considerable challenges faced by people with disabilities in Tanzania and the intended measures to be taken to mitigate them, including a Disabled Persons' Development Fund (African Initiatives, 2018, p. 11-12; FCS, 2017, p. 3). However, African Initiatives (2018, p. 11-12) notes that the policy has only partially been achieved and it appears that the policy was never translated into a costed programme of action. The government also had the **National Disability Mainstreaming Strategy (NDMS) of 2010-2015** (FCS, 2017, p. 27).

Responsibility for people with disabilities within government has changed over time and currently seems to lie within the Prime Minister's Office under the remit of the Ministry of Labour, Youth, Employment and Persons with Disability (FCS, 2017, p. 62; African Initiatives, 2018, p. 20).¹⁵

¹⁴ The enactment of the two Persons with Disabilities Act, 2010 (Mainland) and the Persons with Disabilities (Rights and Privileges) Act, 2006 (Zanzibar) has subsequently modified or abolished (repealed) a number of laws which appeared to be inconsistent with new focus (set out by CRPD). The repealed laws include the Disabled Persons (Care and Maintenance) Act, 1982 (Mainland); the Disabled Persons (Employment) Act, 1982 (Zanzibar); and, the Disabled Persons (Employment) Act, 1982 (Mainland) (FCS, 2017, p. 27).

¹⁵ The two disability acts designate certain organs responsible for implementing disability commitments (FCS, 2017, p. 27). They include National Advisory Councils for PWDs (NACs); National Funds for PWDs (Tanzania Mainland and Zanzibar); Social Welfare Commissioner and Officers; Coordinating Officers (in every Ministry of Zanzibar); Ministries/Ministers; Village, Mtaa, Council, District and Regional Committees on PWDs; Local government authorities; every public body including architects and construction engineers; communities or families (FCS, 2017, p. 27). There is more work to be done to make these organs fully functional (FCS, 2017, p.

Within this there is a designated department known as 'Idara ya Ulemavu' (Disability Department) (FCS, 2017, p. 62).

The **National Council for Persons with Disability**, supported by the government, has established committees in all 26 regions, 130 Councils, 5024 villages and 2284 towns in Tanzania mainland, which play a big role in community sensitisation about disability at the grassroots level (THRDC, 2019, p. 8).

Zanzibar legislation

Zanzibar has enacted the **Persons with Disabilities (Rights and Privileges) Act**, 2006, which states that people with disabilities in Zanzibar have the right to education, right to employment, right to medical care, accessibility and mobility (LHRC & ZLSC, 2018, p. 342). It has a provision which enables it to domesticate the UNCRPD (FCS, 2017, p. 14). Similarly to Tanzania Mainland, its enforcement is marred by 'low awareness of the laws, lack of funds to operationalise institutions created to enforce implementation of the laws, and absence of guidelines and rules to localise implementation of the laws at grassroots levels' (FCS, 2017, p. v).

The Revolution Government of Zanzibar has created a special department under the Office of Second Vice President of Zanzibar with the responsibility for dealing with matters relating to people with disabilities (LHRC & ZLSC, 2018, p. 342). However, LHRC & ZLSC (2018, p. 346) note that 'the funds allocated to this department is not enough to enable it perform its duties accordingly'. There are also focal points for disability mainstreaming in all ministries and districts (FCS, 2017, p. 3, 16).

The Revolution Government of Zanzibar is in the process of finalising a People with Disability Policy (LHCR, 2018, p. 344).

Awareness and budgeting

The Foundation of Civil Society (FCS) found that there was low awareness of the UNCRPD and national laws and policies on disability¹⁶, including amongst individual people with disabilities (FCS, 2017, p. 3, 25, 35). As a result, most national and local plans and budgets do not cover disability issues (FCS, 2017, p. 4). Where budget allocations exist, they are often too little to meet the needs of persons with disabilities or were not released (FCS, 2017, p. 4). The FCS (2017, p. 16) found that 'lack of funds is a persistent obstacle in implementation of all aspects of the UNCRPD and on enforcement of domestic disability laws'.

Employment and livelihood policies

The 1982 **Disabled Persons (Employment) Act** enforced inclusion of people with disabilities in employment and established a quota system that stipulated that 2% of the workforce in

28). For example, in July 2017, TAMISEMI instructed Regional Commissioners to implement the Disability Act of 2010 and for people with disabilities to create village level committees. To date, results are very incomplete and it is not clear what the roles and responsibilities of such local committees shall be (African Initiatives, 2018, p. 20; FCS, 2017, p. 28). The NACs are described by FCS (2017, p. 28) as 'sleeping giants' and the National Funds for persons with disabilities are also not functional due to lack of funds.

¹⁶ At least 90% of the magistrates interviewed during the FCS's study 'did not know the disability laws while more than 95% of the Local Government Authorities (LGA)'s officials in the mainland, including Social Welfare Officers (SWOs) and district council/municipal lawyers who are mentioned by the law as main implementers at LGAs level, did not know of the existence of this law' (FCS, 2017, p. 3).

companies with more than fifty employees must be people with disabilities (Aldersey, 2012; NBS, 2018, p. 14).

The 2010 **Persons with Disabilities Act** 'provides an obligation for employers to provide employment to qualified persons with disabilities; mandates the continuance of employment for workers who acquire a disability; prohibits discrimination in employment towards people with disabilities; mandates safe and accessible work environment'; and requires that all employers of a workforce of more than twenty must hire at least 3% of suitable employees with disabilities¹⁷ (Aldersey, 2012; African Initiatives, 2018, p. 20; FCS, 2017, p. 63). The 2006 Persons with Disabilities (Rights and Privileges) Act in Zanzibar also introduced tax incentives for the private sector if they employ persons with disabilities (FCS, 2017, p. 63).

Social Protection policies

The outdated 2003 **National Social Security Policy** does not make clear provisions for persons with disabilities.

The 2008 draft National Policy Framework for Social Protection included provisions for persons with disabilities, but efforts have stalled in favour of developing a National Social Protection Policy¹⁸ (Kuper et al, 2016, p. 442).

There are specific provisions mandating equal access to social protection within the Tanzanian Persons with Disability Act (2010) (Kuper et al, 2016, p. 443).

Education policies

Children with disabilities have been explicitly included in education policies since the **Education Act of 1969** (Miles et al, 2018, p. 76). The **Persons with Disabilities Act of 2010** states that: 'every child with disability shall attend an ordinary public or private school except where a need for special communication is required' (Miles et al, 2018, p. 76). Sections 27 to 29 includes requirements for equality (non-discrimination); inclusive settings; provision of disability supports; qualified teachers, friendly learning facilities; and special schools to be in a transitional period towards inclusive schools (FCS, 2017, p. 36). It also 'includes a duty to report parents and caregivers in the case of any infringements of the right to education of their children with disabilities' (Miles et al, 2018, p. 76). Section 9 to 10 of the 2006 Zanzibar Persons with Disabilities (Rights and Privileges) Act includes requirements for equality in education; integrated settings; and non-discrimination (FCS, 2017, p. 36). However these laws do not adequately translate the rights relating to education in the UNCRPD (FCS, 2018, p. 36).

The 2010 **National Strategy on Inclusive Education** (NSIE) requires children with disabilities to be educated with their non-disabled peers in inclusive schools (African Initiatives, 2018, p. 18). The Ministry of Education Science and Technology is responsible for delivering the 2014 **Special Needs Education Policy**, but there is little provision in mainstream education for inclusive programming (African Initiatives, 2018, p. 18). The **Inclusive Education Strategy** (2018-2021) 'ultimate goal is to ensure that all children including those with disabilities in Tanzania Mainland have equitable access to quality education in inclusive environment' (THRDC, 2019, p. 8).

¹⁷ unless the employer can demonstrate that they have made reasonable attempt to recruit such people and not found suitably qualified staff (African Initiatives, 2018, p. 19).

¹⁸ [Webpage on Systematizing national and regional social protection capacity development efforts](#)

The 2006 **Zanzibar Education Policy** includes a focus on improving access to education for children with disabilities (LHRC & ZLSC, 2018, p. 342).

Health policies

While the first National Health Policy in 1990 did not provide any specific guidelines for persons with disabilities, the **2007 National Health Policy**¹⁹ tried to address disability barriers to accessing healthcare services in the country (TEPDGHO, 2018, p. 3).

The 2010 Persons with Disabilities Act and the 2006 Persons with Disabilities (Rights and Privileges) Act contain provisions for the healthcare of persons with disabilities, although the Mainland's Act is much stronger on the right to healthcare than Zanzibar's (FCS, 2017, p. 47). Neither Act's healthcare provisions meet the standards of the UNCRPD (FCS, 2017, p. 47).

