UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities

UNITED NATIONS TANZANIA

SITUATIONAL ANALYSIS
OF THE RIGHTS OF PERSONS WITH DISABILITIES

TANZANIA

COUNTRY REPORT 2021

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COUNTRY REPORT

November 2022

About UNPRPD:

The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) is a unique partnership that brings together UN entities, governments, OPDs and broader civil society to advance the rights of persons with disabilities around the world.

The Partnership was created to foster collaboration between its members and complement their work around disability inclusion through UN Joint programming. The Partnership operates through a Multi-Partner Trust Fund (MPTF) established to channel resources for participating UN organizations (PUNOs).
The UN entities participating in UNPRPD are ILO, OHCHR, UNDESA, UNDP, UNESCO, UNICEF, UNFPA, UN Women and WHO. Other UNPRPD members include the International Disability Alliance and the International Disability and Development Consortium (IDDC).

The main contributors to the UNPRPD MPTF are Australia, Finland, Norway, Sweden, United Kingdom.

Acknowledgements

This situation analysis report was commissioned under the United Nations Partnership for the Rights of Persons with Disabilities by the United Nations in Tanzania with technical support Includovate, Ltd. It was coordinated and compiled by Includovate team: Kristie Drucza, Privilege Hang'andu, Aishwarya Chouhan, Elizabeth Hayward, Emmanuel Mensah, Yume Tamiya, Adetokunbo Johnson, Florence Ndagire and Esther Namisi. This report would not have been possible without the added efforts of Tanzania's country team Gwaliwa Mashaka, Shaib Abdall and Abel Kinyondo, for data collection, analysis and sharing insights on the report. More importantly, the authors wish to thank those who participated in the study and generously gave their time.

To quote this report: Includovate 2021. UNPRPD Situational Analysis on Persons with Disabilities in the United Republic of Tanzania, UNCT Tanzania.

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Disclaimer:

The data and information presented in the report are based on the situational analyses conducted at the country level and were drafted by the UN country teams. Methodology for data collection included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises and consultative workshops with key stakeholders. The UNPRPD has not edited the report or verified the findings for accuracy. This report does not necessarily reflect the position of the UNPRPD.

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Acronyms and Abbreviations

Acronym	Explanation
ACRWC	African Charter on the Rights and Welfare of the Child
ASBAHT	Association of Spinal Bifida and Hydrocephalus of Tanzania
ATI	Access to Information
CBR	Community-Based Rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation Tanzania
CCT	Conditional Cash Transfer
CEDAW	Forms of Discrimination against Women
CHAWATA	Tanzania Association of the Physically Handicapped
CHAVITA	Tanzania Society of the Deaf
CHF	Community Health Fund
CHRAGG	Commission for Human Rights and Good Governance
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil society organisations
DarMAERT	The Dar es Salaam Multi-Agency Emergency Response Team
DMD	Disaster Management Department

DMEP	Destitute Maintenance and Empowerment Programme
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FVPO	First Vice President's Office
FYDP	Five Year Development Plan
GEEWG	Civil Society Partners to Advance Gender Equality and the Empowerment of Women and Girls
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
HRBA	Human rights-based approach
HSSP	Health Sector Strategic Plan
IDA	International Disability Alliance
ICT	Information and Communication Technology
IOM	International Organisation for Migration
INGO	International Non-Governmental Organisation (INGO)
IVD	Immunisation and Vaccine Development
JUWALAZA	Association of sign language Interpreters
KASI	Kilimanjaro Association of Spinal cord Injuries
KII	Key Informant Interview

LGAs	Local Government Authority
MP	Member of Parliament
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOHSW	Ministry of Health and Social Welfare
MOHSWEGC	Ministry of Health, Social Welfare, Elderly, Gender and Children
MWTC	Ministry of Works, Transport and Communication
NAO	National Audit Office
NBS	National Bureau of Statistics
NEC	National Electoral Commission
NGO	Non-Governmental Organisation
NHIF	National Health Insurance Fund
NHSSP	National Health Sector Strategic Plan
NMNAP	National Multi-Sectoral Nutrition Action Plan
NPA-VAWC	The National Plan of Action to End Violence Against Women and Children in Tanzania
NSSF	National Social Security Fund
NSIE	National Strategy on Inclusive Education

NTD	Neglected Tropical Diseases
OPD	Organisations of Persons with Disabilities
PCCB	Prevention and Combating of Corruption Bureau
PSORATA	Psoriasis Association of Tanzania
PSSN	Productive Social Safety Nets
PWD	Persons with Disabilities
REC Strategy	The “Reaching Every Child” (REC) strategy
RED	Reach Every District
SDGs	Sustainable Development Goals
SADZ	Zanzibar Sport Association for Disabled
SHIJUWAZA	Shirikisho la Jumuiya za Watu Wenye Ulemavu Zanzibar (Zanzibar Federation of Disabled People Organisations
SHIVYAWATA	Shirikisho la Vyama Vya Watu Wenye Ulemavu Tanzania (Tanzania Federation of Disabled People’s Organisations)
SitAn	Situation Analysis
SRH	Sexual and Reproductive Health
SUZA	State University of Zanzibar
TAMH	Tanzania Association of the Mentally Handicapped

TAS	Tanzania Albino Society
TASAF	Tanzania Social Action Fund
TASLI	Tanzania Association for Sign Language Interpreters
TASODEB	Tanzania Association of the Deaf-Blind
TEPRP	Tanzania Emergency Preparedness and Response Plan
TIKA	Tiba kwa Kadi
TPF	Tanzania Police Force
TLB	Tanzania League of the Blind
TSL	Tanzania Sign Language
TUICW	Tanzania Union of Industrial and Commercial Workers
TUSPO	Tanzania Users and Survivors of Psychiatric Organisation
UNA	United Nations Association (UNA)
UN	United Nations
UNCT	The United Nations Country Team
UNESCO	The United Nations Educational, Scientific, and Cultural Organisation
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund

UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
URT	United Republic of Tanzania
UWZ	Organisation of People with Disabilities in Zanzibar
WHO	World Health Organisation
ZADES	Zanzibar Development Strategy
ZADOC	Zanzibar Down syndrome Organisation
ZAPDD	Zanzibar Association of People with Developmental Disabilities
ZANAB	Zanzibar National Association of the Blind

Executive Summary

This Situation Analysis explores the contextual factors affecting the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs) in URT. The overall disability prevalence rates for people aged 5+ in the United Republic of Tanzania (URT) is 6.8% (5.73% (M); 7.78% (F)) in Mainland Tanzania and 3.2% (3.03% (M) and 4.06% (F) in Zanzibar (2017/18 Tanzania HBS; 2019/20 Zanzibar HBS). This means that across URT, over 3.3 million people live with a disability with the prevalence increasing in adulthood and rising steeply among older adults. The primary conceptual framework uses the Human Rights-Based Approach (HRBA) and incorporates intersectionality and the Social Model of disability as guiding principles. The analysis and findings were categorized into key preconditions as follows:

Precondition 1: Stakeholder capacity and coordination: Some collaboration opportunities between OPDs and CSOs, the government and international cooperation exist. Tanzania's National Five-Year Development Plan (2021/22-2025/26) and the draft Zanzibar Development Strategy (2021-2026) addresses issues of persons with disabilities and consulted OPDs during their development. The Voluntary National Review (VNR) 2019 reports that all stakeholders including OPDs, CSOs, private sector actors, and the government have been involved in various participatory and all-inclusive stakeholder workshops and meetings to assess the progress of the implementation and inclusive achievement of the SDGs. The extent to which civil society organizations (CSOs), bilateral agencies and donors promote and engage in disability rights is improving, along with funding. The United Nations (UN) has also taken some promising recent steps in the context of its ongoing Common Country Analysis and development of the UN Sustainable Development Cooperation Framework (2022-2025).

While Disability Councils and Federations are in place they are not always as active and consulted as desired. Many government officers lack the expertise to understand disability issues, making it hard for them to effectively engage with OPDs and other stakeholders on issues of disability inclusion. Coordination within and among government agencies to address disability affairs is weak due to a restructuring in 2015 that has led to a duplication of work by multiple government agencies addressing disability issues in Mainland Tanzania. OPDs were involved in the CRPD report drafting process but were not significantly involved in the COVID-19 response, along with many other DRR and emergency responses.

Tanzania Federation of Disabled Peoples' Organisations (SHIVYAWATA) and Zanzibar Federation of Disabled People Organisations (SHIJUWAZA), both registered as NGOs, are the national umbrella organisations. Other umbrella organisations and OPDs have emerged but are not registered as unions which creates challenges. OPDs struggle with knowledge gaps, limited human resources, technical expertise, coordination and funding. OPDs do not adequately address the issues of the multiple groups of persons with disabilities from an intersectional lens (including gender), as their membership and leadership are limited along with the existence of OPDs.

Precondition 2: Equality and non-discrimination: The URT has made continuous efforts to protect the rights of persons with disabilities by ratifying the UN CRPD and its optional protocol in November 2009. CRPD applies to the URT as a whole. Consequently, disability-specific legislation and policies, including the Persons with Disabilities Acts, 2010 (Mainland) and 2006 (Zanzibar), the National Policy on Disability (Mainland) of 2004 and the Zanzibar Policy on People with Disabilities of 2019 (previously the Zanzibar Disability Development Policy of 2004) have been enacted in both jurisdictions. The Acts guarantee people with disabilities the right to social support, healthcare, education, employment, accessibility, and rehabilitation. While the Mainland Law of the Child Act is progressive on children with disabilities, the legal definition provided for children with disabilities is only partially compliant with the CRPD as it does not acknowledge factors such as a non-inclusive environment and infrastructure that can contribute to exclusion.

Furthermore, since the statutory provisions of the Persons with Disabilities Acts do not provide specific rights to women with disabilities, the Acts do not comply with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) or the Convention on the Rights of Children (CRC).

Notwithstanding its political commitment, the URT has not reported on the CRPD and further efforts are needed to align national legislation and policies with the Convention. Although the constitution guarantees equality and non-discrimination several bottlenecks impede the CRPDs implementation such as inadequate education and awareness on disability inclusion among key stakeholders, social stigma, inaccessibility of services and the physical environment, competing priorities among government officials, token representation, and inadequate funding. In the Tanzania context, the category 'intellectual disabilities' includes mental health and psychosocial disabilities; women and children with this type of disability are the most marginalised of all disabilities. Participation of persons with disabilities, especially women with disabilities, in decision-making is not prioritised. Intersecting identities of gender and age increase the risk of discrimination.

Precondition 3: Accessibility: To ensure accessibility of the physical environment, information and services for people with disabilities – and in addition to the disability-specific Acts and policies for Mainland Tanzania and Zanzibar, the URT has an Access to Information Act of 2016 and Electronic and Postal Communications Act as well as some sector-specific policies, strategies and plans that include provisions for persons with disabilities. However, the level of implementation of policy and legislative measures compliant with the CRPD requirements and accountability from the Government is quite low. Some policies do not have specific provisions and strategies to enable persons with disabilities to enjoy their rights. Persons with disabilities also often face challenges in accessing public infrastructure, public transportation and buildings, and recreation spaces. Private actors, such as banks and construction companies, play a role in enhancing physical accessibility for persons with mobility impairment ensuring that the services and goods they provide are accessible. There are many accessibility challenges for persons with disabilities in accessing services and facilities, and efforts to ensure accessibility of ICT for persons with disabilities have been inadequate, as the COVID response exposed. The marked difference between urban and rural accessibility is frequently observed with the latter considerably more disadvantaged. Women, children, and those with disabilities in the rural areas experience more exclusion compared to their urban counterparts.

Precondition 4: Inclusive service delivery: The government has made progress towards mainstreaming disability in service provision, and there are some signs of incorporating gender and intersectional issues into programs. The President's recent announcements are encouraging and include moves to mainstream disability into services through the creation of loans for students with disabilities; construction of schools inclusive of girls with disabilities; and appointment of persons with disabilities to ministerial positions. UN agencies and CSOs are increasingly prioritizing advocacy for policies and programming at scale for persons with disabilities and play a pivotal role in strengthening mainstreaming disability inclusion across services. However, the extent of the implementation of this guidance is not monitored, due to the lack of availability and application of disability-specific indicators section plans M&E frameworks and routine data collection systems

The Disability Acts of both Mainland (2010) and Zanzibar (2006), stipulate the need for persons with disabilities' accessibility to a wide range of community-based rehabilitation and inclusion services such as personal assistance and sign language interpretation. Mainland's 2010 Act also provides for in-house and residential support. However, there is no reliable information on Community Residential Support Services funded by the government. Moreover, persons with disabilities, especially those with mental health conditions, can be subject to institutionalisation and inhumane treatment due to inadequate support, a lack of mental healthcare services, and widespread stigma attached to 'intellectual disabilities'. The 1977

Constitution for Mainland Tanzania (uses the term 'mentally infirm') and 1984 Constitution for Zanzibar (uses the term "mental disease/illness") and considers this type of disability as a ground for depriving a citizen of his or her right to vote, to be voted for and to hold public office. Equality before the law for persons with psychosocial and intellectual disabilities is not expressly provided for in the Persons with Disability Act 2010.

Local services in rural and remote areas are often not available, and infrastructure for habilitation and rehabilitation services, if they exist, may not be accessible for persons with disabilities. Existing legislation and policies often emphasise the inclusivity of social protection and poverty reduction programmes however, persons with disabilities are far less likely to be enrolled in social protection programmes as identification, referral and registration remain a problem. Data about the Emergency Response Plan created in Dar es Salaam in 2017 is minimal. Limited educational and training opportunities and exclusion of those who are willing to engage in self-employed businesses from accessing loans hinder them from accessing meaningful livelihood opportunities. Assessment services for those in need of assistive devices are significantly limited. There are insufficient human and financial resources and service providers in education and health that specialise in diagnoses, such as paediatric neurosurgeons to diagnose autism or developmental disabilities. This absence exacerbates exclusion as people age.

The Legal Aid Act of 2017 seeks to ensure that presiding judges or magistrates enhance access to legal aid for vulnerable persons, including persons with disabilities. Practice and Procedure of Cases Involving Vulnerable Groups were developed in 2019 and contain provisions for a sign language interpreter and delivering a judgement in Braille. Challenges of procedural and age-related accommodation persist in the justice system. Other factors include low awareness of human rights and professional misconduct by those who engage in legal justice. Little information is available about referral processes for persons with disabilities to access legal services. Weak reporting and referral systems for the victims of gender-based violence against persons with disabilities, especially women, have been identified.

Cumulatively, the limited availability of inclusive service provision for persons with disabilities fosters violence and abuse. Cultural beliefs and negative attitudes and practices, underlie the deprivations often experienced. While routine data collection and reporting systems are weak, there are many anecdotal reports of incidents of violence against persons with disabilities by family members, community members, and even service providers in the URT, especially for people with albinism. Girls and women with disabilities are likely to experience multiple forms of violence and abuse, including early, forced and child marriage, psychological, physical and/or sexual abuse, due to the intersection of gender and disability biases.

Precondition 5: CRPD-compliant programming and budgeting: Although there is a dearth of reliable data about budgetary contributions, budget allocations and procurement processes are not conducive to addressing the needs of persons with disabilities. The disaggregation required to comment on investments in the most marginalised groups within the disability community, such as women, children, refugees, those from low socio-economic households, does not exist. There are several programmes funded by the UN in 2019 for national development and humanitarian purposes, however, there is no reliable data on explicit indicators in national and humanitarian programmes funded by the UN. The UN completed its first accountability scorecard on disability inclusion for Tanzania in 2020 and is currently implementing its action plan to improve performance.

Disability-related objectives, indicators and monitoring data in national development plans and UN-funded humanitarian programmes exist. Tanzania's National Five-Year Development Plan (FYDP) III 2021/22-2025/26 and the draft Zanzibar Development Strategy (ZADES) (2021-2026) has disability-related indicators that will be used to inform the implementation and achievement of inclusive SDGs, FYDP III and ZADES. Disability issues in SDGs are reflected in the National Data Roadmap for Sustainable Development 2016.

Precondition 6: Accountability and governance: The URT has multiple governance, accountability and human rights monitoring institutions to ensure good governance and to safeguard the rights of persons with disabilities. Differing levels of independence and accountability within these structures and budgetary constraints impact their ability to effectively reach all segments of the URT society. The institutions mandated to monitor the implementation of the CRPD include the Committee on the Rights of Persons with Disabilities (at global level), the National Advisory Council (Mainland) and Zanzibar National Disability Council. At the national level, persons with disabilities have faced challenges when they have attempted to avail their rights. There is limited effectiveness in the implementation of Disability Acts, and possibly low capacity of the councils.

The government has made progress towards improving the quality of data on disability, including by using the Washington Group short set of questions in nationwide data collection surveys. However, issues remain around the accessibility of the data, its quality, full disaggregation and comprehensiveness. A disability monograph was produced from the 2012 Population and Housing Census but the limited available data has inconsistent definitions and indicators of disability and fails to capture the different types of disabilities by intersectional categories, the scale of the barriers, and lived experiences of persons with disabilities. The intersection of Gender-Based Violence (GBV), sexual and reproductive health and rights (SRHR), and disability is still unexplored.

Conclusion

The United Republic of Tanzania's commitment towards the recognition and implementation of disability rights and inclusive development is comprehensive and well-integrated into national development plans for Mainland Tanzania and Zanzibar and other frameworks to realize national aspirations for the Sustainable Development Goals and its principles to ensure that no one is left behind. Tanzania ratified the UNCRPD in 2009 and accepted its role to implement all the obligations enshrined therein without reservation. Tanzania is looking to honour her commitments to respect, protect and fulfil the fundamental rights stipulated by the CRPD by reporting in late 2021. While this is only a small step on the road to disability inclusion, it is an important one that shows the international community that the URT is ready for more international assistance for disability inclusion.

The UN and donors can play a crucial role to support the URT towards realising the equal enjoyment of all the fundamental rights and freedoms of persons with disabilities by:

1. **Legislation, policies and plans do not align with CRPD:** The review and update of the Zanzibar Persons with Disabilities Act 2006 are already underway but still at a stage where there is an opportunity to influence the outcome and ensure broad OPD engagement. In the Mainland, updating the Disability Act is yet to be initiated and needs to be preceded by an update to the National Disability Policy, which will also provide the guiding principles for the implementation of disability-inclusive programs, plans and budgets which reflect the diversity of needs within the disability community (including women, youth and most marginalised groups).

2. **Strengthen the focus on intersectionality and addressing the needs of women and children and other marginalized groups of persons with disabilities:** Promoting gender equality and gender mainstreaming across disability programs, plans, legislation and policy and ensuring legislative and policy compliance with CEDAW, CRC and CRPD will improve the intersectional approach and reduce policy incoherence. Persons, especially women and girls with intellectual disabilities including psychosocial disabilities are the most marginalised. This critical area needs to improve access to justice for women with disabilities who experience GBV, ensure that women with disabilities are in leadership positions in disability organisations and coordination mechanisms, that SRHR services

offer reasonable accommodation, there is economic empowerment for women with disabilities, and carers of people with disabilities. The commitment from H.E. President, Samia Suluhu Hassan, to advance gender equality in URT and the ongoing progress towards the development of new NPA-VAWC in both Mainland Tanzania and Zanzibar provides an opportune time for the Governments to advance in this area.

3. **Reduce the disability and intersectional data gaps:** Data collection and analysis does not separate impairment groups/types, age, gender, and location and this limits advocacy efforts and the ability to fulfil the 'leave no one behind' (LNOB) agenda through the advancement of the rights of persons with disabilities in URT under each precondition. With strong commitment included in the national and UN frameworks and a census year in 2022, improving the intersectional data and quality of the Washington Group Questions is timely and will enable global benchmarking.

A series of detailed recommendations are made after the conclusion.

1. Background

1.1. Purpose

This Situation Analysis aims to provide information on the current situation of persons with disabilities in the United Republic of Tanzania (URT). With an active leadership and engagement of persons with disabilities throughout the exercise, the report discusses current laws, policies, and programmes. It then identifies critical issues and existing gaps and barriers affecting the implementation of the Convention of the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs) in URT and uses this evidence to derive recommendations. The study is based on a review of literature and primary data from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) as detailed in annex 3.

The objectives of the analysis are to:

1. Provide an intersectional analysis of the CRPD and disability-inclusive SDGs in the United Republic of Tanzania (URT).
2. Assess the extent of implementation of the CRPD and SDGs in the URT by focusing on the essential preconditions for disability inclusion across sectors.
3. Examine the preconditions for disability inclusion, including:
    - Identify and evaluate the functioning of coordination mechanisms and contributions already made by stakeholders and identify possible capacity gaps of key stakeholders; including identifying obstacles to the participation of various groups of persons with disabilities and OPDs from an intersectional lens.
    - Analyse the legal and policy context concerning persons with disabilities from an intersectional lens, identify possible gaps in these, and identify the reasons for slow/inefficient implementation by the responsible stakeholders.
    - Identify discrimination and inequality between persons with and without disabilities across thematic areas and levels of society. Further discuss specific challenges concerning women, girls, and marginalised groups.
    - Identify the level of accessibility and affordability of support services for various disability groups, including community-based support and deinstitutionalisation efforts (targeted efforts) and the most urgent gaps.
    - Prioritise the most urgent gaps concerning accessibility and inclusiveness of mainstream services such as education, health, social services, livelihood, and employment (inclusive efforts) and highlight particular gaps for women and other marginalised groups.
    - Describe accessibility to information and safe public spaces in policy and practice.
    - Mapping how ongoing developments and humanitarian initiatives funded by the UN and other international donors fare in terms of disability inclusion in program design and budgets.
    - Assess the availability and functioning of national monitoring mechanisms, systems, and tools, including the existence and quality of statistics and disaggregated disability monitoring data (including by sex, age and geographical location). Identify possible gaps and obstacles.
    - Provide co-created recommendations and ensure that the proposed policy and programming components of the proposal for the Joint Programme are based on national needs and respond to national challenges from an intersectional lens.

The study is framed on human rights, gender and intersectional approaches, and as such, it examines the capacity, contextual factors, and problems faced by the state in implementing the CRPD and the disability-related SDGs. It further recognises the unique challenges that people with disabilities face due to the intersections between gender, age and disability.

1.2. Disability in Tanzania

The overall disability prevalence rates for people aged 5+ based on Household Budget Survey (HBS) data are 6.8% in Mainland Tanzania and 3.2% in Zanzibar (2017/18 Tanzania HBS; 2019/20 Zanzibar HBS). This means that across URT, over 3.3 million people are living with a disability. Further disaggregation indicates that:

- For children and young people aged 5-24, the disability prevalence rate is 2.3% for Mainland Tanzania and 1.8% in Zanzibar.
- In both Mainland Tanzania and Zanzibar, women have higher prevalence rates of disability than men. In Mainland, 7.8% of women live with a disability compared to 5.7% of men. In Zanzibar, 4.1% of women live with a disability compared to 3.0% of men.
- Prevalence rates among children, however, do not show significant differences between boys and girls in either Mainland or Zanzibar, with sex differences only appearing in early-to-mid-adulthood.
- In both Mainland Tanzania and Zanzibar, disability prevalence increases in adulthood and rises steeply among older adults. Mainland data shows the increase starting among the 20-24 age group, while Zanzibar prevalence rates stay consistently low until the 35-54 year age group, when women in particular face an increase in prevalence rates.

Annex 4 shows more data on prevalence disaggregated by gender, age and disability categories.

Persons with disabilities (particularly women and children) are at increased risk of physical, sexual, and emotional violence, exploitation, abuse, and neglect. Some of these barriers and deprivations result from attitudes, cultural beliefs, and practices that have historically segregated persons with disabilities from society and resulted in missed opportunities for meaningful inclusion (Child Welfare Information Gateway & Children's Bureau, 2018).

To ensure the enjoyment of human rights by all people with disabilities, several international, regional, and national instruments have set standards for human rights that the states must aim to achieve. This includes the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). At the regional level, it includes the African Charter on the Rights and Welfare of the Child (ACRWC) and the African Charter on Human and People's Rights (African Charter). Under the national laws, this fundamental right was enshrined with the enactment of the Persons with Disabilities Act, 2010 (Mainland Tanzania) and the Persons with Disabilities (Rights & Privileges) Act, 2006 (Zanzibar).

2. Approach

2.1 Analytical Framework

Inspired by the UNPRPD's Guidance for conducting a Disability Situation Analysis, this study integrates the following foundational concepts and approaches:

Human rights-based approach (HRBA): Normatively based on international human rights standards, the human rights-based approach is a conceptual framework that is operationally directed to promote and protect human rights. It seeks to analyse inequalities that lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress. The HRBA has an explicit focus on the state as the primary duty bearer and analyses their capacity to uphold rights holders' lives (Gosling et al., 2019). In accordance with the right to participation enshrined in the CRPD and the slogan of the disability community, "nothing about us, without us", people with disabilities and their families were engaged and consulted throughout the Situation Analysis process (UNICEF, 2013).

Intersectionality: The intersectional perspective demonstrates how multiple and intersecting identities (such as gender, class, kinship, age and severity of disability) can significantly increase the risk of marginalisation (Crenshaw, 1989). These identities can act independently or compound and interact to shape complex social inequalities of subjugation and privilege that are harder to overcome than a single identity vector (Cooper 2016; Garry 2011). The result is that certain identities experience different degrees of inclusion or exclusion from opportunities and resources (Sachs, 2019). Hence, this situation analysis suggests that programmatic interventions must be based on a detailed situational analysis that uncovers systemic intersectional barriers to opportunities for inclusive development (Mont, 2014; Murungi, 2015).

Social model of disability: The social model of disability maintains that disability results from interactions between individuals with specific physical, intellectual, sensory or mental health impairment and their surrounding social and cultural environment that prevents people with impairment to lead easier lives (Inclusion London, 2015). Disability is therefore understood as a socio-political construct, whereby the attitudinal, environmental and institutional barriers systematically exclude people with disabilities. These impairments would not be as great a disadvantage if society was more accommodating and aware of people with disabilities' needs. In line with the CRC and CRPD, the social model of disability calls attention to the social barriers that prevent people with disabilities from enjoying their human rights.

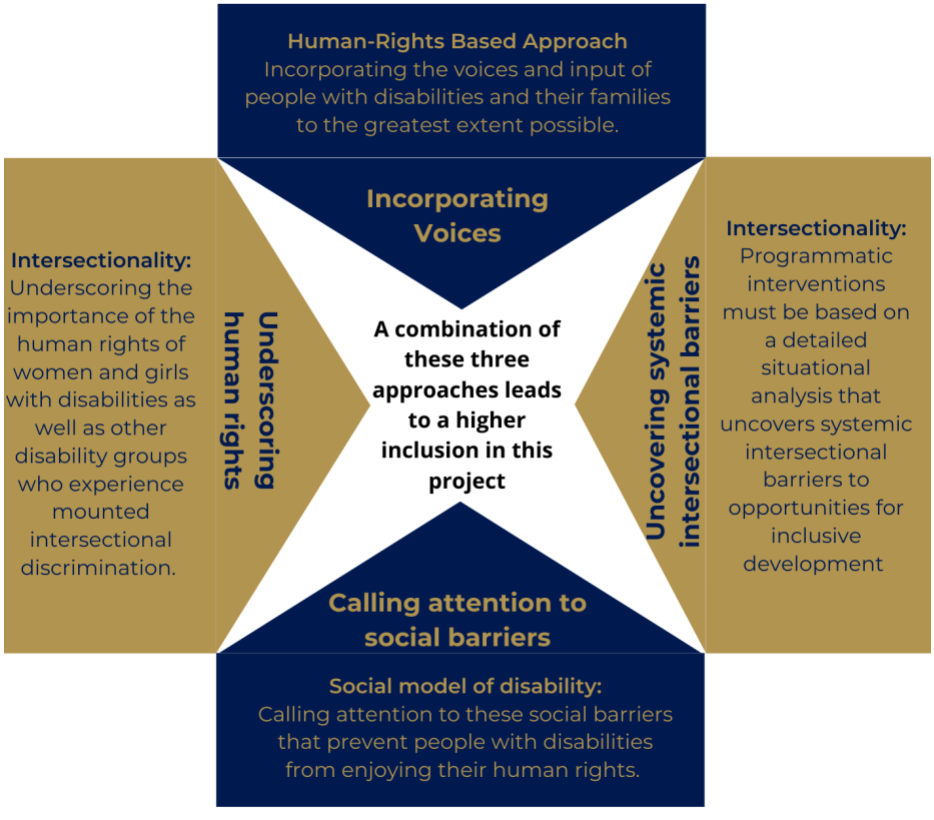

Figure 1: Linkage between Human rights-based approach, Intersectionality, Social Model of Disability and Inclusion

(Source: Includovate)

2.2. Methodology

The study adopts a qualitative approach to explore the contextual factors affecting the realisation of rights of persons with disabilities in URT in light of the implementation of the Convention of the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs).

- **Inception workshop:** An inception workshop was organised to engage key stakeholders, including OPDs to develop their basic understanding of how to implement the CRPD and SDGs, and to deepen their knowledge on the preconditions and cross-cutting issues for disability inclusion.
- **Literature and document review:** Guided by the six pre-conditions mentioned in the UNPRPD situation analysis guidance note, a structured literature and document review explored academic and grey literature published since 2010. The research team also assessed relevant organisational documents not yet published. Documents were coded and analysed based on the pre-conditions and guiding questions.
- **Key informant interviews (KIIs)**: Semi-structured interviews (Annex 18) with open-ended questions were conducted with fifteen key informants to triangulate and augment findings from the literature and document review. The KIIs targeted respondents from strategic partner organisations in URT, including government officials, organisations of persons with disabilities (OPDs), non-governmental organisations (NGOs), and other stakeholders with relevant expertise.
- **Focus group discussions (FGDs):** A focus group discussion guide (Annex 19) was conducted involving eight FGDs virtually with a variable number of participants (Annex 19). The FGDs were designed to incorporate flexible, participatory approaches to engage persons with different forms of disabilities. Respondents were grouped by sex, age, disability type, location, OPD, etc., (see Annex 4 for a breakdown of respondents).
- **Secondary data:** UNICEF commissioned Includovate to complete a situational analysis of children with disabilities in Tanzania in early 2021. As many of the key stakeholders identified for interviews for the two exercises were the same, UNICEF granted Includovate permission to use data from the 19 KIIs and 12 FGDs in this report to avoid respondent fatigue.
- **Stakeholder consultation workshop:** A consultation workshop with key stakeholders, including OPDs and persons with different disabilities was organised to review and comment on the study's findings and to help identify priorities for future advocacy and programming. The workshop recommendations and suggestions were integrated into the final report.
- **Proposal development workshop:** Another two-day workshop brought together 24 participants from OPDs, Government and UN to interrogate the findings and priorities, contextualize the UNPRPD pre-defined outputs to the country context, and agree on key activities.
- **Validation:** The final report was shared with the Technical Advisory Group that comprised OPDs, Government and UN for validation on a non-objection basis.

The meaningful involvement of persons with various disabilities and OPDs was ensured in the following ways:

- The two umbrella OPDs and representatives from two women's OPDs in Mainland and Zanzibar were prominent members of the Technical Advisory Group[1] that was formed to guide all stages of planning and implementation of the inception phase.

[1] Other members of the Technical Advisory Group included Directors for the Prime Ministers Office – Department of Disabilities in Mainland Tanzania, the Department of the First Vice-President Office – Department for Disabilities in Zanzibar as well as UN technical focal point from the UNPRPD participating agencies in Tanzania.

- Three data collectors for this study were from Tanzania: one of them leads an OPD in Tanzania and another one is a woman with disability working actively on disability rights. Further, two more members of Includovate's study team were from Africa and one of them was a woman with disabilities.
- The inception workshop included OPDs and other stakeholders and officials.
- OPDs were interviewed during FGDs and KIIs and the consultation workshop that presented the report's findings were discussed and debated with OPDs. The stakeholder consultation was online using Zoom where translators in Swahili and sign language were present and data packages/reimbursement of airtime was provided to participants with disabilities to overcome financial barriers to participation.
- A draft of this report was shared for written input with OPDs and other stakeholders who were consulted during the inception phase before, during and after the consultation workshop, with options to provide feedback through a range of different channels, including Whatsapp, email, phone and in person. A final list of recommendations was shared with the Technical Advisory Group at an in-person workshop before the report was finalized and submitted for validation.

The study methodology was reviewed and approved by Includovate's Institutional Ethical Review Board, an independent body (see Annex 12). Three locally based enumerators were engaged to conduct FGDs and KIIs for this study. In line with Includovate's ethics policy, ethical considerations and protection of human rights and dignity were factored into all Situation Analysis components. The research team carefully triangulated the findings across available literature and primary data collection (of KIIs and FGDs).

2.3. Scope and limitations

This Situation Analysis was subject to several limitations:

- Gaps in current data and academic and grey literature on the effective realisation of rights by persons with disabilities as provided under the CRPD and the SDGs limited the details in the analysis. However, identification of such gaps represents an important finding in itself and can inform recommendations for further data collection and research.
- KIIs, and FGDs provide valuable insights into the situation of people with disabilities and their families. However, the study faced limitations based on the relatively small sample size of KII and FGD interviews driven by the budget and costs associated with consulting and interviewing people with disabilities. To mitigate this limitation, the research team carefully triangulated the findings across available literature and primary data collection and drew upon previous data collected by UNICEF as well as the information from the Induction Workshop and Consultation workshop. Yet, despite these efforts, the findings of this study cannot be assumed to represent the diversity of situations and experiences of people with disabilities across the URT.
- One of the most serious limitations was caused by the outbreak of the third wave of COVID-19 in URT. Just before the in-person data collection commenced, the Government and UN in Tanzania revised its COVID-19 protocols, leading to the suspension of all in-person FGDs and KIIs. Remote data collection (online or via telephone) was the only option to complete the study. Since some people living with disabilities face barriers with accessibility to the internet and telephone, this sudden change had implications on the quality of the data collected and the type of participant. For instance, due to technological barriers, people living with disabilities in rural areas could not be engaged in the study. The research team put in place measures to mitigate these challenges by having local in-country researchers call and help to arrange interviews via a suitable medium and time most

convenient to the respondent. Compensation for data usage was provided to respondents. The consultation workshop that presented the findings used sign language translators, also offered mobile data reimbursement and the report was circulated in advance for comment in accessible format for screen readers. The workshop provided a final valuable opportunity to interpret, triangulate and validate the findings based on stakeholders' expert knowledge and in-country experience and to reduce any pending limitations.

3. Findings

This section presents findings of the situation of persons with disabilities in the URT by triangulating the secondary data from the literature review with the primary data collected during the induction workshop, consultation workshop, and KII and FGD interviews as outlined in section 2.2.

Precondition 1: Stakeholder and coordination analysis

Organisations of Persons with Disabilities (OPDs): Civil society organisations (CSOs) are key stakeholders in facilitating the realisation of human rights. Both the Mainland and Zanzibar Constitutions provide fundamental rights to personal freedom (Art 15 and Art 14), speech and expression (Art 18 and Art 18), association (Art 20 and Art 20), movement (Art 17 and Art 16), etc., to citizens or all persons (depending on the context). By default, these freedoms extend to all CSOs. When CSOs are led, directed, and governed by and for persons with disabilities they are called Organisations of Persons with Disabilities (OPDs) (UNCRPD, 2018). Other non-disability specific CSOs may have disability rights as their partial mandate and hence become important stakeholders in the realisation of the rights of persons with disabilities. Annex 5 outlines a comprehensive stakeholder map.

Tanzania Federation of Disabled Peoples' Organisations (SHIVYAWATA) was established in 1992 by OPDs as a common platform for joint advocacy in Mainland Tanzania. The Zanzibar Federation of Disabled People Organisations is called SHIJUWAZA. The two OPDs are financially supported by INGOs, NGOs, UN agencies, bilateral agencies, and individuals. Its main work includes coordination of joint advocacy; organising legal and policy review; promoting awareness of disability rights; engaging in accessibility audit and improving the provision of services; and research. Other CSOs and OPDs in Mainland Tanzania can be registered under the Non-Governmental Organisations (NGOs) Act, 2002; the Companies Act, 2002; and the Societies Ordinance, 1954. Since Zanzibar does not have a specific Act to register NGOs, the CSOs and OPDs are registered under the Societies Act, 1995; and the Companies Act, 2013.

Several key informants highlighted people with intellectual disabilities as the most marginalised group within the disability demography. Some noted that this may be because these individuals are seen as "(people who are) not able to explain their thoughts" and those who cannot be easily "involved in decision making issues and politics" (KII-13 and 9) – and therefore only ensure representation through their guardians. Limited confidence in the abilities of this group from society significantly contributes to their marginalisation (FGD-9, Zanzibar, 4 August 2021). Some other informants commented that people with multiple disabilities are one of the most marginalised groups among people with disabilities because they cut across OPD memberships (KII-12). Meanwhile, people with albinism identify as having a disability in Tanzania and are another group that some informants identified as a marginalised group within the disability demography due to the violence, stigma and discrimination they experience as well as killings (see also, the 2016 Universal Periodic Review).

A stakeholder mapping of OPDs was conducted, along with the members of umbrella OPDs. Generally OPDs are formed according to disability type and the umbrella OPD is meant to represent cross-disability issues.

OPDs run by women, children and people of short stature were not members of SHIVYAWATA in Mainland and in Zanzibar, the sports association for the deaf, and youth with disabilities are not members of SHIJUWAZA. Persons with psychosocial disabilities and mental health are not members, nor listed as a group that needs to be formed. Annex 8 reports on the OPD membership of the national umbrella/peak organisation in Tanzania Mainland, and identifies disability types that are not members, or do not have an OPD that represents their needs. To improve the diversity of umbrella OPDs, there is the need for a constitutional amendment.

Environment for OPD participation and meaningful engagement: When asked whether the legal framework for the protection of CSOs was effective, key informants, particularly those representing the government, found that OPDs do not face significant challenges in their rights to mobilise (KII 9 and 10 and FGD-7). However, the HRC recommendation from the 2016 Universal Periodic Review and the report from the Commission for Human Rights and Good Governance (CHRAGG), observed that some CSOs have reported challenges that hinder their free operation in URT.

Research on OPD engagement by the Government shows that they are not always effectively engaged. Tanzania Human Rights Action Plan 2013-2017 lists actions and activities by the lead ministries of the government involving OPDs, including raising-awareness campaigns on disability inclusion (led by Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in Mainland and the First Vice President's Office (FVPO)) in Zanzibar, research on disability and rehabilitation services (MOHCDGEC and FVPO), amendment of the existing construction laws and policies to mainstream disability (MWTC). While encouraging, 'meaningful engagement' was still raised as a concern during the workshop and interviews, as this quote captures:

> *The OPDs are involved though their involvement isn't effective. Most of the important issues are seen to be controlled by the governmental systems and not to be done in a reconciliatory way with the involvement of institutions for persons with disabilities.*
>
> (FGD-10, Zanzibar, 10 August 2021)

A key informant in another FGD supported this narrative by sharing their experience of a process for the conservation of one of the old towns in the URT (FGD-9). Another OPD claimed:

> *We must go through complex procedures before we can secure a slot for getting to know and engaging policy developers; it is also a struggle in the sense that we must have our own resources to be able to analyse the policy and advance the bill of opinions. Follow up until our opinion is included is not guaranteed so we leave unto God to make drafters consider our opinions.*
>
> (OPD email correspondence, 23 September2021)

In this regard, a key informant representing an OPD in Zanzibar shared their experience of sharing recommendations with the Government on improving the CRPD's implementation and how the government did not take action (KII-14). She observed:

> *We [OPDs] are not involved and there isn't a reason why it [CRPD] is not implemented. We met, discussed, agreed and then submitted our recommendations. We don't know what is going on. Honestly I don't know if there is a problem that hinders but what I know is that we have worked on this issue a long time ago.*
>
> (KII-14, Zanzibar, 5 August 2021)

The way OPDs are involved in government programmes is not clear due to the absence of publicly available evaluations. However, primary data shows that they are not involved in the active implementation and monitoring of policies by the government, such as consultation about budgetary allocations, formulation of accessibility standards, and disaster risk reduction and emergency preparedness efforts. This adversely affects the realisation of well-intended policies into action as first-hand strategic and practical knowledge of OPDs concerning disability inclusion is not translated into action on the ground (FGD-10).

OPD involvement in national processes: Evidence of OPDs being invited to take part in decision-making and consultations were found, although not as readily for mainstream issues as for disability inclusion. Mainstreaming disability in national development programmes is discussed more in precondition 6.

The role of the parliamentary committees: The parliamentary committees play a critical role in addressing gaps in legislation that call for amendments. They review and issue recommendations on bills into parliament to amend existing laws to address gaps. They need to be aware of disability inclusion as they will help to advance disability rights by harmonizing the existing laws to be in line with the UN Convention on the rights of persons with disabilities. While several parliamentary committees were mentioned in the interviews, three of them were considered more important, namely the Committees on Parliamentary Committee on the Right of Persons with Disabilities, Human Rights and Constitution and Legal Affairs**.**

Government stakeholders: The URT Government has strengthened its efforts to increase the visibility of persons with disabilities in governance, including through affirmative action and the reservation of seating.[2] For instance, to increase the representation of persons with disabilities in public offices, the Persons with Disabilities Act, 2010, applicable to Mainland Tanzania, under Section 51(3)(viii) puts an obligation on the Minister responsible for disability affairs to set up criteria and procedures to elect or appoint "persons with disabilities in all decision and policy making processes during the elections, through affirmative action or special prescribed arrangements". Similarly, Zanzibar's Persons with Disabilities Act, 2006 under Section 29(1)(viii) puts an obligation on the Disability Council to "secure the reservation of casual and contractual positions in the private and public for persons with disabilities". The government of the Republic of Tanzania has gone to great lengths to implement the CRPD by establishing a legal and administrative framework to adopt the CRPD. UNICEF's 2021 Situational Analysis of children with disabilities, confirms increased visibility of persons with disabilities at policymaking levels and in senior government leadership positions while also recognising political and institutional hurdles that limit the participation of persons with disabilities (UNICEF, 2021). Persons with disabilities, particularly women and youth, are under-represented in local and national decision-making structures. This significantly limits their ability to participate in and influence decisions that impact their lives.

