



UNPRPD MPTF
Partnership on the Rights of Persons with Disabilities



UNITED NATIONS
TANZANIA



SITUATIONAL ANALYSIS OF THE RIGHTS OF PERSONS WITH DISABILITIES

TANZANIA



COUNTRY BRIEF



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COUNTRY BRIEF

November 2022

Disclaimer

This brief was prepared by the Technical Secretariat. It summarizes the key findings from the situational analysis report and does not necessarily reflect the position of the UNPRPD MPTF.

CONTENTS

| | |
|--|-----------|
| Acronyms and abbreviations | 4 |
| 1 Background | 5 |
| 2 Why a country analysis? | 6 |
| 3 Introduction to disability context in Tanzania | 7 |
| 4 Findings | 8 |
| 4.1 Stakeholder coordination mechanisms | 8 |
| 4.2 Preconditions for disability inclusion | 10 |
| – Equality and non-discrimination | 10 |
| – Accessibility | 11 |
| – Inclusive service delivery | 12 |
| – CRPD-compliant budgeting | 15 |
| – Accountability and governance | 16 |
| 4.3 Cross-cutting approaches: Participation, gender, inequalities | 18 |
| 4.4 Disability inclusion in broader development, humanitarian and emergency contexts | 20 |
| 5 Conclusions | 22 |
| Annex 1 | 23 |

ACRONYMS AND ABBREVIATIONS

| | |
|-------------------|--|
| CEDAW | Convention on the Elimination of all Forms of Discrimination Against Women |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSOs | Civil society organization |
| DMD | Disaster Management Department |
| FYDP | Five-Year Development Plan |
| ICT | Information and communication technology |
| LGAs | Local Government Authorities |
| MPTF | Multi-Partner Trust Fund |
| NGO | Non-governmental organization |
| OPDs | Organizations of persons with disabilities |
| SDG | Sustainable Development Goal |
| 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) |
| UN | United Nations |
| UNCT | United Nations Country Team |
| UNDP | United Nations Development Programme |
| UNPRPD | United Nations Partnership on the Rights of Persons with Disabilities |
| URT | United Republic of Tanzania |
| VNR | Voluntary National Review |
| WHO | World Health Organization |
| ZADES | Zanzibar Development Strategy |

1 BACKGROUND

The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique partnership that brings together United Nations (UN) entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and disability-inclusive Sustainable Development Goals (SDGs) at the country level around the world.

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, and United Kingdom.

In 2020, with the Strategic and Operational Framework 2020-2025 UNPRPD adopted a new programme design approach, which aspires to be more participatory of all stake holders, more proactive and more results-oriented in addressing key gaps in systems, structures and capacities that hinder implementation of the CRPD and disability-inclusive SDGs. The Framework identifies preconditions and cross cutting issues that are essential to successful disability inclusion.

In the same year, the UNPRPD launched its fourth funding call and invited UN Country Teams (UNCTs) to submit proposals for joint country-level programmes. The 26 selected country teams (Annex 1) were then allocated an initial budget to deliver an induction training for the key stakeholders, conduct a country situational analysis and complete a full joint programme proposal based on the findings of the situational analysis.

All 26 countries conducted a comprehensive multistakeholder situational analyses with the purpose to identify gaps and opportunities to advance CRPD implementation/disability inclusive SDGs and agree on a set of recommendations to address them.

From March to October 2021, the Tanzania UNCT conducted the comprehensive situational analysis. The methodology included a desk review of relevant literature, key informant interviews and focus groups, stakeholder mapping exercises, and consultative workshops with key stakeholders.

The full situational analysis report can be found here. [here](#).

2



WHY A COUNTRY ANALYSIS?