4. The situation for people with disabilities

Disability prevalence²⁰

The **2012 Population and Housing Census** used the Washington Group Questions and, according to the Disability Monograph published by the National Bureau of Statistics, found that 9.3%²¹ of the population aged 7 years and above had some type of functional limitation (around 3.45 million people) (NBS, 2016, p. iv; African Initiatives, 2018, p. 13). There are some concerns that this may be an underestimate as children with disabilities are still hidden and not declared (African Initiatives, 2018, p. 15). Levels of disability were higher on the Tanzania Mainland (9.3%) compared to Tanzania Zanzibar (7.3%). There is also a relatively higher percentage of population with disabilities in rural (9.9%) rather than urban areas (7.8%) (NBS, 2014, p. 129; African Initiatives, 2018, p. 14). Prevalence across the regions ranged from 4.3% in Manyara to 15% in Mara region (NBS, 2016, p. iv). For a map showing the disability prevalence rate for persons of age 7 years or above with disability by region according to the 2012 census please see NBS, 2016, p. 9. The 2008 Tanzania Disability Survey found that 13.2% of households had at least one member with a disability (NBS, 2008, p. 4).

The most common type of disability reported on Tanzania mainland was difficulty in seeing (1.9%), followed by walking (1.2%), hearing (1%); remembering (0.9%), self-care (0.7%), other (0.2%) and albinism (0.04%)²², with similar figures for Zanzibar (NBS, 2014, p. 123-124). The percentage of people with disabilities was considerably higher among older people when

¹⁹ The draft **2017 update of the National Health Policy** also references people with disabilities, focusing mainly on their access to rehabilitative services.

²⁰ The National Bureau of Statistics has created a **Disability Statistics Database**.

²¹ The **Disability Data Portal** suggests that the 2012 census has a disability prevalence figure of 1.5% but this does not tally with the figures in the National Bureau of Statistics reports. The Foundation for Civil Society reports a prevalence figure of 7.6% (3.5 million people) from the 2012 National Population and Housing Census, with prevalence rates for Mainland and Zanzibar respectively, standing at 7.8% (3.4 million people) and 5.9% (77,000 people) and figures of 8.3% in rural areas and 6.3% in urban areas (FCS, 2017, p. 2). Where these discrepancies in prevalence rates from the same source arise is not clear. The National Bureau of Statistics acknowledges the need for reliable data on disability and points of the need for a dedicated disability survey, as the Population and Housing Census is not the best mechanism for collection information on disability in Tanzania (NBS, 2016, p. 43).

²² This means 36% of the disabled population experience difficulties in seeing; 21% experience difficulties in walking; 18% experience difficulties in hearing; 16% experience difficulties in remembering; and 9% experience difficulties in self-care (African Initiatives, 2018, p. 14).

compared to younger people (NBS, 2014, p. 127). The 2014 Labour Force Survey found slightly higher figures with 2.5% of the population having difficulty in seeing; 2.2% having difficulty in walking; 1.6% having difficulties in remembering; 1.2% having difficulties in hearing; 1% having difficulties with self-care; and 0.7% having difficulties communicating (NBS, 2015, p. 23). This survey found that in general the level of disability was higher amongst females than amongst males (NBS, 2015, p. 23).

Disability and poverty

Various studies have found that people with disabilities 'constitute one of the poorest, most marginalised and socially excluded groups', in Tanzania (FCS, 2017, p. 3; Kuper et al, 2016, p. 447; Tiwari et al, 2019, p. 7). They are more likely to be 'unemployed, illiterate, to have less formal education and have less access to developed support networks and social capital' than their non-disabled peers (FCS, 2017, p. 3). Households with persons with disabilities are more likely to be food insecure (Tiwari et al, 2019, p. 12). In addition, they are more likely to be vulnerable to all kinds of shocks (Tiwari et al, 2019, p. 7).

Households headed by someone who is disabled and unable to work made up a disproportionate amount of the poorest households in the 2012 Household Budget Survey (African Initiatives, 2018, p. 4). A study in 2016 found that households including a person with a disability in Mbeya, Tanga and Lindi were poorer on average (Kuper et al, 2016, p. 447). Families with members with disabilities have also reported experiencing a decreased level of income in the Kilimanjaro region (Joel et al, 2018). In Zanzibar, most families of people with disabilities live below the poverty line and struggle to meet their basic needs (LHRC & ZLSC, 2018, p. 346). Focus group discussions in with disabled women from Monduli and Longido found that poverty was one of the major challenges they faced, and prevented them from even engaging in small businesses due to lack of capital (African Initiatives, 2018, p. 30).

The majority of persons with disabilities live in also rural areas, while most services are concentrated in urban locations, which means they are unable to receive the services they are entitled to (NBS, 2016, p. 43).

COVID-19's impact on persons with disabilities

There is very little publicly available information about the impact of COVID-19 on persons with disabilities in Tanzania. There are concerns that information about COVID-19 is not accessible, especially for persons with disabilities living in rural areas (Juma, 2020). In addition, persons with disabilities reported that handwashing facilities were often inaccessible (Juma, 2020).

'Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe' (ESRF, 2020, p. 51). ADD (2020) reports that '[p]eople with disabilities face the difficult decision of closing their businesses to remain safe at home with their families versus the fear of losing the income they rely on'. The sectors they work in are particularly hard hit by COVID-19 (ESRF, 2020, p. xi). ADD, CBM, and the Foundation for Civil Society (FCS) have worked with local DPOs to help persons with disabilities respond to the pandemic.

DID Thematic area: disability stigma²³

'Stigma arises when elements of labelling, stereotyping (negative evaluation of a label), and prejudice (endorsement of the negative stereotypes) combine to lead to status loss and discrimination for the stigmatised individual or group, and occur in situations where they are disempowered' (Rohwerder, 2019, p. 1). 'At the individual level, stigmatisation and discrimination can result in internalised oppression, loss of self-esteem, and feelings of shame as people with disabilities may have to face great challenges in overcoming the negative views of their community or societies to achieve self-acceptance and a sense of pride in their lives' (Rohwerder, 2019, p. 2). It 'often lies at the root of the discrimination, exclusion and low status, experienced by people with disabilities and their families in all aspects of their lives in low and middle income countries' (Rohwerder, 2019, p. 2).

Disability and the abilities and rights of people with disabilities are not well understood in Tanzania (African Initiatives, 2018, p. 7, 24). It is still 'common to find negative community attitudes towards disability, with children being hidden from the community, not placed into schools and perceived as a burden' (African Initiatives, 2018, p. 6, 30; Mrisho et al, 2016, p. 18, 53; Kuper et al, 2016, p. 451). Disability is regarded as a misfortune (African Initiatives, 2018, p. 23). In parts of Tanzania, communities and family members sometimes think the child with disabilities is cursed (Joel et al, 2018; African Initiatives, 2018, p. 23). In some cases, children with disabilities are overprotected by their parents (African Initiatives, 2018, p. 30). There are low expectations of the abilities of people with disabilities (African Initiatives, 2018, p. 24; Mrisho et al, 2016, p. 18). Some families with persons with disabilities in Zanzibar try and hide them and keep information about them a secret (LHRC & ZLSC, 2018, p. 346). Mothers are often blamed when children are born with disabilities (African Initiatives, 2018, p. 5, 24). Research in Kilimanjaro and elsewhere found that having a child with disabilities can weaken family relationships and even lead to fathers abandoning the mother and child with disabilities (Joel et al, 2018; African Initiatives, 2018, p. 24; Mrisho et al, 2016, p. 16). It is hard and costly for families to obtain clear information about their family member's disability, and how best to assist and empower them (African Initiatives, 2018, p. 6). Community based parent support groups can help address the isolation and shame some mothers' experience (African Initiatives, 2018, p. 8).

Albinism is often seen as a curse on the family (Mostert, 2016, p. 12; Franklin et al, 2018, p. 4). The characteristics of albinism are believed to be caused by the mother having had an affair with a white person or spirits, having shaken hands with a person with albinism, or having shared a meal with someone with albinism, among others (Mostert, 2016, p. 12; Franklin et al, 2018, p. 4). Other misperceptions hold that persons with albinism are not human, but rather ghosts and they are often regarded as witches or as 'omens of disaster' (Mostert, 2016, p. 12; Franklin et al, 2018, p. 4). They are also often falsely regarded as lazy due to their avoidance of sun to protect their vulnerable skins and the health issues they face may be seen to be a result of a curse (Mostert, 2016, p. 12; Franklin et al, 2016, p. 4).