In Mainland Tanzania, there is a designated focal point established at the Prime Minister Office responsible for realising the rights of people with disabilities as per the Disability Act, 2010 adopted from CRPD (Disability Act, 2010). Similarly, in Zanzibar, the First Vice President's Office under the Department of Disability Affairs is responsible for matters of disability, hence, requires every ministry to ensure disability inclusion in their policies, programmes and services. The Persons with Disabilities Acts of 2010 (applicable to Mainland Tanzania) and 2006 (applicable to Zanzibar) also established a National Advisory Council and Zanzibar National Disability Council to protect the rights of persons with disabilities. These councils are tasked to monitor and evaluate the implementation of the Disability Act concerning the CRPDs. The disability councils work from the village, ward, district, region to the national level, having representatives from the local community, CSOs, NGOs and LGAs, OPDs, a representative of the Attorney General; representatives from Ministries, a representative of the Association of Tanzania Employers; and Commission for Human Rights and Good Governance. While the Act applicable to Mainland Tanzania stipulates that all the members of the

[2] On employment 3% of all employees for organizations with 20 and above employees should be persons with disabilities. There is no effective implementation, however, despite a fine of TZS of 2,000,000 or two years jail when proven disability discriminatory.

National Council, except the chairperson, shall be appointed by the minister responsible for rights of persons with disabilities in the URT, the Zanzibar's Disability Act attempts to establish diversity of stakeholders in the Council by providing membership to government officials from various ministries, OPDs (including women), and organisations representing interests of employees and workers. A diversity of stakeholders in the Zanzibar National Disability Council will likely provide the Council with a variety of perspectives and checks and balances when advancing the rights of persons with disabilities.

Despite this structure, there is limited coordination within the government, brought about by structural changes, to address disability affairs. As noted by a key informant (KII-3):

> *Before, all services to people with disabilities were under the Ministry of Health. The person who was responsible for services to persons with disabilities was Commissioner for social welfare. But now there are challenges as issues concerning persons with disabilities have been (moved) under the Prime Minister's Office. The Disability Act, on the other hand, mentions Commissioner for social welfare services.*
>
> (KII-3, Mainland, 5 August 2021

This structural change has led to a duplication of work by multiple government agencies trying to address disability issues and has adversely affected the implementation of policies. UNICEF highlights this coordination gap by giving an example of multiple government ministries, agencies and departments (MDAs) in mainland Tanzania (Ministry of Education, Science, Technology and Vocational Training, Special Need Unit of the Ministry of Education, Science, and Technology, and the Ministry of Health, Community Development, Gender, Elderly and Children) attempting to address the issue of inclusive education under different programs at the same time (UNICEF, 2021, p.127). Such overlapping mandates call for increased interaction and coordination among government officials and across sectors when working on disability programming.

International cooperation: Annex-5 maps the stakeholders working for the rights of persons with disabilities, their geographical reach, funding and size. Some key disability-inclusive international funding agencies include Humanity & Inclusion, Sightsavers, USAID, the European Union/ European Commission, and CBM Forum (International Disability Alliance, 2020). The USAID focuses on disability-inclusive education (Josa and Chassy, 2018), data-driven advocacy to improve and sustain the ability of Tanzanian civil society organisations to influence rights issues, and other sectoral issues, such as land rights, gender-based violence, education rights, the inclusion of marginalised populations, including women and youth (USAID-Tanzania, 2019). FCDO (formally DFID) focuses on disability-focused education programmes (The Independent Commission for Aid Impact 2018) while Sightsavers conducts research to inform disability inclusion policies and programming and has programmes funded by UK Aid that match and aim to provide quality eye care to rural populations in the Morogoro and Singida regions of Tanzania (Sightsavers-Tanzania, 2019). Some of the disability inclusion programs funded by the European Union and CBM Forum include the Disability Employment Campaign and Employability Project which aims to promote formal Employment of persons with Disabilities in Tanzania (CCBRT, CEFA and Radar Development, 2011).

The role of the UN was raised by a few respondents and includes advocating with the government to advance the rights of persons with disabilities: "*UNFPA (can) really press hard on the accessibility of the justice mechanisms, of the information mechanisms for young persons and women with disabilities to be getting SRHR services in accessible ways*" (KII-1). The UN can aid OPDs by supporting the latter's campaigns and "*helping in raising community awareness, (and) growth of knowledge to persons who work for institutions of persons with disability, including private and public sectors*" (FGD-5 and KII-9). Informants recognised that the UN has enhanced physical accessibility and accessibility of sign language interpreters at events but commented on the relatively lower awareness of disabilities other than physical mobility and hearing impairments among UN staff.

However, the UN is doing more than is widely known. The RCO has a disability focal point and there is a group of focal points from UN agencies, who jointly seek to advance disability inclusion as part of the broader Leave No One Behind (LNOB) agenda in Tanzania. There are no joint programmes, but individual agencies are supporting programmes in which disability is mainstreamed. The United Nations, Tanzania's Mainland and Zanzibar Joint Programme indicates 11 UN Agencies, namely FAO, ILO, IOM, UNDP, UNESCO, UNFPA, UNICEF, UNIDO, UN Women, UNICEF and WHO, who have consulted with the government and are carrying out key area-based SDG and UNPRPD related programmes (UN-Tanzania, 2018; UNDP, 2016). Annex 13 presents information on the joint UN Agencies programmes, themes, lead and participating agencies. The ongoing work on the Common Country Analysis (CCA) and UN Sustainable Development Cooperation Framework for 2022-2026 has strengthened the UN's focus on the rights of persons with disabilities as one of the furthest behind groups of focus. The UN is using an all-inclusive and participatory approach to seek the voices and views of various stakeholders to jointly turn the CCA into evidence-based opportunities for accelerating SDG achievement in the country (UN-Tanzania, 2021). Tanzania will have its first UN Sustainable Development Cooperation Framework (UNSDCF) in July 2022 (ibid).

Notwithstanding this progress, as the UN's self-assessment against the Accountability Scorecard on Disability Inclusion in 2020 shows, the UN in Tanzania also needs to do more work internally to implement the UN Disability Inclusion Strategy launched in 2019 at the country-level and meet the minimum requirements set for UN Country Teams. The UNCT did not meet the set minimum requirements under any of the scorecard's 14 indicators in 2020. Selected actions to work towards the fulfilment of the requirements have been included in some interagency groups' work plans in 2021, but more coordination and joint efforts to improve disability inclusion in programmes, operations and communication are needed.

Disaster risk reduction, emergency response and COVID-19: Tanzania, like other countries, has been fighting against the COVID-19 pandemic. Different measures have been undertaken including mass education, use of herbal medicines, strengthening clinical services, public hand washing, wearing of masks, and travel restrictions (on international commercial flights and systematic quarantine measures were imposed on passengers, most strongly enforced during the first wave from March to June 2020 and April to October 2021). For about one year, COVID-19 statistics such as the number of cases and deaths were not publicly available, and since May 2020 only 509 cases and 21 deaths were officially recorded. In April 2021, the newly appointed President, H.E. Samia Suluhu Hassan formed an expert committee to evaluate the national response against COVID-19 which recommended the use of the COVID-19 vaccines. On 29th July, 2021 Tanzania officially kicked off the COVID-19 vaccination campaign, although uptake is low at 0.5% as of October 2021.

To mitigate the COVID-19 impact in their projects OPDs had to change their strategies to be able to accommodate COVID-19 changes (FGD -1 with CSO, FGD -3 with OPDs). Using the media to reach a wider audience, focusing on food security and increasing calls for inclusive services have been some of the major activities of OPDs relating to COVID-19 response/recovery. Access to clean and safe water, and the vaccine, along with accessible information about how the vaccine works and the possible side effects were other priorities heard during primary data collection. Among advocacy groups for people with intellectual and developmental disabilities (IDD) priorities were on raising awareness in the community and increasing the access/quality of education to persons with IDD. For psychosocial disabilities, a lot of work has involved increasing the capacity of professionals and doing more outreach work to target hard to reach communities. For the hearing impaired, priority has been accessing easy read and pictorial information (such as the use of signs for people with disabilities in rural areas). From a geographical inclusivity lens, a couple of interviewees also raised concerns about the concentration of COVID-19 relief resources in urban areas and the lack of access to resources in rural areas (KII-8 and 15).

Many OPDs interviewed expressed a lack of disability inclusion during planning, implementation and monitoring of COVID-19 recovery. One of the respondents representing an OPD observed:

We did [it by] ourselves: we had special sessions, we went up to District executive officers to communicate our needs and many more issues. We did it alone as NGOs and we got guides from sponsors. But for the side of the government, they never involved us.

(KII-14, Zanzibar, 5 August 2021)

Of the few OPDs who were involved, their involvement was limited to the distribution of PPE and awareness raising (FGD -1 with CSOs, FGD-2 with women and KIIs - 3). The leaders from OPDs indicated that they would like to be more involved in the COVID-19 recovery and relief, from planning, implementation and monitoring (FGD -1 with CSOs, KIIs -3). Economic security, healthcare affordability and accessibility was a pre-COVID-19 area of concern for OPDs and this need has been exacerbated by COVID and the resulting increase in unemployment rates.

Capacity of OPDs in Tanzania and their coordination mechanisms: The coordination mechanism among the OPDs is different from the coordination mechanisms between the Government and the CSOs (discussed above). Many informants noted weak coordination mechanisms among OPDs, which affects their functioning. Since different OPDs represent the concerns of a diverse group of persons with disabilities, they may not align on priorities for disability inclusion. One of the key informants observed: "*you find only one kind of person with a disability makes an OPD and (they are) not ready to cooperate with the other OPDs that comprises persons with disability of different categories*." (FGD-7). An interviewee observed:

They (OPDs) have one umbrella which takes care of everything and everyone. But again, amongst themselves, also, there is a challenge of somehow making priorities on what to do, because if I'm a deaf person, I have my specific needs compared to a blind person. So, at some point, it is difficult for us to come together and address our key problems.

(FGD-3, Mainland, 5 August 2021)

The literature review confirms that coordination/consultation between OPDs with different disabilities is difficult to accomplish without adequate funding.

UNICEF's (2021) situation analysis of children and young people with disabilities in the URT notes that currently OPDs "*lack the technical expertise to lobby for government services and to hold the government to account, often relying on consultants from outside the country*" (UNICEF, 2021, p.124). According to stakeholders, the following areas of improvement are needed: taking more advantage of the platforms available to CSOs and OPD to call for strengthened accountability (e.g. shadow reporting) and incorporating and advocating with and for women and girls with disabilities particularly in leadership positions. Similarly, OPDs identified that more effective coordination among and between OPDs and the government, funding, knowledge of the CRPD and local legislation alignment/gaps, and tactical advocacy skills would make their engagement with duty bearers and development partners more effective.

Concerning the representation of organisations representing women with disabilities, the study found that while their representation has improved in the implementation of policies, training and capacity building programs, their contribution in planning and decision making remains weak. The induction workshop also emphasised the need for "*education and other programs targeting persons with disabilities to prioritise girls and women with disabilities and build their capacity and skills to empower them economically*" (UNPRPD Induction Training Report, 2021, p.5).

The provision of support for the establishment and running of OPDs is ad hoc and project based which limits their ability to meaningfully engage with the URT over the long term. OPD staff salaries are considered too low to support a person with a disability and their family (Mrisho et al., 2016; UNICEF, 2021). The major

sources of funding for OPDs appear to be international NGOs and their national offices and international charities (please see precondition 5 for more information on budgets). Partnerships between OPDs and INGOs/NGOs, human rights defenders, the UN, or academic partners requires a separate study as many seem to be undocumented, involve personal networks/relations where funding may not be involved or associated with URT related reports such as the Universal Periodic Review. A mapping of CSOs and NGOs that work with OPDs is presented at Annex-5. A recent trend observed by OPDs is that CSOs work with OPDs more 'as a way of fulfilling their donor requirement rather than the morality of inclusion' (OPD email correspondence 24.9.21).

Despite many challenges, OPDs have had many successes, including input into the drafting of the National Disability Policy 2004, the ratification of the CRPD in 2009, and the Disability Act 2010. Other notable successes heard during primary data collection include: having some persons with disabilities nominated to higher decision making organisations and government ministries, inclusive general elections, inclusive population and housing census, formulation of manuals, regulations and guidelines in various sectors, soft loans and assistive devices to OPDs.

It is hard to find evidence on the efforts taken and gaps observed in the capacity and level of progress of civil society, private sector and academic institutions to mainstream disability in their programs and to engage with OPDs to improve on this. The obstacles to meaningful participation for persons with disabilities and OPDs appears to be multifaceted.

Precondition 2: Equality and non-discrimination

Gender and marginalised groups in CRPD: Article 6 of the CRPD and General Comment 3 on Article 6, recognises that multiple discrimination puts an obligation on the state parties to take measures for ensuring full enjoyment of rights by women with disabilities. Similarly, CRPD's General comment 7, in recognition of the intersectionality principle, calls for the need for the establishment and inclusion of organisations of women and children with disabilities in the implementation and monitoring of the CRPD principles (UNCRPD, 2018). Gender was identified as a factor that increases the level of discrimination that women with disabilities face compared to women without disabilities or men with disabilities (UNHRC, 2012). Other marginalised groups within the disability spectrum include people with intellectual and psycho-social disabilities, children and older people with disabilities (based on age), people located in rural areas (based on location), and people with albinism. Hence, there is a need to increase diversity in the representation of OPDs to reflect the diverse voices of people with disabilities (International Disability Alliance, 2020).

Reporting obligations under CRPD Article 35 (lodging a comprehensive report within two years after the entry into force of the CRPD, and subsequent reports at least every four years, or when requested by the committee) have not been completed. The URT ratified the CRPD in 2009 but is yet to report on the CRPD. According to primary data collection, OPDs began developing the country's first shadow report in 2018. This involved research by and for persons with disabilities and consultation among OPDs. However, the report was never finalised because in 2019 the URT began writing the first country report on CRPD and consulted OPDs. OPDs expect the first CRPD report to be released by November 2021.

Legislation and its harmonisation with CRPD: The URT has made continuous efforts to protect the rights of persons with disabilities in its national legislative frameworks. The most important legislation to this effect is the 1977 Constitution of the URT (applicable to Mainland Tanzania) and the 1984 Constitution of Zanzibar

which guarantee fundamental rights to "all people."[3] The rights of persons with disabilities are mentioned under the chapter of directive principles of state policies of their respective constitutions.[4] Since the directive principles are only directives to the state when they are making laws and policies, they are non-justiciable rights for which people with disabilities can not seek recourse in the Courts (Weis, 2017). This makes the constitution of the URT non-compliant with the CRPD (UNICEF, 2021; UNGA, 2016b).

The URT is considering amending its 1977 constitution. OPDs who were consulted during the constitution's drafting process, contributed to the inclusion of several provisions on disability inclusion, for instance on the "right to sign language, Braille and accessible healthcare for people with disabilities in the area of reproductive health" (Rohwerder, 2020, p.8). However, the process of the constitutional amendment has not progressed over the past few years.

The URT has specific legislation for protecting the rights of persons with disabilities. It gave effect to its National Policy on Disability, 2004 (applicable to Mainland) the Zanzibar Disability Development Policy of 2004 by enacting the Persons with Disabilities Act, 2010 (Mainland) and the Persons with Disabilities (Rights and Privileges) Act, 2006 (Zanzibar). Both these Acts guarantee the rights to social support, healthcare, education, employment, accessibility, and rehabilitation for persons with disabilities, including children (UNICEF, 2021). This makes both Acts compliant with the CRPD and the CRC. However, since none of these Acts have provisions that account for and provide specific rights to women and girls with disabilities, considering their different gendered needs, the Acts are not compliant with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), 1976 (UNICEF, 2021).

Other legislation that recognizes the rights of persons with disabilities is the Law of the Child Act, CAP 13 R.E 2019 (Tanzania Mainland) and the Children's Act, 2011 (Zanzibar). The Mainland's Law of the Child Act is progressive on children with disabilities (e.g. Section 5:2: A person shall not discriminate against a child on the grounds of gender, race, age, religion, language, political opinion, disability, health status, custom, ethnic origin, rural or urban background, birth, socio-economic status, being a refugee or of another status. See also Section 8:5 and 6: A child with disabilities shall be entitled to special care, treatment, affordable facilities for his rehabilitation and equal opportunities to education and training wherever possible to develop his maximum potential and be self-reliant). Both Acts have comprehensive special provisions for the protection of the rights of children with disabilities (Sloth-Nielsen, 2015). However, when defining children with disabilities, the Acts do not acknowledge the contribution of a non-inclusive environment and infrastructure towards the child's disability (Inclusion London, 2015; UNICEF, 2021). Rather they focus only on the child's physiology and psychology that hinder their equal participation in society (UNICEF, 2021). This makes the two acts only somewhat compliant with the CRPD and the CRC. The way disabilities and persons with disabilities are defined across Acts varies (see: annex 11).

In line with its reporting obligations, the URT has submitted state reports indicating measures to improve children's rights, particularly children with disabilities, to the CRC Committee. In the 2015 Concluding Observations to the URT, the CRC Committee noted inefficient protection of children with disabilities' rights and an increased abuse, violence, stigma and exclusion, particularly in rural areas, and especially those children with intellectual and psychosocial impairments. The observations also expressed concerns over inaccessible public infrastructure, lack of inclusive education for children with disabilities, their low primary-

[3] The URT constitution applies to both Mainland Tanzania and Zanzibar. However, Chapter 4 of the constitution under Section 102 provides special status to Zanzibar. The section establishes an Executive for Zanzibar called "the Revolutionary Government of Zanzibar" that has the authority to govern over all matters in Zanzibar except the Union Matters provided in the URT constitution. As per sub-section (2), the Revolutionary Government of Zanzibar "shall exercise its authority in accordance with the provisions of this (URT) Constitution and the Constitution of Zanzibar, 1984."

[4] Article 11 (Mainland) and Article 10(7) for Zanzibar. Refer to Annex 11 for more information on these articles.

school enrolments and expressed the need to allocate sufficient resources for realisation of rights for children with disabilities, especially the establishment of a specific fund to implement the National Strategy on Inclusive Education. The CRC Committee expressed concern that discrimination against certain groups of children including children with disabilities still exists in law and practice (CRC Concluding Observations, 2015:5). The state is yet to submit its next periodic report to the CRC, due on 9 January 2020. This report is coordinated by the Ministry of Health, Community Development, Gender, Eldery and Children and will outline further steps the URT has taken to ensure the guarantee of children's rights, including the rights of children with disabilities.

As a signatory of the CEDAW, under Article 2, the URT recognises women's rights to equality. The General Recommendation 18, particularly, recognises this right for young women and girls with disabilities and ensures URT's obligation to provide rights and freedoms on an equal basis and without sex or disability-based discrimination. For example, in its General Recommendation 18, 19, 28, 33 and 35, the Committee on the CEDAW discusses the disproportionate exposure of young women and girls with disabilities to all forms of discrimination because of intersecting identities of gender and disability. A similar argument is made in the Joint General Recommendation No. 31 of the CEDAW Committee and the General Comment No. 18 of the CRC Committee on harmful practices issued in 2019.

Despite these commitments, the reality of human rights protection for young women and girls with disabilities shows significant gaps. For example, in its latest concluding observations on the seventh and eighth Periodic Report of the URT in 2016, the CEDAW Committee mentioned the prevalence of harmful practices on girls with disabilities. These harmful practices include the killing and attacks on girls with albinism for ritual purposes and the prescription of sexual relations with girls with disabilities for what is commonly referred to as 'virgin cure'. Virgin cure is based on the belief that young women and girls with intellectual disabilities can cure HIV/AIDS after sexual intercourse. Consequently, the CEDAW Committee requested that the URT take urgent measures to protect persons, mainly women and girls with disabilities. Specifically, in line with fulfilling its reporting obligations, the URT has submitted state reports indicating measures it has taken to improve women's rights and, in particular, young women and girls with disabilities to the CEDAW Committee. However, the URT is yet to submit its periodic report to the CEDAW due in March 2020.[5] This report, when submitted, will outline further steps and the progress the URT has made to guarantee the rights for women and girls, particularly women and girls with disabilities, within its domestic jurisdiction.

Anti-discrimination: While both Mainland and Zanzibar's Constitutions guarantee fundamental rights to "all people'' and many Acts prohibit discrimination (e.g. The Disability Act of 2010 discourages discrimination, the Law of the Child Act CAP 13 R.E 2019, Section 5 prohibits discrimination against children and Section 8 ensures the equal opportunities of education to persons with disability) the enforcement of these anti-discrimination provisions is non-existent. Moreover, the Civil Procedure Code, 1966 of the URT under Section 15, considers persons with psychosocial disabilities to have an unsound mind and therefore are unable to protect their interests or file a suit in the courts of law. Under Section 92 of the Civil Procedure Code, all persons with disabilities lack agency and cannot give "consent or agreement as to any proceeding" without representation by a next friend or guardian. Although the Evidence Act, 1967 under Section 128 considers persons with speech impairments as competent witnesses, it does not refer to other disabilities, which is a defect in the law. Nor does it provide mechanisms for persons with disabilities other than speech

[5] In the State Report for the 2021 third Universal Periodic Review, the Government of Tanzania indicates that the overdue treaty reports for UNPRPD, CRC and CEDAW will be submitted before the end of 2021

impairments to testify before a court. Thus, the law does not recognise that denial of reasonable accommodation constitutes disability-based discrimination.

Many interviewees observed stigma associated with disability as an underlying cause impeding the implementation of the CRPD. Stigma and discrimination limit the ability to take up opportunities, pursue education and gain meaningful participation and employment (FGD-3). Ntamanwa (2015) explains the way that stereotypes associated with low performance of persons with disabilities adversely affect their participation and employment opportunities. The National Disability Council uses encouraging approaches, i.e. by advocating for the need to have disability inclusion in political or leadership positions, or through the media. However, specific anti-discrimination framework or legislation is missing.
The National Disability Mainstreaming Strategy (NDMS) of 2010-2015 aims to promote the mainstream of disability in all government policies and programs and budgeting to ensure people with disabilities access benefits from and have space to contribute to national development in the Mainland (Disability Rights Education and Defense Funds (DREDF), 2021; Foundation for Civil Society (FCS), 2017). The ultimate goal of the Mainstreaming strategy was to ensure that people with disabilities are a natural and integral part of society as a whole and have opportunities to contribute with their experience, talents and capability to national and international development (DREDF, 2021). Zanzibar is currently developing a disability mainstreaming guideline. Aside from this, a national action plan for implementation of the CRPD and a legislative harmonisation process has not occured because there has not been any reporting on CRPD.

UN involvement: The global UNPRDP secretariat in collaboration with the UN country teams is in the process of developing an analytical framework for persons with disabilities and will guide the implementation of programs focusing on disability inclusion. As was mentioned above, the UN has also completed the self-assessment against the Accountability Scorecard on Disability Inclusion for Tanzania with key indicators that reflect the core areas including leadership; strategic planning and management; inclusiveness; programming; and organizational culture. Several areas for improvement and the next steps have also been identified (See Annex 16 for details of the Scorecard).

The UN Development Assistance Plan 2016-2021 for Tanzania refers to disability seven times; an indication that disability has been integrated albeit with a limited scope. It mentions the promotion of inclusive education for persons with disabilities while ensuring that the curriculum meets the diverse needs of children with disabilities, vocational training, and specially trained teachers. Social protection is intended to remove barriers that prevent people from accessing services. According to this plan, persistent deprivation in health, education and other key elements of wellbeing, rapid rates of urbanisation, changes in family and household structures, as well as erosion of culturally based solidarity norms and practices, disability, demographic transition and migration call for innovative and multi-sector approaches that can protect people in the face of challenges and help them escape multidimensional poverty. With the UN's normative agenda in ensuring that no one is left behind, practitioners will also be enabled to mainstream programming principles such as gender, equality, disability and HIV/AIDs across their planning, implementing and reporting processes. The extent to which others, e.g. UN bilateral agencies and donors, promote and engage in disability rights can be found in annex 6.

Precondition 3: Accessibility

Physical Accessibility*:* Article 20(b) of the CRPD guarantees the right to physical accessibility for persons with disabilities by requiring member states to enhance the use of "mobility aids, devices, assistive technologies and forms of live assistance and intermediaries," and to make these available "at no or an affordable cost" (UNGA, 2016b, p.15). In the URT, this right is domesticated by the Persons with Disabilities Acts of 2010

(Mainland Tanzania) and 2006 (Zanzibar). According to the CRPD's Article 12, to achieve full accessibility a universal design is required that creates unrestricted movement by everyone without special adaptations or designs (UNGA, 2016a). Section 5 of the Persons with Disabilities Act 2010 covers the idea of universal design, whereas the 2006 Act (Zanzibar) does not explicitly state the concept in the legislation while mentioning the design of physical accessibility requirements from the beginning of the design process (Section 12).

Regarding accessibility of transportation, persons with disabilities (physically challenged) and elderly in both Dar-es-Salaam and Zanzibar report that public transport is not friendly, affordable, nor accessible (Rahman, 2021). The lack of accessible and affordable transportation options subject women and girls with disabilities to greater risk (Able Child Africa, 2020). Many respondents mentioned the limitations of accessibility: "*governmental and societal buildings must [have] friendly infrastructure to persons with disabilities, but they do not have such infrastructure that could help persons with disabilities move when there is an emergency"* (FGD-10). Moreover, private buildings are not widely accessible in the URT, especially old buildings: "*The majority of buildings are not friendly to people with disabilities. For example, you visit banks and find that the services don't consider the needs of people with disabilities, especially those using wheelchairs*" (FGD-9). The accessibility of roads is not considered satisfactory for persons with disabilities. One FGD participant remarked: "*If you look at the roads that have been constructed, persons with disabilities need special ways for their wheelchairs. Also, there must be special huts for people with disabilities to hide when there is rainfall or sunlight. But up until now in Zanzibar there aren't any roads like that*" (FGD-7).

Respondents tended to describe this absence of physical access as limited compliance with accessibility standards by those involved in the construction of infrastructure and facilities (FGD-7 and KII-12). The stated accessibility challenges often arise from a low level of awareness among stakeholders, such as Government officials, service providers, and employers, as well as high assistive technology costs. According to this study's primary data, the Government has invested in infrastructure, such as government buildings, airports, public transport, and Standard Gauge Railway constructions while enhancing inclusivity. However, some challenges regarding accessibility of transport services remain: "*It is only private transportation companies [like Bakhresa transport] that have introduced half-priced tickets for passengers with disabilities. There is still a challenge to air transport and other governmental transport*" (FGD-10). While persons with disabilities are given first priority to access transport services, there remains an issue of cost.

Although the Government has made some progress towards ensuring physical accessibility for persons with disabilities through investment in infrastructure, such as public transport, persons with disabilities still face challenges. Primary data shows that while the Mainland Government created a guideline for accessibility tools, renovation procedures, and the implementation of the 2010 Act, such guidelines have not been distributed to relevant stakeholders. In the consultation workshop, it was stated that such accessibility guidelines are under review and better enforcement mechanisms are expected to be created. Currently, no accessibility audits have been completed.

According to some respondents, the UN has improved its physical accessibility, has a disability focal point and hires persons with disabilities. However, people with types of disabilities, other than those who require an accessible physical environment (mobility impairments) or sign language (hearing impairments) are often overlooked in the hiring processes for UN consultants, staff, and researchers according to respondents. Some other good practices by foreign governments (embassies) such as the US are sponsoring disability-related projects and funding accommodation related to disability inclusion.

Sign language: Sign language, mentioned in section 55 of the Persons with Disabilities Act, 2010, requires all television stations to provide sign language insets or subtitles in all newscasts, educational programmes and other programmes covering national events. However, standards or systems to monitor this were not found.

The WHO (2011) observes that URT has some of the lowest numbers of trained sign language interpreters in the world but noted that there has been some progress made to increase accessibility to sign language. For instance, the University of Dar es Salaam now offers an accredited sign language translator course. More courses that accredit sign language interpreters at other educational or professional institutions will be needed to fill the gap in the URT. Consultation workshops confirmed the small number of well-trained interpreters.

Information, Communication and Technologies (ICTs): Article 18(b) of the 1977 Constitution guarantees the right to information for all Tanzanians. Laws related to ICTs include ICT Policy for Basic Education, 2007 (applicable to the URT); the Universal Communications Services Access Act, 2006 (applicable to the URT); the Electronic and Postal Communications Act, 2010 (applicable to Mainland); and Sections 55 and 56 of the Persons with Disabilities Act, 2010 (applicable to Mainland). Obligations stated in this legislation and policies include the responsibilities of electronic communications service providers to provide accessible services to persons with hearing and visual impairments by using tactile marks on telephone sets and sign language insets or subtitles in newscasts and programmes, or adjustment of content tailored to the needs of persons with disabilities. The right to information further entails the responsibility on member states to "provide information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities" (Article 21, CRPD) (The Committee on the Rights of Persons with Disabilities, 2014, p.11). Under the CRPD and Section 16 of the Persons with Disabilities Act, 2006 (Zanzibar), private entities are also entrusted with the responsibility to protect these rights, such as Internet Service Providers and the mass media, while domestic legislation such as the Persons with Disabilities Act 2010 focuses on public service providers.

In 2016 the URT launched the National ICT Policy which acknowledges the centrality of ICT to social and economic transformation. The policy does not mention specific rights relating to ICT for persons with disabilities. However, the 2003 version of the ICT policy addressed this issue by stating that it would pay special attention to the group to tackle social inequalities. In 2016, the URT also enacted the Access to Information (ATI) Act to implement Article 18 of the Constitution. Sections 10(4) and 17(1) of the Act guaranteed that information requested by persons with disabilities is provided in an accessible manner.

Regulations to implement the Electronic and Postal Communications Act 2010 to ensure accessibility of electronic and postal communications services to persons with visual and hearing impairments was passed in 2018.[6] Although Section 55(1) of the Persons with Disabilities Act 2010 stipulates that all television stations are required to provide a sign, language inset, or subtitles in all programmes covering national events and news, compliance with the legislation by the government tends to be elusive as not all TV programmes are broadcast in accessible formats and monitoring of the Act is not often enforced (CIPESA, 2021). The Tanzania Communications Regulatory Authority (TCRA)—an independent authority overseeing the postal, broadcasting, and electronic industries — has not made sufficient efforts to ensure the inclusion of persons with disabilities in their access to ICT services nor has it published reliable data on the ICT usage patterns of persons with disabilities. Media owners explained that no television station had been punished for their failure to comply with the law and media owners contend that the high costs of using sign language interpreters and subtitles in all the programmes were barriers to fulfilling the obligation and requested the government provide them with subsidies (CIPESA, 2021).

Primary data further elaborates on ICT challenges facing persons with disabilities in Tanzania - although ICT imported from abroad is often used by persons with disabilities - it is expensive and does not offer assistance

[6] See: https://www.tcra.go.tz/uploads/documents/sw-1619087532-The%20Electronic%20and%20Postal%20Communications%20(Accounting%20Separation)%20Regulations,%202018.pdf

in Swahili. Most computer application websites, both private and public, are also often inaccessible to people with disabilities (CIPESA, 2021). This adversely affects persons with disabilities' rights to information, as one participant noted: "*We don't receive [information] on time. The information that we access is not in good mode*. *Most websites cannot be accessed via screen reader [that] people like us [use] to navigate*" (FGD-5). In terms of financial accessibility, some banks in the private sector have started to implement disability inclusion in their operations. For example, CRDB bank adopts notification accompanied by visual boards for blind and deaf clients. NMB and CRDB ATM machines also have finger-print and sound machines for the blind. However, such services are concentrated in urban areas, excluding persons with disabilities living in rural areas.

Accessibility during the COVID-19 pandemic crisis: The COVID-19 pandemic has undermined accessibility to essential services that persons with disabilities require (Disability Rights Monitor, 2020; WHO, 2020). Some participants of FGDs from OPDs in Mainland Tanzania showed concern over the access of persons with disabilities to vaccines against COVID-19 as currently they are not given priority. This was confirmed during the literature review (Buguzi, 2021b). Handwashing facilities are largely inaccessible for persons with disabilities and in low supply (Rohwerder, 2020). For those who require the support of others to eat, dress, and bathe, the measures to contain the coronavirus, such as social distancing and self-isolation may not be possible (Rohwerder, 2020).

Access to information about COVID-19 is considerably limited for persons with disabilities, especially those living in rural areas in Tanzania since information, such as press conferences by the Government, is not provided in sign language or Braille (Rohwerder, 2020; Buguzi, 2021b). FGD participants observed: "*During the COVID-19 pandemic, you can see groups of people with certain disabilities access information, but other groups [hearing impaired] miss important information even in press conferences*" (FGD-4). Some key informants further noted that during natural disasters persons with disabilities experience a shortage of access to technologies for emergency services. Information is not provided in accessible formats and data on the accessibility of emergency call numbers is inconclusive.

Barriers to accessing sexual and reproductive health (SRH) information, goods, and services have increased during the COVID-19 pandemic for women with disabilities. Some women and girls with disabilities who require the assistance of sign language interpreters or other assistants, e.g. for women and girls with intellectual disabilities to access SRH services, were no longer allowed to bring those individuals with them due to social distancing rules. GBV support services became even harder to access due to lockdown measures, and the police were relocated away from investigating GBV and towards enforcing COVID-19 restrictions. The induction workshop discussions (UNPRPD, Dar Es Salaam, 2021) agreed that women and girls with disabilities bear a disproportionate impact from the COVID-19 pandemic.

Food insecurity for persons with a disability during COVID increased according to OPDs. Not only due to job loss, lockdowns and poverty but also because people working in the agricultural sector have difficulty accessing agricultural inputs due to shortages and increased cost, and this reduces the food available locally (ESRF, 2020). Moreover, the poor, rural youth and self-employed people living with disabilities, especially in the agricultural sector were forced to reduce their food intake (ESRF, 2020).

The national COVID-19 vaccination strategy and its communication plan do not make any mention of vulnerable groups, including persons with disabilities. Data on COVID-19 is generally limited and lacks disaggregation by impairment types, the severity of the disability, or location or information about COVID-19 vaccination for persons with disabilities, which makes monitoring difficult.

Precondition 4: Inclusive service delivery

The government has made progress towards mainstreaming disability in service provision, and there are some signs of incorporating gender and intersectional issues into programs. This precondition covers the sectors of social protection, health, education, employment and livelihood, DRR and emergency management, de-institutionalisation, access to justice, and participation in public and political life. Details of these sectors according to the following topics: legislation, programs, assessment, determination, eligibility and referral, accessibility, quality, alternative care/service delivery are placed in Annex 7. This section provides a summary of these issues, along with disability support services and the consequences of a lack of accessible service provision for people with disabilities.

Disability assessment: The President's Office Regional Administration and Local Government is responsible for the early diagnosis and assessment in the URT, and the Social Welfare Officer is responsible for recommending relevant medical services and assessment. However, the disability assessment system in URT is often inefficient largely due to the lack of, or limited availability of institutions or agencies that specialise in disability assessment at the local level. The Persons with Disabilities Act, 2010 mandates that the Minister responsible for persons with disabilities may, after consultation with the Council, make regulations prescribing early detection, intervention assessment and treatment of disability. Tanzania Mainland completed National Guidelines for Early Identification and Intervention for children with disabilities in 2016. However, limited information on implementation of these Guidelines makes it difficult to assess its impact (HSSP-IV 2015-2020). There are both insufficient human and financial resources or service providers in both education and health that specialise in diagnosis, such as paediatric neurosurgeons who diagnose autism or developmental disabilities. This absence exacerbates disabilities as people age (Education Development Trust & UNICEF, 2016; ADD International, 2017). The responsibility to assess persons with disabilities often lies on CSOs that specialise in particular disabilities; for example, the Tanzania Society for the Deaf assesses hearing impairments.

The criteria used in assessing disability is generally incomprehensive as they are based on 1) the ability of persons with disabilities to be independent; 2) the ability to express themself; and 3) ability to follow simple instructions (Inclusive Futures, 2020). According to an OPD in Zanzibar, while disability is assessed and diagnosed through Community Based Rehabilitation Services and medical experts, there is no clear system of disability assessment in the URT. In Mainland Tanzania, while some specialised hospitals, such as CCBRT and Ocean Road hospitals, provide disability assessment, disability assessment services are not fully integrated into primary health services nor widely available and inaccessible at the local level.

Disability registration: there is no state register for persons with disabilities although efforts have been made. The NSIE 2018-2021: Education Support and Resource Assessment Centres (ESRAC) developed by the MoEST plans to promote 1) early identification and assessment of children with special needs; 2) care and support for children with albinism and low vision; 3) improved teaching of 3Rs to children with visual and hearing impairments; 4) teaching of children with intellectual impairment and autism. The Government has initiated a screening programme to assess children's hearing and sight. The Inclusive Education Unit has also developed a Guideline for Screening, Identification, Assessment and Support to encourage teachers in both private and public schools to acquire appropriate knowledge on early screening and identification of children with special needs in their classrooms.

Referral systems in URT are largely unavailable. The Community-based Rehabilitation Programmes (CBR), which link homes and the education sector, as well as various community programmes supporting positive parental behaviours and the evaluation of learners' needs, do not offer sufficient referral services. Referral systems from community to upper levels are also not in place due to the absence of a central agency offering

referral advice. Referrals are often carried out between OPDs and hospitals. Clinical teams lack essential medical field skills such as occupational therapy, audiometry, clinical and educational psychology, neuropsychology, physiotherapy, social work, speech and language therapy, pathology, or sign language interpretation.

Assistive technologies, such as wheelchairs, prostheses, hearing and visual aids, and specialised computer software and hardware that assist persons with different types of disabilities are largely inaccessible due to high costs (CIPESA, 2021, see Box 1 in Annex 8). According to primary data, assessment services for those in need of assistive devices are significantly limited. A study by SHIVYAWATA (2016) found less than 15% of persons with disabilities received physiotherapy or orthopaedic devices, including crutches and wheelchairs (Rohwerder, 2020). Local services in rural and remote areas are still often not available, and infrastructure for habilitation and rehabilitation services is often not accessible for persons with disabilities.

Deinstitutionalisation: Section 15 of the Persons with Disabilities Act 2010 and Article 19(b) of the CRPD have provisions on deinstitutionalisation stating that persons with disabilities should have the choice over their residence and live as independently as possible and be integrated in the community. The measures specified in these laws include community support service delivery and support in decision-making, communication, and mobility, as well as living arrangement services to prevent segregation of persons with disabilities (UNGA, 2016b). However, the implementation of the laws is very weak in URT. Due to the significant risk that children with albinism face, the Government set up “temporary holding shelters'' or ‘special boarding schools’, which were supposed to protect and educate children with albinism (Rohwerder, 2020). The State report to the 2021 Universal Periodic Review indicates that these are being phased out, and more children are being reintegrated into their families. The unintended consequences for providing children at risk with emergency shelters (e.g. child abuse, and abandonment by their family members) have been well documented (Franklin et al., 2018). Persons with cognitive impairments are particularly susceptible to institutionalisation and confinement due to the low awareness of the types of disability, widespread stigma, inadequate support and mental healthcare services.

There is no reliable information on Community Residential Support Services funded by the government, which allows persons with disabilities to live in their community while receiving support such as home visits. However, the Persons with Disability Act, 2010 stipulates the need for persons with disabilities’ accessibility to a wide range of community based rehabilitation and inclusion services such as in-house, residential and other community support services, including personal assistance.

Mainstream services: The President’s recent announcements include moves to mainstream disability into services through the creation of loans for students with disabilities; construction of schools inclusive of girls with disabilities; and appointment of persons with disabilities to ministerial positions. UN agencies and CSOs especially play a pivotal role in mainstreaming disability inclusion across services. How well these mainstreaming activities include different forms of disabilities, gender issues and other intersectional categories of difference requires further study as the implementation of this guidance is not monitored. The following paragraphs spotlight some of the sectoral challenges.

Social protection: The URT has several legal frameworks to ensure equal access to social protection, including the Personal with Disabilities Act and Zanzibar Social Protection Policy, 2014. Some key social protection programmes include the Productive Social Safety Net (PSSN) run by TASAF, which includes Conditional Cash Transfer (CCT) and the Destitute Maintenance and Empowerment Programme (DMEP), and the National Social Security Fund (NSSF). However, the enrolment rate in social protection schemes is low largely due to the limited awareness of such programmes among them and government officials and the stigma among staff providing social protection services. In addition, information and communication (Braille, screen-reader compatible, or sign language) on social protection schemes are largely unavailable, and

application points are often concentrated in urban areas and physically inaccessible, undermining the registration process for persons with disabilities. The failure to consider reasonable accommodation and disability inclusive communication during registration and collection of cash transfer benefits is likely to contribute to low enrolment rates (Banks et al., 2021). Administrative capacity to gather and process documentation are also key factors noted (Banks et al., 2021).

Health: Multiple international treaties, to which the URT is a signatory, provide Tanzanians with the right to equal access to the best attainable standard of health care services (e.g., CRPD and African Charter). The URT's constitution also domesticates these rights under Article 30(2)(b). The implementation of these laws, however, remains limited mainly due to the unaffordability of, and limited access to, healthcare services; the high cost of registration fees for medical insurance and its lack of comprehensive coverage for medicines required by persons with disabilities; and discrimination and prejudice from healthcare staff.