Many countries still struggle to transform the CRPD into concrete policies, systems, programmes and services that uphold the rights of persons with disabilities. It is urgent that governments and their implementation partners deliver on their SDG commitments through CRPD-compliant interventions. To support countries in the most catalytic way requires understanding the main bottlenecks and priorities in each country in relation to the fulfilment of the CRPD. We needed to know who the key stakeholders are, how implementation/monitoring mechanisms are functioning (or not), which capacities stakeholders may need to improve, and which ongoing development processes could be leveraged to become more disability inclusive.

The situational analyses were carried out to:

- Inform the design of future PRPD funded programmes in the country and serve as a baseline for these programmes;
- Inform UNCTs of gaps in terms of disability inclusion in ongoing national processes and programmes and recommend further, in-depth analysis where needed;
- Build a base of mutual understanding and working relationships among UN entities, government, OPDs and other civil society organizations, as well as the private sector and academia, as the basis for future co-design of joint programmes;
- Strengthen the capacity of those stakeholders to more effectively include and address the rights of persons with disabilities as outlined in the CRPD; and,
- Serve as an advocacy tool for ODPs and other civil society partners, both national and international.

3 INTRODUCTION TO DISABILITY CONTEXT IN TANZANIA

| | |
|---|---|
|  Population | 61.74 million¹ |
|  Disability Prevalence* | Mainland Tanzania 6.8% [2018] Zanzibar 9.3% [2020]² |
| | Female 4.1 – 7.8% |
| | Male 3.0 – 5.7% |
| | Children & young people 1.8 – 2.3% (between 5-24 years) |

* The report highlights inconsistencies on disability prevalence among different data sources.

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-year 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.

4 FINDINGS

4.1 Stakeholder coordination mechanisms

The key stakeholders responsible for implementing and monitoring the CRPD are highlighted below. A comprehensive list of stakeholders is included in the full report.

Government

On mainland Tanzania, a designated focal point has been established at the Prime Minister's Office and is responsible for realizing the rights of people with disabilities in accordance with the Disability Act, 2010 which was adopted from the CRPD. Similarly, in Zanzibar, the First Vice President's Office under the Department of Disability Affairs is responsible for matters of disability and, thus, requires every ministry to ensure disability inclusion in its policies, programmes and services. The placement of the disability focal point at a high-level governmental body is promising and makes Tanzania stand out from other countries where such focal points are mostly placed in a Ministry of Social Welfare.

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 and the CRPD. The disability councils include representatives from the village, ward, district, regional and national levels, , civil society organizations (CSOs), , Local Government Authorities (LGAs), OPDs, the Attorney General's office, ministries, the Association of Tanzania Employers, and the Commission for Human Rights and Good Governance.

Organizations of persons with disabilities (OPDs)

The Tanzania Federation of Disabled Peoples' Organisations (SHIVYAWATA) and Zanzibar Federation of Disabled People Organisations (SHIJUWAZA) are the country's national OPD umbrella organizations. Their members are the traditional single disability organisations. Other umbrella groups and OPDs have emerged, but few of them focuses specifically on the rights of women, young people or girls with disabilities and many of them are not officially registered, which creates challenges in terms of participation. Their main work includes

coordinating joint advocacy; organizing legal and policy reviews; promoting awareness of disability rights; engaging in accessibility audit and improving the provision of services; and conducting research. The analysis also notes weak structures for engagement of women, young people and children with disabilities among OPDs.

Other key partners

The full situational analysis outlines 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, Finland, IrishAid, SIDA, USAID, the European Union/ European Commission and Christian Blind Mission.

Summary of stakeholder capacity

Some opportunities exist for collaboration among OPDs, CSOs, the government and international development partners. The Voluntary National Review (VNR) 2019 report stated that all stakeholders, including OPDs, CSOs, private sector actors and the government, were involved in participatory and all-inclusive stakeholder workshops and meetings to assess the progress of implementation and inclusive achievement of the SDGs. The second VNR for United Republic of Tanzania is planned for 2023.