One recent study found that pejorative terminology about persons with disabilities was being used by officials at the district level (African Initiatives, 2018, p. 23). Negative attitudes from the community can also make it harder for people with disabilities to get married, as people without disabilities are discouraged from marrying them, but positive marital experiences exist (Mrisho et al, 2016, p. 51, 57). On the other hand, young disabled women are sometimes forced into marriage, which often leads to domestic violence (ADD International, 2017, p. 5). A study of

²³ Drawn and adapted from Rohwerder, B. (2019). *Disability stigma in the Disability Inclusive Development (DID) programme countries: an overview of the evidence.*

people with albinism found that that their partners, if they had one, had problems with their disability and even divorced them because of it (Franklin et al, 2018, p. 5).

In Tanzania there is a belief that families can gain wealth in exchange for the intellect or health of one of their children. This can result in assumptions that a family with a disabled child, particularly a child who is intellectually disabled, is greedy and ruthless, having used witchcraft to trade their child's intellect for prosperity (Groce & McGeown, 2013, p. 13). Wealthier families appeared to be particularly anxious to hide their children with disabilities as a result (Groce & McGeown, 2013, p. 13-14).

Poor attitudes and discrimination by teachers and peers are one of the barriers children with disabilities can face in attending school (Mrisho et al, 2016, p. 11, 38). Stigma also remains a significant barrier to accessing employment or livelihoods (African Initiatives, 2018, p. 20). This includes cases where people with disabilities have been held back from getting involved in agricultural activities due to concern from their parents about criticism from neighbours (African Initiatives, 2018, p. 20). Discrimination is a major problem for people with disabilities in accessing employment opportunities and workplaces, including agriculture in rural areas (LHRC & ZLSC, 2018, p. 66, 346; African Initiatives, 2018, p. 20; FCS, 2017, p. 62). Women with disabilities face negative attitudes and are 'regarded as people who cannot contribute to anything, dependents and always waiting to be helped', yet are not supported to develop their skills (African Initiatives, 2018, p. 31). Many resort to begging which serves to reinforce the stigma faced by persons with disabilities in Tanzania (FCS, 2017, p. 63). Persons with disabilities were found to have limited access to health services as a result of factors including stigma and discrimination (TEPDGHO, 2018, p. 2, 7, 8, 13). About 66% of women with disabilities in a 2018 study reported different forms of verbal abuse or discriminatory practices when attending maternal services (TEPDGHO, 2018, p. 12).

Violence against persons with disabilities

The Human Rights Situation Report for January – June 2018 finds that violence and discrimination against people with disabilities continue to be major challenges, hindering them from fully realising their rights (LHRC & ZLSC, 2018, p. 51). Domestically and within communities, people with disabilities are subject to discrimination and psychological violence (LHRC & ZLSC, 2018, p. 155). People with disabilities are reported to be more vulnerable to violence generally, especially physical and sexual violence, which of starts at an early age and continues in one form or another throughout their lives (LHRC & ZLSC, 2018, p. 155, 345; FCS, 2017, p. vi; Mrisho et al, 2016, p. 17; ADD International, 2017, p. 6). Women with disabilities are reported to be being sexually exploited, threatened, mistreated, or abandoned, including by their families (Mrisho et al, 2016, p. 17, 52; ADD International, 2017, p. 4, 6). Women and girls with intellectual disabilities are especially vulnerable, with one study finding that 'nine out of ten girls and women with intellectual disabilities were sexually abused, often frequently, without intervention from family or community' (ADD International, 2017, p. 6). Participatory peer research found that 'most violence starts at home and is then carried out into the community', especially if girls with disabilities are seen as a burden and thus treated badly, e.g. calling her names, refusing her food, beating her (ADD International, 2017, p. 4). The research found high levels of abuse from step-mothers, step-siblings, mothers- and sisters-in-law, which may be due to women seeking to assert 'some level of power over perceived weaker family members, especially girls and women with disabilities, to balance against their unequal status compared to men' (ADD International, 2017, p. 5). The violence experienced by women with disabilities was found to be 'predominantly based on gender inequality and severely exacerbated by discriminatory attitudes towards disability' (ADD International, 2017, p. 3). Harmful superstitions,

such as the belief that having sex with a person with disability will make you wealthy exist (African Initiatives, 2018, p. 23). Violence against persons with disabilities has extended to the use of excessive force by police against people with disabilities who were peacefully demonstrating in Dar es Salaam's city centre in June 2017 (LHRC & ZLSC, 2018, p. 155).

People with albinism are one of the most vulnerable groups among people with disabilities and continue to live in fear of attacks and killings for their body parts, which are believed to make people rich or give them luck; although no killings were reported in 2017 and the first part of 2018 (LHRC & ZLSC, 2018, p. 51, 155; African Initiatives, 2018, p. 6, 23; Mrisho et al, 2016, p. 15, 47-49; HRW, 2019, p. 9-10). Franklin et al (2018, p. 4) highlight arguments which indicate that it is too simplistic to blame traditional superstitions for the killings of people with albinism, with strong arguments that it is poverty which drives violence towards people with albinism. In some cases, fathers or male relatives have been reported to have killed their children hoping to get rich by selling their body parts (Groce & McGeown, 2013, p. 12). The government set up "temporary holding shelters", special boarding schools which were supposed to protect and educate children with albinism (HRW, 2019, p. 6). This led to regular schools not accepting children with disabilities and 'had a negative impact on their rights to family life, an adequate standard of living and inclusive education' (HRW, 2019, p. 6). Living in fear of attack has left a psychological impact on those targeted (Mrisho et al, 2016, p. 54). People with albinism interviewed by Human Rights Watch in 2017 experienced stigma and bias in their community, including name calling (HRW, 2019, p. 14). Some have been rejected or even attacked by their own families (HRW, 2019, p. 14). The Tanzania Albino Society, the government and the media have run community sensitisation programmes which have helped to change false and harmful attitudes towards people with albinism, although progress is fragile, especially in rural areas (African Initiatives, 2018, p. 7, 34; HRW, 2019, p. 16).

Children with autism are also especially vulnerable as they are believed to be cursed as they look like other children but behave differently, and their treatment means they often die young (African Initiatives, 2018, p. 23). Infanticide has been reported of children with complex disabilities amongst the Maasi (African Initiatives, 2018, p. 23).

Tackling disability stigma

FCS (2017, p. 33) note that it seemed that the prevalence of harmful customs and practices against people with disabilities was decreasing. Focus group discussions it conducted in rural and urban settings mentioned that media awareness, religious teachings, and the work of civil society organisations have contributed to a change in perceptions (FCS, 2017, p. 34). FCS (2017, p. 35) suggests that the positive change of attitudes towards persons with disabilities is due to religious and moral ethics rather than legal standards as the majority of community members, including individual persons with disabilities, some DPOs leaders, local government authority officials, and judicial officers (magistrates and registrar of the high court) were not aware of the existence or contents of the disability laws, especially on part of Tanzania Mainland.

A participatory research project conducted in 2016 found that, despite the negative attitudes persons with disabilities faced, there were examples of self-empowerment and help seeking behaviour among persons with disabilities, showing a strong sense of their own value (Mrisho et al, 2016, p. 57). In addition, they found that the extended family system was more beneficial in supporting persons with disabilities than the nuclear family (Mrisho et al, 2016, p. 58).

The government launched a task force to investigate killings of people with albinism, launched education campaigns, appointed people with albinism to parliament, banned all traditional healers and witchdoctors from practising their trade, made the killing of persons with albinism a

capital crime, and worked with police and communities to try and end abuses against people with albinism (Mostert, 2016, p. 13; Groce & McGeown, 2013, p. 18).

The 1977 Constitution prohibits discrimination against people with disabilities, as does the 2010 Persons with Disabilities Act.

DID Thematic area: Disability and livelihoods/work

There is very little information on the extent of employment of persons with disabilities in the public and private sectors (FCS, 2017, p. 62). The majority rely on informal sector work such as self-employment and small businesses (Mboya, 2020). A survey of the formal sector in Tanzania Mainland in 2016 found that only 0.2%²⁴ of employees in the formal sector were people with various types of disabilities (NBS, 2018, p. viii; LHRC & ZLSC, 2018, p. 88). Of these, 59% were male and 41% female, and 61.6% worked in the private sector and 38.4% in the public sector (NBS, 2018, p. 14). The difference between men and women was a little lower in the public sector (23.1% for males and 15.3% for females) than in the private sector (35.9% for males and 25.7% for females) (NBS, 2018, p. 14). Two smaller studies of formal sector private employment carried out in 2010 and 2014 found slightly higher employment rates of 1% or less for persons with disabilities in the surveyed companies (FCS, 2017, p. 63). The public sector seems to have similar figures, while representation of persons with disabilities in trade unions is also less than 1% (FCS, 2017, p. 63). According to the 2014 Labour Force Survey 2.5% of the inactive population aged 15 or above are disabled (NBS, 2015, p. 33).