Additional factors hampering the realisation of healthcare rights for persons with disabilities include low availability of financial resources, inadequate human resources trained on disability or communication methods required by persons with disabilities, and inaccessibility of healthcare facilities for persons with disabilities who use assistive devices, such as wheelchairs (UNICEF, 2021). Those residing in rural areas face the most exclusion. Clear plans are absent as to how districts will support the operation and maintenance within their budget nor how they target those persons with disabilities trying to access healthcare services. Sexual and reproductive health services are especially inaccessible to women with disabilities largely due to discrimination and stigma attached to sexuality and disability. Women with mobility and hearing impairments and intellectual disabilities also tend not to be given reasonable accommodation in healthcare facilities when delivering children, leading to a heightened risk of complications when delivering because healthcare professionals were unable to communicate with them (FGD-6).

Education: Compounded by the lack of teachers trained on special needs and communication of children with disabilities, such as Braille and sign language, as well as the low availability of general support systems, children in special schools are more likely to be left behind in class and subject to social exclusion (for more details on educational outcomes for students with disabilities, see box 3, annex 7). Efforts to include children with disabilities in mainstream education are limited to the primary-education level. According to statistics in the Disability Data Review by Leonard Cheshire (2018), the primary school completion rate for children with disabilities is 49% as compared to 83% for children without disabilities. Girls with disabilities (53%) are more likely to complete primary education as compared with boys with disabilities (45%). Many schools and classrooms are inaccessible to students with disabilities due to distance and inaccessible transportation, school facilities, including sanitary facilities, ICT, alternative communication methods, as well as low funding or low prioritisation of the allocation of funds to enhance physical accessibility in schools (MoEVT, 2017; Ministry of Finance and Planning and Zanzibar Planning Commission, 2019; Legal and Human Rights Centre, 2019).

The quality of education for students with disabilities is also undermined by an acute shortage of qualified teachers trained on alternative communication methods, especially at education levels beyond primary education; inadequate level of accessibility in teaching and learning materials; limited attention to vocational training for youth with disabilities, most negatively impacting young women with disabilities (Leonard Cheshire, 2018); weak monitoring and follow-ups on the progress of learning for students with disabilities; and the lack of consideration of their needs and accommodation in educational assessment systems. According to an OPD, "*Notions around special schools have been changing... now we're talking about integration – where CWD attend some special classes and otherwise integrate CWD with other students*." In the COVID-19 context, respondents raised concerns about the access for children in need of speech or behavioural therapy to virtual education as they are unlikely to benefit from such education.

Participation in public and political life: Political participation of persons with disabilities during electoral processes remains limited due to inaccessible polling stations or information due to the shortage of available sign language interpreters and tactile ballot papers, limited oversight, limited implementation of election-related directives over disability, as well as widespread prejudice towards persons with disabilities among polling station workers and communities.

Access to justice: The Constitution of the United Republic of Tanzania, 1977 as amended from time to time, considers mental disability as grounds for depriving a citizen of his or her right to vote, to be voted for and to hold public office. Also, the Persons with Disabilities Acts of 2010 (Mainland Tanzania) and the Persons with Disabilities (Rights and Privileges) Act, 2006 (Zanzibar) does not expressly provide for equality before the law for persons with psychosocial and intellectual disabilities. This law guarantees guardianship of persons with psychosocial disabilities by stating inter alia that relatives of persons with disabilities shall provide their rights and privileges. This is in contradiction to the CRPD which has abolished the concept of guardianship under Article 12 and general comment No.1 as it takes away an individual's personhood, humanity and delegitimizes them before the law.

There has been some progress made towards enhancing the access of persons with disabilities to legal justice in the URT. Under the Legal Aid Act of 2017 (applicable to Mainland), presiding judges or magistrates should enhance access to legal aid for vulnerable persons, including persons with disabilities (Legal and Human Rights Centre, 2019). In February 2019, The Judicature and Application of Laws (Practice and Procedure of Cases Involving Vulnerable Groups) applicable to the URT were gazetted. These aim to accelerate the judicial process of determining cases involving vulnerable groups, including persons with disabilities, by setting a time limit (6 months) for the determination of cases by the courts of law and contain provisions on: 1) ensuring the availability of a sign language interpreter in a case in which a deaf person is involved to enable them to follow the proceedings and 2) delivering a judgement in Braille format for persons with visual impairments (Legal and Human Rights Centre, 2019). Challenges of procedural and age-related accommodation persist.

Little information is available about referral processes for persons with disabilities in accessing legal services. Other challenges to accessing justice include low awareness of human rights and the professional misconduct by those who engage in legal justice; weak reporting and referral systems for the victims of gender-based violence against persons with disabilities, especially women; and the unavailability and inaccessibility of some legal services. These impede persons with disabilities' access to quality legal services in the URT. To improve persons with disabilities' access to justice OPDs, like UWZ, have been providing legal aid services through trained paralegals to support persons with disabilities in their claims to rights to education, health, land, etc. While some claims have been successful, others have not been.

Employment and livelihood: There is a low level of compliance with the 2006 (Zanzibar) and 2010 (Mainland Tanzania) Acts and the requirements among employers and the general Tanzanian public. This low compliance and awareness of the Acts undermines both the right to access employment and the earning capacity of persons with disabilities. Limited educational and training opportunities for young persons with disabilities, especially young women with disabilities, or exclusion of those who are willing to engage in self-employed businesses from accessing loans and capital at financial institutions hinders them from accessing meaningful livelihood opportunities.

Disaster risks and emergency management: The Disaster Management Act, 2015 (applicable to Mainland) does not address specific concerns for persons with disabilities, especially older people with disabilities who tend to be excluded from accessing emergency services, due to discrimination and health problems, as well as the inaccessibility of information technology and facilities. Persons with disabilities and their representative organisations are often excluded from disaster risks and emergency management efforts.

Outcomes for persons with disabilities: Violence and Abuse: Cultural beliefs and negative attitudes and practices, such as segregation from society, underlie the deprivations that persons with disabilities often experience when seeking inclusive services (Child Welfare Information Gateway & Children's Bureau, 2018). Cumulatively, the limited availability of inclusive service provision for persons with disabilities fosters violence and abuse. People with albinism are especially vulnerable to attacks and killings for their body parts, which are believed to bring good fortune (Franklin et al., 2018; Rohwerder, 2020). Children with disabilities, such as intellectual disabilities are also subject to different forms of violence, including exploitation, neglect, and physical, emotional, and sexual abuse (Child Welfare Information Gateway & Children's Bureau, 2018; Legal and Human Rights Centre, 2019). Incidents of exploitation and abuse against persons with disabilities were also highlighted during primary data collection as this quote typifies: "Children with mental disorder or physical impairments can be forced into child labour and overloaded with tasks, which leads to violence" (FGD-9, Zanzibar, date 2021).

To tackle the issue of violence against children, the government of the URT has established a Child Protection System, which seeks to prevent and respond to these challenges including through provision of public education to challenge social norms that permit violence against children, including children with disabilities. The policy aims to tackle discrimination against young people with disabilities through advocacy to prioritise the group in the labour market (UNICEF, 2021). Effective implementation of such measures will be required to tackle the issues of violence and abuse against persons with disabilities.

Girls and women with disabilities are likely to experience multiple forms of violence and abuse, including neglect, psychological, physical and/or sexual abuse, due to the intersection of gender and disability bias (ADD International, 2017). A KII who is a participant of a FGD from OPDs in Zanzibar describes some of the issues that women and girls with disabilities face as they observe that "*one of the big challenges faced by women with disabilities is abandonment by their husbands*" (KII-14). In addition, "*deaf, blind women or those with physical impairments can be raped (and impregnated) and miscarry. They have challenges in expressing themselves, and they don't have power*" (FGD-9, Zanzibar, date 2021). Careers of children with disabilities live under extreme poverty, particularly if single (FGD-2,3, and 4).

During the COVID-19 pandemic, women and girls with disabilities have faced an increased risk of GBV and barriers to accessing GBV support services, the police, and justice mechanisms. As women and girls with disabilities were confined at home with their families and lost their usual systems of support, tensions rose, leading to physical, sexual, emotional, and psychological violence against them. Mothers of children with disabilities are often punished for having children with a disability.

Precondition 5: CRPD-compliant budgeting and financial management

Current budget allocations for persons with disabilities in URT are inadequate to meet the needs of persons with disabilities, especially in health, education, and infrastructure, and for campaigns that raise-awareness about the rights and needs of people with disabilities, as well as for OPDs. This lack of funding has been noted in various reports, during the consultation workshop and during primary data collection (e.g. KII-12 and FGD-5). The Foundation for Civil Society (FCS) (2017, p. 16) found that a 'lack of funds is a persistent obstacle to the implementation of all aspects of the UNCRPD and on enforcement of domestic disability laws.' As Rohwerder (2020) notes, the absence of data and proposal development capability makes lobbying for funding difficult.

National and Ministerial Budgetary Contribution: The FCS (2017, p.4) reports that "most national and local plans and budgets do not cover disability issues;" and where budget allocations do exist, they are often too little to meet the needs of persons with disabilities or are not publicly released. According to the Ministry of

Finance and Planning and Zanzibar Planning Commission (2019), 10% of local government authorities revenue is to be allocated to programmes targeting persons with disabilities. However, the extent to which these budgets are effectively and equitably allocated for the benefits of persons with disabilities is not clear due to the absence of publicly available reports and evaluations (KII-14, 2021). A person from an OPD also stated "*every district has to set a budget for loans for business for persons with disabilities, which is 2% of the council's budget. But sometimes you can see that the budget is there, but the money is not given*" (KII-3, 2021).

It is difficult to find reliable disability disaggregated funding information in URT. The compilation below outlines the information available:

- URT local government authorities normally allocate a small amount of funding to support destitute people (e.g. through The Community Health Fund (CHF) or Tiba kwa Kadi (TIKA) schemes), if persons with disabilities are deemed as extreme poor then they can benefit from these schemes (FCS, 2017, p. 50-51).
- In 2018, the Government of Zanzibar created a department under the Office of Second Vice President of Zanzibar with the responsibility for dealing with matters relating to people with disabilities. However, the funds allocated to this department are not enough to enable it to perform its duties (LHRC & ZLSC 2018, p. 342 & 346). Currently, this Department is under the Office of the First Vice President.
- National Plans of Action to End Violence Against Women and Children (NPA-VAWC) has been developed for Mainland Tanzania and Zanzibar respectively. The Zanzibar NPA-VAWC 2017–2022 indicates the government needs about 44,401,771,800 TZS (19,263,241USD) to implement the plan and achieve its three core outcomes: enabling environment, prevention and response and support services. The Ministry of Health, Social Welfare, Elders, Gender and Children (MOHSWEGC) is responsible for coordinating the implementation of the NPA-VAWC, however, responsibility for the effective operationalization of the plan will lie with a wide range of key stakeholders from government institutions to community actors. The two NPA-VAWC are to be implemented by local government agencies (LGAs) using their own resources while the central government will provide them with salaries and administrative costs (Policy Forum, 2019). The Mainland NPA-VAWC mandates the allocation of budget by LGAs for certain groups (women (4%), youth (4%), and people with disabilities (2%)). However, in reality, a significant proportion of funds for the NPA-VAWC comes from the UN and other Development Partners.

OPDs or persons with disabilities tend not to be involved in decisions on budgets. According to the International Disability Alliance (2020), which studied 165 countries, including Tanzania, 66% of OPDs stated that they were never (47%) or rarely (19%) consulted in budget decisions by their government (across levels).

Disability-related Development Partner Funding: In 2018 OECD-DAC approved the use of a voluntary marker (CRS field 23e) to track aid that promotes the inclusion and empowerment of persons with disabilities. While the OECD-DAC measures financial aid flows, reporting against the disability marker is voluntary (DAC 2020). There is roughly an eighteen month lag in ODA data being presented due to the challenges of collating and releasing the data. Information of donor funding is collated in annex 6 and reveals that in 2019, a total of approximately $1.08 billion (in current prices) was given to the UN and other Development Partners for programmes in the URT. Yet the amount of spending for disability-related programmes consisted of less than 10% of this ($101 million) (OECD, 2021).[7] It is difficult to determine the extent that persons with disabilities benefit from mainstream programs that focus on economic development and livelihoods.

[7] Calculation made by the author based on the OECD data (See annex 7).

The URT has some UN-funded programs implemented by UN Agencies including UNFPA, UN Women, UNICEF, UNDP, IOM, and UNESCO (Annex-6 provides an overview of these programs as they have been reported to OECD by donors). Additional funding to address rights of persons with disabilities is coming from UNPRPD to an ILO and UNESCO multi-country programme titled "Ending Stigma and Discrimination - Breaking the Cycle of Poverty and Marginalization of Persons with Disabilities" . The programmes' key focus areas include more sustainable livelihoods for women and youth, democratic participation and HIV programming for vulnerable populations, support for the government in emergency management and disaster risk efforts, and the strengthening of civil society organisations to promote citizens' rights. An example is UNICEF's project in Zanzibar that re-enrols all out of school children including children with disabilities. In addition, UNICEF conducted a situational analysis on children and young people in URT (UNICEF, 2021). The project is part of efforts to mainstream disability in the five-year Country Programme beginning in 2022. However, these programmes do not comprehensively cover SDGs relating to disability, including SDG10 (reduction in inequality through empowerment and promotion of social, economic and political inclusion); SDG11 (inclusive cities and human settlements); or SDG17 (capacity-building support to enhance the reliability and quality of data disaggregated by disability).

Comments received from the UN on the draft situation analysis suggest that "*several UN agencies, such as UNFPA and UN Women are allocating unearmarked resources for disability-focused activities under their programmes*." Indications from individual agencies suggest that the total funding for disability-focused activities by the UN would be very low. The share of government and donor/UN programs with explicit goals, measures, indicators and monitoring data related to persons with disabilities has not been collated. Consequently, the balance between domestic and internal resources allocated for disability inclusion cannot be determined. More research on the extent to which persons with disabilities were fully incorporated or mainstreamed into programmes with a broader and more general focus should be conducted. Budget and procurement processes do not currently foster participation of persons with disabilities and disability-focused budget audits do not exist in the URT.

Precondition 6: Accountability and governance

Mainstreaming: Tanzania's National Five-Year Development Plan (FYDP) 2021/22-2025/26 (Ministry of Finance and Planning, 2021) and the draft Zanzibar Development Strategy (ZADES) (2021-2026) considerably address issues of persons with disabilities. They have specific objectives that aim to accelerate inclusive economic growth and investment in human capital, including productive capacity for youth, women and people with disabilities. This is reflected in key areas of interventions including in the competitive economy, agriculture, social protection, skills development, and trade and investment that focus on persons with disabilities with expected outputs, targets and indicators. Under the social protection intervention, the need is indicated to provide social assistance to the poor and vulnerable groups including persons with disabilities, to address lifecycle risks. The two key related targets and indicators include the proportion of the beneficiary household receiving the disability benefit (%) and the proportion of children with a disability attending primary schools by 2025/26 (ibid). The forthcoming ZADES also indicates the government's commitment to reduce poverty, accelerate inclusive economic growth and shared benefits among its people through the increased productive capacity of youth, women, people with disabilities, and job creation. Some of the key indicators and targets include an increased proportion of people rescued from all types of emergency to 95% (disaggregated by age, sex and disability) in 2025; an increased number of people receiving legal aid services by 35% disaggregated by age, sex and disability in 2025 (Zanzibar Planning Commission, 2021).

Regarding, the reflection of disability issues in the SDGs, the URT launched the National Data Roadmap for Sustainable Development in 2016 (Tanzania National Bureau of Statistics, 2018) with a lists of mapped SDGs and FYDP III/ZADES indicators that will be used to inform the implementation and achievement of inclusive

SDGs, FYDP III and ZADES. Specifically, it has key indicators to monitor progress and ascertain whether or not the issues faced by persons with disabilities will be minimised in both of the SDGs and FYPD III and ZADES by 2026.

The Voluntary National Review (VNR) 2019 (United Republic of Tanzania, 2019) emphasises URT's adoption of the "Whole of Society'' approach for implementation and attainment of the SDGs. Accordingly, it reports that all stakeholders including OPDs, CSOs, private sector actors, and the government, working under the leadership of the Ministry of Finance and Planning as the ministry responsible for SDG implementation and monitoring, have been involved in various participatory and all-inclusive stakeholder workshops and meetings to assess the progress of the implementation and inclusive achievement of the SDGs. The report also recognises the need to ensure the availability of disaggregated data to ensure those most marginalised and vulnerable, including persons with disabilities are reached (ibid). The National SDGs Coordination and Monitoring Framework was established and took into account three dimensions (social, economic and environment) and is embedded in the FYDP III Monitoring and Evaluation Strategy.

Accountability mechanisms: OPDs use various accountability mechanisms to progress their agenda. Internally, OPD respondents mentioned using sorting techniques, identifying targets, reporting and meetings/collaboration events, to reach a common agenda. Externally they might lobby Members of Parliament (MPs), councillors, political leaders and the media to push their agenda (e.g., an OPD mentioned using the media so persons with disabilities can publicly debate with service providers and local leaders to find solutions to rights' abuses). At the local level, OPDs have applied social accountability monitoring approaches to enable persons with disabilities to identify and articulate issues of concern to their leaders.

OPDs cited the following challenges in monitoring the CRPD; scarcity of resources (not enough to even cover running costs); inadequate skills in advocacy, monitoring and reporting; a lack of visibility; inadequate /unresponsive government systems that are unable to respond to the needs of persons with disabilities on time. Nevertheless, OPD respondents cited monitoring the CRPD in the following ways:

- Identifying shortcomings/gaps in the implementation of disability rights (including identifying policy and legislative gaps) and lobbying for changes,
- Strengthening / capacity building for decision makers,
- Advocacy for resources/budget to support disability activities,
- Awareness creation to raise public awareness on disability rights (e.g. through outreach programmes workshops, meetings, IEC materials, media etc.,)
- Drafting a CRPD shadow report.

According to the CSO mid-term review, URT has made strides towards the implementation of the accepted Universal Periodic Review (UPR) recommendations (67% partially and 7% fully), including the protection of children with albinism, civil society and human rights defenders (THRDC 2019)**.** The UPR is based on findings and recommendations presented in reports from different stakeholders; the Government, UN, CSOs and NGOs and the national human rights institution (CHRAAG). In terms of the UPR, the Legal and Human Rights Centre (LHRC) has partnered with SHIVYAWATA and earmarked one lawyer with broad based expertise in disability rights to guide the involvement of persons with disabilities. Over 200 CSOs in Tanzania under the Coordination of the Tanzania Human Rights Defenders Coalition (THRDC) have participated in monitoring the implementation of the second cycle of 133 UPR accepted recommendations (See list in annex 10). Importantly, they have used their mid-term UPR report as one of the accountability mechanisms to monitor progress, identify challenges, and progress their agenda to improve the human rights situation, including

Minority Group Rights (PWDs and People with Albinism) in URT, and support the government to ensure that UPR recommendations are implemented (THRDC 2019).

The UPR also highlights the overdue CRPD reports, late formation of the National Committee of persons with disabilities and the lack of finances to implement the CRPD-related laws of persons with disabilities. Based on the partial implementation, some key areas for the government to continue to improve with a focus on the role of CSOs in monitoring the UPR recommendations and ensuring disability inclusion - the realization of Minority Group Rights (THRDC 2019). An issue raised by an OPD is that the SHIVYAWATA does not have adequate resources (funding for consultation or a permanent position/desk) and the Federation is not a Union, which matters in the URT in respect of coordinating facts and issues around disability rights to feed into the Universal Periodic Reviews. The next UPR for URT will take place in November 2021.

The parliamentary committees (especially the Human Rights Committee and the Legal and Constitutional Affairs Committee) are accountable to people with disabilities as their main duty is to provide legislation and to pass budgets that address the needs and rights of persons with disabilities in Tanzania**.** Therefore, their main agenda including manifestos, programs, policies and parliamentary business should mainstream disability. The other form of accountability is that when they return to their constituencies to ask for votes, persons with disabilities will require from them an account of their contribution towards disability inclusion and mainstreaming for the past five years. Furthermore, they are required to address issues concerning people with disabilities during parliamentary discussions and plenary and they also play a supervisory role to the National Council of disability which is the government body and focal point for persons with disabilities. They do this through monitoring and evaluation of the Council's work to ensure that they implement the programs and policies accordingly. However, most of the committee members often have limited knowledge and capacity to advance disability inclusion.

Government mechanisms: Tanzania has a National Guide for Complaint and Suggestion Management in Health facilities (Ministry of Health, Community Development, Gender, 2018). The establishment was guided by various legal and policy documents of Tanzania including the Public Service (Amendment) Act, 2007 (applicable to URT); Utumishi wa Umma (PO- PSMGG), 2012; Tanzania Health Policy, 2007 (applicable to URT); Health Sector Strategic Plan IV (2015 – 2020) (applicable to URT); National Health and Social Welfare Quality Improvement Strategic Plan (NHSWQISP) (2013-2018) (applicable to URT); and Mwongozo wa Ushughulikiaji wa Malalamiko ya Wananchi Katika. It acknowledges the need for an easy-to-understand and use complaint and suggestion procedure that allows and supports clients, including those with disabilities (blind and hearing-impaired people, those with physical disabilities) and illiterates to articulate their complaints. However, there is little information about how this guide is being implemented, enforced and how persons with disabilities have used it to advance their agenda, including access to high-quality healthcare and services. Similarly, there is no reliable information on similar guides in other sectors, and how they are being enforced and benefit persons with different forms of disabilities.

A review of most of the official websites of the government including the Electoral Commission, Prime Minister's Office Labour, Youth, Employment and Persons with Disability, and Ministry of Education, Science and Technology and private sector actors indicates limited inclusive accountability mechanisms for persons with different forms of disabilities to report or express their grievances and complaints relating to access to services and issues that hinder the enjoyment of their rights. The URT has also designed and developed an Official Portal that is maintained by the e-Government Authority (eGA) to provide an easy, accurate, comprehensive and reliable one-stop source of information about Tanzania and its various sectors. The current Portal is a metadata-driven site that links to other Tanzania Government websites for updated information. The main format for information on this Portal is HTML. However, PDF versions of documents (e.g. Acts, Circulars, Form, Speeches etc.) are provided to preserve the original layout or to assist users with

downloading these documents but the images in these PDFs are not accessible. Many URT websites have 'contact us' sections with forms to fill, email addresses, phone numbers and hotlines and some websites are accessible to persons with visual impairments using screen readers.[8] However, a full accessibility check has not been completed.

General human rights monitoring institutions: The URT has multiple human rights monitoring institutions. These institutions play different roles, such as monitoring and implementation, judicial decision making, and law enforcement, in safeguarding the rights of people in the URT.

- Article 129 of the URT constitution calls for the establishment of the CHRAGG which is the national commission for the protection of human rights. The constitution's Article 130 tasks the commission to sensitise people of the URT on human rights issues, receive complaints and conduct inquiries on human rights violations, conduct research on human rights, advise the Government and other public and private actors towards the protection of human rights, etc. To ensure CHRAGG's independence, Article 129 provides for stakeholder and regional diversity in the commission. According to Article 129, the chairperson should possess qualifications equivalent to those of a judge, and that the chairperson and vice chairperson should not come from the same region. Sub-section (3) of the article provides that the President shall appoint such commissioners after consultation with the Nomination Committee (which comprises members from the URT judiciary and government).
- The National Audit Office (NAO) is the supreme audit institution of the URT (The United Republic of Tanzania National Audit Office, 2021). The NAO's mandate is enshrined under the URT constitution's Article 143.
- The National Electoral Commission is another independent monitoring body in the URT that contributes to enabling persons with disabilities' realisation of political rights.
- The PCCB is another monitoring body, applicable specifically to Mainland Tanzania, that acts to prevent and combat corruption by raising awareness, and to investigate and prosecute corruption cases (Anti-Corruption Authorities, 2021). Although Section 5(2) of the Prevention and Combating of Corruption Act of 2007 states that the PCCB should be an independent public body, the independence is undermined when the Director-General and Deputy Director-General of the Bureau are appointed by the President (see Section 6(2)). For Zanzibar, corruption issues are investigated by the police under the supervision of the Attorney General (Anti-Corruption Authorities, 2021).

Other national institutions providing protection of human rights include the judiciary that continues to adjudicate on issues concerning human rights violations by interpreting human rights law, holding the Government accountable for their actions concerning human rights, and safeguarding the rights of people in the URT (Legal and Human Rights Centre, 2019). Furthermore, the law enforcement agencies, such as the Tanzania Police Force (TPF) protect human rights by maintaining law and order and conducting investigations in cases concerning human rights. Differing levels of independence and accountability within these structures and budgetary constraints impact their ability to effectively reach all segments of the URT society. A UNICEF Situational Analysis of 2021 notes all these challenges have a ripple effect that adversely affect the implementation of the policies for the rights of persons with disabilities (UNICEF, 2021).

***Disability-specific monitoring institutions*:** Specifically concerning persons with disabilities, Article 34 of the CRPD establishes a Committee on the Rights of Persons with Disabilities to monitor the implementation of the CRPD in member states. Since the URT is a signatory to the CRPD, it has a responsibility to implement the CRPD and comes under the ambit of the committee. In the past, persons with disabilities have filed cases accusing the Government of not adequately protecting their rights provided under the CRPD. For instance,

[8] The checked websites include: http://www.moe.go.tz/en; https://www.nec.go.tz; https://www.kazi.go.tz/

in two different cases, people with albinism whose body parts had been mutilated approached the Committee when the Government had failed to take appropriate action against the accused. In both cases, the Committee termed the action by the Government as insufficient and questioned the effectiveness of the procedures for the protection of people with albinism (UNCRPD, 2014; Legal and Human Rights Centre, 2019). The National Advisory Council and Zanzibar National Disability Council (covered in precondition 1) protect the rights of persons with disabilities and monitor and evaluate the implementation of the disability acts. A diversity of stakeholders in these Councils will enable a variety of perspectives and checks and balances to advance the rights of persons with disabilities.

***Disability Related Indicators*:** Key indicators to monitor progress and ascertain whether or not issues of persons with disabilities would have been achieved in both of the SDGs and Tanzania's National Five Year Development Plan (FYPD) II and the draft Zanzibar Development Strategy (ZADES)) by 2026 are in place, or being developed. The Implementation, Monitoring and Evaluation (M&E) of the SDGs in Tanzania is under the auspices of the Ministry of Finance and Planning (MoFP) for Tanzania Mainland and the Planning Commission for Zanzibar. Many of Tanzania's FYPD III/ZADES targets, indicators, and expected outputs are not disaggregated by location (rural/urban), gender, nor disabilities. Also, there are no in-target indicators for how issues of persons with disabilities will be addressed in the health, education (secondary and tertiary), and infrastructure development, ICT, and monitoring and evaluation (ibid). Similarly, the forthcoming ZADES, which builds on the Zanzibar Development Vision 2020 and MKUZA III, has objectives and strategic interventions with indicative SDG targets, and some key indicators and targets (disaggregated by age, sex and disability) that focus on disability inclusion. Some of the focus areas with disability disaggregated targets include safety, security and disaster management (rescue from all types of emergencies); governing, institutions and public services (provision of legal aid services and disposal of civil and criminal cases); land transportation (Zanzibar Planning Commission, 2021). However, while the strategy recognises and reinforces the importance of disability inclusion in key sectors such as agriculture, social protection and employment, health, ICT, education and training, housing and settlement, their strategic interventions have no indicators and targets (disaggregated by disability) to help track progress.

Stakeholders including OPDs, CSOs, private sector actors, and government have been involved in various participatory and all-inclusive stakeholder workshops and meetings to assess the progress of the implementation and inclusive achievement of the SDGs (VNR, 2019). In this respect, the reviews have been consultative, participatory, inclusive and engage all stakeholders nationwide including marginalised groups, Central Government, Local Government Authorities, Parliament, the Judiciary, the Private Sector, Civil Society organisations, research and academic institutions, think tanks, and the United Nations System. However, there needs to be greater dissemination and analysis of the available disaggregated data (United Republic of Tanzania, 2019; Kilama et al 2016). The government recognises the importance of the availability of disaggregated data to ensure those marginalised groups are reached (VNR, 2019).

Data on Disability: Over the last two decades, the URT has made progress in collecting data on disability to meet international standards. The 2002 Population and Housing Census was the URT's first attempt to measure disability prevalence in the country (National Bureau of Statistics, 2008). However, the measurements used for the census were deemed inadequate as it entailed only two questions to assess disability: whether the person was disabled and, if so, what type of disability they had. The questions did not define disability and the wording "disabled" was potentially stigmatising, especially for those with functional impairments who did not wish to be defined as "disabled". The reported prevalence rate of disability in the URT from this census was only 2% (National Bureau of Statistics, 2008).

Following the creation of the Washington Group on Disability Statistics in 2001 by the United Nations Statistical Commission, the Washington Group released the Short Set on Functioning (WG-SS) to improve

the collection, analysis, and use of disability-related data. Although the six questions of the WG-SS do not cover some types of disabilities, such as albinism or psychosocial disabilities (United Nations Human Rights Council, 2017; Development Initiatives, 2020), the questionnaire is well-suited to analyse relationships between the types and degrees of functional impairments and exclusion of persons with disabilities in society (The Washington Group, 2020). The URT adopted the WG-SS questions for the Tanzania Disability Survey (TDS) in 2008, which defined a person with a disability as someone who reported having "some difficulty" in more than two of the WG-SS domains or having "significant difficulty" or "can't do at all" in at least one of the WG-SS domains. The 2012 Population and Housing Census was the first national census in the URT to use the WG-SS questions. It estimated that the prevalence rate of disability was 8% of the entire population (3.6 million people) (CIPESA, 2021).

The main sources of disaggregated data on disability in the URT are the 2016 Disability Monograph (based on the 2012 Population and Housing Census (PHC)), the 2017/2018 Tanzania Household Budget Survey (HBS), the 2019/20 Zanzibar HBS, and the 2008 Tanzania Disability Survey report. Disability is not uniformly defined under the PHC and the HBSs of the Mainland and Zanzibar. This has led to an inconsistency in the prevalence rate of disability noted by different national surveys. While the 2017/18 Tanzania HBS notes a 6.8% prevalence of disability in Mainland Tanzania, the PHC survey notes it to be 9.3% (UNICEF, 2021). One of the interviewees, in this regard, observed:

> *Every institution differs in terms of data. Up to now, we don't have correct data that can stand out. People aren't even aware of the definition of a person with disabilities… If we fail to get the real picture of a person with a disability, then institutions and even the government plans will fail toward the development of persons with disability.*
>
> (KII-14, Zanzibar, 5 August 2021)

Regarding the prevalence of poverty amongst households with members with disabilities, since 1991, Mainland Tanzania's National Bureau of Statistics (NBS) and Zanzibar's Office of the Chief Government Statistician (OCGS) have each conducted five rounds of household budget surveys, of which the recent round (2017/18 in Mainland Tanzania and 2019/2020 in Zanzibar) adopted the WG-SS questions. The NBS data series contain information on poverty and other socio-economic indicators at both national and sub-national levels in the URT (Ministry of Finance and Planning - Poverty Eradication Division (MoFP - PED) and NBS, 2019; OCGS, 2020). Both the 2017/18 Tanzania NBS and 2019/20 Zanzibar NBS include representative samples of the population living in private residences in all 26 regions on Mainland Tanzania and the 11 districts of Zanzibar. Key indicator reports on both surveys are available to the public, but they do not include disability-related indicators (MoFP-PED and NBS, 2019; OCGS, 2020).

The data on disability prevalence is not uniformly available in the public domain (Ministry of Finance and Planning & Zanzibar Planning Commission, 2019). For instance, while 2017/2018 Tanzania HBS collected data on disability prevalence in Mainland Tanzania, the HBS report does not mention the data or provide any analysis on it (National Bureau of Statistics, 2019). In the absence of such data, Includovate conducted an analysis of the prevalence of disability in the URT by obtaining "raw datasets covering individual-level (rather than household-level) data for both the 2017/18 Tanzania HBS and the 2019/20 Zanzibar HBS"[9] as part of a Situation Analysis of children with disabilities in URT for UNICEF (2021, p.58). Tables 5 and 6 in Annex-3 import the prevalence calculations.

As for monitoring data, in 2018, in partnership with UNFPA, the Zanzibar Government launched the "Jumuishi" (translated as "Inclusion") database. This is the first database of its kind in the URT to collect

[9] N.B. The data from 2019/20 Zanzibar HBS is now available in the public domain

comprehensive data on disability to enable the government to target persons with disabilities in their policies in accordance with the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) 2016-2020, the Agenda 2030 and its Sustainable Development Goals, and the CRPD (UNFPA Tanzania, 2018). In Mainland Tanzania, according to a KII-6 from an OPD, the Government and relevant stakeholders are currently engaging persons with disabilities in discussions on disability in ongoing planning the Population Household census which will be conducted in 2022. Furthermore, Tanzania will conduct the Demographic Health Survey in 2021/22. The survey questionnaire will include a disability module and is therefore expected to provide new opportunities for sub-analysis of data with regards to intersectionalities between GBV, SRHR and disabilities.

A gendered lens during data collection is also very important for addressing the different needs of women with disabilities. One of the interviewees noted:

> *Very urgently [we need to do] some sort of GBV and disability analysis integrated into one of the censuses[es]. This intersection of GBV and disability is so unexplored. And that's why we need a strong sort of national data on that so we can build an intervention.*
>
> (KII-1, International, 27 July 2021)

During the Induction Workshop and primary data collection process, persons with disabilities and OPDs repeatedly showed their concern with the poor quality of statistics on persons with disabilities available in the URT and the lack of disaggregated data and information available on gender, age, geographical location, or types of disabilities. The absence of coordination or data sharing mechanisms between the UN, the government, and OPDs was also raised as an issue to address.

4. Analysis of critical gaps

This section outlines the most critical findings per precondition. There are many, and so the next section analyses them further to identify priorities and opportunities.

Precondition 1: Stakeholder and coordination analysis

- **Weak coordination for disability inclusion:** The coordination among key stakeholders during the policy cycle towards the enjoyment of rights for persons with disabilities is weak. This is reflected in the inconsistency in collaboration, coordination, and consultations through the policy process, design, implementation, and monitoring of programs. There is limited coordination among different OPDs which affect their ability to prioritise and align disability-specific issues for need-specific interventions or support to achieve disability inclusion. Women with disabilities in leadership roles in OPDs and decision making structures are weak. OPD umbrella organisations should be more inclusive of all disability types and categories.
- **There is limited coordination within and among government agencies brought about by structural changes to address disability affairs.** This has led to a duplication of work by multiple government agencies trying to address disability issues and has adversely affected the implementation of policies. Key stakeholders felt that the UN could guide coordination mechanisms more (given its strategic position), and more strongly advocate for disability inclusion with the government.
- **OPDs, CSOs and other disability rights advocates have important legislative knowledge gaps, resource scarcity, and lack visibility and technical expertise.** While OPDs might be involved in the decision-making process or training programs concerning policies and SDGs, they are not actively involved in implementation and monitoring processes by the government. Other opportunities for the OPDs to review the URT government's work on disability rights can be found (e.g. for CRPD, CEDAW, CRC shadow reporting and CSO/OPD reporting to the Universal Periodic Review,

development of action plans and their implementation). The majority of OPDs lack the resources and skills to function effectively. This affects their ability to effectively lobby for government services, hold the government accountable, and engage effectively with the government and the UN.

- **Government officers' lack of expertise in disability inclusion**: Many government officers lack the expertise to understand disability issues, making it hard for them to effectively engage with OPDs and other stakeholders on issues of disability inclusion and meaningfully participate and consult with OPDs. The CRPD report due to be released later in 2021 provides an opportunity to establish a baseline and rally stakeholders around common gaps. This requires the strengthening of existing coordination mechanisms (Councils and Federations) to build their capacity and make them more inclusive. Both the Mainland and Zanzibar governments are in the process of updating their Disability Mainstreaming Strategies to promote the mainstreaming of disability in all government policies, programs and budgeting and to also ensure people with disabilities access benefits from and have space to contribute to national development.
- **Gaps in disability inclusion at the UN:** While the UN has a global Disability Inclusion Strategy, this has not yet translated into coordinated actions across all areas and comprehensive implementation at the country-level.

Precondition 2: Equality and non-discrimination

- **Amendment of the Constitution:** The URT government is considering amending its 1977 constitution. OPDs were consulted in the process and the proposed constitution contains provisions for disability inclusion. This presents an opportunity for a greater alignment of the constitution with the CRPD. However, at present the process of amendment is stalled.
- **Lack of an intersectional lens in legislation:** The legal frameworks to protect the rights of persons with disabilities fails to adopt an intersectional lens to address the diverse needs of marginalised groups within the disability spectrum, such as women, older adults and children, people with intellectual impairments, rural dwellers, etc., and thus fails to guarantee rights to education, employment, healthcare, and social support to all persons with disabilities. The failure to adopt a gendered lens makes the laws and policies non-compliant with CEDAW. Moreover, there is a stark contrast in attitudes and service delivery available in urban and rural areas. Annex 17 outlines a list of legislations per precondition that need to become more equal and aligned with CRPD.
- **Inadequate education and awareness**: There is inadequate awareness and education around the causes of disability and the potential of people with disabilities, the economic costs of exclusion and gains made by the inclusion of people with disabilities. Disability inclusion is not seen as a complex technical issue that may require architectural knowledge, physiotherapy, rehabilitation, speech therapy, sign language and specialised care and services. Further, the role of non-inclusive environments and infrastructure towards disability exclusion is not acknowledged enough.
- **Social stigma, stereotype and discrimination for people with disabilities**: These are the prominent factors that limit persons with disabilities from being able to achieve true equality and access opportunities. These stereotypes and discriminations are often reflected in individual and community perceptions of people with disabilities of having less capacity and value. Marginalised groups within the disability spectrum, such as women, older adults and children, people with intellectual impairments, rural dwellers, etc., are particularly vulnerable to stigma and discrimination due to a lack of diversified advocacy and sensitization efforts.

Precondition 3: Accessibility

- **Limited access to accessible services and infrastructure:** Physical accessibility of buildings and infrastructure remains a challenge for persons with disabilities. Accessibility services tend to focus on people with physical impairments and fail to include people with other kinds of disabilities such

as intellectual disabilities. Most services for accessibility are concentrated in urban areas. This limits access to services for persons with disabilities in rural areas.

- **Low access to ICT:** While accessible ICT tools are available, they are expensive and unaffordable for people with disabilities who many times come from poor families. Some tools also fail to offer assistance in Swahili. Similarly, many websites or downloadable information documents are inaccessible to persons with disabilities.
- **Limited publication and enforcement of relevant laws among key stakeholders:** Laws providing accessibility rights, such as guidelines for accessibility tools, renovation procedures, are not always made available to key stakeholders by the government. The accountability mechanisms to ensure access to services provided to persons with disabilities by various stakeholders, such as government and private entities, is weak.
- **The URT lacks data disaggregated** by geographical location, type of disability, gender etc., on the accessibility of buildings and services by persons with disabilities in public and private settings. This affects resource allocation and the realization of persons with disabilities' rights in more excluded locations.
- **Limited access to COVID-19 related information:** It is noted that accessibility measures for persons with disabilities were not adequately prioritised in COVID-19 prevention, response and recovery planning and programmes. This affected persons with disabilities' access to important information and relief services.

Precondition 4: Inclusive service delivery

- **The basics do not exist:** Existing referral and assessment systems, affordability and their location across the country are not adequately mapped. The data on accessibility across sectors is also not disaggregated by intersectional factors. A lack of data limits the cross-sectoral efforts by the government for social protection, especially in rural areas. The provision of sign language interpreters in crucial service sectors, such as education and health, tends to be low largely due to the shortage of trained human resources and is further compounded by limited financial allocation in relevant sector budgets for such services. The examination of disability inclusion during emergencies and within disability relief organisations also remains limited.
- **Primary education:** Early identification and treatment of disability remains low in the URT. Teachers and schools at times fail to identify/refer students with impairments. Most teachers are not trained to communicate with children with disabilities, adversely affecting the quality of education received.
- **Livelihood:** There is a low level of compliance and awareness with employment laws (especially the 2006 Zanzibar and 2010 Mainland Tanzania Acts) and the requirements among employers and the general Tanzanian public, undermining both the right of access to employment and earning capacity for persons with disabilities. The shortage of educational and training opportunities for young persons with disabilities, especially young women, or exclusion of those who are willing to engage in self-employed businesses from accessing loans and capital at financial institutions, hinders them from accessing meaningful employment opportunities. There is a low level of compliance and awareness with employment laws and the requirements among employers and the general Tanzanian public, undermining both the right of access to employment and earning capacity of persons with disabilities.
- **Social protection:** Many social protection schemes are not disability inclusive primarily because of the lack of an accessible registration process, high registration fees, limited availability of accessible information on social protection for persons with disabilities, and the incomprehensiveness of eligibility criteria. This is largely attributable to the low awareness among public officials of specific needs and socio-economic vulnerability of persons with different types of disabilities, as well as

among families providing care for family members with disabilities, especially parents of children with disabilities.