The involvement of civil society organizations, bilateral agencies, and donors in promoting and engaging in disability rights is improving, along with funding. The United Nations (UN) has also taken 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 OPD federations are in place, they are not always active and consulted, particularly at the regional and district levels, where OPD participation in decision-making processes is limited. Many government officers lack expertise on disability issues, making it hard for them to effectively engage with OPDs and other stakeholders on issues of disability inclusion. OPDs were involved in the CRPD report drafting process but were not significantly involved in the COVID-19 response or other disaster risk and emergency response situations.

Coordination within and among government agencies to address disability affairs is weak due to a 2015 restructuring (devolution) on mainland Tanzania that has led to duplication of work by multiple government agencies addressing disability issues.

OPDs struggle with knowledge gaps, limited human resources and lack of 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, as is the number of OPDs.

4.2 Preconditions for disability inclusion

In its Strategic Framework, UNPRPD has identified 5 preconditions as foundational aspects that must be in place to address the rights of persons with disabilities across sectors. The following findings focus on these preconditions in the Tanzanian context.

- 1 Equality and non-discrimination
- 2 Accessibility
- 3 Inclusive service delivery
- 4 CRPD-compliant budgeting and financial management
- 5 Accountability and governance

Equality and non-discrimination

The United Republic of Tanzania (URT) has made continuing efforts to protect the rights of persons with disabilities by ratifying the CRPD and its Optional Protocol in November 2009. Both jurisdictions have enacted 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. The Acts guarantee persons with disabilities the right to social support, healthcare, education, employment, accessibility, and rehabilitation. While the Mainland Law of the Child Act is progressive with regard to children with disabilities, its legal definition of disability complies only partially 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 and girls with disabilities, they 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.

The URT has not reported on the CRPD, and further efforts are needed to align national legislation and policies with it. Although the Constitution guarantees equality and non-discrimination, several obstacles impede CRPD implementation, such as inadequate education and awareness of 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 of 'intellectual disabilities' includes mental health and psychosocial disabilities, which is making it impossible to plan for and design appropriate support measures; Women and children with these types of disability are the most marginalized of all persons with disabilities. Participation of persons with disabilities, especially women with disabilities, in decision making is not prioritized. Intersecting identities of gender and age increase the risk of discrimination.

Key findings

- **Constitutional amendment:** The government is considering amending its 1977 constitution, which presents an opportunity for greater alignment of the constitution with the CRPD. OPDs were consulted in the process and the proposed constitution contains provisions for disability inclusion. However, the amendment process has stalled.
- **Lack of an intersectional lens in legislation:** The legal frameworks to protect the rights of persons with disabilities fail to adopt an intersectional lens to address the diverse needs of marginalized groups within the disability spectrum. This failure means that the laws and policies do not comply with CEDAW and CRPD.
- **Inadequate education and awareness:** Inadequate awareness and education exists 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. Further, the role of non-inclusive environments and infrastructure in disability exclusion is not acknowledged adequately.
- **Social stigma, stereotype, and discrimination against people with disabilities:** These are the most prominent factors that limit persons with disabilities from being able to achieve true equality and access opportunities. These stereotypes and forms of discrimination are often reflected in individual and community perceptions of people with disabilities as having less capacity and value. Marginalized groups within the disability spectrum, such as women with disabilities, are particularly vulnerable to stigma and discrimination, including gender-based violence, due to a lack of diversified advocacy and sensitization efforts.

Accessibility

The URT has adopted several pieces of legislation to ensure that the physical environment, information, and services are accessible to people with disabilities. However, the level of implementation of policy and legislative measures that comply with CRPD and government accountability requirements is low. Some policies lack specific provisions and strategies to enable persons with disabilities to enjoy their rights.

Persons with disabilities 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. Persons with disabilities also face many challenges in accessing services and facilities, and efforts to ensure accessibility of information and communication technology (ICT) for persons with disabilities have been inadequate, as the COVID-19 response revealed. The marked difference between urban and rural accessibility is frequently observed, with the rural areas considerably less accessible. Women, children, both with and without disabilities, in rural areas experience more exclusion compared to their urban counterparts.