The 2012 Population and Housing Census found that about one out of ten employed persons (9.4 percent) had some type of disability in Tanzania, with greater representation of persons with disabilities among female employees (NBS, 2016, p. 27). According to the 2012 census, 9.4% of employed persons had disabilities, 9.1% male, and 9.7% female (NBS, 2016, p. 28). 70.2% of persons with disability aged 15 and above in Tanzania were currently employed, although this was much lower in Zanzibar, where only 49.9% of people with disabilities were employed (NBS, 2016, p. v, 26). The census found similar levels of employment for men and women with disabilities in Tanzania (34.5% of males compared to 35.7% of females), with the exception of Zanzibar where women with disabilities were less likely to be employed (21.3% of females compared to 28.7% of males) (NBS, 2016, p. v, 27). The proportion of people with disabilities who were employed was larger in rural areas than in urban areas (74.8% compared to 58.2%) (NBS, 2016, p. 26). The largest proportion of employed persons with disabilities were youths of aged 25-34 years (24.1%) followed by those of aged 15-24 years (21.5%) (NBS, 2016, p. 31).

According to the 2012 census, most people with disabilities were employed in agricultural, commercial and food crop activities (67.1%), especially women with disabilities (70.3%) (NBS, 2016, p. v). Trade and commerce was the second most important industry for persons with disabilities, 5.9% of whom engaged in it (NBS, 2016, p. 29). As most persons with disabilities were employed in the agricultural, commercial and food crop activities, most were occupied as farmers, livestock, and fishers (70.3%), with more females engaging in farming activities than men (NBS, 2016, p. 32). For a breakdown of the percentage distribution of employed persons with disabilities by occupation, according to the 2012 census, please see NBS, 2016, p. 32. The 2014 Integrated Labour Force Survey also looked at persons with disabilities by occupation, but broke it down by categories of disability. For a table showing this, please see NBS, 2015a. Most

²⁴ 3,935 employees (out of 2,416,032), of whom 2,321 were males and 1,614 females (NBS, 2018, p. 14).

people working were persons with difficulties seeing, followed by difficulties walking, remembering, hearing, self-care, language, and albinism (NBS, 2015a).

The 2008 Tanzania Disability Survey compared persons with disabilities with persons without disabilities and found that 67% of persons with disabilities were engaged in farming and/or livestock keeping, compared to 64.9% of persons without disabilities (NBS, 2008, p. 4). The next most important activity was self-employment which 7.1% of persons with disabilities were engaged in, compared to 14.8% of persons without disabilities (NBS, 2008, p. 4).

The 2014 Integrated Labour Force Survey also looked at the total number of persons with disabilities aged 15 and above years by type of disability and their employment status. It found that across all disability types, most worked as agricultural workers, followed by self-employed in non-agriculture without employees, paid employees, self-employed in non-agriculture with employees, and unpaid family helper in non-agriculture (NBS, 2015c).

A study in 2017 which looked at disability inclusion in the coffee and cocoa value chains in Tanzania found that 'engagement of persons with disabilities in both the informal agricultural production of the value chains and formal employment in general is relatively low, although a lack of reliable statistics on the number and engagement of persons with disabilities in agricultural production make this very difficult to quantify' (LEDECO Advocates, 2018, p. 5). However, the long value chains of coffee and cocoa production provide many different opportunities for persons with disabilities to engage (LEDECO Advocates, 2018, p. 7).

African Initiatives (2018, p. 4) found figures suggesting that the 'exclusion of persons with disabilities from the workplace, either through discrimination or inaccessible work environments, costs Tanzania \$480 million every year - 3.76% of the country's GDP'.

Lack of employment leaves persons with disabilities 'unable to support themselves, contribute to their households or fully participate in their communities' (FCS, 2017, p. 63). Many resort to begging which services to reinforce the stigma faced by persons with disabilities in Tanzania (FCS, 2017, p. 63).

Barriers to employment

People with disabilities face difficulties in accessing employment opportunities (LHRC & ZLSC, 2018, p. 51; Mrisho et al, 2016, 2016, p. 14; Mboya, 2020). The government acknowledges that there has been a misconception that people with disabilities were not fit for employment (NBS, 2015, p. 22). Stigma remains a significant barrier to accessing employment or livelihoods (African Initiatives, 2018, p. 20). This includes cases where people with disabilities have been held back from getting involved in agricultural activities due to concern from their parents about criticism from neighbours (African Initiatives, 2018, p. 20). Discrimination is a major problem for people with disabilities in accessing employment opportunities and at workplace, including in agriculture in rural areas (LHRC & ZLSC, 2018, p. 66, 346; African Initiatives, 2018, p. 20; FCS, 2017, p. 62). Employers²⁵ are still reluctant to employ persons with disabilities due to concerns such as that they are 'expensive' to employ (FCS, 2017, p. 62). Women with disabilities face negative attitudes and are 'regarded as people who cannot contribute to anything, dependents and always waiting to be helped', yet are not supported to develop their skills (African Initiatives, 2018, p.

²⁵ Employers have made some efforts to support the employment of people with disabilities. The Association of Employers has been involved in several activities to promote inclusive employment, such as an award for the best inclusive employer and raising public awareness, through case studies, about the potential for persons with disabilities to be successfully and productively employed (African Initiatives, 2018, p. 20).

31). Poor enforcement of existing legislation is another factor contributing to the lack of employment of persons with disabilities (FCS, 2017, p. 63).

Persons with disabilities' barriers to self-employment include 'lack of entrepreneurship skills, low level of education, low capital, unfriendly business spaces and unfriendly district and municipal councils' business by-laws' (FCS, 2017, p. 64). It can be hard for persons with disabilities or their organisations to access loans from financial institutions²⁶ (FCS, 2017, p. 64). It is also hard for them to compete with other petty traders in the local markets to secure stalls in strategic market locations which means they roam around, which can put them in conflict with the city militia (FCS, 2017, p. 64). Unless pro-disability plans and by-laws are adopted by district and municipal councils, persons with disabilities opportunities for self-employment are reliant on the whims of districts and council leaders (FCS, 2017, p. 64).

The low level of engagement in agro-business (especially coffee and cocoa) by persons with disabilities was found to be partly due to the absence of pro-disability groups in the regions, as DPOs had limited capacity and do not currently focus on economic inclusion and livelihood support (LEDECO Advocates, 2018, p. 5-7). In addition, challenges include the general difficulty for small scale farmers due to lack of reliable markets and inability to penetrate competitive markets; low levels of access to land; lack of general governmental support for agricultural activities; and the effect of climate change (LEDECO Advocates, 2018, p. 6). Specific challenges for persons with disabilities include their poor socio-economic status which impacts on their level of entrepreneurship and engagement in various economic activities; a lack of access to support networks such as farmers' groups or saving cooperatives; negative stereotypes; lack of legal frameworks to empower persons with disabilities; and by-laws in urban areas which mean they prevented from selling commodities in suitable business spaces (LEDECO Advocates, 2018, p. 6).

Research with private companies found that key barriers to employing persons with disabilities included low awareness about disability employment; lack of enabling environments to support disability employment; and little effort in training persons with disabilities on how to build strong job applications and compete in the job market (Mboya, 2020).

Research by African Initiatives in northern Tanzania in 2017 found that the people with disabilities who, despite difficult circumstances, had a small business or carried out income generating activities were able to do so as a result of a range of factors including having 'some education; the support of family members and a positive attitude to disability with focus on ability; and a level of entrepreneurial spirit and flexibility to make a small business work' (African Initiatives, 2018, p. 5).

Disability and social protection

It is 'unclear to what extent people with disabilities are included within and benefitting from' Tanzania's key social protection programmes (Kuper et al, 2016, p. 443). Interviews with national officials 'reflected an absence of systematic attention to the inclusion of people with disabilities in social protection programmes, and a lack of involvement of people with disabilities and their representative organisations in programme design' (Kuper et al, 2016, p. 452). Kuper et al (2016, p. 451) found that understanding of disability among government officials and social protection programme staff reflected the charitable model of disability rather than a rights based one. 'Very

²⁶ The government of Zanzibar established the People with Disability Fund in 2002 aimed at assisting people with disabilities by giving them the cheap loans for activities such as self-employment (LHRC & ZLSC, 2018, p. 344).

little is being done to in practice to make existing social protection programmes inclusive of people with disabilities' (Kuper et al, 2016, p. 454). Disability is not an eligibility criteria in the national cash transfer programme, 'TASAF III', although some TASAF officers seem to pay specific attention to families with a member with a disability, especially in Zanzibar (FCS, 2017, p. 33; Kuper et al, 2016, p. 452). The Community Health Fund (CHF) does not have a specific focus on disability and its limitations in terms of services for people with disabilities include lack of provision of assistive devices (Kuper et al, 2016, p. 451).