- **Health protection:** URT should also take measures to vaccinate persons with disabilities and those who provide them with support in the community (WHO & UNICEF, 2021), this includes the COVID-19 vaccination. Health insurance is another dire need to help persons with disabilities to mitigate against the exorbitant health care costs. More generally, there is a lack of service provision available to rural dwellers, and where services do exist, health care providers lack awareness and knowledge of how to identify, communicate with and treat with dignity, people with disabilities. Gender and sexual based violence has lifelong consequences, especially when access to SRHR services for women with disabilities are weak.
- **The harder to solve issues need to also be a priority:** Extreme discrimination and violence faced by people with disabilities, and especially women and girls tends to be ignored because it is difficult to shift. Protecting boys and girls with disabilities, including children with albinism, against violence and sexual exploitation and all forms of discrimination requires a behaviour change campaign that includes religious leaders and strengthens the child protection system.
- **Disability assessment**, **registration, and referral systems:** are insufficient in URT largely due to the absence of both central and local health agencies that coordinate the processes of assessment, registration, and referrals or provide advice in essential medical fields, as well as the government's strong focus on the medical model of disability rather than a holistic, human rights-based approach while often overlooking barriers faced by persons with disabilities to the environment, especially during the disability assessment process. Referrals can be carried out between OPDs and medical agencies on an ad hoc basis.
- **Disability support services**: The provision of sign language interpreters in crucial service sectors, such as education and health, tends to be low largely due to the shortage of trained human resources and is further compounded by limited financial allocation in relevant sector budgets for such services.
- **Inclusive justice:** There is little information available on referral processes for persons with disabilities in accessing legal services. There is low awareness among persons with disabilities on how to access the formal and informal justice mechanisms for dispute settlement including access to legal aid knowledge and services in accordance with the Legal aid act 2017. There is low awareness of human rights and professional misconduct by justice actors on ways to handle and engage victims of violence especially women with disabilities. Discriminatory attitudes and behaviour by justice actors and low advocacy capacity by OPDs intensify this situation.

Precondition 5: CRPD-compliant programming and budgeting

- **Disability-related indicators are not adequately reflected in Household Budget Surveys** 2017/18 in Mainland Tanzania and 2019/2020 in Zanzibar. This adversely affects the capacity of stakeholders to ascertain the prevalence of people with disabilities living below the national poverty line compared with the rest of the population, and thereby direct policy action.
- **Program and budget information:** Currently, donor-funded disability programs are not analyzed against the OECD-DAC disability marker which presents an opportunity to establish a baseline of disability programming and funding in Tanzania that can be revisited annually as a means to hold donors accountable for CRPD compliant programming and budgeting. The data is also not disaggregated by gender.
- **Sectoral specific budget allocations/cuts for persons with disabilities as a proportion of respective ministries' total budget, total public expenditure and GDP have not been ascertained via a**

disability budget audit. Any COVID-19 budgets (or associated cuts) and their impact on persons with a disability have also not been examined in enough detail.

Precondition 6: Accountability and governance

- **OPDs not adequately involved in monitoring and accountability:** Existing OPD leaders are not effectively involved to ensure constructive monitoring of policies and programming. OPDs are not able to utilise accountability mechanisms to improve their disability inclusion agenda. The accountability process further fails to include under-represented groups such as people with deaf-blindness, intellectual disabilities, albinism, psychosocial disabilities, short stature, women, LGBTI groups and indigenous people.
- **Monitoring and indicator data disaggregation:** Many of Tanzania's FYPD III and Zanzibar's ZADES targets, indicators, and expected outputs are not disaggregated by location (rural/urban), gender, and category of disabilities. Also, there are no in-target indicators for how issues of persons with disabilities will be addressed in health, education (secondary and tertiary), and infrastructure development, ICT, and monitoring and evaluation.
- **Global goals:** Most of the programmes funded by the UN do not comprehensively or systematically support the acceleration of sustainable development goals relevant to disability, including SDG10 (reduction in inequality through empowerment and promotion of social, economic and political inclusion); SDG11 (inclusive cities and human settlements); or SDG17 (capacity building support to enhance the reliability and quality of data disaggregated by disability).
- **Data quality improvements:** There is a dearth of accurate and consistent disability-disaggregate data, which can lead to policy incoherence and intervention with little impact. Currently, data on disability prevalence is not uniformly available in accessible formats in the public domain, although data has been collected.

5. Priorities and opportunities

This section outlines a key priority and opportunity for each precondition and then summarises the priorities for the two year UNCRPD project.

Precondition 1: Stakeholder capacity and coordination analysis

- *Critical gap:* disability councils, federations and OPDs lack women in leadership roles and their membership base are not inclusive or consultative of all types of disabilities.
- *Why does this gap exist:* OPDs need a constitutional amendment to properly include new OPDs and women's wings in their umbrella structure. Government and development partner coordination mechanisms exclude women with disabilities and OPDs.
- *Opportunities that could help address the gaps:* Ensuring that CRPD reporting, consultation processes and shadow report development is inclusive of all types of disabilities.

Precondition 2: Equality and non-discrimination

- *Critical gap:* Intersectional categories within disability, such as the cognitively impaired, those with psychosocial disabilities, rural and urban residents and women face extreme exclusion that is not adequately addressed in policies.
- *Why does this gap exist:* There is a lack of an intersectional lens, a lack of data and a lack of tools (like an audit) to enable policy checks according to CRPD. Also, there is a low capacity of duty bearers to effectively engage persons with disabilities and OPDs in policy development and reform processes.

- *Opportunities that could help address the gaps:* Gender is a priority for the new government. The UN has a Coordination Mechanism on Gender Equality and the Empowerment of Women and Girls (GEEWG) (see annex 16 for the activities planned). Revising the Disability Acts, the Disability Policy for Mainland Tanzania and the two outdated disability mainstreaming strategies (or implementation guidelines) and ensuring alignment with CRPD is necessary. The mainstreaming strategies would help duty bears to understand gaps. Other opportunities include incorporating details related to the State's UPR commitment to submit their overdue CRPD, CEDAW and CRC reports before the end of the year as well as the upcoming UPR process itself. Opportunities to work with the Government and OPDs to build capacity on CRPD and to develop action plans and follow up on the recommendations are possible.

Precondition 3: Accessibility

- *Critical gap:* Limited access to accessible services and infrastructure create many barriers for people with disabilities. Limited translated publications for persons with disabilities and stakeholders. Lack of disaggregated data for persons with disabilities accessing services in the private and public sectors.
- *Why does this gap exist:* Incentives are not in place to encourage compliance with relevant accessibility laws. The URT lacks data disaggregated by geographical location, type of disability, gender etc., on accessibility. There is a lack of sign language interpreters, many barriers to access affordable ICTs and assistive devices across the country. Accessibility comes at a high cost.
- *Opportunities that could help address the gaps:* Work with the government to make their websites and policies accessible. Help OPDs to conduct policy audits and review disability mainstreaming policies.

Precondition 4: Inclusive service delivery

- *Critical gap:* Persons with disabilities struggle to access justice. This breeds impunity, a lack of accountability, inaccessible services and the invisibility of people with disabilities.
- *Why does this gap exist:* Little information is available on legal aid and how persons with disabilities can access legal services. There is low advocacy knowledge and capacity among persons with disabilities on advocacy for meaningful engagement for persons with disabilities to access the formal and informal justice mechanisms for dispute settlement including access to legal aid knowledge and services in accordance with the Legal aid act 2017. Weak reporting referral systems for victims of gender-based violence against persons with disabilities. Low capacity of justice actors to meaningfully engage with persons with disabilities.
- *Opportunities that could help address the gaps:* Align CRC, CEDAW and CRPD and the NPA-VAWCs around the justice sector to protect women and children with disabilities, including children with albinism, against violence, sexual exploitation and all forms of discrimination. Provide support for capacity building to justice actors on human rights and ways to handle cases for violence against persons with disabilities especially women. Support publications on legal aid knowledge and services for persons with disabilities that are accessible. Provide support to the government to fast-track the number of persons with disabilities accessing services for instance through model gender desks in courts and police centers especially for women with disabilities.

- *Critical gap:* persons with disabilities live in poverty, lack access to critical inclusive services such as SRHR, loans/economic empowerment and social protection. Services rarely provide reasonable

accommodation to persons with disabilities. Access to SRHR and GBV services for women with disabilities are particularly limited, especially in rural areas.

- *Why does this gap exist:* There is inadequate education and awareness within the URT from the media to village leaders on the rights of people with disabilities.
- *Opportunities that could help address the gaps:* The National Plan of Action to End Violence Against Women and Children (NPA-VAWC) are currently under review/evaluation and update. While the current plans articulate the importance of addressing multiple forms of discrimination that contribute to increased vulnerability to violence on the basis of class, age, disability, gender identity and others factors, the review and development processes provide an opportunity to strengthen awareness of various stakeholders and strengthen inclusion of disability-specific and mainstreamed interventions both in Tanzania Mainland and Zanzibar. More specifically, opportunities could be explored for inclusion of fast-track procedures for persons with disabilities to access services for instance through disability-friendly gender desks in one-stop centres, courts and police centers especially for women with disabilities as well as strengthened sensitization to change negative social norms and values that result in violence, stigma and discrimination against women and children. Religious leaders and politicians should speak for the rights of persons with disabilities. An advocacy/awareness raising campaign could also target service providers and explain what 'reasonable accommodation' means.

Precondition 5: CRPD-compliant programming and budgeting

- *Critical gap:* CRPD compliant programming and budgeting is not common. OPDs are underfunded, as is the whole disability sector.
- *Why does this gap exist:* The Household Budget Survey has not analysed data by type of disability, gender, age, rural-urban and thus prevalence by poverty and other categories of exclusion are not understood. It is hard to discern what development partners (including the UN) are doing for disability inclusion and thus, how to hold development partners responsible for disability inclusion and to benchmark promising practices. There is a lack of data, evaluations and analysis.
- *Opportunities that could help address the gaps:* the last Household Budget Survey incorporated WGQ *but* the data has not been analysed. This information would help to understand who is being left behind and it can be used as an advocacy tool to lobby for additional funding/resources for disability inclusion. Currently donor-funded disability programs in URT are not analysed against the OECD-DAC disability marker which presents an opportunity to establish a baseline of disability programming and funding in Tanzania that can be revisited annually as a means to hold donors accountable for CRPD compliant programming and budgeting. A gender disaggregation should be included within the disability disaggregation. Once this information is collated and the balance between domestic and international resource allocation to disability inclusion is understood (ideally by sector) this can be used as an advocacy tool to secure the much needed additional funding.

Precondition 6: Accountability and governance

- *Critical gap:* SDG processes, including reports, do not disaggregate the data collected by disabilities.
- *Why does this gap exist:* A lack of available data disaggregated by disability to show how persons with disabilities are left behind.
- *Opportunities that could be helpful in addressing the gaps:* The SDG reporting requirements and goal alignment present opportunities to align the diverse stakeholders around disability inclusion in order to make it mainstreamed across all SDGs, and as a means to share data and report on progress.

- *Critical gaps:* There is a dearth of accurate and consistent disability-disaggregate data, which can lead to policy incoherence and intervention with little impact. Currently, data on disability prevalence is not uniformly available in accessible formats in the public domain, although data has been collected.
- *Why does this gap exist:* There is a lack of funding and appetite to analyse the data by disability and other intersectional categories. There are some concerns over the quality of the data collected from people with disabilities.
- *Opportunities that could help address the gaps:* The next DHS will start at the end 2021 and will incorporate a disability module from the WGQ. 2022 is a census year and will also include the WGQ. This will provide a sound basis for doing much more analysis and dissemination of data on disability through the programme and would build capacity in partners about its use and advocacy for policy and planning. Other opportunities to work on data and statistics or to disaggregate in various ways will occur throughout the project's life. Integrating gender-based violence (GBV) questions into one of the census and having it analysed by disability types and other intersectional categories of exclusion would be prudent.

6. Conclusion

Tanzania's road map towards the recognition and implementation of disability rights and inclusive development is very timely and it resonates with the principle of 'leave no one behind' stipulated by the Sustainable Development Goals. Tanzania ratified the UNCRPD in 2009 and accepted their role to implement all the obligations enshrined therein without reservation. The government of the Republic of Tanzania has made commendable progress in the domestication and implementation of the CRPD through their enactment of progressive disability specific national legislation and policies, and measures which guarantee access to inclusive service delivery. The URT has multiple human rights monitoring institutions that have been established to hold the Government accountable for its commitments.

However, despite their continued efforts to monitor and report through various treaty bodies and human rights mechanisms, the Government is yet to meet their reporting obligations under the CRPD and put in place effective systems for coordination and implementation at all levels, which has negatively impacted perceptions about its commitment to protect the rights of persons with disabilities. Tanzania is looking to honour her commitments to respect, protect and fulfill the fundamental rights stipulated by the CRPD by reporting in late 2021. While this is only a small step on the road to disability inclusion, it is an important one that shows the international community that the URT is ready for more international assistance for disability inclusion. Given the effort made to change various laws and policies, the same effort should be applied to improving implementation and accountability.

The UN and donors can play a crucial role to support the URT towards realising the equal enjoyment of all the fundamental rights and freedoms of persons with disabilities. There are many ways to address the identified gaps, however finding strategic entry points that can unlock several bottlenecks simultaneously is essential. Based upon the findings, the two year program duration and the opportunities available, the following areas should be a focus:

1. **Legislation, policies and plans do not align with CRPD:** The review and update of the Zanzibar Persons with Disabilities Act 2006 are already underway but still at a stage where there is an opportunity to influence the outcome and ensure broad OPD engagement. In the Mainland, updating the Disability Act is yet to be initiated and needs to be preceded by an update to the National Disability Policy, which will also provide the guiding principles for the implementation of

disability-inclusive programs, plans and budgets which reflect the diversity of needs within the disability community (including women, youth and most marginalised groups).

2. **Strengthen the focus on intersectionality and addressing the needs of women and children and other marginalized groups of persons with disabilities:** Promoting gender equality and gender mainstreaming across disability programs, plans, legislation and policy and ensuring legislative and policy compliance with CEDAW, CRC and CRPD will improve the intersectional approach and reduce policy incoherence. Persons, especially women and girls with intellectual disabilities including psychosocial disabilities are the most marginalised. This critical area needs to improve access to justice for women with disabilities who experience GBV, ensure that women with disabilities are in leadership positions in disability organisations and coordination mechanisms, that SRHR services offer reasonable accommodation, economic empowerment for women with disabilities, and carers of people with disabilities. The commitment from H.E. President, Samia Suluhu Hassan to advance gender equality in URT and the ongoing progress towards the development of new NPA-VAWC in both Mainland Tanzania and Zanzibar provides an opportune time for the Governments to advance in this area.
3. **Reduce the disability and intersectional data gaps:** Data collection and analysis does not separate impairment groups/types, age, gender, and location and this limits advocacy efforts and the ability to fulfil the 'leave no one behind' (LNOB) agenda through the advancement of the rights of persons with disabilities in URT under each precondition. With strong commitment included in the national and UN frameworks and a census year in 2022, improving the intersectional data and quality of the Washington Group Questions is timely and will enable global benchmarking.

The need for disability inclusion is high and the budget is low. The UNPRD joint program exists at an opportune time for URT and can take advantage of a new government and have a catalytic impact for years to come.

7. Recommendations

The UN and donors can play a crucial role to support the URT towards realising the equal enjoyment of all the fundamental rights and freedoms of persons with disabilities by considering the following activities in the joint UNPRPD program.

Table 1: Recommendations

Precondition 1: Stakeholder and coordination analysis

Recommendation	How	Who should be involved	Proposed activities
Address gaps in resources, knowledge, and technical expertise among OPDs, CSOs and other disability rights advocates	UN partners should support OPDs to develop inclusive organisational capacities (board governance and leadership; financial management; SDGs; gender equality; CRPD alignment; policy analysis; fundraising and resource development; program delivery and impact; human resources and networking and strategic partnerships) in order for them to serve as trusted and proactive representatives of their members and to participate meaningfully in the national disability council and the SDG processes	• OPDs • UN	• Conduct a learning and organizational capacity needs assessment of selected OPDs management/ leaders • Training of OPD leaders/ management in CRPD and SDGs, corporate governance, proposal writing ICT, accounting, research, records and data management • Development of capacity building training documents/ manuals in accessible format
Improve coordination between the UN Agencies and disability	UN partners should convene multi-stakeholder coordination processes	• The National Council for	• Strengthen existing disability platforms to

inclusion Stakeholders (OPDs, government, CSOs, NGOs, etc.)	and service delivery mechanisms that include: diverse OPDs, Parliamentary Committee on disability inclusion, Ministry of States, Prime Minister's Office in charge of Disability issues and the National Council of Disability; to come together more often to discuss issues of concern to OPDs and to help share information, especially from rural to city. There is also a need for the UN to play a covening role in inclusive CRPD implementation, which prioritises the leadership and participation of diverse groups of persons with disabilities (particularly women and youth)	Persons with Disability • Ministry of Home Affairs • Ministry of Health, Children and Community DevelopmentUN Agencies • Parliamentary Committee on the Right of Persons with Disabilities • Ministry of States, • Prime Minister's Office • CSOs • NGOs • Ministry of Labour and Employment	facilitate improved exchange between all stakeholders • Development of a one-stop communication and information platform for sharing all disability knowledge products • Translation and interpretation of key disability documents into accessible formats
Strengthen availability of joint UN training resources and mandatory training on disability inclusion	• Build the UN's internal knowledge and processes to meet the minimum requirements of the UNCT-SWAP Scorecard on Disability Inclusion.	• UN staff including senior staff	• Fund OPDs to develop a high quality training on disability inclusion in the Tanzanian context. • Conduct one inter-agency training on disability inclusion for UNCT staff annually

			• Develop and make available training and learning resources on disability inclusion e to UNCT staff (self-learning online, or workshop). • Strengthen and promote UN's action on disability inclusion through the UNSCDF.
Strengthen diversity and representation of women, especially in leadership roles in disability related bodies	• Implement affirmative action and reserved seats for women and young people with disabilities to ensure diversity of stakeholders in all disability related federations and councils. • Support umbrella OPDs to mobilise women, young people and children with disabilities to form more inclusive and collaborative OPDs.	• The UN to incentivise through funding and capacity building support • Disability councils and umbrella OPDs.	• UN to support a constitutional review of umbrella organisations of OPDs and amendment, capacity building and elections general assembly meeting that increases their membership of excluded/marginalised groups. • Strengthen the women's wings of OPDs and support these women to be nominated to local government bodies. • Review local government body regulations to see if a

			position can be reserved for women with disabilities.

Precondition 2: Equality and non-discrimination

What needs to change	How	Who should be involved	Proposed activities
Strengthen the intersectional lens in legislation	Provide technical support to the government for amendment of the specific laws, policies, strategies and plans, including the two Disability Acts., Disability Policy, Disability Mainstreaming Strategies/guidelines and ensure CEDAW, CRC and CRPD alignment as this covers age, ability and gender.	• UN • The Parliamentary Committee on the Rights of Person with Disabilities • The Councils for Persons with Disabilities • OPDs • Attorney General's office • Ministry of Constitution and Legal affairs. • The Prime Minister Office - Department for Policy, Parliamentary Affairs, Labour, Employment, Youth and the Disabled in Mainland Tanzania and the Department for Disability Affairs under the First Vice-	• Provide technical support to Council for Person with Disabilities and The Committee on the Rights of Persons with Disabilities, and OPDs to document discriminating laws and adopt an intersectional lens to address diverse needs of persons with disabilities in legal frameworks • Funding for the Council for Person with Disabilities and the Committee on the Rights of Persons with Disabilities to develop regulations to operationalise the the Electronic and Postal Communications Act 2010

		President's Office in Zanzibar.	• Provide technical and financial support to the government for the amendment of the laws. • Provide support to the government for capacity building to justice actors on amendment of the laws. • Provide technical and financial support to OPDs for community advocacy initiatives for the amendment of the laws. • The UN to support development of a policy brief on intersectional lens in legislations in line with CRPD.

Precondition 3: Accessibility

Recommendation	How	Who should be involved	Proposed activities
Strengthen compliance with accessibility standards and audits not done	• Increase compliance by developing audit tools to assess compliance	• OPDs • Architect	• Develop an accessibility audit tool that aligns with national legislation and

	● Assess and align aspects of policies that have accessibility standards in them	● UN funding	policies ● Create model and lobbying with results by OPDs in the process ● The UN ensures alignment with accessibility legislation and policy ● OPDs will own the tool and UN will help them to develop a process for sharing the results with the media and disability council/federations as a means of ensuring greater compliance to policy and legislation.
Increase the number of qualified sign language interpreters.	● A mobile sign language learning school/caravan travels to rural areas and teaches those who cannot afford to learn sign language in the capital cities.	● UNICEF ● OPDs ● Ministry of Education	● UNICEF to pilot the mobile sign language trainings
Improve collection, analysis and	● OPDs assess service	● OPDs	● UN provide technical

availability of data disaggregated by geographical locations, type of disability, gender etc., on accessibility	provisions and infrastructure in their communities from an accessibility audit perspective.	• Ministry of Constitution and Legal Affairs.	support to OPDs to seek funding to conduct the community auditing • Conduct accessibility audit of communities
Strengthen accessibility of legislations and policies	• Make URT government websites accessible to different types of disabilities. • Support publication of simplified legislation and policies in accessible formats.	• Prime Minister's Office • Ministry of Constitution and Legal Affairs. • OPDs • UN	• Translate and Disseminate/ Share CRPD report written by the government and shadow report in an accessible format. • Making websites accessible for OPDs w. support from UN's ICT departments • Provide technical and financial support publications of simplified legislations and policies in accessible formats.

Precondition 4: Inclusive service delivery

What needs to change	How	Who should be involved	Proposed activities
Strengthening inclusive service delivery data availability by disability type, age, location and gender.	• Strengthen capacities and systems for routine disability disaggregated data collection in all sectors • Commission OPDs to complete an assistive device analysis/stocktake • Understand the disability identity card, how does it work, cost implications • Involve the health and education ministry to understand how database/ information management systems on assessment and referral connect. • Disability assessment, registration, and referral systems lack coordination • Review the current processes and programs associated with emergency response for a disability	• UN Agencies • OPDs • Ministry of Health, • CSOs working in health sector, • The Private Sector Actors • The central agencies responsible for disability support services • The Social Welfare Officer (SWO) is responsible for recommending relevant medical services/assessment • The President's Office Regional Administration and Local Government is responsible for early diagnosis and assessment in the URT • UNHCR	• Understand what data is currently captured in service delivery MIS and how this can be disaggregated by disabilities, gender, age, rural/urban. • Provide technical support to donors, government and INGOs to publish data in accessible format. • Academics conduct a study on how the disability identity card works, cost implications, effectiveness of assessment, etc. • Work with academics to document best practice service delivery for disability inclusion. Publicise best practice and reward best performers. • Use the data collected as a baseline to assess service delivery improvements every 2 years.

	inclusion lens (consider using the Humanitarian inclusion standards for older people and people with disabilities).[10]		• Develop a client satisfaction assessment form to be used by service delivery providers when they serve persons with disabilities. • Conduct auditing of the UNHCR database and programmes • Ensure OPDs are represented in the humanitarian and emergency committee
Strengthening efforts to address the discrimination, stigma and gender-based violence as well as unmet need for SRHR	• Integrate VAWC and SRHR for women and young people with disabilities into national sector plans, strategies and guidelines for both stand-alone and integrated, multi-sectoral prevention and responses.	• The Disability Council • UN • OPDs • MOHCDGEC/MOHSWEGC	• Support capacity building, multi-stakeholder consultations and provide technical support to MOHCGEC/MOHSWEGC and OPD for the development d integration of strategies for prevention and response to VAWC with disability in the NPA-VAWCs (2022/23 -)

[10] https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf

			• Include questions on issues of concern for women, young people and children with disabilities such as GBV and SRHR in existing routine data collection systems (e.g. DHIS, GBVIMS) and national surveys (e.g. national census and Tanzania Demographic Health survey) and support analysis and dissemination.
Improve access to disability inclusive social protection schemes to address poverty among PWDs	• The Disability Council lobbies donors who fund social protection programs like the Tanzania Productive Safety Net to adopt a twin track approach to disability inclusion. • Remove barriers to people with disabilities being able to register and access social protection programs.	• The Disability Council • UN • OPDs • MOHCDGEC/MOHSWEGC • Ministry of Finance and Planning	• The disability council requests all social protection programs to document how many people with (what type of) disabilities are registered on the program and how the registration process works. • The council audits these programs to ensure they comply with accessibility standards/audit. • The council requests a twin

			track approach to disability inclusion is applied, including the second productive safety net program.
Create opportunities for meaningful employment	• Audit of the hiring processes at the recipient partner development organisations to know whether they are disability inclusive and then finding ways to improve. • Mandate employment of people with disabilities in recipient partner organisations as part of their funding arrangements, including government departments	• UN • The Private Sector Actors • The Tanzanian Association of Employer and Employees • The Ministry of Labour • UNDP • OPDs • Financial Institutions including Microfinance • Ministry in charge of Disability Inclusion	• Raise awareness among the private and public sector employers in order that they develop disability related strategies at the workplace • Support the government to develop operational guidelines on reasonable accommodation that can be put in place in the immediate and medium terms in the integral recruitment and employment cycle, to facilitate the employment of persons with disabilities. • Work with the media to showcase self employed/business owners with disabilities. • Work with microfinance and other inclusive finance

			programs to promote/incentivise giving loans to people with disabilities. • Offer business plan development support to people with disabilities who are eager to start or grow/scale a business. • Women's wing in OPDs raise awareness in the communities where they reside about SRHR
Strengthen legal aid provision and prosecution for people with disabilities	Ensure the Legal Aid Act 1 2017 [which specifies preferential support to indigent people (people who cannot afford to pay legal services and advocate fees) the majority of whom are poor rural women, widows and people with disabilities] is enforced. GBV services for women with disabilities are limited and/or inaccessible.	• OPDs • UN • Ministry of Constitution and Legal Affairs.	• Provide support for legal aid provision for PWDs to justice actors and OPDs. • Provide support for empowerment of PWDs to access and claim their rights. • Provide support for fast tracking of PWD cases through established model gender desks in courts. • Women's wing in OPDs raise awareness of GBV and legal

			aid service providers to better meet the needs of persons with disabilities and offer reasonable accommodation in their practice/service provision.
Improve access to justice for persons with disabilities	• Provide support to the government to fast-track the number of persons with disabilities accessing services for instance through model gender desks in selected courts and ensure their incorporation in state reports. • Make legal aid more accessible to persons with disabilities.	• Ministry of Constitution and Legal Affairs.	• Support courts to fast track the number of persons with disabilities accessing legal services in an accessible manner. • Fund OPDs to hire lawyers that are trained in human rights legislation. • Promote legal aid centers/services that are accessible.
Strengthen capacities of justice actors to handle violence cases against women and children with disabilities	Build capacity in justice actors to better handle violence cases against women with disabilities.	• Ministry of constitution and legal affairs. • UN • OPDs	Provide support for capacity building to justice actors on human rights and ways to handle violence cases against persons with disabilities especially women.

Precondition 5: CRPD-compliant programming and budgeting

What needs to change	How	Who should be involved	Proposed activities
Strengthen CRPD compliant programming and budgeting within Government and increase access to funding for OPDs and other stakeholders in the disability sector	• Establish a baseline of disability programming and funding in Tanzania that can be revisited annually as a means to hold donors accountable for CRPD compliant programming and budgeting. A gender disaggregation should be included within the disability disaggregation. • Complete a disability analysis of the Household Budget Surveys to ascertain the prevalence of people with disabilities living below the national poverty line compared with the rest of the population by type of disability, gender, age, rural-urban. • A disability budget audit	• UN Agencies • Development partners • Donors • Ministry of Finance and Planning	• OECD-DAC disability marker is used by all donors in Tanzania. • UN builds OPD capacity and products that can help to generate future revenue (e.g. disability audit tools). • Support the government to develop disaggregated indicators to monitor SDG expenditure by disability. • Household Budget Surveys use disability indicators and produce disaggregated reports by type of disability, gender, age, rural-urban and ensure that they are used for monitoring, planning and budgeting of national programmes. • Develop and implement a disability inclusive/CRPD compliant budget audit tool

	should be developed with OPDs and then applied to the national budget and within departmental budgets.		to be used by URT, UN and development partners. ● The 2018 Finance Act supplement provides an amendment to the Local Government Finance Act (CAP, 270) to allow interest free loans to PWDs. The local government authorities are mandated by the law to set aside ten percent of their revenue to fund registered groups of women, youth and PWDs. Twenty percent of the funds set aside are appropriated as loans to PWDs. Ways to improve the success rate of OPD applications as well as URT accountability for disbursing the funds should be found.

Precondition 6: Accountability and governance

What needs to change	How	Who should be involved	Proposed activities
Increase accountability of URT government and development	● The National Disability Council instigates a	● OPDs, Parliamentary Committee on disability	● Supporting and training of

partners for CRPD and UPR	reporting/accountability mechanism for disability programming across sectors for the purpose of CRPD/URT. ● Cross check new mainstreaming policy against CRPD (cross referencing CEDAW & CRC etc to ensure GEWE and age responsiveness) and produce an accessible report. ● Mainstream disability across all SDGs and FYPD III and ZADES Indicators.	inclusion ● Ministry of States, Prime Minister's Office - in charge of Disability issues ● Disability Council ● NBS	the CRPD structure ● Support the National Disability Council to execute its mandate ● SDG data and FYPD III and ZADES indicators to be disaggregated by disability, sex, age, etc
Strengthen the capacity of the National Statistical Bureau to adequately capture, disaggregate and report on disability data from an intersectional lens	The UNFPA and UNWomen support the National Bureau of Statistics (Mainland) and Office of Statistics (Zanzibar) integrate GBV questions in national data collection that uses the Washington group questions and take advantage of the 2022 census year by hiring OPDs to train enumerators in collecting data	● National Bureau of Statistics (Mainland) ● Office of Statistics (Zanzibar) ● UN ● Disability Councils ● UNFPA and UN Women	● Build capacity of enumerators to collect data and sensitive information from people with disabilities ● Develop disability focused monographs or website repository with data disaggregated by gender, age, sex, location, disability type.

	from persons with disabilities.		• Compare URT data once collected and analysed to other countries to understand how Tanzania compares.

Annex 1: Bibliography

Action on Disability and Development (ADD) International. (2017). *Disability and Gender-Based Violence: Peer Research in Kibaha and Mkuranga, Tanzania.* Available at: https://add.org.uk/file/2933/download?token=kg-SOlvo

Aldersey, H. (2012) Disability and Work: The United Republic of Tanzania's Workplace Policies in the Persons with Disabilities Act of 2010. *Disability Studies Quarterly*. 32(3). Available at: https://dsq-sds.org/article/view/3279/3111#:~:text=By%20its%20own%20terms%2C%20the,to%20provide%20for%20related%20matters%22%20

All Africa. (2020). 'Tanzania: How People With Disabilities Are Going to Vote'. 21 October. *Tanzania Daily News*. Available at: https://allafrica.com/stories/202010210970.html

Ambikile, J.S. and Iseselo, M. (2017). Mental health care and delivery system at Temeke Hospital in Dar es Salaam, Tanzania. *BMC Psychiatry*. 17(109): 1-13. https://doi.org/10.1186/s12888-017-1271-9

Banks, L. M., Davey, C., Shakespeare, T., & Kuper, H. (2021). Disability-inclusive responses to COVID-19: Lessons learnt from research on social protection in low- and middle-income countries. *World development*, 137, 105178. https://doi.org/10.1016/j.worlddev.2020.105178

Buguzi, S. (2021a). Covid-19: Counting the cost of denial in Tanzania. *BMJ*. 373:n1052 http://dx.doi.org/10.1136/bmj.n1052

Buguzi, S. (2021b). 'Tanzania's Dilemma: It's Not So Easy To Go From Vaccine Denier to Vaccine Embracer.' *NPR News*. 28 July. Available at: https://www.npr.org/sections/goatsandsoda/2021/07/27/1021118952/tanzanias-dilemma-its-not-so-easy-to-go-from-vaccine-denier-to-vaccine-embracer

Child Welfare Information Gateway & Children's Bureau (2018) *The risk and prevention of maltreatment of children with disabilities*. Washington DC, Child Welfare Information Gateway. Available at: https://www.childwelfare.gov/pubPDFs/focus.pdf

CIPESA. (2021). *Assessing the Barriers to: Accessing ICT by People with Disability in Tanzania*. The United Republic of Tanzania. Available at: https://cipesa.org/?wpfb_dl=433

Comprehensive Community Based Rehabilitation in Tanzania (2021). *Access for All.* http://www.ccbrt.or.tz/programmes/disability/disability-in-tanzania/.

Congressional Research Service. (2020). *Tanzania: Recent Governance Trends and 2020 Elections in Brief.* Washington, D.C., USA. Available at: https://sgp.fas.org/crs/row/R46579.pdf

Cooper. B (2016) Oxford Handbooks Online. Edited by Disch. L & Hawkesworth. M. London: Oxford University Press. doi: 10.1093/oxfordhb/9780199328581.013.20

Crenshaw, K. (1989) Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, *Feminist Theory and Antiracist Policies*. University of Chicago Legal Forum, 1989 (1), 139-167. Available at: https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8/

DAC (2020) The OECD-DAC policy marker on the inclusion and empowerment of persons with disabilities Handbook for data reporters and users Informal meeting of the Working Party on Development Finance Statistics (WP-STAT), 16 December 2020, virtual meeting DCD/DAC/STAT(2020)48. Retrieved from: https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DCD/DAC/STAT(2020)48&docLanguage=En

Disability Rights Monitor. (2020). COVID-19 Disability rights during the pandemic. Available at: https://www.internationaldisabilityalliance.org/sites/default/files/disability_rights_during_the_pandemic_report_web_pdf_1.pdf

Disability Rights Education and Defense Funds (DREDF) (2021). National and Regional Strategic Plans on Disability Accessed on 4th October, 2021 via https://dredf.org/legal-advocacy/international-disability-rights/resources/national-and-regional-strategic-plans-on-disability/#note39

Egüez, M. I. (2008). NGOs & UN Agencies Assisting Persons with Disabilities: A non-exhaustive reference list of organizations working with and for persons with disabilities world-wide. In the United *Nations High Commissioner for Refugees*. Retrieved from http://www.unhcr.org/4ec3c78c6.pdf

Ebole, R. (2021). 'Tanzania: President's new COVID-19 taskforce is a positive move but the work starts now.' *Amnesty International.* 26 April. Available at: https://www.amnesty.org/en/latest/news/2021/04/tanzania-presidents-new-covid-19-taskforce-a-positive-move-but-the-work-starts-now/

Economic and Social Research Foundation (ESRF). (2020). Rapid social economic impact of covid 19 in Tanzania. https://www.undp.org/content/dam/tanzania/docs/docs2020/undp-tz-SEA-Policy%20Brief-COVID19.pdf

Education Development Trust & UNICEF. (2016). *Eastern and Southern Africa regional study on the fulfilment of the right to education of children with disabilities.* Berkshire, Education Development Trust. Available at: https://www.unicef.org/esaro/Regional-children-with-disabilities-UNICEF-EDT-2016.pdf

Electoral Institute for Sustainable Democracy in Africa (EISA). (2020). *EISA Election Observation Mission to the 2020 General Elections in Tanzania*. Available at: https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/120793/EISA-Preliminary-Statement-Tanzania-2020-General.pdf

Electronic and Postal Communications Act, 2010. Available at: https://tanzlii.org/tz/legislation/act/2010/3-0

Franklin, A., Lund, P., Bradbury-Jones, C. and 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. https://doi.org/10.1186/s12914-018-0144-8

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

Garry. A (2011) Intersectionality, metaphors, and the multiplicity of gender. *Journal of Feminist Philospphy*, 26(4), pp. 826–850. Available from: doi: 10.1111/j.1527-2001.2011.01194.x

Hansen, A.M.W., Chaki, A. P. & Mlay, R (2013) Occupational therapy synergy between Comprehensive Community Based Rehabilitation Tanzania and Heifer International to reduce poverty. African Journal of Disability, 2(1), pp. 1–7. doi: 10.4102/ajod.v2i1.48

Ifakara Health Institute, BMZ., & GIZ. (2013) Inclusion of Persons with Disabilities in the Health Financing System in Tanzania. Dar es Salaam, Ifakara Health Institute, BMZ. & GIZ Available at: https://www.firah.org/upload/notices2/avril2014/ihi_report_final_revised_aug_2013_.pdf

Inclusion London (2015) Factsheet: The Social Model of Disability. Available at: https://www.inclusionlondon.org.uk/wp-content/uploads/2015/05/FactSheets_TheSocialModel.pdf

Inclusive Futures. (2020). *Pre-Primary and Primary Inclusive Education for Tanzania (PPPIET) – Foundation phase: Desk Review presented by the Task Team February 2020*. Available at: https://add.org.uk/file/4250/download?token=Wt2avoBw

International Institute for Democracy and Electoral Assistance (IDEA). (2021). *Women's Political Participation – Africa Barometer 2021*. Stockholm, Sweden: International IDEA. Available at: https://www.idea.int/sites/default/files/publications/womens-political-participation-africa-barometer-2021.pdf

International Disability Alliance (2020) *Increasingly Consulted, but not yet Participating*. Available at: https://www.internationaldisabilityalliance.org/sites/default/files/ida_global_survey_complete_report_final.pdf

International Federation of Red Cross and Red Crescent Societies. (2018). *Emergency Plan of Action: Tanzania: Floods.* Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/MDRTZ021do.pdf

Jani, B., Hokororo, A., Mchomvu, J., Cortese, M.M., Kamugisha, C., Mujuni, D., Kallovya, D., Parashar, U.D., Mwenda, J.M., Lyimo, D. and Materu, A. (2018). Detection of rotavirus before and after monovalent rotavirus vaccine introduction and vaccine effectiveness among children in MainlandMainland Tanzania. *Vaccine*, 36(47): 7149-7156. DOI:10.1016/j.vaccine.2018.01.071

Kilama, B., George, C., Katera, L., & amp; ... (2016). Assessing Data for the Sustainable Development Goals in Tanzania. Retrieved from http://www.southernvoice.org/wp-content/uploads/2016/02/Tanzania-Final-Feb-2016.pdf

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. https://doi.org/10.1080/13600818.2016.1213228

Legal and Human Rights Centre. (2019). *Tanzania Human Rights Report 2019*. Available at: https://www.humanrights.or.tz/assets/images/upload/files/Tanzania%20Human%20Rights%20%20Report%202019.pdf

Macha, J., Harris, B., Garshong, B., Ataguba, J., Akazili, J., Kuwawenaruwa, A. and Borghi, J. (2012). Factors influencing the burden of health care financing and the distribution of health care benefits in Ghana, Tanzania and South Africa. *Health Policy Plan*. 27 Suppl 1, i46–i54. https://doi.org/10.1093/heapol/czs024

Mapunda, P.H., Omollo, A.D and Bali, T.A. (2017). Challenges in identifying and serving students with special needs in Dodoma, Tanzania. *International Journal of Child Care and Education Policy*, 11(10). https://doi.org/10.1186/s40723-017-0036-8

Mbwilo, G.S.K., Smide, B., and Aarts, C. (2010). Family perceptions in caring for children and adolescents with mental disabilities: a qualitative study from Tanzania. *Tanzania Journal of Health Research.* 12(2): 129-137. https://doi.org/10.4314/thrb.v12i2.56400

Mesiäislehto, V., Katsui, H., & Sambaiga, R. (2021) Disparities in accessing sexual and reproductive health services at the intersection of disability and female adolescence in Tanzania. International *Journal of Environmental Research and Public Health*, 18(4). https://doi.org/10.3390/ijerph18041657

Ministry of Finance and Planning. (2021). National Five Year Development Plan 2021/22-2025/26: Realising Competitiveness and Industrialisation for Human Development. In The United Republic of Tanzania. Retrieved from https://mof.go.tz/docs/news/FYDPIIIEnglish.pdf

Ministry of Constitutional and Legal Affairs. (2013). *United Republic of Tanzania National Human Rights Action Plan 2013-2017*. Dar es Salaam, United Republic of Tanzania. Available at: https://www.ohchr.org/Documents/Issues/Education/Training/actions-plans/Excerpts/Tanzania_en%202013-2017.pdf

Ministry of Education, Science & Technology (2018) *Education Sector Development Plan (2016/17-2020/21).* Dar es Salaam, Ministry of Education, Science & Technology Available at: https://www.globalpartnership.org/sites/default/files/2019-04-gpe-tanzania-esp.pdf

Ministry of Health, Community Development, Gender, Elderly and Children (2018). *National Guide for Complaint, Compliment and Suggestion Management in Health facilities in Tanzania*. Retrieved from http://ciheb.org/media/SOM/Microsites/CIHEB/documents/CQI/Tanzania-Client-Complaint-Management-Guide-.pdf

Ministry of Education and Vocational Training (2017). *Zanzibar Education Development Plan II 2017/2018–2021/2022. Zanzibar, Ministry of Education and Vocational Training*. Available at: http://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/zanzibar_zedp_ii.pdf

Ministry of Finance and Planning & Zanzibar Planning Commission (2019). *Voluntary National Review: Empowering People and Ensuring Inclusiveness and Equality.* Available at: https://sustainabledevelopment.un.org/content/documents/23429VNR_Report_Tanzania_2019_FINAL.pdf

Ministry of Finance and Planning (MoFP). (2016). *National Five Year Development Plan 2016/17 – 2020/21. United Republic of Tanzania.* Available at: https://mof.go.tz/mofdocs/msemaji/Five%202016_17_2020_21.pdf

Ministry of Finance and Planning - Poverty Eradication Division (MoFP- PED) and National Bureau of Statistics (2019). *Tanzania Mainland Household Budget Survey 2017-18: Key Indicators Report.* Dodoma, Tanzania. Available at: https://www.nbs.go.tz/index.php/en/census-surveys/poverty-indicators-statistics/household-budget-survey-hbs/413-the-2017-18-household-budget-survey-key-indicators-report.