A study conducted in Mbeya, Tanga and Lindi in 2014 found that persons with disabilities were not more likely than persons without disabilities to be enrolled in social protection programmes despite their overall higher levels of poverty and greater health needs (Kuper et al, 2016, p. 449). In fact, persons with disabilities were half as likely to be enrolled in CHF or have health insurance compared to controls without disabilities (Kuper et al, 2016, p. 449). The 2012 census found that 10% of all household headed by person with disabilities were members in one of the country's social security schemes (NBS, 2016, p. 41). The most widely participated in schemes were the National Health Insurance Fund (NHIF) and CHF which 5.6% of households headed by persons with disabilities were a member of (NBS, 2016, p. 41). Experiences of the CHF scheme for persons with disabilities enrolled in it were mixed (Kuper et al, 2016, p. 452). 'Lack of awareness was the most commonly reported reason for not enrolling in social protection programmes' (Kuper et al, 2016, p. 449).

DID Thematic area: Disability and education and training

According to the 2012 Population and Housing Census, 64.6% of people with disabilities aged 5 and above were literate, with higher levels of literacy in urban areas (81.3%) than in rural areas (58.7%) (NBS, 2016, p. iv, 17). Women with disabilities had lower levels of literacy (60.5%) than non-disabled women (67.9%), while this gap was slightly smaller between men with disabilities (68.2%) and men without disabilities (72.4%) (NBS, 2016, p. 20). The 2014 Integrated Labour Force Survey looked at levels of literacy by type of disability and found that persons with albinism had the highest levels of literacy (82.1%), followed by persons with functional difficulties in seeing (55.3%); hearing (45%); walking (44.3%); remembering (43.4%); self-care (36.3%); and communicating (34.3%) (NBS, 2015b). Levels of literacy in Kiswahili were much higher than in English, although many persons with disability were also literate in both Kiswahili and English (NBS, 2015b) A study in 2014 found that, compared to control adults without disabilities, adults with disabilities were substantially less likely to have ever attended school, and were six times more likely to be illiterate (Kuper et al, 2016, p. 447).

The 2012 Population and Housing Census found that just over half of children with disabilities were attending school (51.5%) compared to a slightly higher level of children without disabilities (52.4%)²⁷ (NBS, 2016, p. v, 21). Children with disabilities were more likely to attend school in Zanzibar than in Tanzania Mainland (60.0% compared to 51.3%) (NBS, 2016, p. v). Fewer girls than boys with disabilities attend secondary education, especially as few girls in general progress to secondary education (African Initiatives, 2018, p. 18). However, more girls with disabilities than boys with disabilities accessed pre-primary and primary education (African Initiatives, 2018, p. 18). A 2016 study by SHIVYAWATA found the 8% of people with disabilities had access to primary education; 6% had access to secondary education; 3% had access to vocational education; and 1% had access to higher/university education (FCS, 2017, p. 43). A 2017 survey

²⁷ The difference in the attending status was more pronounced in rural areas where 49.2% of persons without disabilities age 5 to 24 years were attending school compared to 36.2% of persons with disabilities (NBS, 2016, p. 21).

of people with disabilities found that 58% of respondents had only attained primary education, while only 1% had obtained university degree (LHRC & ZLSC, 2018, p. 1010).

Children with disabilities were more likely to be attending school in urban (60.9%) rather than rural areas (36.2%) (NBS, 2016, p. 21). This may be due to higher levels of awareness in urban areas, the availability of friendly education facilities, and relatively shorter distances to school compared to rural areas (NBS, 2016, p. 21).

The 2012 census found that 84.2% of persons with disabilities aged 5 and above in Tanzania had attained primary school and 12.4% had attained secondary school (NBS, 2016, p. 25). However, educational arraignment of people with disabilities was much higher in Zanzibar, where 78% of persons with disabilities had attained secondary school, and 16.2% had attained primary school (NBS, 2016, p. 25). Slightly more males than females had attained both primary and secondary education (NBS, 2016, p. 25). For the total numbers of persons with disability by disability type in relation to educational attainment, according to the 2014 Integrated Labour Force Survey, please see NBS, 2015d. Will many had attended primary school, there were significant numbers who had never attended school (NBS, 2015d).

People with disabilities face difficulties in education, and disability is cited by 2.8% of children aged 7–16 years as the reason for dropping out of school, while more than half of children with disabilities aged 7–16 years who were out of school said that this was due to disability or illness (LHRC & ZLSC, 2018, p. 51; Miles et al, 2018, p. 76).

Government support for education

Education is free up until the end of secondary school (11 years of basic education) but parents have to pay for uniforms, books and additional costs in boarding schools, and parents of children with disabilities often face additional costs/time (African Initiatives, 2018, p. 5, 17). There is no government support for extra materials, such as assistive devices, children with disabilities may need to attend school (African Initiatives, 2018, p. 22).

While there are provisions for inclusive education in educational strategies, in practice children with disabilities attend Special Schools, Special Units in Mainstream schools or “inclusive places” in mainstream schools (African Initiatives, 2018, p. 5, 18). Many of the special schools or units are privately funded and supported, although some teachers are provided and paid for by the government (African Initiatives, 2018, p. 18). FCS (2017, p. 39) found that the environment in private schools was more accessible than in public schools. Due to problems with the school system such as overcrowding and deteriorating quality of education, government and disability organisations have prioritised special schools and units, even though they are not able to cater for all children with disabilities (African Initiatives, 2018, p. 18).

One study found that Tanzania has 29 special schools and 239 units attached to mainstream schools and it is estimated that approximately 3% of the school age population has a disability (Miles et al, 2018, p. 76). Schools don't tend to collect data on children with disabilities enrolled in them (FCS, 2017, p. 39). In special units, children with disabilities do not mix with children without disabilities (FCS, 2017, p. 40). Most inclusive education or special disability units are located in urban or peri-urban areas of Mainland Tanzania, which makes it challenging for children with disabilities in rural areas (FCS, 2017, p. 37, 42-43). FCS (2017, p. 36) found that the number of primary schools with inclusive education settings was increasing, which has helped increase the enrolment of children with disabilities in the districts they visited. Completion and passing rates of children with disabilities had also improved in the districts they visited (FCS, 2017, p. 36). Most of the emphasis on inclusive education has been at the primary school level,

and there are very few secondary schools which can accommodate children with disabilities, which means that less children with disabilities continue with higher levels of education (FCS, 2017, p. 42).

There is an education officer responsible for disability in every district and municipal council of Mainland Tanzania who is responsible for ensuring that sufficient budget and facilities are allocated and made available for children with disabilities' education (FCS, 2017, p. 29). However, these education officers often don't have data on the actual number of children with disabilities who need educational support and FCS (2017, p. 29) found that 'it has been generally difficult for these officers to secure sufficient funds for their planned activities because of budget constraints and, to a large extent, absence of sensitivity to disability issues among the decision makers (both councillors and councils' technical officers)'. For example, one council refused to give willing, self-funded teachers permission to attend the special education in-service course at Patandi Teachers Collage, which left the district with an acute shortage of special needs teachers (FCS, 2017, p. 29).

In addition, FCS (2017, p. 37) conclude that the methods used to implement what is called 'inclusive education' don't meet the standards of for meaningful implementation of inclusive education. Government support to facilitate inclusive education programmes at primary schools has been found to be unsystematic and unpredictable, with some schools receiving no extra support, while others are receiving a grant for each child with disabilities for food (FCS, 2017, p. 41). The government used to provide transport support to children with disabilities, but this ended in January 2016 (FCS, 2017, p. 41). This adversely affected the attendance of children with disabilities staying in boarding schools (FCS, 2017, p. 41). Fewer children with disabilities are attending school or college as a result of their families not being able to afford the costs associated with schooling (Mrisho et al, 2016, p. 37).

One study looked at whether there was a functioning school-based system of assessment for identification and intervention programmes for children with special educational needs in pre-primary schools, focusing on the Dodoma municipality (Mapunda et al, 2017, p. 1). It found that the 'special educational needs for pre-primary children were mainly being carried out through ordinary classes without special educators or assistive learning devices' and 'communication between schools and families of children with special educational needs was very poor' (Mapunda et al, 2017, p. 1).

The lack of a formal system for assessment or support for children with disabilities in many schools, means that children with learning disabilities or developmental delays often remain in the same classroom with limited support (Stone-Macdonald & Fetting, 2019, p. 2). Much still needs to be done to 'educate teachers and parents on how to identify and support children with learning and developmental delays' (Stone-Macdonald & Fetting, 2019, p. 3). Stone-Macdonald & Fetting (2019, p. 3) found that 'there are no country-wide standardised assessments used to determine if a student has a disability and the type or severity' or diagnostic assessments in Swahili. 'Teachers and administrators in primary schools without a special educator receive limit support to assess children with disabilities' (Stone-Macdonald & Fetting, 2019, p. 3). One recent study looked at a pilot project to identify and support students with mild disabilities in an inclusive school in Tanzania (Stone-Macdonald & Fetting, 2019). A curriculum based tool was adapted, teachers were trained, and it was tested on children entering grade 1 over three years, with different levels of support provided to those identified as needing it (Stone-Macdonald & Fetting, 2019, p. 5-9). The majority of the identified children were 'able to remain in their typical classroom and continue to complete their schoolwork with at a level equal to or above their typical peers who did not receive services from the intervention' (Stone-Macdonald & Fetting, 2019, p. 13).

Barriers to education

Very few children with disabilities attend mainstream schools due to a variety of attitudinal, environmental and institutional challenges (African Initiatives, 2018, p. 18). These barriers are compounded by general issues affecting the quality of education in Tanzania, including overcrowding and national poverty (LHRC & ZLSC, 2018, p. xxx, 101; African Initiatives, 2018, p. 20, 22; FCS, 2017, p. 41; Mrisho et al, 2016, p. 37). Common barriers to education for children with disabilities in Tanzania are the lack of qualified teachers; lack of sufficient learning facilities tailored to the nature of learners' disabilities; inaccessible physical environments; and lack of incentive mechanisms, such as dormitories and food, to encourage children with disabilities to continue with studies (LHRC & ZLSC, 2018, p. xxx, 101; African Initiatives, 2018, p. 20, 22; FCS, 2017, p. 37-38, 44-45; Mrisho et al, 2016, p. 11, 37; HRW, 2019, p. 16). The distance to school can be a challenge for children with physical or visual disabilities and they may not be able to attend as a result (African Initiatives, 2018, p. 29). Public transport is also costly for children coming from poorer families, if their children can access it (FCS, 2017, p. 42-43). There are also concerns over the safety of children with disabilities walking to school (HRW, 2019, p. 16).

Poor parental attitudes are another barrier for children with disabilities to accessing education, especially girls with disabilities, as parents are less likely to send them to school; although FCS suggest that the gender balance in enrolment may be improving (African Initiatives, 2018, p. 5, 20, 28-29; Mrisho et al, 2016, p. 37; FCS, 2017, p. 35, 45). The education of non-disabled siblings may be prioritised (African Initiatives, 2018, p. 28). Some guardians simply can't afford to send their children to school (HRW, 2019, p. 16). Poor attitudes and discrimination by teachers and peers are another barrier children with disabilities can face (Mrisho et al, 2016, p. 11, 38).

Research in Zanzibar also found that the main barriers to education for children with disabilities were the 'shortage of trained teachers; the shortage of appropriate teaching and learning materials; inadequate supply of teaching tools and equipment for learners with disabilities, inaccessible school buildings (no ramps, narrow corridors and doors, poorly designed toilets); distances from home to the nearest school; negative community attitude towards people with disabilities and low awareness and sensitivity to disability issues by government policy makers and other stakeholders' (LHRC & ZLSC, 2018, p. 345).

Girls with disabilities in rural areas were found to be at a high risk of being sexually abused at school, on the way to school and in their residences (African Initiatives, 2018, p. 19). There are also reports that amongst pastoralist societies in Monduli and Longido districts that some girls with disabilities are also involved in early marriages and early pregnancies which deprives them of their right to education (African Initiatives, 2018, p. 29).

Teachers

Many Tanzanian teachers in a study in 2014 were found to not support inclusive education because they 'believed that it would negatively impact the learning of children without disabilities because teachers lacked the knowledge, training, and materials to effectively teach children with disabilities and create a productive inclusive environment' (Stone-Macdonald & Fetting, 2019, p. 2).

A research project with experienced teachers in 15 rural, urban and coastal mainstream primary schools in four districts in Tanzania found that the teachers' generally positive practice is moving unevenly towards disability equality (Miles et al, 2018, p. 73, 74). Of the 88 experienced Tanzanian teachers surveyed in the study, only one had attended a course about inclusion, meaning that teachers have 'developed their knowledge and expertise unevenly, over time and

without being connected to national or international debates about disability equality and inclusion', although many 'demonstrated considerable skills in their attempts to include all children, and acute awareness of how they exclude children with disabilities in various ways' (Miles et al, 2018, p. 77, 78). On the other hand, the newly qualified teachers demonstrated positive attitudes towards children with disabilities, but did not teach equitably and fail to go beyond generic strategies (Miles et al, 2018, p. 77, 79). Medical, socio-cultural and interactionist models of disability remain influential for some Tanzanian teachers and are visible in their practice (Miles et al, 2018, p. 79).

Experienced teachers were found to be 'responding to learners with disabilities as successfully as their training, the rigid curriculum and poor material conditions allow' (Miles et al, 2018, p. 79). They were contending with large class sizes so tended to focus on 'children with their hands up, those who were mobile and so able to walk to the chalkboard, or who were simply seated at the front', although some moved 'learners with visual and physical disabilities, and those who were 'short', to the front of the classroom so that they could see and hear the teacher' (Miles et al, 2018, p. 77). Lack of materials for learning causes problems for all children, although some experienced teachers created their own materials, including adapting them specifically for learners with disabilities (Miles et al, 2018, p. 78). Teachers also adapted their speech, posture and explanations, and made use of assistive devices (Miles et al, 2018, p. 79).

Further and higher education

The 2012 census found that 1.8% of persons with disabilities had attained university education, rising to 4% in Zanzibar (NBS, 2016, p. 25). 0.8% had attained training after primary school and 0.7% had attained training after secondary school (NBS, 2016, p. 25).

The Department for Social Welfare runs one vocational training centre for people with disabilities in Dar es Salaam which receives people from across Tanzania (African Initiatives, 2018, p. 19). There are not enough places to meet the demand (African Initiatives, 2018, p. 19).

DID Thematic area: Disability and health

A study conducted in Mbeya, Tanga and Lindi in 2014 found that persons with disabilities had greater health needs than persons without disabilities (Kuper et al, 2016, p. 447). The Tanzania Empowerment for Persons with Disability and Gender Health Organization (TEPDGHO) finds that while the Government of Tanzania has shown commitment towards ensuring access to healthcare for persons with disabilities from a legal point of view by recognising and including their specific needs in policies and legal frameworks, a great challenge remains in ensuring its health programmes are more inclusive (TEPDGHO, 2018, p. 2, 4). There is no full involvement of people with disabilities in the planning, implementation and reporting outcomes of the government's health programmes (TEPDGHO, 2018, p. 4). The primary health project is targeted at the entire population of Tanzania, with no special services or interventions for people with disabilities, which means that the Ministry of Health and Social Welfare has currently no specific statistics on disabled people accessing (or not) the programme (TEPDGHO, 2018, p. 7-8).

In general, the health sector has an insufficient budget, which means that it is unable to provide adequate services to everyone and there are shortages of medical equipment and supplies at health facilities, a situation which is even more detrimental to persons with disabilities (FCS, 2017, p. 48; Mrisho et al, 2016, p. 12; African Initiatives, 2018, p. 27).

Two main health insurance schemes (National Health Insurance Fund (NHIF) and the Community Health Fund (CHF) and Tiba Kwa Kadi (TIKA)) are supposed to provide access to

health services, although coverage is low (around 15% of the population), and they do not meet all medical needs (African Initiatives, 2018, p. 17; FCS, 2017, p. 52). There is an exemption scheme, 'Huduma ya Msamaha' which is supposed to include persons with disabilities, but 'provision of free medical services to persons with disabilities is discretionary and legally unenforceable' (FCS, 2017, p. 49-50). Respondents questioned by FCS complained that the exemptions were not accessible to them as persons with disabilities, unless they accessed the services as pregnant women, children under five, or senior citizens (the other categories in the exemption scheme) (FCS, 2017, p. 51). In addition, there is a perception that medical staff tend to neglect patients trying to access services using the exemption scheme, and that people using the scheme are seen as drains on resources paid by others (FCS, 2017, p. 51). Local government authorities normally allocate some very small amount of funds to support poor people through CHF or TIKA schemes, and persons with severe disabilities are sometimes treated as extreme poor and benefit from the schemes in this way (FCS, 2017, p. 50-51).