Ministry of Health, Community Development, Gender, Elderly & Children. (2017). *The National Health Policy.* Dar es Salaam, Ministry of Health, community development, gender, elderly, and children. Available at:http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/JAHSR_2017/8.The_Nat_Health_Policy_2017_6th__24_October__2017.pdf

Ministry of Health & Social Welfare (2015). *Ministry of Health & Social Welfare Health Sector Strategic Plan 2015-2020: Reaching All Households with Quality Health Care*. Dar es Salaam, Ministry of Health & Social Welfare. Available at: http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/Key_Sector_Documents/Induction_Pack/Final_HSSP_IV_Vs1.0_260815.pdf

Ministry of Labour, Empowerment, Elders, Youth, Women and Children (MLEEYWC) (2017). Summary of National Plan of Action to End Violence Against Women and Children in Zanzibar 2017–2022. https://www.unicef.org/tanzania/media/431/file/Tanzania-2017-Zanzibar-National-Plan-of-Action-on-VAWC-Summary.pdf

Mont, D. (2019) *Are People With Albinism Included In The Washington Group Questions*. Available at: https://www.washingtongroup-disability.com/wg-blog/are-people-with-albinism-included-in-the-washington-group-questions-119/

Murungi, N. L. & Durojaye, E. (2015) *The Sexual And Reproductive Health Rights Of Women With Disabilities In Africa: Linkages Between The Crpd And The African Women's Protocol*, African Disability Rights Yearbook. 3rd edn. Pretoria: Pretoria University Law Press. Available at: http://globaldisability.org/wp-content/uploads/2015/11/adry_2015_3_full_text.pdf

Mrisho, M., Fakih, B., Greenwood, M. and Steff, M. (2016) *Hear my voice: old age and disability are not a curse.* Sightsavers. Available at: https://add.org.uk/file/2959/download?token=6HXrAWs9

Mwingira, U. J., Means, A. R., Chikawe, M., Kilembe, B., Lyimo, D., Crowley, K., Rusibamayila, N., Nshala, A., and Mphuru, A. (2016). Integrating Neglected Tropical Disease and Immunisation Programs: The Experiences of the Tanzanian Ministry of Health. *The American Journal of Tropical Medicine and Hygiene*, 95(3): 505–507. https://doi.org/10.4269/ajtmh.15-0724

Policy Forum. (2019). *NPA-VAWC Budget Analysis Brie*f. Brief 6.19. Dar es Salaam, United Republic of Tanzania. Available at: https://www.policyforum-tz.org/sites/default/files/Brief%206.19.pdf

National Audit Office. (2019). Performance Audit on Preparedness for Implementation of Sustainable Development Goals. Retrieved from https://www.nao.go.tz/uploads/PREPAREDNESS-FOR-IMPLEMENTATION-OF-SUSTAINABLE-DEVELOPMENT-GOALS-2018.pdf

Narula, R. (2020). Policy opportunities and challenges from the COVID-19 pandemic for economies with large informal sectors. *Journal of International Business Policy*. 3:302-310. https://doi.org/10.1057/s42214-020-00059-5

National Bureau of Statistics, Office of Chief Government Statistician & UNICEF (2020) *2018 School Water, Sanitation and Hygiene Assessment*. Dodoma, National Bureau of Statistics . Available at: https://www.unicef.org/tanzania/media/2356/file/National%20School%20WASH%20Report%202020.pdf

National Bureau of Statistics (NBS). (2018). *Formal Sector Employment and Earnings Survey, 2016 – Tanzania Mainland. The United Republic of Tanzania*. Available at: https://www.nbs.go.tz/nbs/takwimu/labour/EES_2016_REPORT.pdf

National Bureau of Statistics (NBS). (2016). *Disability Monograph*. The United Republic of Tanzania. Available at: http://www.rodra.co.za/images/countries/tanzania/research/Tanzania%20Disability%20Monograph%202016.pdf

National Bureau of Statistics (2008) *Tanzania 2008 Disability Survey Report.* Dar es Salaam., National Bureau of Statistics. Available at: http://www.tzdpg.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/education/TANZANIA_2008_DISABILITY_SURVEY_DRART_REPORT_NOVEMBER30.pdf

National Social Security Fund (NSSF). (2021) *Invalidity Pension*. The United Republic of Tanzania, National Social Security Fund. Available at: https://www.nssf.or.tz/benefits/invalidity-pension

Nkata, H., Teixeira,. R & Barros, H. (2019) A scoping review on sexual and reproductive health behaviors among Tanzanian adolescents. *Public Health Reviews.* 40(4): 1–15. doi: 10.1186/s40985-019-0114-2

Ntamanwa, F.L. (2015). *Factors leading to low employment rate of people with physical disability in Tanzania: A case study of Temeke Municipal Council*. PhD thesis, The Open University Of Tanzania, Dar es Salaam.

OECD. (2021.). *The Creditor Reporting System*. Available at: https://stats.oecd.org/Index.aspx?DataSetCode=CRS1#

Office of Chief Government Statistician (OCGS). (2020) *Key Indicators Report: 2019/20 Household Budget Survey*. Zanzibar, Office of Chief Government Statistician. Available at: http://www.ocgs.go.tz/php/ReportOCGS/2019_20_HBS_Key_Indicators_Report.pdf

Piatti-Fünfkirchen, M and Ally, M. (2020). *Health Sector Public Expenditure Review 2020*. No. AUS000 1650. Washington D.C.: The World Bank. Available at: https://openknowledge.worldbank.org/handle/10986/34620?locale-attribute=en

Prime Minister's Office. (2016). *The Tanzania National Multisectoral Nutrition Action Plan (NMNAP) 2016-June 2021*. Dar es Salaam: Prime Minister's Office. Available at: https://www.unicef.org/tanzania/media/456/file/Tanzania-2016-NMNAP.pdf

Rahman, S.-U. (2021). *Impact of COVID-19 on the mobility of physically challenged people and older people. Accessed via https://transport-links.com/download/how-has-the-mobility-of-vulnerable-people-been-impacted-by-covid-19/*

Revolutionary Government of Zanzibar & United Nations Children's Fund (2019) *HEALTH BUDGET BRIEF 2019 / 2020 ZANZIBAR. Zanzibar.* Available at: https://www.unicef.org/esa/media/8441/file/UNICEF-Tanzania-Zanzibar-2020-Health-Budget-Brief-revised.pdf

Rohwerder, B. (2020). *Tanzania Situational Analysis. Disability Inclusive Development*. Inclusive Futures and the Institute of Development Studies. Available at: https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/15509

SDG Tracker. (2021). *Measuring progress towards the Sustainable Development Goals.* Available at: https://sdg-tracker.org/

Sheppard, P., Polack, S., & McGivern, M. (2018). 'Missing millions: How older people with disabilities are excluded from humanitarian response.' *HelpAge International*. Available at : https://www.helpage.org/newsroom/latest-news/millions-of-older-people-with-disabilities-risk-being-excluded-from-humanitarian-assistance-new-helpage-report-reveals/

Simeu, N.J., Bird, E., Mont, D., Knowles, H., Carew, M. and Turner, K. (2018). Disability *Data Review: A collation and analysis of disability data from 40 countries*. London: Leonard Cheshire. Available at: https://www.disabilitydataportal.com/fileadmin/uploads/lcdp/Documents/report-web_version.pdf

Strachan, A.L. (2015). *Women in politics and the public sector in Tanzania*. GSDRC Helpdesk Research Report 1286. Birmingham, UK: GSDRC, University of Birmingham. Available at: https://assets.publishing.service.gov.uk/media/57a08965ed915d622c0001c7/1286-Women-in-politics-and-the-public-sector-in-Tanzania.pdf

THRDC (2019) Tanzania CSOs UPR Mid Term Report. Sweden Sverige & Foundation for Civil Society Available at: https://www.ohchr.org/Documents/HRBodies/UPR/NGOsMidTermReports/Tanzania_CoalitionCSOsHRDefenders.pdf

Tanzania National Bureau of Statistics. (2018). National Data Roadmap for Sustainable Development Lessons and Recommendations from 2016-2018. Retrieved from https://www.nbs.go.tz/

Tanzania CSOs. (2019). *TANZANIA CSOS UPR MID TERM REPORT*. Retrieved from https://www.upr-info.org/sites/default/files/document/tanzania_united_republic_of/session_25_-_may_2016/tanzania_csos_upr_mid_term_report_october_2019.pdf

The Constitution of the United Republic of Tanzania. (1977). Available at: https://rsf.org/sites/default/files/constitution.pdf

The Foundation for Civil Society (FCS). (2017). *Implementation Status of the UN Convention on Rights of Persons with Disabilities (2006) Tanzania*. 2017 Report. Dar es Salaam, Tanzania. Available at: https://thefoundation.or.tz/

The Disaster Management Act, (2015). No.7

The Persons with Disabilities Act, (2010). No.9.

The Persons with Disabilities (Rights and Privileges) Act. (2006). Zanzibar, United Republic of Tanzania.

The Office of the United Nations High Commissioner for Human Rights. (2017). *Realizing Human Rights Through Government Budgets.* New York and Geneva. Available at: https://www.ohchr.org/Documents/Publications/RealizingHRThroughGovernmentBudgets.pdf

The Revolutionary Government of Zanzibar Ministry of Education and Vocational Training, Milele Zanzibar Foundation and UNICEF. (2018). *Mapping of school capacity to absorb out-of-school children in Zanzibar.* Oxford Policy Management: Oxford, United Kingdom. Available at: https://www.unicef.org/tanzania/media/1851/file

The United Republic of Tanzania Prime Minister's Office Disaster Management Department. (2012). *Tanzania Emergency Preparedness and Response Plan (TEPRP).*

The Washington Group. (2020). *An Introduction to the Washington Group on Disability Statistics Question Sets.* Washington DC.: Washington Group. Available at: https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/An_Introduction_to_the_WG_Questions_Sets__2_June_2020_.pdf

The World Bank. (2018). *Elevating Emergency Response in Tanzania.* Available at: https://www.worldbank.org/en/news/feature/2018/03/09/elevating-emergency-response-in-tanzania

UNCT Tanzania (2020). Disability Scorecard 2020 report

UNDP. (2021). *Human Development Reports. Tanzania (United Republic of).* Available at: http://hdr.undp.org/en/countries/profiles/TZA

UNHCR. (2021). *UNHCR Global Focus: United Republic of Tanzania*. Available at: https://reporting.unhcr.org/tanzania

UNICEF (2013) *Children with Disabilities-Health.* New York, United Nations Children's Fund Available at: https://www.unicef.org/disabilities/files/Final_Flyer_Health_-_27_May.pdf

UNICEF (2021) *Situation Analysis of Children and Young People with Disabilities in Mainland Tanzania and Zanzibar*. UNICEF.

United Nations (2019) *Toolkit on Disability for Africa: Building Multistakeholder Partnerships for Disability Inclusion*. Available at:
https://www.un.org/esa/socdev/documents/disability/Toolkit/Building-multi-stakeholders.pdf

United Nations Committee on the Rights of Persons with Disabilities (UNCRPD) (2014) *Communication No. 22/2014*, Available at:https://www.ohchr.org/Documents/HRBodies/CRPD/CRPD-C-18-DR-22-2014.pdf

United Nations Committee on the Rights of Persons with Disabilities (UNCRPD). (2018) *General Comment No. 7 on the Participation of Persons with Disabilities, including Children with Disabilities, Through their Representative organisations, in the Implementation and Monitoring of the Convention*. Available at: http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsnbHatvuFkZ%2Bt93Y3D%2Baa2pjFYzWLBu0vA%2BBr7QovZhbuyqzjDN0plweYI46WXrJJ6aB3Mx4y%2FspT%2BQrY5K2mKse5zjo%2BfvBDVu%2B42R9iK1p

United Republic of Tanzania. (2019). Voluntary National Review (VNR)2019: EMPOWERING PEOPLE AND ENSURING INCLUSIVENESS AND EQUALITY. In Sustainable Development Goal. Retrieved from https://sustainabledevelopment.un.org/memberstates/malaysia

United Nations Committee on the Rights of Persons with Disabilities (UNCRPD). (2017). *Communication No.22/2014*. Available at: https://www.ohchr.org/Documents/HRBodies/CRPD/CRPD-C-18-DR-22-2014.pdf

United Nations Committee on the Rights of Persons with Disabilities. (2014). *United Nations Convention on the Rights of Persons with Disabilities.* CRPD/C/GC/2. Eleventh session. General comment No.2. Article 9: Accessibility. Available at: https://www.ohchr.org/en/hrbodies/crpd/pages/gc.aspx

United Nations General Assembly (UNGA). (2017). *Report of the Special Rapporteur on the rights of persons with disabilities.* A/HRC/34/58. Available at: https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/Provisionofsupporttopersonswithdisabilities.aspx

United Nations General Assembly (UNGA). (2016a). *Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms.* A/71/314. Available at: https://digitallibrary.un.org/record/840489?ln=en

United Nations General Assembly (UNGA) (2016b). *Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms.* Report of the Special Rapporteur of the Human Rights Council on the rights of persons with disabilities, Catalina Devandas-Aguilar. A/71/314. Available at: https://undocs.org/A/71/314

United Nations General Assembly (UNGA). (2015). *Special Rapporteur on the Rights of Persons with Disabilities. The Right of Persons with Disabilities to Social Protection.* Available at: https://www.ohchr.org/en/issues/disability/srdisabilities/pages/socialprotection.aspx

United Nations Human Rights Council (UNHRC) (2012) Report of the Human Rights Council. New York, United Nations. Available at: https://www.ohchr.org/Documents/HRBodies/HRCouncil/A-67-53-Add-1_en.pdf

United Nations Human Rights Council (UNHRC) (2016). *Report of the Independent Expert on the enjoyment of human rights by persons with albinism*. Geneva, United Nations. Available at: https://www.refworld.org/pdfid/56c43e9f4.pdf

UNICEF (2015). Child disability overview: Research and data on child disability are scarce, hindering the development of effective policies and programmes. Available at: https://data.unicef.org/topic/child-disability/overview/

United Nations Population Fund (UNFPA). (2018). *Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*. New York, United Nations Population Fund. Available at: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf

United Republic of Tanzania. (2019). Voluntary National Review (VNR)2019: Empowering people and ensuring inclusiveness and equality. In Sustainable Development Goal. Retrieved from

https://sustainabledevelopment.un.org/memberstates/malaysia

Universal Periodic Review (2021) *Tanzania Civil Society Report on the Status of the Implementation of the 133 UPR Recommendations of March 20216 which were accepted by the United Republic of Tanzania*. Available at: https://www.humanrights.or.tz/assets/images/upload/files/FINAL_CSOs_UPR_Report_Tanzania.pdf

UNFPA Tanzania. (2018). 'The launch of the "Jumuishi" database strengthens inclusive development in Zanzibar.' 6 December. *UNFPA Tanzania*. Available at: https://tanzania.unfpa.org/en/news/launch-%E2%80%9Cjumuishi%E2%80%9D-database-strengthens-inclusive-development-zanzibar

Waddington, L., & Priestley, M. (2020). A human rights approach to disability assessment. *Journal of International and Comparative Social Policy*, 1-15. DOI: https://doi.org/10.1017/ics.2020.21

Weis, K.L. (2017) Constitutional directive principles. *Oxford Journal of Legal Studies*, 37(4): 916–945. doi: 10.1093/ojls/gqx015

World Health Organisation (WHO). (2020). *Disability considerations during the COVID-19 outbreak*. World Health organisation. Available at: https://apps.who.int/iris/handle/10665/332015

World Health Organisation (WHO) (2011). World Report on Disability. Malta: World Health organisation. Available at: https://www.who.int/disabilities/world_report/2011/report.pdf

World Health Organisation and UNICEF. (2021). *Disability considerations for COVID-19 vaccination*. WHO & UNICEF Policy Brief. Available at: https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1

World Health Organisation and UNICEF. (2012). *Early Childhood Development and Disability: A discussion paper.* World Health organisation: Malta. Available at: https://apps.who.int/iris/bitstream/handle/10665/75355/9789241504065_eng.pdf;jsessionid=8E761FD8714B77F58B30D0BFEA05EEBF?sequence=1

Zanzibar Planning Commission (2021). Zanzibar Development Strategy (ZADES) (2021 – 2026), forthcoming

Annex 2: Disability-related surveys

Table 2: Disability Measurement in Key National Surveys and Censuses in the URT

Year	Survey	Disability Questions and Reporting
2002	Population and Housing Census	- Included 2 questions on disability: "is [respondent] disabled?" and if so, "what type of disability?" - reported the disability prevalence of 2%
2008	Tanzania Disability Survey	- Included WG-SS questions but no question on albinism - Detailed findings reported in the Tanzania Disability Survey Report
2008/9	National Panel Survey	- Questions on disability: "Are you physically handicapped?"; "In what way are you handicapped?"; "Does your physical handicap in any way limit or prevent activities or work?"; and "How does your disability affect your daily activities compared to 12 months ago?" - NPS Wave 1 Report included disaggregation of school attendance by children with and without disabilities, but based on a very small sub-sample of 48 children with disabilities
2012	Population and Housing Census	- WG-SS questions and question on albinism - 2016 Disability Monograph published detailed analysis of disability-related data from the 2012 PHC
2014	Integrated Labour Force Survey	- WG-SS questions plus question on albinism - Published data on persons with disabilities disaggregated by age, sex, location, marital status, and variables related to education and employment status
2014/15	National Panel Survey 4	- WG-SS questions - Main report did not include analysis or reporting on disability-related findings

2017/18	Household Budget Survey (Mainland Tanzania)	- WG-SS questions plus question on albinism - Main report did not include analysis or reporting on disability-related findings
2019/20	Household Budget Survey (Zanzibar)	- WG-SS questions; no question on albinism - Main report did not include analysis or reporting on disability-related findings

Annex 3: Sample size

Table 3: proposed number of KIIs and FGDs and the actual number

Participants	Total	Gender		OPDs	Govt	CSO /NGO	UN	Development Partners	PWD (non-OPD)	Other
		M	F							
Proposed (KII)	15	7	8	9	4	x	x	x	x	1
Actual(KII)	15	9	6	9	4	x	1	x	x	1
Proposed (FGD)	10	X	X	2	2	2	1	1	2	x
Actual (FGD)	8	X	X	2	1	1	1	1	2	x

Table 3:1: Number of FGD participants per FGD

FGD	Total number of participants
UN Agencies	2
Bilateral Development Partners	3
CSOs/NGOs	3
OPDs	3
Women with disabilities	3
Government (National officials and line ministry representatives)	5
OPDSs	5
Men with disabilities (non-OPD members)	5
Total 8 FGDs	**29**

Annex 4: Disability Prevalence Rates

Table 4.1: Mainland Tanzania Disability Prevalence Rates and Population Estimates by Type of Disability

	Children and young people aged 5-24 years		All population aged 5+	
Type of disabilities	**Prevalence Rate for children and young people**	**Estimated number of children and young people living with disability (2021)***	**Prevalence Rate**	**Estimated number of persons living with a disability (2021)***
Difficulty seeing	1.5%	405,875	7.5%	3,570,128
Difficulty hearing	1.3%	345,123	2.8%	1.323,896
Difficulty walking	1.2%	317,978	5.9%	2,831,005
Difficulty remembering	1.7%	454,994	4.4%	2,093,137
Difficulty communicating	1.2%	306,345	1.7%	789,318
Difficulty self-care	1.2%	317,978	2.2%	1,046,568
Persons with albinism	0.6%	128,658	0.6%	301,171
Total of estimated persons with disabilities	2.3%	611,398	6.8%	3,255,154

Source: *UNICEF (2021).*

Table 4.2: Zanzibar Disability Prevalence Rates and Population Estimates by Type of Disability

	Children and young people aged 5-24 years		All population aged 5+	
Type of disabilities	**Prevalence rate for children and young people**	**Estimated number of children and young people living with disability (2021)***	**Prevalence Rate**	**Estimated number of persons living with a disability (2021)***
Difficulty seeing	0.7%	5,602	2.4%	35,383
Difficulty hearing	0.8%	6,516	1.3%	18,495
Difficulty walking	0.6%	4,573	2.7%	38,369
Difficulty in remembering	1%	7,659	2%	29,064
Difficulty communicating	1%	8,002	0.9%	13,556
Difficulty self-care	1.6%	12,232	1.7%	23,895
Persons with albinism	no data	-	no data	-
Total of estimated persons with disabilities	1.8%	14,290	3.2%	46,296

Source: *UNICEF (2021).*

Table 4.3: Prevalence of Disability (any type of impairment) Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty seeing and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	*3,044*	*97.88*	*3,139*	*97.45*	*66*	*2.12*	*82*	*2.55*
10-14 years	*3,102*	*97.92*	*3,121*	*98.24*	*66*	*2.08*	*56*	*1.76*
15-19 years	*2,329*	*97.53*	*2,226*	*97.55*	*59*	*2.47*	*56*	*2.45*
20-24 years	*1,447*	*97.31*	*1,731*	*97.30*	*40*	*2.69*	*48*	*2.70*
25-34 years	*2,455*	*97.19*	*2,899*	*96.22*	*71*	*2.81*	*114*	*3.78*
35-54 years	*3,458*	*93.48*	*3,683*	*89.92*	*241*	*6.52*	*413*	*10.08*
≥55 years	*1,480*	*74.37*	*1,474*	*65.63*	*510*	*25.63*	*772*	*34.37*
Total	*17,315*	*94.27*	*18,273*	*92.22*	*1,053*	*5.73*	*1,541*	*7.78*

Source: *UNICEF (2021).*

Table 4.4.: Prevalence of Difficulty Seeing, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty seeing and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	*3,084*	*99.16*	*3,198*	*99.29*	*26*	*0.84*	*23*	*0.71*
10-14 years	*3,118*	*98.42*	*3,130*	*98.52*	*50*	*1.58*	*47*	*1.48*
15-19 years	*2,349*	*98.37*	*2,242*	*98.25*	*39*	*1.63*	*40*	*1.75*
20-24 years	*1,456*	*97.92*	*1,721*	*96.74*	*31*	*2.08*	*58*	*3.26*
25-34 years	*2,448*	*96.91*	*2,893*	*96.02*	*78*	*3.09*	*120*	*3.98*
35-54 years	*3,316*	*89.65*	*3,498*	*85.40*	*383*	*10.35*	*598*	*14.60*
≥55 years	*1,407*	*70.70*	*1,477*	*65.76*	*583*	*29.30*	*769*	*34.24*
Total	*17,178*	*93.52*	*18,159*	*91.65*	*1,190*	*6.48*	*1,655*	*8.35*

Source: *UNICEF (2021).*

Table 4.5: Prevalence of Difficulty Hearing, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty Hearing and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	3,076	98.91	3,192	99.10	34	1.09	29	0.90
10-14 years	3,128	98.74	3,141	98.87	40	1.26	36	1.13
15-19 years	2,344	98.16	2,249	98.55	44	1.84	33	1.45
20-24 years	1,462	98.32	1,753	98.54	25	1.68	26	1.46
25-34 years	2,490	98.57	2,951	97.94	36	1.43	62	2.06
35-54 years	3,606	97.49	3,967	96.85	93	2.51	129	3.15

≥55 years	1,790	89.95	1,978	88.07	200	10.05	268	11.93
Total	17,896	97.43	19,231	97.06	472	2.57	583	2.94

Source: *UNICEF (2021).*

Table 4.6: Prevalence of Difficulty Walking, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty Walking and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percen	Count	Percen	Count	Percen	Count	Percen
5-9 years	3,072	98.78	3,192	99.10	38	1.22	29	0.90
10-14 years	3,135	98.96	3,148	99.09	33	1.04	29	0.91
15-19 years	2,363	98.95	2,249	98.55	25	1.05	33	1.45
20-24 years	1,460	98.18	1,747	98.20	27	1.82	32	1.80

25-34 years	2,464	97.55	2,907	96.48	62	2.45	106	3.52
35-54 years	3,496	94.51	3,697	90.26	203	5.49	399	9.74
≥55 years	1,542	77.49	1,454	64.74	448	22.51	792	35.26
Total	17,532	95.45	18,394	92.83	836	4.55	1,420	7.17

Source: *UNICEF (2021).*

Table 4:7: Prevalence of Difficulty Remembering, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty Remembering and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	3,071	98.75	3,171	98.45	39	1.25	50	1.55
10-14 years	3,114	98.30	3,142	98.90	54	1.70	35	1.10

15-19 years	2,342	98.07	2,225	97.50	46	1.93	57	2.50
20-24 years	1,450	97.51	1,745	98.09	37	2.49	34	1.91
25-34 years	2,465	97.59	2,911	96.61	61	2.41	102	3.39
35-54 years	3,498	94.57	3,841	93.77	201	5.43	255	6.23
≥55 years	1,712	86.03	1,827	81.34	278	13.97	419	18.66
Total	17,652	96.10	18,862	95.20	716	3.90	952	4.80

Source: *UNICEF (2021).*

Table 4:8: Prevalence of Difficulty Communicating, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty Remembering and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	3,082	99.10	3,181	98.76	28	0.90	40	1.24
10-14 years	3,127	98.71	3,153	99.24	41	1.29	24	0.76
15-19 years	2,359	98.79	2,250	98.60	29	1.21	32	1.40
20-24 years	1,462	98.32	1,761	98.99	25	1.68	18	1.01
25-34 years	2,492	98.65	2,980	98.90	34	1.35	33	1.10
35-54 years	3,645	98.54	4,042	98.68	54	1.46	54	1.32

≥55 years	1,899	95.43	2,120	94.39	91	4.57	126	5.61
Total	18,066	98.36	19,487	98.35	302	1.64	327	1.65

Source: *UNICEF (2021).*

Table 4.9: Prevalence of Difficulty Communicating, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty Difficulty communicating and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	3,082	99.10	3,181	98.76	28	0.90	40	1.24
10-14 years	3,127	98.71	3,153	99.24	41	1.29	24	0.76
15-19 years	2,359	98.79	2,250	98.60	29	1.21	32	1.40
20-24 years	1,462	98.32	1,761	98.99	25	1.68	18	1.01

25-34 years	2,492	98.65	2,980	98.90	34	1.35	33	1.10
35-54 years	3,645	98.54	4,042	98.68	54	1.46	54	1.32
≥55 years	1,899	95.43	2,120	94.39	91	4.57	126	5.61
Total	18,066	98.36	19,487	98.35	302	1.64	327	1.65

Source: *UNICEF (2021).*

Table 4:10: Prevalence of Difficulty Self-Care, Disaggregated by Age and Gender, Mainland Tanzania

Age group	Difficulty Self-Care, Disaggregated and Gender							
	No				Yes			
	Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	3,038	97.68	3,140	97.49	72	2.32	81	2.51
10-14 years	3,142	99.18	3,157	99.37	26	0.82	20	0.63

15-19 years	2,373	99.37	2,265	99.26	15	0.63	17	0.74
20-24 years	1,476	99.26	1,775	99.78	11	0.74	4	0.22
25-34 years	2,506	99.21	2,990	99.24	20	0.79	23	0.76
35-54 years	3,658	98.89	4,044	98.73	41	1.11	52	1.27
≥55 years	1,811	91.01	1,973	87.85	179	8.99	273	12.15
Total	18,004	98.02	19,344	97.63	364	1.98	470	2.37

Source: *UNICEF (2021).*

Table 4.11: Proportion of persons with disabilities aged 5-24 years by type of disability and level of difficulty, Mainland Tanzania

Level of difficulty	Seeing	Hearing	Walking	Remembering	Communicating	Self-Care
Some	11.84%	16.70%	11.84%	21.78%	20.72%	14.80%
A lot	8.46%	8.88%	13.53%	20.51%	13.95%	12.05%
Cannot perform	0%	1.27%	2.54%	5.50%	6.13%	8.03%

Source: *UNICEF (2021).*

Table: 4:12 Prevalence of Albinism, Disaggregated by Age and Gender, Mainland Tanzania

Difficulty albino, Disaggregated and Gender												
Age group	No				Yes				Don't know			
	Male		Female		Male		Female		Male		Female	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
5-9 years	3,086	99.23	3,201	99.38	22	0.71	18	0.56	2.00	0.06	2.00	0.06
10-14 years	3,150	99.43	3,154	99.28	17	0.54	20	0.63	1.00	0.03	3.00	0.09
15-19 years	2,375	99.46	2,265	99.26	12	0.50	15	0.66	1.00	0.04	2.00	0.09
20-24 years	1,484	99.80	1,766	99.27	3	0.20	12	0.67	0.00	0.00	1.00	0.06
25-34 years	2,504	99.13	2,992	99.30	17	0.67	21	0.70	5.00	0.20	0.00	0.00

35-54 years	3,670	99.22	4,057	99.05	27	0.73	34	0.83	2.00	0.05	5.00	0.12
≥55 years	1,971	99.05	2,235	99.51	13	0.65	9	0.40	6.00	0.30	2.00	0.09
Total	18,240	99.30	19,670	99.27	111	0.60	129	0.65	17.00	0.09	15.00	0.08

Table 4:13: Proportion of persons with disabilities aged 5-24 years by type of disability and level of difficulty, Zanzibar

Level of difficulty	Seeing	Hearing	Walking	Remembering	Communicating	Self-Care
Some	5.60%	12.00%	6.40%	13.60%	24.00%	16.00%
A lot	4.00%	8.00%	4.80%	18.40%	15.20%	16.80%
Cannot perform	0.80%	1.60%	7.20%	8.00%	6.40%	28.00%

Source: *UNICEF (2021).*

Annex 5: Stakeholder Mapping

Table 5.0 : Stakeholder Mapping

Type (Gov't, NGO, OPD, etc.)	Name	Geographic reach (Mainland, Zanzibar, Both)	Disability-related programming/operations advocacy and/or programs the organisation funds or implements	Notes	Funding information: grants received, key funding sources	No. employees
Government	Ministry of Education, Science, Technology and Vocational Training	Both	National strategy for inclusive education 2018-2020	This strategy aims to promote an inclusive education system that removes the barriers limiting the participation and achievement of all learners, that respects diverse needs, abilities and characteristics and that eliminates all forms of discrimination in the learning environment	*Key funding sources:* World Bank, Global Partnership for Education, SIDA United Nations Education Scientific and Cultural Organisation and United Nations Children's Fund *Grants received:* 2020-2021 $15.16million (Mainland)) and $1.5million (Zanzibar)	
Government	President's Office—Regional	Both	USAID Tusome Pamoja program	The goal of Hesabu na Elimu Jumuishi is to improve lifelong learning skills and increase the inclusivity of primary	*Key funding sources:* United Nations Capital Development Fund, United	-

	Administration and Local Government (PO-RALG) (Mainland) and President's Office – Regional Administration and Local Government and Special Departments (PORALGSD) (Zanzibar)			education for children with disabilities in Standards 1 and 2, as well as teachers and administrators in government primary schools in Iringa, Morogoro, Mtwara, and Ruvuma regions, and all Zanzibar regions	Nation Children's Fund, World Bank and Japan International Cooperation Agency	
Government	Special Need Unit of Ministry of Education, Science and Technology	Mainland	Education Sector Development Plan (2016/17 – 2020/21)	The Government's strategy is to include as many children living with disabilities as possible into the mainstream education system. Only those whose disabilities are too severe for regular schools will be enrolled in special schools. The Government has initiated a screening programme to check children's hearing and sight. Simple steps can be taken to support those with minor sight and hearing impairment, such as seating them at the front of the class and working with	Key funding sources: SIDA, UNICEF and Global Partnership for Education	100 employees

				health services to ensure that they can be provided with spectacles or hearing aids if possible. Fellow students can also be encouraged to provide support for children with disabilities.		
Government	Department of Social Welfare - Ministry of Health and Social Welfare	Mainland	National Social Protection Framework (NSPF) 2015-2015 Community Health and Social Welfare System Strengthening Program(CHSSP)	CHSSP supported the Department of Social Welfare (DSW) and the Social Protection and Social Welfare Technical Working Group (SPSW-TWG) to update/revise three key social welfare documents that affect the health and well-being of most vulnerable children (MVC): the Social Welfare Policy; the National Guidelines for Early Identification and Intervention for Children with Disabilities; and the new National Plan of Action (NPA) for the Elimination of Violence against Women and Children	*Key funding sources:* Centre for Disease Control and Prevention, USAID, Helen Keller International *Grants received:* $2.5million (2019-2023)	
Government	PWDs Unit - Office of the Prime Minister	Mainland	Regulation of Disability Act 2010, National Development of Persons with Disabilities, Persons with Disability Act 2010	The Persons with Disability Unit, is a unit under the Prime Minister's Office Labour, Youth, Employment and Persons with Disability, responsible for providing expertise and services to persons with disability. The department argues that persons with disabilities have a significant contribution in socio economic	*Key funding sources:* UKAid, BRAC, USAID ,ILO and United Nations High Commissioner for Human Rights	-

				development, and their contributions can be even greater when accessibility to basic services such as health, education, transportation, emergency and disaster response, resilience building, sanitation and water and access to information and communications.		
Government	Zanzibar Department of Elders and Social Welfare	Zanzibar	Zanzibar Universal Pension Scheme (ZUPS)	Older person's pension with a disability allowance with the objective of eradicating absolute poverty in society	*Key funding sources:* Revolutionary Government of Zanzibar	-
Government	Department of disability affairs	Zanzibar	Establishment of disability database(Jumuishi database)	The database was developed to increase the government's capacity to generate more reliable and comparable disability statistics and to mainstream disability data collection into national statistics systems, harmonising efforts with international disability measurement standards	*Key funding sources:* United Nations Population Fund, GlobalGiving, United Nations Voluntary Fund on Disability, United Nations Children's Fund and Revolutionary Government of Zanzibar	8 employees with disabilities
Government	Zanzibar Inclusive Education Unit	Zanzibar	The Zanzibar Education Development Plan I 2008/09 – 2015/ 16 (ZEDP I), the Zanzibar Education	Increased Net enrolment rate in Standard 1 for children having received 2 years of quality PPE, schools and teachers in schools meeting inclusive education standards and high quality, timely and	*Key funding sources:* Sweden Government, UNICEF, USAID, GPE, World Bank and Revolutionary Government of Zanzibar	

			Development Plan II 2017/18-2021/22 (ZEDP II).	evidence based annual monitoring and review	Ministry of Education and Human Right Council *Grants received:* $8.23 million (2014)	
Government	Ministry of Health	Zanzibar	Knowledge and healthy practices on SRHR for adolescents and youth improved by 2023	Support implementation of innovative information, education, and services for adolescent and youth SRH and HIV, including those with disabilities.	*Key funding sources:* UNICEF, D-tree International and Revolutionary Government of Zanzibar *Grants received*: $6million (2018)	
Government	President's Office	Zanzibar	Coordinates the Productive Social Safety Net programme which was implemented since 2014 under the Zanzibar Social Protection Policy(ZSPP) and also manages the Department of Disability Affairs which handles the Disability Fund which provides loans and grants for assistive devices for people with disabilities	The overall objective of the ZSPP is to establish a comprehensive social protection system that meets the needs for income security, risk management and access to basic services for all Zanzibaris, thereby contributing to a more equitable society	*Key funding sources:* UNDP, UNICEF,Africa Climate Change Fund and African Development Bank	90 employees

Government	First Vice president office	Zanzibar	The (Mkakati wa Kukuza uchumi na Kuondoa Umaskini Zanzibar) / Strategy for Growth and Reduction of Poverty) program targets vulnerable households living below the food and income poverty lines, including vulnerable households caring for vulnerable children under five years old, children eligible for school living in vulnerable households, and households with elders (people older than 60 years of age) who are sick, have a disability, and who are caregivers of vulnerable children	The overall objective of the ZCPA is to reduce the incidence of vulnerability children in both rural and urban areas in the short-run, and put in place requisite economic, social, policy and institutional foundations for elimination of all forms of child vulnerability to various risks in the long term	*Key funding sources:* United Nations Population Fund and the URT and Revolutionary Government of Zanzibar	11-50 employees
OPD	Organisation of People with Disabilities in Zanzibar (UWZ)	Zanzibar	The Community Based Rehabilitation Programme (CBR) was established in 1988 as a core programme. Economic Empowerment for Youth Programme and	Through this programme UWZ has registered over 5,000 children with different disabilities under 17 years. These children, later, become members of the organisation when they are 18 years old	*Key funding sources:* foundation for civil society, Legal Services Facility, ABSA Bank Tanzania-Zanzibar Branch,	21 employees

			Community Based Legal Empowerment in North and Urban West Regions	The organisation economically empowers youth especially youth with disabilities in entrepreneurship skills In 2015, UWZ received a grant from the Legal Services Facility (LSF) for conducting a magnitude of domestic gender-based violence in north and Micheweni districts in Unguja and Pemba respectively. However, the organisation received another grant from LSF to implement the north and urban west regions community- based Legal Empowerment and Economic Development Project from 2017 to 2020.	GlobalGiving and women's fund *Grant funding received:* 59,957,000 Tanzania Shillings (2020) *Largest single grant:* 400 Million Tanzania Shillings	
OPD	Zanzibar Association for People with Developmental Disability (ZAPDD)	Zanzibar	ZAPDD Development Programme includes (i)Strengthening association through increasing membership (ii) empowering leaders with appropriate knowledge and skills, (iii) awareness raising in the community on the rights of people with developmental disabilities (iii) empowerment of local branches and (iv)	Advocate for the rights of People with Developmental Disabilities, improving the lives for people with intellectual disabilities and their families. Also focuses on inclusive education, increased enrolment and proper teaching techniques for children and youth with disabilities	*Key funding sources:* Norwegian Association for Persons with Developmental Disabilities, the Ministry of Education and Vocational Training (MoEVT), with funding from the Norwegian youth organisation, Kehitysvammaliitto, Land Foreningen LEV, Norsk Forbound for Utvkingshemmede, The Open Society Initiative for	10 employees

			enhancing networking Inclusive education		Eastern Africa and Revolutionary Government of Zanzibar.	
OPD	Zanzibar Association of the deaf (CHIVIZA)	Zanzibar	Zero projects on the website	Their mission is to ensure full effective and equal enjoyment of human rights for deaf people including a good quality of social, economic, cultural as well as civil and political rights and to ensure deaf people are free from poverty, diseases, acts of injustice, segregation and all types of discrimination.	*Key funding sources:* GlobalGiving (crowdfunding)	-
OPD	Zanzibar National Association for the Blind (ZANAB)	Zanzibar	Advocate for blind and albino children to be mainstreamed in normal school	To strengthen and empower the blind and visually impaired people in understanding their needs, rights, responsibilities and other privileges in their development through awareness-raising training, capacity building and advocacy.	*Key funding sources:* GlobalGiving (crowdfunding)	-
OPD	Association of People with Albinism in Zanzibar	Zanzibar	-	-	-	-

OPD	Zanzibar Psychiatric Association	Zanzibar	Their programs include mental health services, education, treatment and medication	The aim of ZPA is to improve the quality of life for those with mental illness and those affected by epilepsy.	*Key funding sources:* Zanzibar Ministry of Health and Social Welfare	-
OPD	SHIJUWAZA (Shirikisho la Jumuiya za Watu wenye Ulemavu Zanzibar) Zanzibar Federation of Disabled People organisations	Zanzibar		Advocacy organisation acting as an advocate for the rights of People with Disabilities	*Key funding sources:* Department of Disability Affairs, GlobalGiving (crowdfunding) and Norwegian Association of Disabled.	-
OPD (Federation) Non-government federation	Tanzania Federation of Disabled People's organisation (SHIVYAWAT).	Mainland	SHIVYAWATA aims to unite all Disabled Peoples' organisations (PWDs) and the Pro-Disability organisations (OPDs) for effective lobbying and advocacy work, coordinates with the Government, Political	Empower persons with disabilities to realise their human rights so they can live in a society which is free and inclusive. Collaborates with twelve OPDs from Mainland Tanzania and Zanzibar, promotes the implementation of the CRPD through strengthening grassroots, national and regional capacities and linkages with other organisations. It also	*Key funding sources:* African Disability Forum (ADF),the National Lottery Community Fund, Norwegian Association of the Disabled, Sightsavers and the Big Lottery Fund.	-

			Parties and the Public to provide required and appropriate services to persons with disabilities on time, motivating, encourage and assist the formation and registration of DPOs and PDOs as well as ensuring the existence of the already registered DPOs and PDOs, provides advisory role to members (PWDs) of SHIVYAWATA and advocates for mainstreaming the Disability in Public and Private sector plans and programs. 'From rights to Inclusion project' The Project aims at moving forward the protection of rights for Persons With Disabilities (PWDs) as outlined in the Convention on the Rights of Persons With Disabilities (CRPD) in Kenya and Tanzania national	focuses on strengthening capacities of DPOs to advocate for the implementation of the CRPD and to institutionalise civil participation for the implementation of the CRPD.		

			legislations. Collaborates with Handicap International.			
OPD	The Kilimanjaro Association of Spinal cord Injuries (KASI)	Both Mainland	KASI implements the following activities: Members' training meetings to increase their knowledge about related health and social issues, assisting members to access appropriate wheelchairs and other essential assistive devices, support initiatives of Spinal Cord Injured people especially women to raise their status in society, providing individual and group counseling, conduct regular home visits to KASI members who are already at home, support the establishment of income generating activities for its members, promote local production of appropriate assistive devices and availability of proper	Aims to be mobile and provide rehabilitation services to persons with spinal cord injuries and promote long lasting changes that can improve their social lives.	*Key funding sources:* GlobalGiving (crowdfunding)	-

			medical and rehabilitative care for Spinal Cord Injured people, promote recreational activities for people with disabilities and collaborate with other Disabled People's organisations (DPOs) to influence government and development agencies to adopt disability inclusive policies.			
OPD	The Tanzania Albino Society (TAS)	Mainland	TAS supports people with albinism through learning aids in schools to help with their low vision problem; education and aids for skin and eye care; conduct periodic skin cancer clinics and continuously lobby and advocate for the rights of children, men, women and old persons with albinism.	Promote people with albinism rights at every level of the society and fight against discrimination through advocacy, awareness, education and support.	-	-