Barriers to healthcare

Research in five district hospitals²⁸ with 75 people with disabilities in 2018²⁹, as well as other research with women with disabilities in Monduli and Longido, found that people with a range of different disabilities face challenges accessing health care due to barriers such as the lack of affordability of medical costs, the distance to health facilities, inadequate medicines or medical equipment in district hospitals, lack of rehabilitation services, poor maternal health services, discrimination, and communication barriers, including lack of sign language assistance³⁰ (TEPDGHO, 2018, p. 2, 7, 8, 13; African Initiatives, 2018, p. 26-27; FCS, 2017, p. 52). These problems have been exacerbated by the lack of consultation or involvement of people with disabilities in the World Bank funded Basic Health Services programmes, which meant that their concerns were not anticipated by the implementers (TEPDGHO, 2018, p. 2). A 2014 survey and a participatory study carried out in 2016 also found that persons with disabilities had limited access to health services as a result of high costs incurred while seeking medical care, lack of special services, shortages of medical equipment and supplies at health facilities, stigma/discrimination, unfriendly infrastructure, and poor communication skills among health care providers (Msangi, 2018, p. 7; Mrisho et al, 2016, p. 12, 39-41). FCS's study found that insufficient budgets for disability services, and lack of political will; lack of practical pro-disability health care plans or programmes; and, low awareness, on the part of both persons with disabilities and LGAs' officials, of the rights and duties contained in the laws, also hindered people with disabilities from accessing quality health care and rehabilitation services (FCS, 2017, p. 47).

About 94% of the people with disabilities interviewed in 2018 could not afford the cost of medical services (TEPDGHO, 2018, p. 9; see also Kuper et al, 2016, p. 451). This is despite existing directives issued by the 2007 National Health Policy and the 2012 Local Government Ministry on free medication for people with disabilities (TEPDGHO, 2018, p. 9). As a result of lack of uniform awareness of these provisions or lack of letters of proof of the exemption people with disabilities

²⁸ Tumbi and Kisarawe, coast region, Kilwa, Lindi region; Kilosa, Morogoro region and Korogwe district hospital, Tanga region

²⁹ It should be noted that the research in this report seems to be remarkably similar to [research published in 2015](#).

³⁰ Efforts to train medical staff in sign language in Moshi (a 2 day training) were reported by women with disabilities to be inadequate (African Initiatives, 2018, p. 28).

were still being made to pay even though the majority of them struggle to pay as they are either unemployed or low income earners (TEPDGHO, 2018, p. 9). Inadequate medicine in hospitals also forces people with disabilities to purchase medicine from private pharmacies which usually do not recognise the exemption cards for people with disabilities (TEPDGHO, 2018, p. 11). In addition, the present medical exemption limits people with disabilities to public hospitals which, according to them, have poor services (TEPDGHO, 2018, p. 18).

Hospitals were found to have inaccessible infrastructure including lack of ramps or too steep ramps, inaccessible and unclean hospital toilets, non-adjustable hospital beds, and lack of lifts, amongst other issues (TEPDGHO, 2018, p. 8; FCS, 2017, p. 52). Other health facilities such as dispensaries and health centres have also been found to be inaccessible, especially within the building (FCS, 2017, p. 52).

Women with disabilities face challenges in accessing sexual and reproductive health services, including being negative attitudes which result in their humiliation by health providers and inaccessible infrastructure (African Initiatives, 2018, p. 26-27). About 66% of women with disabilities in the 2018 study reported different forms of verbal abuse or discriminatory practices when attending maternal services, with lack of sign language interpretation, non-adjustable delivery beds, and low levels of disability awareness amongst staff, additional problems encountered by women with disabilities (TEPDGHO, 2018, p. 12). There is also a lack of knowledge amongst health providers about the maternity care needs of women with disabilities (African Initiatives, 2018, p. 27).

Access to assistive devices and rehabilitation services

Rehabilitation services for persons with disabilities are very limited, both in terms of availability and accessibility (FCS, 2017, p. 49). Rehabilitation centres³¹ provide assistive devices and some regional hospitals also offer physiotherapy services, although this is very limited (FCS, 2017, p. 49). The 2016 SHIVYAWATA study found that only 35% of the adults with disabilities interviewed claimed to have accessed public rehabilitation services (FCS, 2017, p. 49). The majority of them (14%) received physiotherapy or orthopaedic devices such as crutches and wheel chairs; 10% received eye care services; 3% hearing services; 2% were provided with skin lotion; 4% received skin cancer treatments; and, only 1% accessed mental health services (psychiatric) (FCS, 2017, p. 49). One of the studies conducted in 2014 found that very few people reported currently using an assistive device, even when they expressed a need for one, while the expressed need for assistive devices was very low (Kuper et al, 2016, p. 448). Widespread poverty amongst people with disabilities and their families also limits their access to assistive devices which could enable them to access services (African Initiatives, 2018, p. 27).

Humanitarian situations

Disaster risk reduction

There is almost no information on persons with disabilities in disasters and the inclusion of persons with disability in disaster risk reduction and emergency preparedness efforts. One study

³¹ These include Muhimbili National Hospital (Zanzibar); and on Tanzania Mainland, the Kilimanjaro Christian Medical Centre (KCMC), Moshi, Kilimanjaro; CCBRT, Dar es Salaam; the Lake Victoria Rehabilitation Centre (LVRC), Butiama, Mara; the Usa River Rehabilitation Centre, Meru, Arusha; and, the Muhimbili Orthopaedic Institute (MOI), Dar es Salaam (FCS, 2017, p. 49). CCBRT has fitted thousands of people with disabilities with a range of devices (Msangi, 2018, p. 10, 12).

in Zanzibar found that persons with disabilities were amongst the most vulnerable during floods which affected the country (Ame, 2015, p. 54-55).

Refugees with disabilities in Tanzania

Research with 22 older people with disabilities and 11 family members in Ndutu and Mtendeli refugee camps in Western Tanzania found that they fared worse than older people without disabilities as a result of physical barriers such as having to travel long distances to distribution points, lack of accessible transport, and inaccessible houses, toilets and public buildings; attitudinal barriers, including being made to feel humiliated trying to access their rights in humanitarian settings; and institutional barriers, such as a requirement to collect food aid and social protection payments in person (Sheppard et al, 2018, p. 4, 23-26).

Refugees with disabilities in Tanzania also reported being missed out of livelihood programmes; going hungry; living in unsuitable housing and experiencing poor living conditions, especially in relation to inaccessible toilets; experiencing discrimination and being vulnerable to theft (especially those with reduced vision and hearing); experiencing social isolation; risks to their mental health; as well as barriers to accessing healthcare (Sheppard et al, 2018, p. 5-6, 9, 23-26).

Family and neighbours were found to contribute substantially to the physical and psychological wellbeing of older people with disabilities in the refugee camps by assisting them with daily activities, helping them obtain services and providing companionship (Sheppard et al, 2018, p. 26). However, caring for their relatives also meant that some family members had less time to work and socialise, affecting them financially and emotionally (Sheppard et al, 2018, p. 26). This can cause worry and a sense of worthlessness for older people with disabilities (Sheppard et al, 2018, p. 26).

The only organisation working specifically with refugee older people and people with disabilities within Ndutu and Mtendeli camps is HelpAge International, although MSF also has a team of social workers and a mobile medical team who provide services (such as delivery of medication) to people with disabilities (Sheppard et al, 2018, p. 22).

5. How the SITANS were conducted

A non-systematic literature review has been conducted for each country within the time and resources available, covering both academic and grey literature, focusing on a number of areas, including the general situation for people with disabilities in each country and the four focus areas of the DID programme: health, education, livelihoods and stigma and discrimination³². Searches of publicly available English language literature for each thematic area have been conducted through academic databases, search engines and websites which host grey literature. Programme partners were invited to provide relevant documents. As disability and development is an under researched area, much of the available literature and evidence is grey literature published by governments and organisations working in the countries, rather than academic literature. Also, the most recent and up to date evidence comes in the form of journalism or press releases. Some of the evidence presents contradictory findings, especially in relation to disability

³² There are some similarities with the SITANS written for the overlapping Inclusion Works countries (Bangladesh, Kenya, and Nigeria), although they are more focused specifically on disability inclusion in formal sector employment.

prevalence. The majority of the report was written in 2019, with this version providing a brief update of recent evidence.

The most recent well-evidenced literature was selected for synthesis in the SITANs to provide those working on the DID programme with an overview of the current situation in the country to help with the design of the interventions. As a time lag sometimes exists between evidence being gathered and then published, the SITANs are living documents, which will be briefly updated annually to reflect newly available evidence. Having the SITANs as living documents also means they can be adapted to reflect new areas of interest to the programme, or areas to be developed further, throughout its implementation. As people in the different countries use and engage with the SITANs in the project planning processes in the countries, they will have the opportunity to feedback on the SITANs based on their current experiences (helping deal with the time lag issue) and provide useful internal evidence which is not available publicly. The SITANs have been reviewed by a gender expert from IDS to ensure that gender/intersectionality are well reflected, where possible.