OPD	Tanzania Association for Sign Language Interpreters (TASLI)	Mainland	Provide sign language interpretation services	Train both teachers and deaf children in sign language	*Key funding sources:* Institution for Inclusive Development (I4ID) funded by UKAid and IrishAid Embassy of Ireland and Government	-
OPD	The Tanzania League of the Blind (TLB)	Mainland	TLB is committed to improve the quality of life of people with visual impairment in Tanzania through lobbying and advocacy; awareness raising; information sharing; facilitating access to education and vocational training; and economic empowerment.	Tanzania League of the Blind (TLB) is the only national non-government organisation operated by the blind and visually impaired themselves in Tanzania. It has around 35,245 members with 104 district branches countrywide. TLB also networks with other like minded organisations and takes cognisance of the cross-cutting issues of gender, HIV/AIDS, environment and good governance. TLB is also in partnership with Tanzania Albino Society and Zanzibar National Association of the Blind of the Blind	*Key funding sources:* SRF Sweden, Myright Tanzania, Finish Library and Foundation for Civil Society	-
OPD	The Tanzania Association of the Physically	Mainland	-	-	-	-

	Handicapped (CHAWATA					
OPD	The Tanzania Society of the Deaf (CHAVITA)	Mainland	Sign Language Development: This programme aims to increase awareness and usage of Tanzanian Sign Language (TSL) amongst deaf and hearing people. This is achieved through provision of sign language training, coordination of an interpretation service, undertaking TSL research and production of the TSL dictionary and other related materials.	Intends to improve the living standard of people with hearing difficulty through mobilisation, participation and education. The organisation emphasises the use of sign language for inclusive communication.	*Key funding sources:* Disabled People International, International Committee of the Red Cross, Foundation for Civil Society, United Nations Development Plan, CCBRT, ADD Tanzania, United Nations Women, Disability Fund organisation and Global Disability Rights Library	11-50 employees
OPDs	The Tanzania Association for the Mentally Handicapped (TAMH	Mainland	TAMH has programs like inclusive home learning to develop some basic home learning guidance for families with children with disabilities, inclusive early childhood education training videos and	This association works towards addressing the needs of people with mental challenges through advocacy and empowerment	*Key funding sources:* Norwegian Youth Organisation and Agricultural Development Project -Isangati Trust Fund Tanzania	TAMH has 144 basic branches, 66 district branches and 20

			participatory development of teacher training among others.			regional/ provincial branches, with a total number of about 4,200 members country wide
OPDs	The Psoriasis Association of Tanzania (PSORATA)	Mainland	-	-	-	-
OPDs	The Tanzania Users and Survivors of Psychiatric organisation (TUSPO)	Mainland	Community/public awareness about the rights and needs of persons with mental illness by conducting and raising the sensitivity of religious leaders and civil society leaders on the community responsibility towards the	This project's concern is to address the issue of mental health, law and policy. It targets raising awareness of the general community and policy makers at Kisarawe on the need to adjust their policies /by laws to suit the needs of persons with psychiatric problems.	*Key funding sources:* National Lottery Community Fund, SightSavers, Norwegian Association of the Disabled, International Development Association and My Right Sweden	-

			rights of persons with mental illness			
OPDs	The Association of Spinal Bifida And Hydrocephalus of Tanzania (ASBAHT)	Mainland	Hospitals discontinued offering surgery for children with spina bifida and hydrocephalus, Child-Help started a surgical project, research into the causes of spina bifida Community awareness of SBH on primary prevention, early intervention and care, advocacy and lobby for the right to social inclusion, education, vocational training and economic empowerment	Aims to improve the quality of life for people with Spina Bifida and Hydrocephalus.	*Key funding sources:* SightSavers, International Federation for Spina Bifida and Hydrocephalus, National Association for Disabled Children and Adolescents-Sweden, Norwegian association for Spina Bifida and Hydrocephalus, Comprehensive Community Based Rehabilitation in Tanzania, Arusha Lutheran Medical Centre, Child-Help Tanzania and the Bo Hjelt Foundation	-
OPDs	The Tanzania Association of the Deaf –	Mainland	Poverty Reduction Project aims to enhance self reliance of the Tanzanian Deaf, especially women and youth, Sign Language	Aims to increase sensitisation and awareness about the use of sign language among the people with hearing difficulty and the deaf. This is done through training	*Key funding sources:* SightSavers	-

	Blind (TASODEB)		Training & Advocacy Project; to strengthen sign language development in Tanzania at district levels through training in sign language to trainers, deaf people, parents of deaf and service providers. Sexual Reproductive Health Rights to Youths Project aims at sensitising deaf youth- girls to boys aged 10 to 24 years on sexual health rights and equip them with life skills for combating HIV/AIDS and poverty.	and interpretation services through the use of TSL materials.		
OPDs	Disabled Organisation for Legal Affairs and Social Economic Development	Mainland	Increasing access to education for persons with disabilities	Advocates for education of people with disabilities through school enrolment or training.	*Key funding sources:* United Nations Voluntary Fund, UKAid, Swedish International Development Agency	-
NGO	Amani Early Childhood Care and	Tanzania	The Foundations of Development Programme aims to improve the	Advocates for and facilitates integrated, multi-sectoral approaches for supporting women, families, care-givers, educators,	*Key funding sources:* GIZ & African Union, the	-

	Development (Amani ECCD and Amani Trust Foundation)		commitment to holistic Early Childhood Development support, Msichana Shule	and communities, in their role of nurturing Tanzania's socially and economically disadvantaged young children 0 - 8 years. The goal is to ensure that all children have the opportunity to enter school healthy, happy, ready and able to develop to their full potential - and that schools are ready and able to support them	Foundation for Civil Society, JM MEDIA *Key funding sources:* NDANDA, Machinga Transport Service and Government of Tanzania	
NGO	Tanzania Empowerment for Persons with Disability and Gender Health organisation (TEPDGHO)	Mainland	TEPDGHO offers a variety of programs that serve deaf community members of every age and background like ICT, education and economic opportunities	TEPDGHO partners with various CSOs in Tanzania to provide computer classes to children with disabilities and their teachers (deaf, blind, physical and children with albinism) like DeafNET,	*Key funding sources:* UKAid, Tanzania Social Action Fund	-
NGO	Walio Katika Mapambano na AIDS Tanzania (WAMATA)	Mainland	Provision of essential services to the most vulnerable children (MVC) and participates in mitigating the impacts of HIV/AIDS and poverty to the affected children and their families. The	Provides social services like shelter and care, education and health support, psycho-social, food and nutrition, protection, care and economic strengthening to the MVC and their families	*Key funding sources:* President's Office, USAID	

			WAMATA also aims to reduce discrimination, stigma and suppression experienced by children affected by social and economic hardships, HIV/AIDS and any kind of child rights violation in their own families and surrounding communities			
NGO	Kilimanjaro CBR - Comprehensive Community Based Rehabilitation Tanzania (CCBRT)/Comprehensive Community Based Rehabilitation Mosho-Tanzania (CCBRT)	Mainland	Provides rehabilitation and disability services/ rights like advocacy, physiotherapy, speech, occupational therapy, community development, training, community-based rehabilitation and health education	CCBRT is a national reach organisation which focuses on any type of disability through rehabilitation, prevention and operates a community-based rehabilitation programme in a remote rural area. CCBRT has a private-public partnership with the government of Tanzania. CCBRT opened the 200-bed CCBRT Disability Hospital. The hospital provides free surgical procedures and treatment for obstetric fistula and cleft lip/ palate patients, as well as free care for all patients under the age of five through heavily subsidised treatments	*Key funding sources:* The Agha Khan University, MSSI, Attigo, momconnect, Management Development Institute, Amref Health Africa, Croix-Rouge Suisse Schweizerisches Rofes Kreuz Croce Rossa Svizzera, Wiser, Save the Children, One Young World, Spark Health Africa, Mental Health UK, Mothers2mothers, Government of Tanzania, CBM, EU, Irish Aid and Standard Chartered Bank	201-500 employees

					Largest grant received: $79 million (revenue)	
NGO	Madrasa Early Childhood Programme-Zanzibar (MECP-Z)	Zanzibar	Identification, intervention and referral	A teacher-training programme on early childhood development designed for children with disabilities, with a focus on play-based teaching in partnership with Department of Disability Affairs and Global Partnership Education	*Key funding sources:* Norwegian Association for Disabled and Aga Khan Foundation *Grant funding received:* $1.5 million between 2016-2019	

INGO	ADD International Tanzania	Both	Support the education of out of school children and tackle the exclusion of disabled children from all aspects of education. Disability Inclusive Covid Response and Recovery Coordination in partnership with SHIVYAWATA and other local OPDs	ADD - Tanzania works with disability activists to empower disabled children and their families to access education, work with teachers and schools to deliver inclusive education in inclusive environments	*Key funding sources:* ADD International is a member of African Disability Forum, Arab organisation of Persons with Disabilities, ASEAN Disability Forum, Downes Syndrome International, European Disability Forum, Inclusion International, International Federation of Hard of Hearing People, International Federation for Spina Bifida NS Hydrocephalus, Pacific Disability Forum, RIADIS, World Blind Union, World Federation of the Deaf, World Network of Users and Survivors Psychiatry	-

INGO	UNICEF Tanzania	Both	Education, children, nutrition, social policy especially for the most marginalised children, water sanitation and hygiene, providing adequate WASH services to improve health and development of children and those in emergencies in partnership with the URT and all other UN partners, Private sector.	The programme's aim is that Tanzanian children, especially the most disadvantaged children and families, have access to and benefit from quality social services, knowledge and opportunities, and thereby have a fair chance in life.	*Key funding sources:* All UN agencies and other bilateral agencies among others	-
INGO	Sense International Tanzania	Mainland	Deaf-blind children's learning. Education, health and livelihood programmes, awareness raising and campaigning	Supports people with deaf-blindness and complex sensory impairments by working in partnership with local organisations and governments	*Key funding sources:* No specific funding source but they write proposal and win grants from various donors like Sense International Global, UkAid, AustraliaAid, USAID and IrishAid *Grant funding received:* GBP 366,549 (2020)	10 staff and 2 interns. Of the 10 staff, one employee is deaf-blind

NGO	Sightsavers	Both	Children with visual disability. National Trachoma Elimination Program Tanzania	Restoring sight through specialist treatment and eye care. They also support people who are irreversibly blind by providing education, counselling and training.	*Key funding sources:* Conrad N Hilton Foundation, UKaid, European Union, Bill and Melinda Gates Foundation, Standard Chartered, Helen Keller International, The Fred Hollows Foundation, USAID, The End Fund, Irish Aid *Grant funding received:* Various $5million, $1.4million.	
INGO	Salvation Army school-Tanzania	Mainland	Children with disabilities and albinism (primary school and vocation centre).	Is a boarding school that provides education, physical therapy and a workshop for the manufacturing and repair of walking appliances and chairs.	*Key funding sources:* MG Marketing and Dole New Zealand Ltd.	118 employees
Institute	Zanzibar Center for Disability and Inclusive Development	Zanzibar	Provide loans specifically for people with disabilities	Centre promoting equal rights and full inclusion of persons with disabilities in all spheres of society and development in Zanzibar	*Key funding sources:* Institute of Development Studies, United Nations Population Fund	-

***Source**:* UNICEF (2021)

Spotlight on CSOs and (I)NGOs that work or fund disability inclusion

CSOs working with OPDs include: Tanzania Gender Network Programme (TGNP), Ushiriki Tanzania, who works on inclusive elections, Ikupa trust fund, national council of NGOs (NACONGO), Tanzania association of NGOs (TANGO), the Legal and Human Rights Centre (LHRC), who spearheads access to justice by way of law and policy analysis, paralegal trainings, law reforms etc., Tanzania human rights defenders coalition (THRDC), who supports engagement in elections, and trains human rights defenders, Karagwe community based Rehabilitation Programme (KCBRP), Regional level NGO networks, and semi-autonomous government agencies. In terms of INGOs, BRAC deals with inclusive approaches to poverty alleviation including microfinance, ADD International works with the federation on advocacy, inclusive education and empowerment of women and youths with disabilities, Myright (based in Sweden) works with OPDs on inclusive education, capacity building, advocacy, and awareness. CHRISTOPHER BLIND MISSION (CBM) works with the federation in enabling access, awareness raising and government system strengthening. IBO ITALY supplies assistive devices to PWDs in Iringa. Abilis Foundation from Finland supports livelihoods, awareness raising and advocacy engagement. Sense international supports livelihood and inclusive education for the deafblind. Leonard Cheshire works on inclusive education. Germany TB and the Leprosy Association supports relief in leprosy and TB. Marie Stopes supports family planning, sexual and reproductive health for women and youths with disabilities. Previously other INGOs who did substantial work with OPDs include Open Society initiative, Sightsavers, CEFA. Source: OPD email correspondence 24.9.21.

The East Africa Disability Fund (EADF) helps support disabled people in Tanzania and Uganda to develop skills and access resources. The EADF was established in 2017 to enable people with disabilities in Tanzania and Uganda to improve their livelihoods and is funded by the UK's Big Lottery Fund, which distributes this funding from the National Lottery, has worked with experts and other funders such as the Department for International Development (DFID), BOND and Comic Relief to develop its new international funding approach. Through this programme, the Fund aims to inspire civil society with ideas from communities around the world and the lessons they have learned. This fund involves ADD International, CBM, Light for the World, Motivation, Sense International and Sightsavers.[11]

ABILIS Foundation is a development fund, founded by people with disabilities in Finland in 1998. Its mandate is to support the activities leading to the empowerment of disabled persons in the Global South (developing countries). ABILIS Foundation supports activities that contribute toward equal opportunities for disabled people

[11] Source: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi19Pyb3pfzAhUkzYUKHWb1B7AQFnoECAYQAQ&url=https%3A%2F%2Fwww.light-for-the-world.org%2Fover-ps2-million-empower-disabled-people-tanzania-and-uganda&usg=AOvVaw3zcHEZe_jH9QwJgYPpVOXs

in society through human rights, independent living, and economic self-sufficiency. Special priority is given to projects on advocating for human rights of disabled people and to activities developed and implemented by disabled women.

The Foundation for Civil Society is a Tanzanian non-profit company, designed and funded by a group of like-minded development partners, and governed by an independent Board. The vision of the Foundation is ‘A Tanzania where citizens are empowered to realise their rights and engage in change processes that enhance their quality of life. The mission of the Foundation is “To empower citizens through the provision of grants, facilitating linkages and enabling a culture of ongoing learning to civil society”. The Grants department is responsible for grants information dissemination through information sessions, grants application processing and contract management of the projects.

Annex 6: ODA for Disability-related Programmes

Table 6.1 Summary table of donor funds towards disability programs

Donor	Number of programs	Total value	Any sectoral focus	Any SDG focus
Italy	17	1.310687	2 out of 17 programs focus on Basic Education. 3 out of 17 programs focus on Other Social Infrastructure & Services. 4 out of 17 programs focus on Basic Health. 3 out of 17 programs focus on Government & Civil Society-general. 2 out of 17 programs focus on Health-General. 2 out of 17 programs focus on Water Supply & Sanitation. 1 out of 17 programs focus on Post-Secondary Education.	3 out of 17 SDG programs fund SDG 4.c;4.a. 3 out of 17 SDG programs fund SDG 3.8. 5 out of 17 SDG programs fund SDG 3. 1 out of 17 SDG programs fund SDG 4.5;3.4. 1 out of 17 SDG programs fund SDG 11. 3 out of 17 SDG programs fund SDG - 6.b;6.4;6.2;6.1;5.5;5.4;4.a. 1 out of 17 SDG programs fund SDG 4.

Ireland	31	13.1927	5 out of 31 programs focus on Health-General. 1 out of 31 programs focus on Post-Secondary Education. 11 out of 31 programs focus on Government & Civil Society-general. 3 out of 31 programs focus on Agriculture. 2 out of 31 programs focus on Education-Level Unspecified. 3 out of 31 programs focus on Emergency Response. 1 out of 31 programs focus on Basic Health. 1 out of 31 programs focus on Trade Policies & Regulations. 2 out of 31 programs focus on Basic Education. 2 out of 31 programs focus on Other Social Infrastructure & Services.	9 out of 31 SDG programs fund SDG 3. 5 out of 31 SDG programs fund SDG 4. 6 out of 31 SDG programs fund SDG 5. 6 out of 31 SDG programs fund SDG 8. 2 out of 31 SDG programs fund SDG 1. out of 31 SDG programs fund SDG 3 out of 31 SDG programs fund SDG 15.
Norway	8	5.626243	4 out of 8 programs focus on Government & Civil Society-general. 2 out of 8 programs focus on Post-Secondary Education. 1 out of 8 programs focus on Basic Education. 1 out of 8 programs focus on Health-General.	--

Poland	8	0.2074	3 out of 8 programs focus on Health-General. 1 out of 8 programs focus on Population Policies/Programmes & Reproductive Health. 4 out of 8 programs focus on Basic Health.	5 out of 8 SDG programs fund SDG 5;4;3;10. 3 out of 8 SDG programs fund SDG 5.
United Kingdom	17	72.8835	6 out of 17 programs focus on Water Supply & Sanitation. 1 out of 17 programs focus on Business & Other Services. 4 out of 17 programs focus on Government & Civil Society-general. 4 out of 17 programs focus on Emergency Response. 1 out of 17 programs focus on Population Policies/Programmes & Reproductive Health. 1 out of 17 programs focus on General Environment Protection.	--
Canada	5	3.9789	2 out of 5 programs focus on Government & Civil Society-general. 1 out of 5 programs focus on Basic Education. 1 out of 5 programs focus on Other Social Infrastructure & Services. 1 out of 5 programs focus on Other Multisector.	1 out of 5 SDG programs fund SDG 4. 4 out of 5 SDG programs fund SDG 5.

Sweden	6	4.092533	3 out of 6 programs focus on Government & Civil Society-general. 3 out of 6 programs focus on Education, Level Unspecified.	1 out of 3 SDG programs fund SDG 4.2;4.1. 1 out of 3 SDG programs fund SDG - 8.8;5.2;5.1;16.b;16.3;16.2;16.10;16.1. 1 out of 3 SDG programs fund SDG 4.1.
France	2	0.00837	2 out of 2 programs focus is Unallocated / Unspecified.	2 out of 2 SDG programs fund SDG 4;17.
Switzerland	2	0.1046	1 out of 2 programs focus on Basic Education. 1 out of 2 programs focus on Other Social Infrastructure & Services.	2 out of 2 SDG programs fund SDG 4.

Source: Author compilation from OECD Stat. (2021).

Table 6.2: Summary table of values went to delivery channels

Channel of Delivery	Italy	Ireland	Norway	Poland	United Kingdom	Canada	Sweden	France	Switzerland
Developing country-based NGO	--	2.2747	2.104869	--	--	--	3.807146	--	--
Donor country-	1.304895	1.2472	0.355377	0.2074	5.827	--	--	0.006748	0.1006

based NGO									
University, college or other teaching institution, research institute or think-tank	--	0.5597	0.165997	--	--	1.469	--	--	--
Donor Government	--	--	--	--	--	--	--	--	--
Recipient Government	--	0.0224	--	--	48.7425	--	--	--	--
Other non-financial corporations	--	--	--	--	16.5912	--	--	--	--
United Nations		0.4477							

Children's Fund	--		--	--	--	--	--	--	--
Other public entities in donor country	0.005792	--	--	--	--	--	--	--	--
International NGO	--	2.015	--	--	--	2.5099	--	--	--
Joint United Nations Programme on HIV/AIDS	--	0.2239	--	--	--	--	--	--	--
Other financial corporations	--	--	--	--	--	--	0.285387	--	--

Central Government	--	5.5972	--	--	--	--	--	--	--
Third Country Government (Delegated cooperation)	--	0.4478	--	--	--	--	--	--	--
Non-Governmental Organisation (NGO) and Civil Society	--	0.0157	--	--	--	--	--	--	--
United Nations Development Programme	--	0.3358	--	--	--	--	--	--	--

International Organisation for Migration	--	--	--	--	1.5952	--	--	--	--
United Nations Educational, Scientific and Cultural Organisation	--	--	--	--	0.1276	--	--	--	--
Local Government	--	--	--	--	--	--	--	0.001622	--
Private sector in provider country	--	--	--	--	--	--	--	--	0.004

Source: Author compilation from OECD Stat. (2021).

Table 6.3: raw data for OECD-DAC website

Donor Name	Donor Agency	Channel of Delivery Name	Type of Aid Name	Purpose Name	Sector	SDG Focus	Value
Ireland	Department of Foreign Affairs	Developing country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Health policy and administrative management	Health, General	3	0.8956
Norway	Norwegian Agency for Development Cooperation	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Decentralisation and support to subnational government	Government & Civil Society-general		0.202898
Italy	Agenzia italiana per la cooperazione allo sviluppo	Donor country-based NGO	Project-type interventions	Primary education	Basic Education	4.c;4.a	0.1882
Italy	Agenzia italiana per la cooperazione allo sviluppo	Donor country-based NGO	Project-type interventions	Social Protection	Other Social Infrastructure & Services	4.c;4.a	0.1411

Italy	Agenzia italiana per la cooperazione allo sviluppo	Donor country-based NGO	Project-type interventions	Human rights	Government & Civil Society-general	4.c;4.a	0.1411
Italy	Earmarked fiscal flows to NGOs & religious organisations	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Medical services	Health, General	3.8	0.012944
Norway	Norwegian Agency for Development Cooperation	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Democratic participation and civil society	Government & Civil Society-general		0.0317
Norway	FK Norway	University, college or other teaching institution, research institute or think-tank	Other technical assistance	Higher education	Post-Secondary Education		0.001823

Norway	FK Norway	University, college or other teaching institution, research institute or think-tank	Other technical assistance	Higher education	Post-Secondary Education		0.164174
Italy	Earmarked fiscal flows to NGOs & religious organisations	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Social Protection	Other Social Infrastructure & Services	3.8	0.008629
Italy	Earmarked fiscal flows to NGOs & religious organisations	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Basic life skills for adults	Basic Education	4.5;3.4	0.026475
Italy	Earmarked fiscal flows to NGOs & religious organisations	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Human rights	Government & Civil Society-general	11	0.027986
Italy	Local administration	Donor country-based NGO	Project-type interventions	Medical services	Health, General	3.8	0.035106

Italy	Local administration	Donor country-based NGO	Project-type interventions	Multisector aid for basic social services	Other Social Infrastructure & Services	3	0.022389
Norway	Norwegian Agency for Development Cooperation	Donor country-based NGO	Project-type interventions	Medical services	Health, General		0.61629
Norway	FK Norway	Developing country-based NGO	Other technical assistance	Human rights	Government & Civil Society-general		0.024993
Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Women's rights organisations and movements, and government institutions	Government & Civil Society-general	5	0.0112
Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Democratic participation and civil society	Government & Civil Society-general	8	0.0782
Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Women's rights organisations and movements, and government institutions	Government & Civil Society-general	1	0.1761

Ireland	Department of Foreign Affairs	Donor Government	Project-type interventions	Women's rights organisations and movements, and government institutions	Government & Civil Society-general	5	0.0056
Ireland	Department of Foreign Affairs	Recipient Government	Project-type interventions	Ending violence against women and girls	Government & Civil Society-general	5	0.0224
Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Ending violence against women and girls	Government & Civil Society-general	5	0.4478
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Medical education/training	Health, General	5;4;3;10	0.0076
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Medical services	Health, General	5;4;3;10	0.0076
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Medical services	Health, General	5	0.0847

Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Health education	Basic Health	5;4;3;10	0.0076
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Health education	Basic Health	5	0.0169
Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Ending violence against women and girls	Government & Civil Society-general	5	0.0811
Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Ending violence against women and girls	Government & Civil Society-general	5	0.116
United Kingdom	Department for International Development	Recipient Government	Project-type interventions	Basic sanitation	Water Supply & Sanitation		1.34
United Kingdom	Department for International Development	Recipient Government	Project-type interventions	Basic sanitation	Water Supply & Sanitation		1.4453

Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Education facilities and training	Education, Level Unspecified	4	0.0022
Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Basic health infrastructure	Basic Health	3	0.0112
United Kingdom	Department for International Development	Other non-financial corporations	Project-type interventions	Media and free flow of information	Government & Civil Society-general		1.9861
United Kingdom	Department for International Development	Other non-financial corporations	Project-type interventions	Women's rights organisations and movements, and government institutions	Government & Civil Society-general		1.9861
United Kingdom	Department for International Development	Recipient Government	Project-type interventions	Basic drinking water supply	Water Supply & Sanitation		7.5932
United Kingdom	Department for International Development	Recipient Government	Project-type interventions	Basic drinking water supply	Water Supply & Sanitation		8.1898

United Kingdom	Department for International Development	Recipient Government	Project-type interventions	Basic drinking water supply and basic sanitation	Water Supply & Sanitation		23.7934
United Kingdom	Department for International Development	Recipient Government	Project-type interventions	Basic drinking water supply and basic sanitation	Water Supply & Sanitation		6.3808
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Basic health care	Basic Health	5;4;3;10	0.0076
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Infectious disease control	Basic Health	5;4;3;10	0.0076
Poland	Ministry of Foreign Affairs	Donor country-based NGO	Project-type interventions	Personnel development for population and reproductive health	Population Policies/Programmes & Reproductive Health	5	0.0678
Ireland	Department of Foreign Affairs	United Nations Children's Fund	Project-type interventions	Agricultural development	Agriculture	8	0.0044

Ireland	Department of Foreign Affairs	United Nations Children's Fund	Project-type interventions	Agricultural development	Agriculture	8	0.4433
Canada	Global Affairs Canada	University, college or other teaching institution, research institute or think-tank	Project-type interventions	Democratic participation and civil society	Government & Civil Society-general	5	0.1234
Canada	Global Affairs Canada	University, college or other teaching institution, research institute or think-tank	Project-type interventions	Women's rights organisations and movements, and government institutions	Government & Civil Society-general	5	1.1018

Canada	Global Affairs Canada	University, college or other teaching institution, research institute or think-tank	Project-type interventions	Employment creation	Other Social Infrastructure & Services	5	0.1836
Canada	Global Affairs Canada	University, college or other teaching institution, research institute or think-tank	Project-type interventions	Disaster Risk Reduction	IV.2. Other Multisector	5	0.0602
United Kingdom	Department for International Development	Other non-financial corporations	Project-type interventions	Family planning	I Population Policies/Programmes & Reproductive Health		0.0064
United Kingdom	Department for International Development	Other non-financial corporations	Project-type interventions	Democratic participation and civil society	I.5.a. Government & Civil Society-general		9.2684

Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Early childhood education	Basic Education	4	0.3431
Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Early childhood education	Basic Education	4	0.0008
Norway	Ministry of Foreign Affairs	Developing country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Human rights	Government & Civil Society-general		2.079876
Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Human rights	Government & Civil Society-general	15	0.7836
Italy	Local administration	Donor country-based NGO	Project-type interventions	Basic health infrastructure	Basic Health	3	0.034545
Italy	Local administration	Donor country-based NGO	Project-type interventions	Basic health infrastructure	Basic Health	3	0.030164

Italy	Agenzia italiana per la cooperazione allo sviluppo	Donor country-based NGO	Project-type interventions	Basic drinking water supply	Water Supply & Sanitation	6.b;6.4;6.2;6.1;5.5;5.4;4.a	0.2415
Italy	Public universities, research institutes and Italian red cross	Other public entities in donor country	Scholarships/training in donor country	Higher education	Post-Secondary Education	4	0.005792
Ireland	Department of Foreign Affairs	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Education policy and administrative management	Education, Level Unspecified	4	0.172
Sweden	Swedish International Development Authority	Developing country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Human rights	Government & Civil Society-general		1.903573
Sweden	Swedish International Development Authority	Developing country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Human rights	Government & Civil Society-general	8.8;5.2;5.1;16.b;16.3;16.2;16.10;16.1	1.903573

Ireland	Department of Foreign Affairs	Donor country-based NGO	Project-type interventions	Material relief assistance and services	Emergency Response	3	0.1137
Ireland	Department of Foreign Affairs	Donor country-based NGO	Project-type interventions	Relief coordination and support services	Emergency Response	1	0.051
Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Health policy and administrative management	Health, General	3	0.1119
Ireland	Department of Foreign Affairs	International NGO	Project-type interventions	Employment creation	Other Social Infrastructure & Services	8	0.8956
Ireland	Department of Foreign Affairs	Joint United Nations Programme on HIV/AIDS	Project-type interventions	Social mitigation of HIV/AIDS	Other Social Infrastructure & Services	3	0.2239
United Kingdom	Department for International Development	Other non-financial corporations	Project-type interventions	Environmental policy and administrative management	General Environment Protection		1.019

Sweden	Swedish International Development Authority	Other financial corporations	Other technical assistance	Education policy and administrative management	Education, Level Unspecified	4.1	0.028008
Ireland	Department of Foreign Affairs	Central Government	Basket funds/pooled funding	Health policy and administrative management	Health, General	3	5.5972
Norway	Norwegian Agency for Development Co-operation	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Primary education	Basic Education		2.504489
United Kingdom	Department for International Development	Donor country-based NGO	Core support to NGOs, other private bodies, PPPs and research institutes	Material relief assistance and services	Emergency Response		2.1741
Ireland	Department of Foreign Affairs	Third Country Government (Delegated cooperation)	Basket funds/pooled funding	Democratic participation and civil society	Government & Civil Society-general	15	0.4478

Canada	Global Affairs Canada	International NGO	Project-type interventions	Basic life skills for youth	Basic Education	4	2.5099
Ireland	Department of Foreign Affairs	International NGO	Project-type interventions	Regional trade agreements (RTAs)	Trade Policies & Regulations	8	1.1194
Ireland	Department of Foreign Affairs	Donor country-based NGO	Project-type interventions	Emergency food assistance	Emergency Response	3	0.1152
Ireland	Department of Foreign Affairs	Non-Governmental Organisation (NGO) and Civil Society	Project-type interventions	Medical services	Health, General	3	0.0157
Ireland	Department of Foreign Affairs	Developing country-based NGO	Project-type interventions	Medical services	Health, General	3	0.0112
Italy	Agenzia italiana per la cooperazione allo sviluppo	Donor country-based NGO	Project-type interventions	Basic sanitation	Water Supply & Sanitation	6.b;6.4;6.2;6.1;5.5;5.4;4.a	0.1509

Italy	Agenzia italiana per la cooperazione allo sviluppo	Donor country-based NGO	Project-type interventions	Public sector policy and administrative management	Government & Civil Society-general	6.b;6.4;6.2;6.1;5.5;5.4;4.a	0.2113
United Kingdom	Department for International Development	Donor country-based NGO	Project-type interventions	Material relief assistance and services	Emergency Response		2.2033
United Kingdom	Department for International Development	Donor country-based NGO	Project-type interventions	Material relief assistance and services	Emergency Response		1.4496
Ireland	Department of Foreign Affairs	United Nations Development Programme	Project-type interventions	Legislatures and political parties	Government & Civil Society-general	15	0.3358
United Kingdom	Department for International Development	International Organisation for Migration	Project-type interventions	Relief coordination and support services	Emergency Response		1.5952

United Kingdom	Department for International Development	United Nations Educational, Scientific and Cultural Organisation	Project-type interventions	Democratic participation and civil society	Government & Civil Society-general		0.1276
Ireland	Department of Foreign Affairs	University, college or other teaching institution, research institute or think-tank	Project-type interventions	Agricultural research	Agriculture	8	0.5597
United Kingdom	Department for International Development	Other non-financial corporations	Project-type interventions	Business policy and administration	Business & Other Services		2.3252
Ireland	Department of Foreign Affairs	Donor Government	Scholarships/training in donor country	Higher education	Post-Secondary Education	4	

France	COOP DECENTRAL/MAE	Local Government	Development awareness	Promotion of development awareness (non-sector allocable)	Unallocated / Unspecified	4;17	0.001622
France	COOP DECENTRAL/MAE	Donor country-based NGO	Development awareness	Promotion of development awareness (non-sector allocable)	Unallocated / Unspecified	4;17	0.006748
Italy	Local administration	Donor country-based NGO	Project-type interventions	Basic health infrastructure	Basic Health	3	0.009049
Italy	Local administration	Donor country-based NGO	Project-type interventions	Basic health infrastructure	Basic Health	3	0.023508
Switzerland	Cantons and municipalities	Donor country-based NGO	Project-type interventions	Social mitigation of HIV/AIDS	Other Social Infrastructure & Services	4	0.1006
Sweden	Swedish International Development Authority	Other financial corporations	Project-type interventions	Education policy and administrative management	Education, Level Unspecified	4.2;4.1	0.109626

Sweden	Swedish International Development Authority	Other financial corporations	Project-type interventions	Education policy and administrative management	Education, Level Unspecified		0.108095
Switzerland	Cantons and municipalities	Private sector in provider country	Project-type interventions	Primary education	Basic Education	4	0.004
Sweden	Swedish International Development Authority	Other financial corporations	Other technical assistance	Human rights	Government & Civil Society-general		0.039658
Total amount of aid given to Tanzania in 2019 (US$, millions)			**1081.591115**				
Total amount of spending for disability-related programmes (US$, millions):			**101.404933**				

Source: OECD Stat. (2021). Creditor Reporting System (CRS). Year (2019): Donor: Official Donors, Total; Flow type: Commitments; Flow: Official Development Assistance; Types of aid: all types, total (in US dollars, millions)

Annex 7: Service sector findings with the available data

Social Protection

Legislation: Several legal frameworks have specific provisions on equal access to social protection, including the Persons with Disabilities Act 2010, the Zanzibar Social Policy 2014, and Article 28 of the CRPD. There is, however, a gap in implementation. Although existing legislation and policies often emphasise the inclusivity of social protection and poverty reduction programmes, persons with disabilities are far less likely to be enrolled in social protection programmes than those without disabilities. This is largely a systemic problem that is also magnified by the low level of awareness among persons with disabilities on the social protection programmes. Low awareness of service providers of the importance of social protection for persons with disabilities adds to this challenge. There is also little effort made to make existing social protection programmes accessible and inclusive of persons with disabilities (Kuper et al., 2016). For example, disability is not included as an eligibility criterion in the national cash transfer programme, Tanzania Social Action Fund (TASAF) III (Kuper et al., 2016).

Programs: There are several social protection programmes in the URT: the Productive Social Safety Net (PSSN) run by TASAF, that includes Conditional Cash Transfer (CCT) and Destitute Maintenance and Empowerment Programme (DMEP); the National Social Security Fund (NSSF), that provides pension, unemployment, health insurance coverage for employees, and social benefits; the Zanzibar Universal Social Pension programmes, that provides cash or in-kind support; and the Zanzibar People with Disability Fund—for which UNFPA plays a role in supporting local groups— to enable people with disabilities to access loans for self-employment or purchase assistive devices. However, there are issues of 1) cost of health insurance; 2) a low level of enrolment rate of persons with disabilities in social protection programmes; 3) insufficient coverage of medicines and other medical supplies for persons with disabilities; 4) absence of clear guideline of such social protection schemes; 5) the Government's dependence on donor aid; and 6) subsequent barriers for persons with disabilities to access healthcare:

- The registration fees for government support funds are expensive and often unaffordable for the poor (UNICEF, 2021). According to primary data (FGD-6), it costs nearly 40,000Tsh (equivalent to US$17.25) to subscribe to medical insurance in Mainland Tanzania. The provision of health insurance services for persons with disabilities is very low in the URT. The National Health Insurance Fund (NHIF) and the Community Health Fund (CHF) are the schemes most commonly enrolled by households headed by persons with disabilities, but their enrolment rate is only 5.6% of the entire households (NBS, 2016). In addition, the overall rate of subscription by persons with disabilities was only 33.3% (Ifaraka Health Institute, BMZ & GIZ, 2013). The low enrolment rate can be attributed to the low level of awareness among persons with disabilities and service providers (Kuper et al., 2016).
- According to one of the KIIs from the Zanzibar government, the CHF does not adequately cover the cost of some medicines (the issue of sunscreen lotion was raised during data collection as crucial for persons with albinism).
- OPDs explain that there is no clear guidance on how persons with disabilities are insured (FGD-5). Social protection programmes, such as TASAF, tend not to have strategic plans to target persons with disabilities, while focusing exclusively on adults with disabilities and overlooking parents of children with disabilities, especially mothers, or households with other members with disabilities.
- The implementation of the government's disability policy is largely donor-aid dependent and often entails project-based interventions, not always long-term oriented (UNICEF, 2021)

- Critical essential services are often too expensive for persons with disabilities. Delivery and surgery can cost nearly 70,000TSh (USD$30) and 200,000TSh ($86), respectively. According to interviewees from Mainland Tanzania, persons with disabilities face challenges in accessing critical essential services and do not receive any subsidies to help them manage the costs.

Assessment, determination, eligibility and referral: while financial support to local government authorities is available, solid monitoring and evaluation mechanisms have yet to be established. Efforts to integrate formal support systems at the local level are very limited, and there is no clear plan as to how districts will support operation and maintenance plans within their annual plan and budget. Importantly, the TASAF social protection programmes do not have specific plans to target persons with disabilities in terms of assessment, determination, eligibility and referral (ISPA, 2017). The lack of accessible assessment services, as well as rehabilitation and vocational rehabilitation centres in the URT was confirmed during a KII with the Zanzibar government (KII-13). Given the current low level of local coordination, it can be inferred that the referral systems for persons with disabilities in the social protection programme are weak. More focus should be placed on their special vulnerability to economic shocks and poverty.

Alternative care/service delivery arrangements: Private health insurance companies do not provide quality services for persons with disabilities. FGD participants in privately-run social protection programs felt excluded from insurance services and social protection services.

Box 1: Available Evidence On The Inequalities In Poverty And Income Faced By Persons With Disabilities

- Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural) (SDG indicator 1.1.1) and disability.

The share of population living in extreme poverty (2019) is 47.72% of the total population in the URT (SDG Tracker, 2021). The data is not disaggregated by sex and age, employment status and geographical location (urban/rural).

- Proportion of persons with disabilities living below the US$1.90 per day international poverty line compared to the proportion of the overall population, by sex and age.

Proportion of the population living below the US$1.90 per day international poverty line consists of 49.1% of the entire population (UNDP, 2021). The data is not disaggregated by sex and age.

- Proportion of population living below the national poverty line by sex and age (SDG indicator 1.2.1) and disability.

Proportion of the population living below the national poverty line consists of 28% of the entire population in the URT in 2011 (SDG Indicator, 2021). The data is not disaggregated by sex and age and disability.

- Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG indicator 1.2.2) disaggregated by disability, before and after social transfers.

In 2010 (the latest data available), 65.6% of the entire population in the URT lived in all its dimensions according to national definitions. The data is not disaggregated by disability, before and after social transfers.

- Proportion of people living below 50 per cent of median income, by age, sex, and persons with disabilities (SDG indicator 10.2.1).

There is currently no data available for SDG indicator 10.2.1. (SDG Indicator, 2021).

While the availability of data disaggregated by disability, gender and geographical location is limited, findings from literature show that persons with disabilities are more likely to be poor than those without disabilities largely due to exclusion from education and employment. According to statistics, the rate of persons with disabilities living in a poor household is higher (20%) than those without disabilities (12%) (Simeu et al., 2018). The 2012 Household Budget Survey also shows that households headed by a person with a disability who is unable to work are disproportionately higher among the poorest households in the URT. In Zanzibar, many families whose members have disabilities are forced to live below the poverty line, struggling to meet their basic needs (Rohwerder, 2020). FGDs from OPDs show that the parents of children with disabilities are often unable to stay in business or employment since they care for their children.

Resources from social protection programmes are not equitably distributed to persons with disabilities. Those among poor households are less likely to benefit from social protection services since user fees constitute a significant share of revenue for service providers, which impedes the access of persons with disabilities to care (Piatti-Fünfkirchen and Ally, 2020). In addition, according to the Disability Monograph published by National Bureau of Statistics (NBS) (2018), there is a disparity in urban and rural areas. Nearly 15% of households headed by persons with disabilities in urban areas in MainlandMainland Tanzania were enrolled in at least one of the Social Security Scheme, as compared to 7.6% of households in rural areas. In Zanzibar, 15.5% of families headed by a person with disabilities were members in one of the Social Security Schemes as compared to 9.4% of households in Mainland Tanzania (NBS, 2018).

Health

Legislation: The right to equal access to the best attainable standard of health care services is stated in legislation ratified by the URT, including Article 25 of the CRPD, the International Covenant on Economic, Social and Cultural Rights, the African Charter on Human and People's Rights, and Article 30(2)(b) of the Constitution of the URT. However, the level of implementation of these laws is low in the URT due to the unaffordability of, and inadequate access to, assistive devices, especially for those in rural areas. Low availability of financial and human resources, and low quality of healthcare in general are additional factors hampering the realisation of disability inclusion (Piatti-Fünfkirchen and Ally, 2020; UNICEF, 2021).

In regard to the accessibility of healthcare services, Section 26 of the Persons with Disabilities Act 2010 and Article 9, 1(a) of the CRPD both have a provision on the accessibility of health care facilities. The Persons with Disabilities Act 2010 stipulates that every medical facility—both public and private—must be in place in respective locations, and that these facilities should take measures to ensure the right of persons with disabilities to access health care services. However, in the URT, there is an insufficient number of health facilities, especially in rural and remote areas. The accessibility of healthcare also tends to be low due to the shortage of accessible healthcare facilities and staff trained in the means of communication required by persons with visual and hearing impairments. In addition, Article 25(b) of the CRPD and Section 61 of the Persons with Disabilities Act 2010 state that early identification and intervention should be implemented to prevent further disabilities. However, evidence shows that support services are not available to children with disabilities and their families, heightening the risk of exacerbating their disabilities as they age (ADD International, 2017).

There has been an increase in health infrastructure investments by donors in terms of the construction and refurbishment of health centres and hospitals (Piatti-Fünfkirchen and Ally, 2020). However, with the shortage of healthcare staff and insufficient operational and maintenance budgets, resulting from donors shifting away from using Government systems, full accessibility of healthcare services is unlikely (Piatti-Fünfkirchen and Ally, 2020). Further, according to primary data, while some recently constructed infrastructures, such as major markets or bus stations, have been funded by international organisations, there are areas that have yet to be funded by the government or the UN.