DID SITANs:

Thompson, S. (2020). *Bangladesh Situational Analysis*. Disability Inclusive Development.

Thompson, S. (2020). *Jordan Situational Analysis*. Disability Inclusive Development.

Thompson, S. (2020). *Nigeria Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Kenya Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Nepal Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Tanzania Situational Analysis*. Disability Inclusive Development.

6. References

ADD International (2020). *Weekly round up - 15 June 2020*. ADD International.

ADD International. (2017). *Disability and Gender-Based Violence. Peer Research in Kibaha and Mkuranga, Tanzania*. ADD International.

African Initiatives. (2018). *Disability Needs Assessment And Situation Analysis Monduli and Longido Districts, Arusha Region Moshi Rural and Urban Districts, Kilimanjaro Region*. African Initiatives.

Aldersey, H. (2012). *Disability and Work: The United Republic of Tanzania's Workplace Policies in the Persons with Disabilities Act of 2010*. *Disabilities Studies Quarterly*, 32:3.

Ame, A. (2015). *Assessment Of The Institutional Framework For Disaster Management In Zanzibar: The Case Of West District*. Open University of Tanzania.

CIMA & UNISDR. (2018). *Disaster Risk Profile – Tanzania (United Republic of)*. CIMA & UNISDR.

Economic and Social Research Foundation (ESRF). (2020). *Rapid Socio-economic impact assessment of COVID-19 in Tanzania*. UNDP Tanzania.

Foundation for Civil Society (FCS). (2017). *Implementation Status of the UN Convention on Rights of Persons with Disabilities (2006) Tanzania*. FCS.

Franklin, A., Lund, P., Bradbury-Jones, C., & Taylor, J. (2018). *Children with albinism in African regions: their rights to 'being' and 'doing'*. *BMC International Health and Human Rights*, 18:2, 1-8.

- Grant, H. (2020). 'Many girls have been cut': how global school closures left children at risk. *The Guardian*, 1 June 2020.
- Groce, N., & McGeown, J. (2013). *Witchcraft, Wealth and Disability: Reinterpretation of a folk belief in contemporary urban Africa* (Working Paper Series: No. 30). Leonard Cheshire Disability and Inclusive Development Centre, UCL.
- Human Rights Watch (HRW). (2019). *"IT FELT LIKE A PUNISHMENT" Growing Up with Albinism in Tanzania*. HRW.
- IFRC, UNICEF & WHO. (2020). *Social Stigma associated with COVID-19 - A guide to preventing and addressing social stigma*. IFRC, UNICEF & WHO.
- ILO (2020). *As jobs crisis deepens, ILO warns of uncertain and incomplete labour market recovery*. ILO.
- ILO. (2020b). *ILO: As job losses escalate, nearly half of global workforce at risk of losing livelihoods*. ILO.
- Joel, C., Msuya, S., John, B., & George, J. (2018). Collateral effects encountered by families of children living with physical or mental disabilities, or both, in Kilimanjaro, Tanzania: a cross-sectional study. *The Lancet*, 6.
- Juma, M. (2020). *Blind people push for coronavirus info through braille system*. HabariLeo, 4 May 2020.
- Kinyondo, A., & Pelizzo, R. (2018). *Growth, Employment, Poverty and Inequality in Tanzania. Africology: The Journal of Pan African Studies*, 11:3, 164-181
- Kuper, H., Walsham, M., Myamba, F., Mesaki, S., Mactaggart, I., Banks, M., & Blanchet, K. (2016). *Social protection for people with disabilities in Tanzania: a mixed methods study*. *Oxford Development Studies*, 44:4, 441-457.
- LEDECO Advocates. (2018). *Disability Inclusion in the Coffee and Cocoa Value Chains in Tanzania*. Traidcraft Exchange.
- Legal and Human Rights Centre (LHRC) & Zanzibar Legal Services Centre. (2018). *'Unknown Assailants': A Threat to Human Rights - Tanzania Human Rights Report – 2017*. LHRC & ZLSC.
- Legal and Human Rights Centre (LHRC). (2018). *Human Rights Situation Report January – June 2018*. LHRC.
- Mahler, D.G., Lakner, C., Aguilar, R.A.C., & Wu, H. (2020). *Updated estimates of the impact of COVID-19 on global poverty – June 08*. World Bank Data Blog.
- Mapunda, P.H., Omollo, A.D., & Bali, T.A.L. (2017). *Challenges in identifying and serving students with special needs in Dodoma, Tanzania*. *International Journal of Childcare and Education Policy*, 11:10, 1-16.
- Mboya, G. (2019). *What Do Employers in Tanzania Think About Hiring Persons with Disabilities?*. PFP-IDE.
- Miles, S., Westbrook, J., & Croft, A. (2018). *Inclusions and Exclusions in Rural Tanzanian Primary Schools: Material Barriers, Teacher Agency and Disability Equality*. *Social Inclusion*, 6:1, 73-81.

- Ministry of Finance and Planning (MoFP). (2016). *National Five Year Development Plan 2016/17 – 2020/21*. United Republic of Tanzania.
- Mostert, M.P. (2016). Stigma as a barrier to the implementation of the Convention on the Rights of Persons with Disabilities in Africa. *African Disability Rights Yearbook*, 2-24.
- Mrisho, M., Kakih, B., Greenwood, M., & Steff, M. (2016). *Hear my voice: old age and disability are not a curse*. Sightsavers.
- Msangi, B. (2018). *Providing Comprehensive Rehabilitation Services in Tanzania Exploring Our Continuum of Care*. CCBRT.
- Mwai, P., & Giles, C. (2020). *Coronavirus in Tanzania: What do we know?*. *BBC News*, 19 June 2020.
- National Bureau of Statistics (NBS). (2008). *2008 Tanzania Disability Survey – draft report*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2014). *Basic Demographic and Socio-Economic Profile*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2015). *Integrated Labour Force Survey – Analytical Report*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2015a). *Number of persons with disabilities aged 7 years and above by occupation, Tanzania Mainland, 2014*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2015b). *Number of persons with disabilities aged 5 years and above by type of disability by literacy- 2014 ILFS*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2015c). *Total number of persons with disabilities aged 15+ years by type of disability by employment status - 2014 ILFS*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2015d). *Number of persons with disabilities aged 7 years and above by Level of Education, Tanzania Mainland – 2014*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2016). *Disability Monograph*. The United Republic of Tanzania.
- National Bureau of Statistics (NBS). (2018). *Formal Sector Employment and Earnings Survey, 2016 – Tanzania Mainland*. The United Republic of Tanzania.
- OPHI. (2017). *OPHI Country Briefing 2017: Tanzania - Global Multidimensional Poverty Index (MPI) At a Glance*. OPHI.
- Rohwerder, B. (2019). *Disability stigma in the Disability Inclusive Development (DID) programme countries: an overview of the evidence*.
- Sheppard, P., Polack, S., & McGivern, M. (2018). *Missing millions: How older people with disabilities are excluded from humanitarian response*. HelpAge International.
- Stone-Macdonald, A., & Fettig, A. (2019). *Culturally Relevant Assessment and Support of Grade 1 Students with Mild Disabilities in Tanzania: An Exploratory Study*. *International Journal of Disability, Development and Education*, 1-15.

Tanzania Empowerment for Persons with Disability and Gender Health Organization (TEPDGHO). (2018). *The Right Of Persons With Disabilities To The Highest Attainable Standard Of Health In Tanzania*. TEPDGHO.

Tanzania Human Rights Defenders Coalition (THRDC). (2019). *TANZANIA CSOs UPR MID TERM REPORT*. FCS.

Tiwari, S., Savastano, S., Improtta, M., & Winters, P.C. (2019). *Rural Economic Activities and Persons with Disabilities in Sub-Saharan Africa*. IFAD.

UNDP. (2018). *Human Development Indices and Indicators: 2018 Statistical Update - Briefing note for countries on the 2018 Statistical Update - Tanzania (United Republic of)*. UNDP.

UNFPA. (2020). *Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan Revised June 2020*. UNFPA.

UNHCR. (2020). *Tanzania Refugee Population Update as of 30 April 2020*. UNHCR.

World Bank. (2020). *Tanzania Economic Update – Addressing the impact of COVID-19*. World Bank.

World Food Programme (WFP). (2020). *Tanzania Food Security Overview Context of COVID-19*. WFP.

Suggested citation

Rohwerder, B. (2020). *Tanzania Situational Analysis*. Disability Inclusive Development.