In terms of sexual and reproductive health services, Section 26(3)(a) of the Persons with Disabilities Act 2010 and Article 25 of the CRPD have provisions on the area of health. According to these laws, girls and women with disabilities are entitled to the equal access to affordable health care and programmes, but they are often excluded from such health care due to multiple factors, including prejudice and discrimination by health care professionals and families, and inadequate access to accurate information and healthcare facilities (ADD International, 2017; Mesiäislehto et al., 2021).

Availability of national health programs: Some progress has been made by the Government to enhance the inclusivity of healthcare service delivery. In the 2015-2020 Health Sector Strategic Plan (HSSP-IV), the strategies included the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) — while collaborating with partner non-governmental organisations — to strengthen community-based rehabilitation (CBR) (MOHSW, 2015). The Plan aims to "reach all households with essential health and social welfare services, meeting, as much as possible, the expectations of the population" (MOHSW, 2015, p. xiii). The MOHSW sought to build more health facilities in rural areas as they tend to be overlooked. Although the stage of the Plan ended in 2020, there is a National Rehabilitation Strategy Plan in development. However, due to the absence of available evaluation of the HSSP-IV, the extent to which CBR provisions have been implemented is not clear (UNICEF, 2021).

In Zanzibar, the Zanzibar Health Sector Strategic Plan III 2013/14-2018/19 (NHSSP-III) also aims to provide the highest attainable standard of health services to at least 80% of the population based on the principles of access, equity, affordability, and human rights in order to increase access to comprehensive health services. Further, according to primary data, in Zanzibar, there are some areas where persons with disabilities are provided with identification cards to identify their

disabilities. This enables card holders to get priority when accessing services, such as healthcare and holds a potential to enhance access of persons with disabilities, especially those with invisible forms of disabilities to access crucial healthcare services.

Assessment, determination, eligibility and referral systems of national health programs: Early screening and diagnosis of disabilities at schools, paediatric hospitals, or community public health centres are necessary to advance the right of persons with disabilities to health care to the maximum extent possible (WHO & UNICEF, 2012). Early detection and diagnosis of disability is especially crucial for the first three years of a child's life. Failure to both detect and diagnose children at an early stage of their life and provide them and their families with support could have longer-term negative consequences, including not only delays in the child's development, but also increased poverty and exclusion from communities (WHO & UNICEF, 2012). However, many children with disabilities do not receive early interventions that they need due to the low availability and inaccessibility of healthcare services specific to children with disabilities, and identification of disability remains subjective and inconsistent (Education Development Trust & UNICEF, 2016). The limited availability of health professionals who diagnose disability also hinders persons with disabilities from accessing crucial social services as mentioned above.

Some programmes target persons with disabilities in the areas of: HIV/AIDS (The Zanzibar National HIV and AIDS Strategic Plan III (2016-2021)); nutrition (2016-2021 National Multi-Sectoral Nutrition Action Plan (NMNAP) in Mainland Tanzania to strengthen food and nutrition services for discriminated groups, such as people with disabilities and the elderly living with AIDS); and immunisation and vaccination (the "Reaching Every Child" (REC) strategy to target unreached groups, including children with disabilities (UNICEF, 2013; Prime Minister's Office, 2016). Little is known about how persons with disabilities are reached, assessed, or deemed eligible for these programmes.

Accessibility of services to people with disabilities: Accessibility of healthcare services is often undermined by the limited availability of assistive devices, including wheelchairs, ramps, and glasses (especially for persons with albinism). According to a study conducted by SHIVYAWATA in 2016, only 14% of persons with disabilities received physiotherapy or orthopaedic devices, including crutches and wheelchairs (Rohwerder, 2020). Even those who have access to these devices face challenges in accessing healthcare services due to the inaccessible healthcare facilities that are not suitable for using such devices (UNICEF, 2021).

Local services in rural and remote areas are still often not available, and infrastructure for habilitation and rehabilitation services is not accessible for persons with disabilities. Statistics show that the provision of physiotherapy services by some regional hospitals is generally very limited (Rohwerder, 2020). According to a study by SHIVYAWATA, in 2016, only 35% of the adults with disabilities who were interviewed responded that they had accessed public rehabilitation services. 10% of the respondents received eye care services; 3% had access to hearing services; 2% received skin lotion; and 4% received treatments for skin cancer (Rohwerder, 2020). According to primary data (FGD-4), speech therapy in the private health sector could cost approximately $45 per hour and there is weak regulation and oversight by the government for such private service providers, undermining the accessibility and quality of services to persons with disabilities.

There are also several issues regarding the provision of healthcare services for persons with mental and intellectual disabilities, including "mental deficiency", "developmental delay" or "cognitive disabilities'' (Mbwilo et al., 2010, p.1). Despite an increased demand for mental health services, there are not adequate resources or health clinics that specialise in mental disability, especially for children. Healthcare professionals are both in short supply and are often not trained in

mental health (even 800 to 900 patients at a hospital each month). Also, there are inadequate mental health services and facilities (Mbwilo et al., 2010; Ambikile and Iseselo, 2017). The low level of accessibility of mental health services is supported by data collected by SHIVYAWATA in 2016 that shows that only 1% of persons with disabilities had access to psychiatric services. In addition, families with a member with a cognitive impairment often do not have access to information regarding the availability of healthcare services specific for that impairment. Some families tend to seek help from religious authorities for healing (Mbwilo et al., 2010). While according to primary data (OPD-1), the Tanzania Psychological Association and Mental Health Tanzania have been active in creating more national awareness towards mental health conditions, the movement is still in its infancy and concentrated in urban areas. Persons with psychosocial disabilities are largely absent from the movement, especially those in rural, remote areas. Careful consideration into the language or definition around psychosocial disabilities in the Swahili language is absent while stigma attached to mental health conditions continues to exist.

Quality of services for persons with disabilities: The quality of healthcare for persons with disabilities is impacted by the limited human resources trained on communication methods that persons with disabilities require and the low availability of health facilities that offer affordable healthcare services for persons with disabilities. According to KIIs from both Zanzibar and Mainland Tanzania, there is an acute shortage of health professionals with specialisation in persons with disabilities. According to an OPD in Mainland Tanzania, there are only 6 out of 26 regions in Mainland Tanzania that have quality health services for children with disabilities. Less than half of the hospitals are run by the government, and the rest of them are private hospitals. Some children with hydrocephalus and spina have died since healthcare services were unavailable or they stopped treatment due to high costs. In addition, the low awareness of disability within communities leads to failure to send persons with disabilities to hospitals (KII-6).

Misperceptions of disability, sexuality, and discrimination are often the cause of exclusion of persons with disabilities from crucial health services, including sexual and reproductive ones. Tanzania is one of ten countries with the highest prevalence of teenage pregnancy. However, crucial sexual and reproductive health (SRH) information, education and services are inadequate. Contraceptive use among teenagers is as low as 8.6% due to significantly limited information and health services (Nkata et al., 2019), as well as the shortage of accessible equipment and devices that could be used by women with disabilities (FGD-3). In accessing SRH services, persons with disabilities often face issues of confidentiality, mistreatment, discrimination, and negative attitudes from family members and healthcare professionals, as well as physical inaccessibility of such services (Mesiäislehto et al., 2021).

There are serious issues arising from the limited availability of healthcare professionals who are trained to communicate with persons with disabilities or have knowledge of the needs of women with disabilities. According to primary data, there were incidents where women with physical disabilities were unable to access delivery beds and forced to sleep on the floor. Women with mobility impairments were also not given accommodation in health care facilities when delivering children, leading to complications. In addition, participants of the FGD with women with disabilities in Mainland Tanzania (FGD-6) raised incidents where women with intellectual and hearing impairments were forced into labour without assistants while healthcare professionals were unable to communicate with them. Such forced treatments could potentially increase the risk of complications. On a more positive note, there has been a new government declaration stating that each health facility should have space for older citizens and persons with disabilities.

The lack of available specialists with knowledge of both disability and gender remains a critical issue in the URT. Women and young persons with disabilities are vulnerable to not only gender-based violence, but also other forms of violence, such as denial of basic needs, withholding of medications or assistive devices, or coerced medical procedures, such as sterilisation (UNFPA, 2018). The vulnerability of women with disabilities is compounded by disability, stigma, and the invisibility of sexual violence against them. Given the unique vulnerability and challenges that women and young persons with disabilities face, healthcare staff must acknowledge such issues and deliver SRH services accordingly.

Box 2: Assistive Devices

The availability and affordability of assistive technology, such as wheelchairs, prostheses, hearing and visual aids, and specialised computer software and hardware that assist mobility, hearing, vision, or communication, remain largely low due to high costs (CIPESA, 2021). As for assistive devices and technology, when the National Policy on Disability was introduced in 2004, the government noted that the service provision, including assistive technologies, and information on how to access services were not accessible to persons with disabilities and their families. Assistive devices were also too costly for most persons with disabilities to purchase (CIPESA, 2021). The Government committed to working with OPDs to provide persons with disabilities with information on available technical aids and services, while waiving fees on technical aids imported to the country and the ones that were locally manufactured to make locally produced technical aids more affordable. However, participants of FGD with persons with disabilities observe the existence of the issue regarding cost as follows:

The price of assistive devices is very high to the extent that we cannot afford it. There are devices like laptops that we cannot own. I suggest that the government give us devices like that for free. Persons with visual impairments face a challenge in accessing white canes, write framers, and other devices that they need.

(FGD-10, Zanzibar, 10 August 2021)

Alternative care/service delivery arrangements (e.g. non government or privately provided): Non-government services, especially immunisation programmes are offered in the URT. Immunisations are one of the most important health interventions due to their effectiveness in protecting and promoting lives and good health (Manyanga and Mtae, 2017). In particular, immunisations for the neglected tropical diseases (NTDs), such as measles and rubella, for which the URT is susceptible, are critical to prevent disease and disability (Mwingira et al., 2016). The URT has made progress towards reaching children for immunisation as the country participated in programmes, such as the "Reaching Every Child," which is a part of the Reach Every District (RED) approach developed by the WHO, UNICEF, and

development partners in 2002 to serve children in the communities that are unreached, under vaccinated and unvaccinated. The URT adopted the strategy in 2012 to achieve the Immunisation and Vaccine Development (IVD) goals (Jani et al., 2018). Data on how children with disabilities have benefited from this initiative is not available (UNICEF, 2021).

Box 3 Available Evidence On Health Inequalities

- Maternal mortality ratio (SDG indicator 3.1.1) disaggregated by age and disability of the person.

Maternal mortality ratio is 524 per 100,000 live births (in 2017). The data is not disaggregated by age and disability of the person.

- Number of new HIV infections per 1,000 uninfected population, by sex, age and key population (SDG indicator 3.3.1) and disability.

The number of new HIV infections is 2.57 per 1,000 uninfected population in 2019. The data is not disaggregated by key population and disability (*estimated data)

Age	Sex	
<15Y	Both sex	0.36
15-24	Both sex	2.30
15-24	Female	3.19
15-24	Male	1.42
15-49	Both sex	2.57
15-49	Female	3.07

15-49	Male	2.08

- Prevalence of malnutrition among children under 5 years of age, by type (wasting and overweight) (SDG indicator 2.2.2) and by sex, age and disability.

3.5% of children under the age of 5 are malnourished in the URT in 2018. The data is not disaggregated by sex, age, and disability.

- Tuberculosis, malaria and hepatitis B incidence per 1,000 population (SDG indicators 3.3.2, 3.3.3, and 3.3.4) among the population of persons with disabilities compared to others.

3.3.2: Tuberculosis incidents were 237 per 100,000 population in 2019. The data is not disaggregated by disability.

3.3.3: Malaria incidence per 1,000 population at risk is 111.24981 (modelled data). The data is not disaggregated by disability.

3.3.4: Prevalence of hepatitis B surface antigen (%) is 0.99 in 2020 (estimated data).

- Number and proportion of persons with disabilities who have access to rehabilitation services (based on WHO and IDDC indicator),[i] disaggregated by sex, age, disability, type and sector of service, and geographical location.

The data on the number and proportion of persons with disabilities in the URT who have access to rehabilitation services disaggregated by sex, age, disability, type and sector of service, and geographical location is not available.

Data available from SDG Tracker: https://sdg-tracker.org/

Education

Legislation: The right of children and young people with disabilities to education is emphasised in Sections 27 to 29 of the Persons with Disabilities Act 2010, Sections 9 and 10 of the Persons with Disabilities (Rights and Privileges) Act 2006, and Article 24 of the CRPD. These laws stipulate that children with disabilities should be free from discrimination. However, children with disabilities, especially girls with disabilities, continue to be subject to discrimination and marginalisation in education (ADD International, 2017). These laws also stipulate that the accessibility of transport to schools, school facilities, and information and communication needs to be ensured to enhance the inclusivity of education. Not only the physical environment, but also the entire process of delivering education to children with disabilities should be accessible and inclusive, from school curricula to the use of sign language, Braille, and other means of communication (UNCRPD, 2014).

The 2010 National Strategy on Inclusive Education (NSIE) states that children with disabilities need to be educated with their peers without disabilities in inclusive schools (Ministry of Education Science & Technology, 2017). However, inclusive education is not widely available in Tanzania. Also, "special schools" are a common phenomenon in URT. "Special schools" undermine the very essence of integration of children with disabilities in mainstream classrooms as espoused by the CRPD's inclusive education principles. Also, although the Education Sector Development Plan (ESDP) 2016/17-2020/21 aimed to enrol approximately 400,000 school-aged children with disabilities in schools in Mainland Tanzania, only 42,783 students with disabilities are enrolled in primary schools and 8,778 in secondary schools (Ministry of Education, Science and Technology, 2018). The issue of disproportionate exclusion of children with disabilities from schools has also been reported in a 2018 Mapping study conducted by the Zanzibar Ministry of Education and Vocational Training, Milele Zanzibar Foundation, and UNICEF (2018).

Assessment, determination, eligibility and referral systems of education programs: The access to education for children with disabilities is often undermined by the fact that students with certain disabilities tend not to be diagnosed appropriately due to, among other factors, the limited availability of health experts who have knowledge of and are able to diagnose disability. A participant of the FGD with CSOs in Mainland Tanzania notes that there are very few vidyard paediatric neurosurgeons who diagnose autism and developmental disabilities in the URT, which could affect the quality of education that children with autism or developmental delays receive.

Accessibility of education: There are some issues regarding the accessibility of education for children with disabilities.

- Efforts remain at the primary-education level
- Many schools and classrooms are inaccessible to students with disabilities due to distance and inaccessible transportation, school facilities, including sanitary facilities, ICT, alternative communication methods, as well as
- Low funding or low prioritisation of allocation of funds to enhance physical accessibility in schools (MoEVT, 2017; Ministry of Finance and Planning and Zanzibar Planning Commission, 2019; Legal and Human Rights Centre, 2019)
- An acute shortage of qualified teachers trained on alternative communication methods, such as Braille and sign language (Ministry of Finance and Planning and Zanzibar Planning Commission, 2019). According to a recent report, only 13% of all teachers interviewed for the learning assessment study were trained

in special needs education (Legal and Human Rights Centre, 2019). There are only nearly 2000 primary school teachers trained to teach learners with visual or hearing impairments in the URT (Ministry of Finance and Planning Commission, 2019); the figure is lower for teachers beyond primary education level

- Inadequate level of accessibility in teaching and learning materials
- Limited attention to vocational training for youth with disabilities, evidenced by the lower participation of youths (15-24 years old) in education and training (34%) than youth without disabilities (24%): among those with disabilities, the rate is higher for young men with disabilities (30%) than young women with disabilities (24%)(Leonard Cheshire 2018)
- The absence of system that supports children and young people with intellectual and developmental disabilities
- A shortage of up-to-date data disaggregated by gender, geographical location, age, and level of education regarding the degree to which students with disabilities access assistive devices in educational settings, posing challenges for key stakeholders implementing disability-inclusive initiatives or programmes

Quality of education services for persons with disabilities: The issue of the insufficient consideration of the needs of students with disabilities has also been raised by participants of the Induction Training Workshop. There is little recognition of and accommodation for students with disabilities in schools, including learning disabilities. Children with dyslexia, for example, are treated as if they do not have a disability. In addition, participants of the FGDs with OPDs and persons with disabilities in Mainland Tanzania note some of the serious obstacles that learners with disabilities face in classrooms:

- Weak monitoring and follow-ups on progress of learning for students with disabilities
- The absence of consideration into disability and adjusted assessment systems
- The insufficient number of well-qualified teachers trained in alternative communication methods

These issues often lead students to repeat classes and get lagged behind, increasing the risk of school exclusion and dropouts.

Girls and young persons with disabilities also often experience the intersected forms of discrimination and marginalisation in education based on both gender and disability. In addition, a KII from the Zanzibar Government observes negative community attitudes towards girls and women with disabilities as she states, “being a woman and having a disability hinders them from accessing some rights. If women without disabilities are perceived as not worthy of receiving education, then for women with disabilities the situation is worse” (KII-13, Zanzibar).

A new initiative has been established to set aside student loans specifically for students with disabilities accessing higher education. The President has also announced a proposal to construct 180 girls’ boarding schools for science, while emphasising that these schools should be inclusive of girls with disabilities.

Alternative care/service delivery arrangements: There has been some progress towards inclusive education for children with disabilities. In Zanzibar, the free education initiative reduced the burden of children with disabilities paying for school-related fees and other contributions from primary to higher education levels. The inclusive education initiative also contributed to an increase in enrolment rates of children with disabilities at all levels of education. In addition, alternative education for school dropouts and children excluded from schools have played a significant role in achieving the SDG 4 (inclusive and equitable quality education) (Rohwerder, 2020). This will benefit children with disabilities as this strategy focuses on leaving no child behind. Effective implementation of this kind of programme

should be applied to all regions of the country. In addition, according to a government official from Mainland Tanzania, the Ministry of Education has started to take steps towards the preparation of the National Inclusive Education Strategy, which covers contexts surrounding women and girls with disabilities.

In terms of COVID-19 pandemic, little is known about the extent to which students with disabilities are impacted by the pandemic. According to a participant of a FGD with CSOs in Mainland Tanzania, during school closures arising from the COVID-19 pandemic, children with disabilities, such as those in need of speech or behavioural therapy, did not benefit from virtual education. More research should be conducted to understand the impacts of the pandemic on access to education by students, disaggregated by types of disability, location, gender, for appropriate interventions.

Box 4: Available Evidence On The Inequalities In Education Faced By Persons With Disabilities

- Rates of children with disabilities out of school, rate of enrolment, attendance, promotion by grade, completion, and drop out in mainstream primary, secondary, tertiary educational institutions, vocational training, lifelong learning courses, as compared to others, disaggregated by sex, age, disability.

(1) School exclusion: 1.33 million (14%) primary school age children (7-13 years) and 2.3 million (57%) of secondary school age children (14-17 years old) are excluded from school[12]

(2) Completion:

  (a) Primary education: according to statistics in Disability Data Review by Leonard Cheshire (2018), the primary school completion rate for children with disabilities is 49% as compared to 83% of children without disabilities. Girls with disabilities (53%) are likely to complete primary education as compared with boys with disabilities (45%).

  (b) Secondary education: children without disabilities (26%) are more likely to complete education than children with disabilities (14%). In contrast with data on primary education completion rate, girls with disabilities (12%) are less likely to complete secondary education than boys with disabilities (16%).

  (c) Education/training for youths (15-24 years old): youths without disabilities are more likely to participate in education and training (34%) than youths with disabilities (24%). The rate is higher for young men with disabilities (30%) than young women with disabilities (24%).

(3) Rate of enrollment:

  (a) Primary education: 98.8% of children are enrolled in primary schools in 2019. The enrolment rates of girls and boys are 99.9% and 97.65% in 2019, respectively[13].

  (b) Secondary education: total school enrolment rate[14] (% gross): 32% (2019)

[12] Source: UNICEF (2018) Tanzania Verification of the Out-of-School Children Study. Available at:

(i) female enrolment rate: 33% (2019); male: 30% (2019) *data not disaggregated by disability

(c) Tertiary education (% gross): 3% (2019)[15]

(i) female: 2.5%; male: 3.7% *data not disaggregated by disability

(4) promotion: lack of reliable data

(5) dropout: lack of reliable data

Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex (SDG indicator 4.1.1)[16], age and disability.

(1) 12% of pupils in early primary education grades (2 or 3) achieved at least a minimum proficiency level in reading. The data is not disaggregated by age and disability (2015).

(2) 44% of pupils in early primary education achieved minimum maths proficiency (2015). The data is not disaggregated by age and disability.

Employment and livelihood

Legislation: The legal frameworks that prohibit discrimination against persons with disabilities in employment include: the CRPD (Article 27), the Persons with Disabilities Act 2010 and 2006, and the Constitutions of both Mainland Tanzania and Zanzibar (Section 10(7)). However, since the Constitutions only provide directive principles, their provisions are merely guiding principles that are not enforceable in the courts of law. Persons with disabilities in the URT often claim the right to employment referring to legislations that focus on disabilities, including Disabled Persons Employment Act of 1982 and the Persons with Disabilities Act of 2010 and 2006 in Mainland Tanzania and Zanzibar, respectively (Weis, 2017).

https://www.unicef.org/tanzania/media/646/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Verification.pdf

[13] Source: The World Bank (2019). Available at: https://data.worldbank.org/indicator/SE.PRM.ENRR?locations=TZ

[14] Source: The World Bank (2019): Available at: https://data.worldbank.org/indicator/SE.SEC.ENRR?locations=TZ

[15] Source: The World Bank (2019): Available at: https://data.worldbank.org/indicator/SE.TER.ENRR?locations=TZ

[16] Data available from: https://sdg-tracker.org/

On the other hand, legislation in the URT seeks to promote employment opportunities for persons with disabilities through a quota system or incentives. Section 31 of The Persons with Disabilities Act 2010 requires employers in both public and private sectors who have more than twenty employees to reserve an employment quota of 3% for persons with disabilities. The 2006 Persons with Disabilities (Rights and Privileges) Act in Zanzibar provides tax incentives for the private sector if they employ persons with disabilities. However, research shows that the level of compliance with these laws is still low. Persons with disabilities are still excluded from workplaces due to widespread discrimination by employers and the inaccessibility of workplaces, infrastructure, and transport systems (Rohwerder, 2020; CIPESA, 2021). The quota system stated in the Persons with Disabilities Act 2010 has been criticised for the lack of accountability mechanisms, such as the imposition of sanctions to reinforce the system (Aldersey, 2012).

There is also a low level of awareness of the Acts and the requirements among employers and the general Tanzanian public. In addition, there is a higher representation of persons with disabilities in the private sector than the public sector. According to the 2018 Formal Sector Employment and Earnings Survey for Mainland Tanzania, persons with disabilities constitute only 0.2% of the total workforce in the formal sector (National Bureau of Statistics, 2018). The failure to adhere to the 2010 Act can be attributed to inadequate information and advice; financial constraints; and formal support required for employees with disabilities.

Accessibility of services to people with disabilities: Persons with disabilities in the URT are largely excluded from accessing loans for their businesses. This is supported by primary data by two FGDs (FGD-5 and FGD-10), in which participants observe that persons with disabilities, especially young girls and women with disabilities, tend not to access loans at financial institutions due to their status as having disabilities. One of the participants from Zanzibar who has a disability also states that although the council has distributed some funds for small businesses, they have failed to consider persons with disabilities trying to engage in self-employed businesses; this often leads them to missing out on economic opportunities and undermining the earning capacity of persons without disabilities.

Persons with disabilities in the URT often have difficulties in accessing assistive devices, user-friendly computer facilities, and reasonable accommodations in workplaces largely due to negative attitudes by their employers towards disability and their low levels of knowledge of disability-related accommodations (Aldersey, 2012; CIPESA, 2021). There are prevailing biases among employers and colleagues about the abilities and skills of persons with disabilities and perceived costs associated with physical adjustments to buildings and equipment for them in the URT, as well as the knowledge of the measures to find suitable persons with disabilities for advertised posts (Aldersey, 2012; Franklin et al., 2018).

Assessment, determination, eligibility and referral systems of employment programs: There are limited accessible assessment services for those in need of assistive devices in the URT. In addition, women with children with disabilities are not eligible to loans designed for people with disabilities despite the unique challenges and direct impact women with children with disability experience in raising their children such as losing jobs, dissented by a partner and discrimination from society (KII-1).

Alternative care/service delivery arrangements: Given little information available, data on whether disability-inclusive employment services are offered by non-governmental organisations should be collected and analysed.

Box 5: Available Evidence On The Inequalities In Employment and Livelihood Faced By Persons With Disabilities

- Percentage of persons with disabilities employed as compared to other persons and to overall employment rate, disaggregated by type of employment (public, private, self-employed), age, sex and disability

Persons with disabilities are more likely to be excluded from employment than those without disabilities due to widespread discrimination, limited educational and employment opportunities, non-inclusive workplaces, and a lack of enforcement of existing employment laws (Aldersey, 2012; Rohwerder, 2020). According to a report by Leonard Cheshire[17], the proportion of unemployed young persons with disabilities aged 15 to 24 years old in the URT is nearly twice as high as persons without disabilities.

Gender gap in employment

There is also a gender gap in access to educational and employment opportunities. Girls and young women with disabilities are more likely to be excluded from education and employment than men with disabilities (Simeu et al., 2018). These are attributed to negative sociocultural beliefs; discrimination in education and employment; a lack of awareness of disability rights, especially the rights of girls and women with disabilities among policymakers and those who implement policies; and exclusion and isolation from society at large. Some of these issues are also raised by a participant of the FGD with OPDs in Mainland Tanzania as he states that due to the nature of their disability and perceived gender role in society, women with disabilities are not involved in economic activities, and they often undertake care work for men and their households.

Type of employment

Exclusion from employment increases the risk of impoverishing persons with disabilities. Due to limited employment opportunities and support services related to employment, persons with disabilities are more likely to be employed in the informal sector (87%) than those without disabilities (83%); the rate is also higher for women with disabilities (89%) than men with disabilities (85%) (Simeu et al., 2018). Given that informal sector employment is especially vulnerable to economic

shocks due to the little support that they receive from the government, income insecurity, as well as the lack of comprehensive social safety nets, such as employment or health insurances (Narula, 2020), it can be inferred that persons with disabilities in the informal sector are especially likely to bear the brunt of economic shocks arising from the COVID-19 pandemic crisis.

- Average hourly earnings of female and male employees, by occupation, age and persons with disabilities (SDG indicator 8.5.1).

Data on average hourly earnings of female and male employees in the URT is not available.

Disaster risks and emergency management

Legislation: Legislation that has provisions on emergency preparedness efforts includes the Disaster Management Act of 2015 and Article 11 of the CRPD. However, the former legislation does not address specific concerns for persons with disabilities. In contrast, Article 11 of the CRPD focuses on the protection and wellbeing of persons with disabilities in times of humanitarian emergencies and natural disasters. Specific attention should be paid to persons with disabilities in domestic legislation.

Availability of DDR and humanitarian programs: The URT is susceptible to natural disasters, such as floods and droughts. However, persons with disabilities are not included in disaster risk reduction and emergency preparedness efforts, leaving them disproportionately susceptible to the impacts of disasters and emergency situations. According to a study conducted in Zanzibar, persons with disabilities were amongst the most affected by floods in the URT (Rohwerder, 2020).

The Tanzania Emergency Preparedness and Response Plan (TEPRP) in 2012, devised by the Disaster Management Department (DMD), includes plans for emergency preparedness and coordination of emergency services. Under Section VIII on Shelter and Mass Care, there is a mention of disaster victims including persons with disabilities. The primary responsibility for shelter and mass care is taken up by the DMD and Tanzania Red Cross (The URT Prime Minister's Office DMD, 2012). Currently, the 2021 updated version of the TEPRP is not available. In a detailed operational plan, Tanzania Red Cross targets households with persons with disabilities to strengthen safety, well-being, and long-term recovery through provision of 1) shelter and settlement solutions and 2) water, sanitation, and hygiene (International Federation of Red Cross and Red Crescent Societies, 2018). The Dar es Salaam Multi-Agency Emergency Team (DarMAERT) is the first initiative in the URT that enables emergency response stakeholders to coordinate and serve as the tactical focal point of a Regional Disaster Management committee, supported by the UK and the World Bank, which funded the Tanzania Urban Resilience Programme (The World Bank, 2018). City authorities launched the Emergency Response Plan in

[17] Source: Leonard Cheshire (2018). Disability Data Review: A collation and analysis of disability data from 40 countries. Available at: Leonard Cheshire. Available at: https://www.disabilitydataportal.com/fileadmin/uploads/lcdp/Documents/report-web_version.pdf

October 2017 to ensure that emergency response stakeholders carry out tasks and coordinate together to respond to emergencies. However, little is known about whether persons with disabilities are included in the plan or if such a plan exists in rural areas.

Assessment, determination, eligibility and referral systems of DDR and humanitarian programs: There is little information available on the assessment of persons with disabilities in the disaster risks and emergency management efforts, especially the Emergency Response Plan created in Dar es Salaam in 2017. Due to the limited involvement of persons with disabilities in disaster risk reduction and emergency preparedness efforts, it is highly likely that the assessment, determination, eligibility, and referral systems of such efforts have not been established.

Accessibility of services to people with disabilities: Tanzania is host to more than 280,000 refugees and asylum seekers mainly from Burundi and the Democratic Republic of Congo, refugees with disabilities in camps, especially in the west of the country near the border with Burundi, have significant difficulties in accessing humanitarian aid (UNHCR, 2021). People with disabilities tend to face security and privacy barriers in refugee camps, informal settlements, and reconstruction sites while being unable to have full access to water, sanitation, nutrition, food aid, and shelter.

Quality of services for persons with disabilities: Women, children, and persons with disabilities are among the most hit hardest by natural disasters and emergency situations. Older persons with disabilities in the URT are among the worst off since they often have less capacity to collect aid and social protection payment in person without transportation, especially when they have to travel long distances; face discrimination by humanitarian staff and younger people and exclusion from livelihoods activities that enable them to make a living; have a greater risk of impoverishment and health problems; face physical inaccessibility in emergency situations due to the inaccessibility of public facilities, toilets, as well as the lack of wheelchair ramps, handrails, and other adaptations (Sheppard et al., 2018).

Alternative care/service delivery arrangements (e.g. non government or privately provided): Since information on both the quality of services for persons with disabilities and alternative service delivery arrangements is not available, more research needs to be conducted to understand the extent to which persons with disabilities benefit from relevant services and whether they are provided with support from alternative sources.

Box 6: Available evidence on the inequalities in protection from risks and accessing emergency response and relief faced by persons with disabilities

- Number of deaths, missing persons and persons affected by disaster per 100,000 people (SDG indicator 1.5.1), disaggregated by sex, age and disability.

The death rate from natural disasters is 0.01 per 100,000 people in the URT (2017). The number of cases affected by natural disasters in terms of internal displacement is 57,000 in 2020. The data is not disaggregated by sex, age, and disability.

- Proportion of aid recipients with disabilities, compared to the proportion of persons with disabilities in the population, by sex, age and disability.

Data on the proportion of aid recipients with disabilities, compared to the proportion of persons with disabilities in the URT is not available.

- Proportion of persons with disabilities who had access to safe and dignified housing in response to a natural disaster or humanitarian emergency and proportion they represent of the total of beneficiaries, disaggregated by sex, age and disability, geographical location and nature of emergency.

Data on the proportion of persons with disabilities who had access to safe and dignified housing in response to natural disasters or humanitarian emergencies in the URT is not available.

Data available from SDG Tracker at: https://sdg-tracker.org/

Access to justice

Legislation: Through its ratification and domestication of the CRPD and its optional protocol in 2009 URT has accepted to implement the obligations stipulated under Article 13 of the CRPD, which entails the promotion of effective access to justice for persons with disabilities on an equal basis with others. Despite these landmark enactments that should be celebrated by persons with disabilities, some of the principles and disability rights standards are either left out or partially covered by domestic law. Enforcement and implementation have been manifested by several barriers including low levels of awareness of the laws, weak institutional mechanism to enforce and implement the laws, and absence of guidelines to localise the implementation of the laws (FCS, 2017). The Persons with

Disabilities (Rights and Privileges) Act of Zanzibar is more explicit and specific than the Persons with Disabilities Act 2010 (Mainland Tanzania) on the right of access to justice. Under Section 19, it guarantees effective access to justice for persons with disabilities, equality to justice, provision of procedural and age-appropriate accommodations, provision of legal documents in accessible formats of Braille for the blind, large print for partially sighted people and promoting appropriate training for administrators of justice including the police and prison staff. However, this Act presents a fundamental gap as it lacks a requirement of specialised justice officers including the police and prison officers who have knowledge about disability rights. There is an opportunity to advocate for the amendment of the two domestic laws to reflect the missing principles and rights to create an inclusive justice system that accommodates the needs of persons with disabilities (FCS, 2017).

Availability of access to justice programs: There has been some progress made towards enhancing the access of persons with disabilities to legal justice in the URT. In February 2019, The Judicature and Application of Laws (Practice and Procedure of Cases Involving Vulnerable Groups) Rules were created. The Rules aim to accelerate the judicial process of determining cases involving vulnerable groups, including persons with disabilities, by setting a time limit (6 months) for the determination of cases by courts of law (Legal and Human Rights Centre, 2019). The Rules contain provisions on: 1) ensuring the availability of a sign language interpreter in a case in which a deaf person is involved in order to enable them to follow the proceedings and 2) delivering a judgement in Braille format for persons with visual impairments. In accordance with the Legal Aid Act of 2017, the Rules also seek to ensure that presiding judges or magistrates enhance access to legal aid for vulnerable persons, including persons with disabilities (Legal and Human Rights Centre, 2019). Effective implementation of the Rules is imperative to ensure that persons with disabilities have access to justice in a timely and effective manner.

The Constitution of 1977 considers mental disability as a ground for depriving a citizen of his or her right to vote, to be voted for and to hold public office. Also, the Persons with Disabilities Acts of 2010 (Mainland Tanzania) and 2006 (Zanzibar) do not expressly provide for equality before the law for persons with psychosocial and intellectual disabilities. This law guarantees guardianship of persons with psychosocial disabilities by stating inter alia that relatives of persons with disabilities shall provide to persons with psychosocial disabilities their rights and privileges. The concept of guardianship has been abolished by the CRPD under Article 12 and general comment No.1 as it takes away an individual's personhood, humanity and delegitimises him or her before the law. CRPD recognises that the matter of autonomy for persons with intellectual and physiological disabilities is crucial in promoting decision making, making choices and control over matters of individual concern. It identifies persons with psychosocial and intellectual disabilities as equal before the law. Legal capacity is the key to access meaningful participation in society on an equal basis with others. It consists of two strands. The first is legal standing to hold rights and to be recognised as a legal person before the law. This may include, for example, having a birth certificate, seeking medical assistance, registering to be on the electoral roll or applying for a passport. The second is the legal agency to act on those rights and to have those actions recognised by the law. It is the latter component that is frequently denied or diminished for persons with disabilities. Some laws in Tanzania may allow ownership of property by persons with intellectual and psychosocial disabilities but may not respect their actions taken in buying and selling property. However, legal capacity should be distinguished from mental capacity.

Assessment, determination, eligibility and referral systems of access to justice programs: While little information is available about the availability of assessment and determination processes for persons with disabilities in accessing legal services, there is a low level of knowledge of referral systems among OPDs, especially

regarding gender-specific violence against women with disabilities. Although there is a significant effort to raise awareness about gender issues in disability communities, such as GBV and gender discrimination, there is a low level of awareness among female leaders of OPDs of how to access these services. Many KIIs participants are not knowdgable enough of how they can report gender discrimination or GBV challenges. Organisations that advocate for women with disability should be knowledgeable about legal services (KII-3), build capacity of its members; and encourage women to report when their rights are violated. The low level of awareness about legal issues and legal avenues hinders discussion about how to overcome GBV under legal spheres for women with disability, and thus discourages them from taking a step ahead to address gender-related challenges.

Accessibility of services to people with disabilities: There is no provision on the right of access to justice in the Tanzania Mainland Persons with Disabilities Rights Act of 2010 contrary to Article 13 of the CRPD, but it has a general provision on the right to access all services under Section 37, which is to the effect that where a service is provided by a public body, the head of the body shall ensure that the services are accessible to persons with disabilities, and free sign language interpretation; free physical assistance in courtrooms, free legal aid (FCS, 2017). As of 2017, there was no single case that has been presented to court, which indicates that persons with disabilities are denied justice (FCS, 2017). Instead, cases of persons with albinism are given priority, but not all categories of disability. However, challenges of procedural and age-related accommodations persist in the justice system. Although sign language for persons with hearing impairments is paid for during judicial proceedings, unavailability of sign language interpreters creates a challenge in some locations. Long distance to courts for persons with disabilities living in rural areas is another issue that hinders persons with disabilities from accessing justice.

Quality of services for persons with disabilities: Having a gender desk in a police station is significant and increasing. However, more efforts are required to ensure the gender desk officials are trained to accommodate and communicate with people with disabilities. Training on the rights of a person with disabilities and sign language interpretation would be advantageous.

Many FGD participants from CSOs and OPDs observed the issue of the police's unresponsiveness to the plight of persons with disabilities: "when deaf women go to open a case alone, police tend to ignore her because she is seen as if she is not willing to communicate or waste their time" (CSO-2). Due to the limited availability of disability accessible communication, women with disability are ignored or tend to remain silenced when they have experienced or are experiencing sexual violence. Law enforcement officers also generally tend not to be responsive to reports on the incidents of violence against persons with disabilities, especially young women with disabilities (FGD-2). The awareness of the human rights of persons with disabilities tends to be low amongst law enforcement officers.

Alternative care/service delivery arrangements: According to primary data, there is provision of translation services available at some non-governmental organisations. Sign language interpreters are not always available, however, or are costly.

Box 7: Available evidence on access to justice faced by persons with disabilities

- Proportion of crimes against persons with disabilities brought before judicial authorities out of total number of crimes, disaggregated by sex, age and disability of the victim.
- Number and proportion of persons with disabilities who access victim support services, as compared to others, disaggregated by sex, age, disability and kind of service.

Both data on the proportion of crimes committed against persons with disabilities disaggregated by sex, age, and disability and proportion of those with disabilities who access victim support services are not available.

Participation in public and political life

Legislation: Legislation that has provisions on the political and civic rights of persons with disabilities in politics includes Section 51 of the Persons with Disabilities Act 2010 (Mainland Tanzania), Sections 23 and 24 of the Persons with Disabilities (Rights and Privileges) Act 2006 (Zanzibar), and Article 29 of the CRPD. These laws have specific provisions on ensuring the accessibility of information, voting materials, and facilities during voting procedures. However, accessibility at polling stations in the 2020 national elections were found to be inadequate due to the failure of the National Electoral Commission to provide directives over disability, as well as widespread discrimination within the communities (CIPESA, 2021).

In terms of political representation, the Government has made progress towards including persons with disabilities in leadership positions. The ambassador to Germany is a minister with disability, and the head of the Department of Disability Affairs in Zanzibar also identified as having a disability. A respondent echoed this;

The ruling party in Tanzania is trying its best to involve people with disabilities in different positions from the local district up to regional level, and the government is now ready to involve people with the disabilities in political issues.

(KII-16 Mainland Tanzania, 6 Sept 2021)

However, some FGDs show that persons with disabilities still face institutional barriers to advancing their careers in decision-making bodies, especially women with disabilities. The issue of exclusion of persons with disabilities from decision-making bodies outside the government remains. Also another KII from the government in Mainland Tanzania observes that at the regional, district, or village level, there is a widespread issue of discrimination against persons with disabilities as they are not included in most decision-making bodies. In addition, a KII from an OPD in Zanzibar notes that women with disabilities are more likely to be excluded from working within the Government. Only two women with disabilities hold positions in the Ministry of Health and in the Zanzibar Council of Representatives. OPDs note that persons with invisible forms of disabilities, especially intellectual disabilities such as down syndrome, are less likely to be represented in decision-making.

The Zanzibar Government similarly has reserved seats for people with disabilities:

> *There are different measures taken to involve people with disabilities in decision making. For example, State University of Zanzibar (SUZA) council, education sector institution, Loan Board of Zanzibar, Zanzibar labour council, Ministry of health council, each one has one or two positions for the people with disabilities also Zanzibar Sports council there is one position for the people with disability representative. In short, I think those are some strategies imposed by the government for the people with disabilities.*
>
> (FGD-9, Zanzibar, 4 August 2021)

While this strategy appears effective in getting more OPDs into decision making positions, multiple key informants questioned this approach. Such respondents felt that this approach easily remains tokenistic and that more could be done to ensure meaningful participation of OPDs by providing them a "room to discuss thoroughly with their members (on issues concerning them)" (FGD 2).

Further, In the URT, women's representation in politics remains very low (Strachan, 2015). According to a recent report by International IDEA (2021), women representing the national governments and local government authorities in the URT constitute 37% and 34%, respectively. Both numbers are higher than the quota of 30% legislated by the 1977 Constitution (amended in 2005 to increase the quota from 15%) but far less than the majority. Since there is little information available regarding the percentage of women with disabilities in politics, further research should be conducted on institutional barriers for women with disabilities in advancing their careers in politics.

Accessibility: The political participation of persons with disabilities during electoral processes in the URT is still limited due to:

- inaccessible polling stations and information (CIPESA, 2021)
- the failure of the National Electoral Commission (NEC) to carry out directives over disability, and a lack of oversight
- widespread prejudice towards persons with disabilities among polling station workers and communities

Disability component during the last election: In the last election held in October 2020, the National Electoral Commission (NEC) contended that the voting processes had been improved for all, although the Induction Workshop participants showed their concerns over discrimination and inaccessibility in electoral processes, especially for the visually impaired.

Effort made to register people with disabilities in the last election: The Zanzibar National Association of the Blind (ZANAB) acknowledged some improvement in the voting procedures for persons with visual impairments during the last election held in October 2020, such as the use of tactile ballot papers since the quality of them in the past elections were not of adequate standards.

Accessibility of services to people with disabilities: According to the Electoral Institute for Sustainable Democracy in Africa (2020), 79% of the polling stations visited were accessible to persons with disabilities. However, challenges still remain: electoral officers were not well equipped with techniques for persons with disabilities; voting stations were often not suitable for accommodating persons with mobility impairments, such as those in wheelchairs and users of armpit crutches. There

was also a shortage of adequate special equipment for persons with disabilities, such as hearing aids. The needs of persons with disabilities were not taken into consideration by some local authorities, and sign language interpretation and tactile ballot papers were not widely available despite some efforts made as mentioned above (All Africa, 2020).

Quality of services for persons with disabilities: During electoral processes, there is no support for female candidates running for positions (FGD-3). Discriminant and negative attitudes towards their aptitude based on their gender *and* disability often exclude them from meaningful participation in political and public life. While there is a significant effort to promote inclusion for all, effort should be placed to protect vulnerable groups from verbal and physical attacks during electoral processes. When a female participant with albinism in Mainland Tanzania ran for an election for a local government position, she heard people say, "how can I vote for that woman who can not even stand sunlight, I will never vote for her" (FGD-3). Given the current, disproportionately low number of women holding parliamentary seats (only 37% in central government and 34% in local governments in the URT: see box 9 in annex 8), more concerted efforts to include women with disabilities in local and central governments, such as an increased number of seats allocated to them, are required to overcome the discrimination faced.

Alternative service delivery arrangements: The legal framework allows people with disabilities to be assisted with personal assistants at polling stations (EISA, 2020). In addition, the programme funded by USAID: Tushiriki Pamoja ("Participate Together") 2017-2022 seeks to promote inclusive political processes while focusing on electoral process and democratic participation of populations, including persons with disabilities (Congressional Research Service, 2020). More research is needed to understand how such a programme helps persons with disabilities to participate in political decisions and on how people with disabilities can become election monitors and their experience of this is needed.

Box 8: Available evidence on participation in public and political life by persons with disabilities

1. voter turnout of last election disaggregated by sex, age, disability and electoral district for national, regional and local elections
2. numbers of people with disabilities (by sex and age and disability type) in public office?

In the URT, women's representation in politics remains very low (Strachan, 2015). According to a recent report by International IDEA (2021), women representing the national governments and local government authorities in the URT constitute 37% and 34%, respectively. Both numbers are higher than the quota of 30% legislated by the 1977 Constitution (amended in 2005 to increase the quota from 15%) but far less than the majority. Since there is little information available regarding women with disabilities in politics, further research should be conducted on institutional barriers to the representation of women with disabilities in politics.

3. numbers of people with disabilities in politics (by sex and age and disability type)

While data on the number of people with disabilities in politics is not available, qualitative data shows that there are very few of them who hold public office within the government.

Annex 8: Umbrella OPD membership

List of OPDs members and Nonmembers of the Tanzania Federation of Disabled Peoples' Organisations SHIVYAWATA as well as other types of disability existing in Mainland who have not yet formed an association.

OPDs in SHIVYAWATA

1. Tanzania Albino Society (TAS);
2. Tanzania League of the Blind (TLB);
3. Tanzania Association of the Physically Handicapped (CHAWATA);
4. Tanzania Society of the Deaf (CHAVITA);
5. Tanzania Association of the Deaf-Blind (TASODEB);
6. Tanzania Association of the Mentally Handicapped (TAMH)'
7. Kilimanjaro Association of Spinal cord Injuries (KASI);
8. Psoriasis Association of Tanzania (PSORATA);
9. Tanzania Users and Survivors of Psychiatric Organisation (TUSPO);
10. Association of Spinal Bifida and Hydrocephalus of Tanzania (ASBAHT).

The following are not yet members of SHIVYAWATA

1. Tanzania Leprosy Association
2. Down syndrome Association;
3. Youth with disabilities led associations
4. Women with disabilities led associations

The following have not yet formed an OPD and may need assistance to do this

1. People of the short structure: and
2. Children with disabilities based association

Source: email exchange with SHIVYAWATA because their website is not working.

List of OPDs members and Nonmembers of The Zanzibar Federation of Disabled People Organisations (SHIJUWAZA) as well as other types of disability existing in Zanzibar who have not yet formed an association.

SHIJUWAZA MEMBERS:

1. Organisation of People with Disabilities in Zanzibar (UWZ)
2. Zanzibar National Association of the Blind (ZANAB)
3. Zanzibar Association for People with Developmental Disabilities (ZAPDD)[18]
4. Zanzibar Deaf Association (CHAVIZA)
5. Zanzibar Association of People with Albinism (JMZ)
6. Association of Women with Disabilities (JUWAUZA)
7. Special Olympic Zanzibar (SOZ)
8. Zanzibar Sport Association for Disabled (SADZ)
9. Zanzibar Down syndrome Organisation (ZADOC)
10. Road safety organisation for persons with disabilities

[18] Has an impressive website: https://www.zapddznz.org/who-we-are/index.html

11. Association of sign language Interpreters (JUWALAZA)
12. Zanzibar Centre for Disability and Inclusive Development (ZACEDID)

SHUJIWAZA NON-MEMBERS:

1. All About Albinism
2. Chama cha Michezo kwa Viziwi Zanzibar (CHAMIVIZA) - *Zanzibar Sports Association for the Deaf (CHAMIVIZA)*
3. Umoja wa Vijana wenye Ulemavu - *Union of Youth with Disabilities*
4. Jumuiya ya Sura Mfanano - *Community Image Chapter*

DISABILITY ASSOCIATIONS NOT FORMED YET:

1. Dwarfism
2. Deaf Blind
3. Autism
4. Mgongo wazi - *Open Back*
5. Jumuiya ya wenye Vichwa Vikubwa - *Community of Big Heads*[19]

Source: email exchange with SHIJUWAZA as they do not have a website

[19] Those in italics are google translated into English

Annex 9: Information about Legislation

Article 11, Constitution of the URT: Right to work, to educational and other pursuits

(1) The state authority shall make appropriate provisions for the realisation of a person's right to work, to self education and social welfare at times of old age, sickness or disability and in other cases of incapacity. Without prejudice to those rights, the state authority shall make provisions to ensure that every person earns his livelihood.

(2) Every person has the right to access education, and every citizen shall be free to pursue education in a field of his choice up to the highest level according to his merits and ability.

(3) The Government shall make efforts to ensure that all persons are afforded equal and sufficient opportunity to pursue education and vocational training in all levels of schools and other institutions of learning.

Article 10(7), Constitution of Zanzibar: Political objectives:

For the purposes of promoting unity and development of the Political people and social welfare in the country it shall be the responsibility of objectives. the Revolutionary Government of Zanzibar to ensure:

(1) That adequate provision of equal opportunities to all citizens to exercise freedom of movement, rendering of services to all, guaranteeing the right to a Zanzibari to live anywhere in Zanzibar.

(2) That corruption and abuse of office against the public by any person holding public office is totally eradicated.

(3) That national economy is managed and controlled in Economic accordance with the principles and objectives laid down in this objective Constitution without the need for utmost efficient service, control and management of vital sectors of the economy.

(4) That in accordance with the Constitution the economy is planned and promoted in a balanced and integrated manner, economic activities are not conducted in a manner capable of resulting in the concentration of wealth or the major means of production in the hands of a few individuals or a certain group.

(5) That in the implementation of the said policy every citizen in terms of justice is treated equally, accorded equal responsibility and opportunity in accordance with the law, human dignity and other human rights are respected and cherished, freedom, absence of favouritism, impartiality of the Judiciary and opportunity of access to the courts of law is guaranteed and respected.

(6) Shall direct its policy toward ensuring that every person has access to adequate health care, equal opportunity to adequate education for all and that Zanzibar culture is protected, enhanced and promoted.

(7) That every person who is able to work has the opportunity to work, and work means any legitimate activity by which a person earns a living, disadvantaged groups such as the elderly, the sick, children and disabled are assisted.

(8) All posts in public offices are responsibilities and are there for the benefit of the public and all those who have responsibilities shall be accountable directly to the public or House of Representatives.

(9) All Government organs shall and its servants follow and adhere to the international treaties on human rights and good governance.

Annex 10: Tanzania CSOs Which Participated in Monitoring the Implementation Of Second Cycle 133 UPR Accepted Recommendations

ACT – Mara Diocese Mugumu Safe House	Biharamulo Community Fm Radio (Bcfm	Chifu Kimweli Football Club	Dignity Kwanza Community Solutions	Haki Zetu Tanzania Organisation
Actions For Democracy And Local Governance (ADLG)	Biharamulo Ngos Network Forum	Child Watch	Dungonet (Ngo's Network For Dodoma)	Hakielimu
Action Aid	Biharamulo Originating Social Economic Development Association (BOSEDA)	Children Dignity Forum (CDF)	Empower Society, Transform Lives (ESTL)	Happy Children Tanzania Organisation
Agape Aids Control Program	Biharamulo Social Economic Development Association (BISEDEA)	Christian Education And Development Organisation (CEDO)	Equality For Growth	Huheso Foundation
Ahadi Forum Tanzania (AFTA)	Business And Human Rights Tanzania	Civic And Legal Aid Organisation (CILAO)	Fadhil Teens Tanzania	Human Rights National Association Of Educators For World Peace
Arusha Non-governmental Organsation Network (ANGONET)	CEDESOTA	Community Development Initiatives Support Organisation (CODISO)	Faidika Wote Pamoja (FAWOPA)	Humanity Aid For Development Organisation

ARUWE	Centre Against Gender Based Violance (CAGBV)	Community Focus Tanzania	Girls Education Support Initiatives	Jumuiya Ya Kuelimisha Athari Za Madawa Ya Kulevya Ukimwi Na Mimba Katika Umri Mdogo (JUKAMKUM)
Association For Non-governmental Organisation Zanzibar (ANGOZA)	Centre For Widows & Children Assistance (CWCA)	Community For Educators And Legal Assistance	Gospel Communicatio n Network Of Tanzania	Jumuiya Ya Kuendeleza Ufugaji Nyuki Na Uhifadhi Mazingira (JUKUNUM
Association Of Rare Blood Donor (ARBD)	Centre Of Youth Dialogue(CYD)	Community Support Initiatives – tanzania (COSITA)	Haki Catalyst	Sports Development Aid Lindi
AVIWATA	CESOPE	CORDS	Haki Madini	Tanzania Mediadia Women's Association (TAMWA)
Better Life	C-SEMA	Crisis Resolving Centre	Haki Rasilimali	Tanzania Widows Association (TAWIA)

Source: Tanzania CSOs, 2019

Annex 11: Definitions of disabilities in legislation

PWD Act, 2010 (Mainland) Section 3- "person with disability" means a person with a physical, intellectual, sensory or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental and institutional barriers;

PWD Act, 2006 (Zanzibar) Section 3- “disability” means a state of restricted participation that results from the interaction between persons of impairments, conditions, health needs or similar situations, and environmental, social, and attitudinal barriers, where the impairments, conditions, health needs or similar situations may be permanent, temporary, intermittent or imputed, and include those that are inter alia, physical, sensory, cognitive, psychosocial, neurological, medical or intellectual or a combination of those;

“person with disability” means any person who has a physical or sensory or mental disability wholly or partly, either congenital or not causing functional limitation or an activity restriction of one or more of major life activities of such individual;

The Law of the Child’s Act, 2009 (Mainland)- Section 2- "child with disabilities' ' means a child who has Iong term or permanent physical, mental, intellectual or sensory impairment which hinders his full and effective participation on equal basis with others.

Children’s Act, 2011 (Zanzibar)- “Child with disabilities” means a child who suffers from permanent, temporary, impairment or ill health, whether such impairment or ill health is physical, sensory, cognitive, psychological, neurological, medical or intellectual or a combination of these, which hinders the child’s full and effective participation on an equal basis with others;

Annex 12: Ethics Clearance

9 July 2021

INCLUDOVATE
INNOVATE FOR INCLUSION

Ethical clearance letter: Situational Analysis on Persons with Disabilities in the United Republic of Tanzania for the UNFPA Project

Dear Dr. Kristie,

On 6th July 2021, the Institutional Review Board (IRB) received the case for clearance. Situational Analysis on Persons with Disabilities in the United Republic of Tanzania for the UNFPA Project, was discussed by the IRB members.

The board members also scrutinized the attached documents for ethical assessments in depth.

The reviewed documents include,

- Includovate Research Ethics Application Form
- Consent forms and tools

We discussed and wrote our feedback on the above documents on 7th and 8th July and suggested minor edits that need to be addressed by the research team. We decided that our input and suggestions for all the shared documents should be incorporated and we approve the documents.

Please contact girma.hundessa@includovate.com should you have any questions.

Sincerely,

Dr. Girma Hundessa, Chair, Includovate IRB
Ms. Yeabtsega Mekonnen, Internal IRB member
Mr. Peter Nesh, Internal IRB member
Dr. Srilakshmi Subramanyam, External IRB member

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Annex 13: Joint Progrogrammes and UN Agencies

Joint Programme Themes	Lead Agencies	Participating Agencies
Maternal and Newborn Health	UNFPA	UNFPA, UNICEF, WHO
Ending Violence Against Women and Children	UNICEF	UNICEF, UNFPA, IOM, UN WOMEN
Women's Economic Empowerment through Seaweed Value Chain development	FAO	FAO, ILO, UNIDO, UN WOMEN
Capacity Building for coordination and reporting of SDGs and MKUZA II	UNDP	UNDP, UNFPA, UNICEF, UN WOMEN

Source: UN-Tanzania, 2018

Annex 14: List of legislation and policies for URT, Mainland, and Zanzibar

Legislations applicable to the entire URT

- Constitution of the URT, 1977
- National Policy on Disability, 2004
- Zanzibar Disability Development Policy of 2004
- National Five-Year Development Plan (FYDP) 2021/22-2025/26
- Civil Procedure Code, 1966
- Evidence Act, 1967
- National Disability Mainstreaming Strategy (NDMS) of 2010-2015
- ICT Policy for Basic Education, 2007
- The Universal Communications Services Access Act, 2006
- National ICT Policy, 2016
- The Judicature and Application of Laws, 2019
- National Plan of Action to End Violence Against Women and Children (NPA-VAWC) 2017–2022
- Public Service (Amendment) Act, 2007
- Tanzania Health Policy, 2007
- Health Sector Strategic Plan IV (2015 – 2020)
- National Health and Social Welfare Quality Improvement Strategic Plan (NHSWQISP) (2013-2018)

Legislations applicable to Mainland Tanzania

- Persons with Disabilities Act, 2010
- Non-Governmental Organisations (NGOs) Act, 2002
- The Companies Act, 2002
- The Societies Ordinance, 1954
- The Law of the Child Act, 2009
- The Electronic and Postal Communications Act, 2010
- National Guidelines for Early Identification and Intervention for children with disabilities, 2016
- Legal Aid Act, 2017
- Disaster Management Act, 2015
- Anti-Corruption Authorities, 2021
- Prevention and Combating of Corruption Act of 2007

Legislations applicable to Zanzibar

The Constitution of Zanzibar, 1984

- Persons with Disabilities Act, 2006
- Societies Act, 1995
- The Companies Act, 2013

- Draft Zanzibar Development Strategy (ZADES) (2021-2026)
- The Children's Act, 2011
- Zanzibar Social Protection Policy, 2014

Annex 15: Tanzania's Disability Inclusion Scorecard 2020 Report Key indicators, Planned Actions and Responsibility

Indicator	Planned action to maintain/ enhance progress	Unit Responsible for implementing actions
Indicator 1 – UNCT leadership champions disability inclusion	● Continue to promote the inclusion of all people including the disability groups. ● LNOB Pillar will continue to work and promote activities and interventions in support of disability group during the coming UNSDCF	CMT and LNOB Pillar[20]
Indicator 2 – The Common Country Analysis is disability-inclusive	● Ongoing Common Country Analysis in preparation of the UNSDCF ● Development of detailed analysis of the situation of persons with disabilities with references made to the United Republic of Tanzania's commitment and UN's support for the implementation of the CRPD, in particular in relation to access to justice, health and education services, and social protection, with data disaggregation to monitor progress and guide policy and programme development	LNOB Pillar UNDAP/UNSDCF outcome groups
Indicator 3 – Disability inclusion is mainstreamed in UNDAF/CF or equivalent documents outcomes/results areas	● Ongoing Common Country Analysis in preparation of the UNSDCF ● Development of detailed analysis of the situation of persons with disabilities with references made to the United Republic of Tanzania's commitment and UN's support for the implementation of the CRPD, in particular in relation to access to justice, health and education services, and social protection, with data disaggregation to monitor progress and guide policy and programme development	UNDAP and joint WP (2016-2020, 2019/2020 and 2020/2021)

[20] Established in the context of UN's COVID-19 response in 2020, the LNOB Pillar is, under the Resident Coordinator's overall guidance, co-led by UNFPA and UN Women.

Indicator 4 – Disability inclusion is promoted through the UNCT coordination mechanisms	● More inclusive consultation and representation of OPD, including those representing women, children and other marginalized groups of PWDs for the upcoming development of the new UNSDCF ● Advocate for mechanisms and tools within the framework to ensure specific disability sensitive results, targets and indicators are incorporated across the framework to ensure it is disability inclusive. Here too, the specific issues and needs of more marginalized groups of PWD, such as women and children, will need to be explicitly detailed and responded to. ● UNPRPD MPTF to develop a joint project on disability rights. This funding will provide a strategic opportunity to strengthen joint UN approaches to disability rights.	LNOB Pillar
Indicator 5 – UNCT consults organizations of persons with disabilities (OPDs)	● LNOB Pillar is expected to continue advocating and supporting the inclusion of OPDs (particularly those representing more marginalized groups of PWDs such as women and children) throughout the consultations that are held to inform the framework's development. ● Following the selection of Tanzania under the UNPRPD call for proposals, a full proposal will be developed in the first and second quarters of 2021 ● Extensive consultations with a range of OPDs will be taking place as part of the proposal development process. ● Establish more formal partnerships between the UN and OPDs, including those representing women and children	LNOB Pillar in partnership with the RCO
Indicator 6 – UN premises and services are accessible to all UN staff and constituents with disabilities	● The Operations Management Team (OMT) continues to discuss and address issues in ensuring the UN premises and its operational policies and procedures take into consideration the persons living with disability	OMT

Indicator 7 – Accessibility of external venues and in procurement	● There is a need for enhanced consideration in procurement and selection of premises to include the use of the premises for persons living with disability.	OMT
Indicator 8 – Joint programmes contribute to disability inclusion	● LNOB Pillar is expected to continue advocating and supporting the inclusion of OPDs (particularly those representing more marginalized groups of PWDs as women and children) throughout the consultations that are held to inform the framework's development. ● Following the selection of Tanzania under the UNPRPD call for proposals, a full proposal will be developed in the first and second quarters of 2021. ● Extensive consultations with a range of OPDs will be taking place as part of the proposal development process. ● Establish more formal partnerships between the UN and OPDs, including those representing women and children	LNOB Pillar in partnership with the RCO
Indicator 9 – Strengthening data on persons with disabilities	● Sign the Annual Work Plan with the Department of Disabilities Affairs from 2021 to date where by the Inclusion related activities are planned and implemented ● Develop the full UNPRPD proposal to strengthen the depth and range of data (including disability data disaggregated by sex and age) – as an indicated in the UNPRPD MPTF as a priority to be addressed	Second Vice President-Department of Disability Affairs Zanzibar LNOB Pillar
Indicator 10 – UNDAF/CF or equivalent document monitoring and evaluation (M&E) processes address	● UNCT will continue to encourage UNCT members to include disability in their own evaluations and impact assessments.	**PMT and PME**

disability inclusion		
Indicator 11 – Disability inclusion is mainstreamed in humanitarian planning and response	● Strengthen the delivery of essential services such as adequate healthcare, physical and psychosocial support, material assistance and referrals through community structures and services. For PSNs, including the elderly and those with disabilities, existing systems will be strengthened for early identification, registration, and support services	Refugee and Migrant thematic result group (TRG)
Indicator 12 – UNCT human resources practices are disability-inclusive	● Document the the measures for inclusion of persons living with disability documented ● Have regular review of staff composition in particular knowing the disability status ● Championing through the HoA to recognise performance and contribution of staff living with disability	OMT
Indicator 13 – UNCT invests in capacity development on disability inclusion	● Strengthen UN action on disability rights through the upcoming development of the UNSDCF provides a good opportunity ● Provide training to agency staff on disability inclusion and on addressing the intersections between disability and other factors of marginalization such as gender and age ● Increase UN and partner capacities on disability inclusion and more broadly on the rights and needs of diverse groups of persons living with disabilities, including women and children through the Development of the full UNPRPD proposal,which provides complementary opportunities to achieve this.	RCO/LNOB Pillar co-chairs

Indicator 14 – UNCT communication and advocacy address disability inclusion	● Creating much more awareness through media and targeting special areas, for instance in places where there is a lot of stigma towards albinism. ● The cohesiveness of the UNCT has made it easier for joint planning and communication of disability campaigns however the funding towards the targeted activities have not been adequate.	UN Communications Group

Annex 16: UN Gender Coordination Mechanism, Tanzania and Responsibility

Mapping of Opportunities for UN Engagement with Government and Civil Society Partners to Advance Gender Equality and the Empowerment of Women and Girls (GEEWG) in 2021

Key Intervention	Primary Partner/s (Government or Civil Society)	Timeline	Proposed role/contribution for GCM engagement	Intervention under which TRG/OG (if relevant)	UNCGM Agency responsible for leading
Overall review of current NPA-VAWC Development of next NPA · Integrating HIV/AIDS into NPA-VAWC and vice versa. · Integrating child marriage into NPA-VAWC. · Integrate LNOB, including disability.	Government (MHCDGE)	Beginning October 2021	Participate in meetings on the development of new NPA (in a coordinated way) advocating for the inclusion of issues highlighted in the first column.	. Governance/HR/GE TRG · VAWC OG	UNICEF/UN Women
Implementation of road map towards the ratification of ILO Convention 190.	Government (Please specify)		Coordinate inputs to support the implementation of the ratification road map.		ILO

Coordinating UN GEWE inputs to preparations for the UN Food Systems Summit.					UNEP
Joint advocacy plan/strategy on amending the Law of Marriage Act (and related relevant sector related reviews of frameworks/policies/plans).	MoCLA	November to June 2022	Creating linkages and synergies between different processes, strategizing around how best to do this and support the process. -Quarterly updates to OG level and strategize on next steps	Governance OG	UN Women
Incorporate Feedback (from IMCT) and finalise and implement the new National Gender Policy.	MOHCDGEC	Early October – March 2022	· Joint UN technical resources. · Identify and pool joint UN financial resources to support the process.	Governance OG	UN Women
Support Zanzibar to review the National Gender Action Plan (2016-2020)	MOHSWEGC	Early November – June 2022	· Joint UN technical resources. · Identify and pool joint UN financial resources to support the process.	Governance OG	UN Women

Annual global, regional and subregional reporting; including relevant normative frameworks (CEDAW, UPR, AU gender strategy, EA Community, SADC & Grate Lakes)	Ministries of Gender	Ongoing			UN Women
Support to the Government on reporting on the implementation of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)	Government (MoCLA) – Waiting on details from the government to determine timeline. As such not such an urgent priority.	Tbc	Technical and/or financial support to the Government (tbc)		UN Women
• Support creation of new thematic area on communication, outreach and community engagement for NPA VAWC (to include integration of violence against women in and through the media) • Gender audit of media laws • Media and women's political participation & leadership	Ministry of Community Development, Ministry of Information		Technical, financial support	GOV/VAWC/ WPPL	UNESCO

Improving sexual and reproductive health, rights and well-being among adolescent girls and young women					UNICEF
Second National VNR/SDG implementation report. Including insuring inclusion of gender issues and gender responsiveness (gender statistics etc).	MoFP (MainlandMainland and Zanzibar) National statistical systems Ministries of Gender Gender Mainstreaming Macro Working Group Engagement CSOs and WROs including Youth and PWD led organizations	2022	Support UN to ensure gender is well incorporated.		UNDP

Support implementation of the Gender and inclusion Related Priorities in FYDPIII & MTDS	MoFP (MainlandMainland and Zanzibar) National statistical systems Ministries of Gender Gender Mainstreaming Macro Working Group Engagement CSOs and WROs including Youth and PWD led organizations	Starting September 2021, as new planning and budgeting cycle begins.	Coordinated technical support and linking with Agency specific corresponding sector Ministries to ensure sectors align to strategies and LGAs. Hands on support in line with thematic areas. Grater linkages with gender outcomes. UNW to plan training for GCM and also UN colleagues working with the sectors on gender and inclusion. Map out who is engaging with which sectors so that we plan how support alignment of outcomes and strategies. Incorporate data and statistics.		UNDP/UN Women

Develop more clear joint approach to strategy on CSO/WRO engagement and collaboration, to strengthen their opportunities for advocacy. Including those working with LNOB issues/groups. Support Implementation of the Generation Equality Commitment (WEE and Justice)					

Annex 17: List of legislations and policies that need to change to align with CRPD

Precondition 1. Stakeholder coordination

Legislation

- The cyber crimes Act of 2015 does not recognize the need to provide persons with disabilities with information in accessible formats, nor does it prescribe penalties for the failure to provide information in accessible formats contrary to Article 21 of the CRPD, which include accessible technology and websites calling for amendment.

Precondition 2: equality and non-discrimination

- The persons with disabilities Act of Tanzania and Zanzibar lack provisions on the rights of women and children with disabilities contrary to the Convention on the rights of persons with disabilities, Convention on the rights of a child and the Convention on elimination of discrimination against women.
- The two acts should be amended to provide for the rights of women and children with disabilities.
- The constitutions of URT and Zanzibar provide no special rights to persons with disabilities. Rather, these rights are mentioned under the objectives and directive principles of state policy which are non-justiciable rights contrary to Article one of the CRPD and impairs the entire purpose of the convention
- The two constitutions of Tanzania and Zanzibar provide for equality before the law but fail to recognize disability as a status of discrimination which is a loophole in the law. During the constitutional review, disability should be reflected under Article 13.

Precondition three: accessibility

- The Accessibility standards for the republic of Tanzania have been in place for quite sometime but have not been utilized by the authorities in charge of construction and planning contrary to Article 9 of the CRPD.
- As the review is taking place, consultation and participation of persons with disabilities should take place to ensure that their needs are met. These standards should also reflect access to information and assistive technology.

Precondition 4: inclusive service delivery

- The National policy on disability lacks a provision on inclusive education that is required to provide an inclusive education system for children with disabilities, including an accessible learning environment, adaptable curriculum, reasonable accommodation and specially trained teachers to deliver the teaching pedagogy to children with disabilities contrary to Article 24 of the CRPD. This calls for amendment of the policy to provide for inclusive education for children with disabilities.
- The constitution further provides for the right to education for persons with disabilities, but forget to detail issues of accessibility to the learning environment, adaptable curriculum and specially trained teachers to handle inclusive education contrary to Article 24 of the CRPD.
- The two constitutions of MainlandMainland Tanzania and Zanzibar do not guarantee the right to political participation for persons with psychosocial disabilities contrary to Article 29 of the CRPD.
- This right is very key towards democratic societies. Therefore, the constitution should be amended to allow the participation of persons with psychosocial disabilities in political and public life.
- The disaster management Act 2015 does not address specific concerns for persons with disabilities contrary to Article 11 of the CRPD and the Sendai framework of action.
- This Act should be reviewed and amended to address the needs and concerns of persons with disabilities affected by disasters.

Precondition 5: CRPD compliant budgeting and financial management

- The National Statistical Act of 2015 lacks a provision on disability disaggregated data by age, gender and disability.
- It explains the reasons why objectives and indicators are never developed on disability during programming, planning and budgeting.
- This affects CRPD compliant budgeting for persons with disabilities.
- It should be amended to suit Article 31 of the CRPD to enable the production of systematic, reliable and quantifiable data for persons with disabilities.
- The national policy on disability lacks a provision on disability-inclusive budgeting yet this is very important towards funding their individual needs including accessibility and reasonable accommodation.

Precondition 6 accountability and governance

- The National policy on disability for Mainland came into force in 2004 long before the CRPD was signed and ratified by URT.
- It, therefore, lacks provisions on accountability and management, monitoring and evaluation of all programs that require the inclusion of persons with disabilities and their representative organizations contrary to Article 33 of the CRPD.
- For example, it does not provide for reporting mechanisms for human rights instruments such as the CRPD, nor does it provide for representation of persons with disabilities in key leadership positions as a fallback for persons with disabilities and their representative organizations.
- The policy should be revised to comply with the CRPD.

Priority for amendments

All these laws and policies cut across the entire six preconditions. However, specific attention should be paid to the national policy on disability since it provides guiding principles during the implementation of disability-inclusive programs, plans and budgets. In addition, for preconditions 1, 2 and 4, the Constitutions of the URT and Zanzibar and the persons with disabilities Act should be harmonized in line with the UN Convention on the rights of persons with disabilities.

Annex 18: KII GUIDE

SITUATIONAL ANALYSIS OF PEOPLE WITH DISABILITIES IN TANZANIA AND ZANZIBAR

KEY INFORMANT INTERVIEW GUIDE

Client: United Nations Population Fund (UNFPA)
Consulting firm: Includovate
Lead investigator: Dr. Privilege Hang'andu privilege.hangandu@includovate.com
Name of moderator: …….

Thank you for taking time to speak with me. My name is _____, from Includovate where I work as a researcher. The purpose of this Key Informant Interview is to get your views about the context and situation of people and young people with disabilities in Tanzania/Zanzibar. This information will inform a Situation Analysis of People living with Disabilities in Tanzania that has been commissioned by UNPRPD. We want to hear your first-hand experience on dealing with issues concerning persons with disabilities so that your experiences can help inform UNPRPD about the needs of persons with disabilities from a civil society perspective.

Before we start, I would like you to be aware of the ethical requirements guiding my research and to re-confirm your consent to taking part in this discussion. Please confirm you have all signed and read the consent form to participate in this study?

Introduce the note taker and their role.

Table 1: Participant information for Covid-19 tracing
To be completed on a separate sheet of paper when people arrive along with temperature checks and sanitiser. Please reassure participants that this information is for COVID tracing only and will not be used to identify the participants for any other purpose because their responses are anonymous. If they have a translator/assistant then you should also get their details.

Name	Phone number	Email Address	Temperature	Location of the KII

Table 2: KII details
(to be completed at the beginning of the interview)

Date (DD/MM/YYYY)	

Name of facilitator	
Time KII began (HH:MM)	
Time KII ended (HH:MM)	
Notes:	

Table 3: Participant details

Gender	**1 = F;** **2 = M;** **3 = Other**
Age (years)	
Marital status	**1 = Married** **2 = Divorced or separated** **3 = Widowed** **4 = Never married**
Ethnicity	
Religion	**1 = Christian** **2 = Muslim** **3 = Protestant** **4 = Catholic** **5 = Other (specify)**
Education	**0 = Illiterate** **1 = Adult literacy** **2 = Primary education (1-8)** **3 = Secondary education (9-10)** **4 = Tertiary education (11-12)** **5 = TVET** **6 = college/ university**
Occupation	

Any comments	

Questions

Equality and non-discrimination

1. What good practices have you observed in Tanzania that reduce discrimination for persons with disabilities?
    a. *Probe for case study information (e.g. stakeholders involved, project name, location of project, disability type, cost, diversity issues/marginalised group involvement)*

Accessibility

2. What opportunities to increase accessibility of persons with disabilities have you imagined?
3. What capacity gaps prevent the accessibility of persons with disabilities?

Inclusive service delivery

4. In your experience, is there a tendency to favour community-based support or institutionalisation, or some other form of service delivery?

5. What specific challenges face women with disabilities in accessing services compared with men?
6. What good practices have you observed that increase inclusive service delivery for persons with disabilities?
    a. *Probe for case study information (e.g. stakeholders involved, location, disability type, cost, diversity issues, result)*

Participation of people with disabilities

7. What does meaningful participation of people with disabilities mean to you?

8. Are you aware of any compulsory earmarking/affirmative action for persons with disabilities to participate in:
    - Public life
    - Decision making
    - Political life

Probe: is this similar or different to the opportunities for OPDs?

9. What coordination mechanisms could help to improve OPD engagement and consultation in the SDGs?
    b. *Probe: do these mechanisms already exist? why/why not? what would help them to exist?*
    c. How are OPDs registered and organised?
10. Which type of disability or identity group (e.g. ethnic, LGBTI) face the most exclusion in:

    - Public life
    - Decision making
    - Political life

CRPD-compliant budget and financial management

11. Is there a national focal point overseeing the implementation of the CRPD?

12. Are there any critical 'bottlenecks' in capacities or systems hindering progress towards CRPD implementation?
    a. *Probe by disability type and stakeholder type*

13. On a scale of 1-5 with 5 being the highest, how does the Government fare in terms of disability inclusion in program design and budgets
    Scale - 1 = terrible 2 = below average 3 = average 4 = above average 5 = outstanding

14. On a scale of 1-5 with 5 being the highest, how does the UN fare in terms of disability inclusion in program design and budgets
15. Are there elements that promote inclusion in government policy/programs that are not yet funded? Why/why not?
16. Is there any compulsory earmarking of public entities' budgets for persons with disabilities?

    a. *Probe by disability type and stakeholder type*
17. What share/proportion of your organisation's budget is allocated for disability specific or inclusive programs?
18. What, if any, topic or capacity gaps does your organisation face for disability specific or inclusive programs?
    a. *Probe: for why this gap exists and what they have done to solve the gap*

Accountability and governance

19. Are there any independent monitoring mechanisms such as National Human Rights Institutions, that provide ongoing accountability and receive complaints about the rights of persons with disabilities?
    a. *If they don't know, probe: If you wanted to make a complaint about a breach of your rights, where would you go?*
    b. *If they do know, probe: How accessible are these complaints mechanisms for people with disabilities? (easy-to read, sign language interpretation, braille etc) in public spaces (including official buildings and UN offices).*

20. What hinders the implementation of disability inclusive legislation and policies?

    a. *Probe: for capacity gaps of key duty bearers and capacity gaps in OPDs for advocacy?*

21. What evidence and data gaps do you consider essential to fill? (e.g. existence and quality of statistics and disaggregated disability monitoring data)
    a. *Probing categories: Policy, Law, Decision making*

WRAP-UP

22. How have OPDs been involved in COVID-19 impact analysis, planning, response and recovery decision making?
23. Out of everything discussed today, what is most likely to hinder progress towards inclusive SDGs, CRPD implementation or equality between persons with and without disabilities?

    a. *Probe: in what way could UNPRPD funding support these priorities?*

24. Anything we have not discussed that they would like to mention?

Thank you for taking time to talk to me. If you have any organizational documents about the topics we just covered that you would like to share, please email them to me at _____. At a later date, Includovate would be holding a validation workshop to share our findings and get feedback from you. In the meantime, if you have any questions, please feel free to contact me (or Dr. Privilege Hang'andu) at the email address above.

Annex 19: FGD Guide

SITUATIONAL ANALYSIS OF PEOPLE WITH DISABILITIES IN TANZANIA AND ZANZIBAR

FOCUS GROUP GUIDE

Client: United Nations Population Fund (UNFPA)
Consulting firm: Includovate
Lead investigator: Dr. Privilege Hang'andu privilege.hangandu@includovate.com

Thank you for taking time to speak with me. My name is _____, from Includovate where I work as a researcher. The purpose of this focus group discussion is to get your views about the context and situation of people and young people with disabilities in Tanzania/Zanzibar. This information will inform a Situation Analysis of People living with Disabilities in Tanzania that has been commissioned by UNPRPD. We want to hear your first-hand experience on dealing with issues concerning persons with disabilities so that your experiences can help inform UNPRPD about the needs of persons with disabilities from a civil society perspective.

Before we start, I would like you to be aware of the ethical requirements guiding my research and to re-confirm your consent to taking part in this discussion. Please confirm you have all signed and read the consent form to participate in this study?

Introduce the note taker and their role.

Table 1: Participant information for Covid-19 tracing *[to be completed for in-person FGDs only]*
To be completed on a separate sheet of paper when people arrive along with temperature checks and sanitiser. Please reassure participants that this information is for COVID tracing only and will not be used to identify the participants for any other purpose because their responses are anonymous.

Respondent (corresponding to table 3)	Name	Phone number	Email Address	Temperature
R1				
R2				
R3				
R4				
R5				
R6				

R7				
R8				

Table 2: FGD details
(to be completed by the note taker during the discussion)

Name of village	
FGD type: **1 = Women's FGD;** **2 = Men's FGD** **3 = Other**	
Date (DD/MM/YYYY)	
Location of the FGD	
Time FGD began (HH:MM)	
Time FGD ended (HH:MM)	
Name of facilitator	
Name of scribe	
Number of participants	
Any comments	

Table 3: Demographics/Participant information

Respondent	**Gender 1 = F 2 = M 3 = Other**	**Age in years**	**Marital status 1 = Married 2 = Divorced or separated 3 = Widowed 4 = Never married**	**Disability. Ask people to <u>self identify</u> if they have a disability or let them know you can ask the <u>Washington Group questions</u> if they prefer (if they opt for the washington group <u>you must ask all 6</u> of the below questions:** 1. Do you have difficulty seeing, even if wearing glasses? 2. Do you have difficulty hearing, even if using a hearing aid? 3. Do you have difficulty walking or climbing steps? 4. Do you have difficulty remembering or concentrating? 5. Do you have difficulty (with self-care such as) washing all over or dressing? 6. Using your usual (customary) language, do you have difficulty communicating, for example	**Ethnicity (*please write the ethnicity in the section below*)**	**Religion 1 = Christian 2 = Muslim 3 = Protestant 4 = Catholic 5 = Other (specify)**	**Education 0 =Illiterate 1 = Adult literacy 2 = Primary education (1-8) 3 = Secondary education (9-10) 4 = Tertiary education (11-12) 5 = TVET 6 = college/ university**	**Occupation (*please write the occupation in the section below)***

				understanding or being understood? **A. No - no difficulty** **B. Yes – some difficulty** **C. Yes – a lot of difficulty** **D. Cannot do at all**				
R1				**Person self identifies as having *Down Syndrome (so you do not need to ask the Washington Group questions)*** **1.** **3.** **4.** **5.** **6.**				
R2				**1.** **2.** **3.** **4.** **5.** **6.**				
R3				**1.** **2.**				

				3. **4.** **5.** **6.**				
R4				**1.** **2.** **3.** **4.** **5.** **6.**				
R5				**1.** **2.** **3.** **4.** **5.** **6.**				
R6				**1.** **2.** **3.** **4.** **5.** **6.**				
R7				**1.** **2.** **3.** **4.** **5.** **6.**				

R8				**1.** **2.** **3.** **4.** **5.** **6.**				

Equality and non-discrimination

1. If you had a magic wand what would be the most harmful form of discrimination between persons with and without disabilities that you would solve and why?

a. Probe: type of discrimination/disability most affected/why this discrimination persists
b. Would you give the same answer if I asked you to answer only for women, girls with disabilities?

Accessibility

2. What are some of the accessibility barriers that you have witnessed people with disabilities facing?

a. Probe: level/type of accessibility
b. Probe: for specific challenges women, girls and marginalised groups experience
c. Probe: what does affordability have to do with accessibility?

Inclusive service delivery

The idea of this activity is to complete the table in the FGD. Consensus is not needed. Write down everything said on a flip chart. Then when no more answers are coming, you can ask participants to chose the most important issue to address per category (they cannot choose everything):

E.g. you will ask What are the most important barriers/obstacles people with disabilities or OPDs face compared to people without disabilities when trying to access **social protection** services? You will probe by the following:

- *Assessment*
- *Eligibility*
- *Referral*
- *Exclusion/discrimination*
- *Accessibility*
- *Affordability*

3. What are the most important barriers/obstacles people with disabilities or OPDs face compared to people without disabilities when trying to access the following services:

	Assessment	*Eligibility*	*Referral*	*Exclusion/ discrimination*	*Accessibility*	*Affordability*
Social protection						
Health						
Education						
Work, livelihood and employment						
Disaster risk reduction and emergency response/ humanitarian						
Migration						

Access to justice						

Participation of people with disabilities

4. Please list some of the barriers/obstacles to meaningful participation of persons with disabilities that you have observed or personally faced for the following:
    - Public life
    - Decision making
    - Political life

5. Are these barriers/obstacles similar or different to the barriers/obstacles facing OPDs seeking meaningful participation?

a. how/why (probe for the differences in public life; decision making; political life)

Accountability and governance

6. What government or multi-stakeholder coordination mechanisms are in place to monitor implementation of policies and plans relating to the rights of persons with disabilities? e.g. is there a national disability council in place?

a. Probe: Who is excluded from these mechanisms (e.g. identity groups)? Are OPDs engaged as members or stakeholders of such mechanisms?

b. Probe: how do these mechanisms help people with disabilities (or contribute to change)?

7. What other national monitoring mechanisms, systems or tools are in the most need of becoming inclusive to people with disabilities?

COVID-19

8. What are the critical issues to be incorporated into COVID-19 recovery planning to make sure people with disabilities are able to equitably benefit?

WRAP UP

Go around each FGD participant and ask:

9. Out of everything discussed today, what would you say are the top 2 critical priorities to address (they can answer for their own disability type or for the country, whatever they feel is important)?
10. Anything we have not discussed that they would like to mention/raise because it is important to them/disability inclusion?

Thank you for taking time to talk to me. If you have any organizational documents about the topics we just covered that you would like to share, please email them to me at _____. At a later date, Includovate would be holding a validation workshop to share our findings and get feedback from you.

In the meantime, if you have any questions, please feel free to contact me (or Dr. Privilege Hang'andu) at the email address above.

UNPRPD MPTF

Partnership on the Rights of Persons with Disabilities

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