Key findings

- **Limited accessibility of 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. Most support services (sign language interpretation, guides, technical assistance) are concentrated in urban areas.

- **Poor access to ICT:** While accessible ICT tools are available, they are expensive and unaffordable for people with disabilities who often come from poor families. Some tools also fail to offer assistance in Swahili. Similarly, many websites and downloadable information are inaccessible to persons with disabilities.
- **Limited publication and enforcement of relevant laws among key stakeholders:** The government does not always make the texts of laws providing accessibility rights - such as guidelines for accessibility tools and renovation procedures - available to the concerned stakeholders. The accountability mechanisms to ensure that various stakeholders, such as government and private entities, provide access to services for persons with disabilities are weak.
- **The URT lacks data disaggregated** by geographic location, type of disability, gender, age and other criteria as well as data on the accessibility of buildings and services to persons with disabilities in public and private settings. This affects planning and resource allocation, leading to exclusion of persons with disabilities, especially in rural areas.
- **Limited access to COVID-19-related information:** Accessibility measures for persons with disabilities did not receive adequate priority in COVID-19 prevention and response and recovery planning and programmes. This affected their access to important information and relief services.

Inclusive service delivery

Disability assessment and referral systems

The President's Office - Regional Administration and Local Government is responsible for early diagnosis and assessment and social welfare officers are responsible for recommending relevant medical and rehabilitation services and assessments. However, the country's disability assessment system is often inefficient. This is largely due to the lack, or limited availability of, institutions or agencies that specialize in disability assessment at the local level. According to an OPD in Zanzibar, while community-based rehabilitation services and medical experts assess and diagnose disability, these are based on the knowledge available locally at the time. No clear system or standards for disability assessment exists in the URT. Although some specialized hospitals on mainland Tanzania provide disability assessment, these services are not fully integrated into primary health care services or widely available and accessible at the local level.

Referral systems are largely unavailable in the URT. Community-based rehabilitation programmes, which link homes and the education sector, as well as various community programmes supporting positive parental behaviours, do not offer sufficient referral services. Referral systems at community and regional levels are also lacking due to the absence of a central agency offering referral advice. Referrals are therefore often made between OPDs and hospitals on an ad hoc basis.

Disability support services

The provision of sign language interpreters and means of accessible communication in crucial service sectors, such as education and health, tends to be limited largely due to the shortage of trained human resources. Those limitations are compounded further by limited financial allocation to relevant sector budgets for such services. Assistive technologies, such as wheelchairs, prostheses, hearing and visual aids, and specialized computer software and hardware that assist persons with different types of disabilities are largely inaccessible due to high costs. 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 orthopedic devices, including crutches and wheelchairs. Local services in rural and remote areas are still often not available, and infrastructure for rehabilitation and rehabilitation services is often not accessible for persons with disabilities.

Mainstream services

The situational analysis report provides an overview of disability inclusion in mainstream services including social protection, education, health, employment, and access to justice. The brief highlights key gaps. Further details can be found in the full report.

The President's recent announcements address initiatives to mainstream disability by promising to provide loans to students with disabilities; build more schools inclusive of girls with disabilities; and appoint persons with disabilities to ministerial positions. UN agencies and many CSOs also play a pivotal role in mainstreaming disability inclusion across their programmes. 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 these activities is not monitored. Ambitions and promises might be substantial but are not sufficiently underpinned by capacity development and funding. The following paragraphs highlight some of the challenges.

Social protection

The URT has several legal frameworks that ensure equal access to social protection, including the Persons with Disabilities Act and Zanzibar Social Protection Policy, 2014. Some key social protection programmes are outlined in the full report. However, the use of social protection schemes is low, largely due to the limited awareness of such programmes among persons with disabilities and government officials and the stigma among staff providing social protection services. In addition, accessible information and communication on social protection schemes are largely unavailable. Application locations are often concentrated in urban areas and are physically inaccessible, undermining the registration process for persons with disabilities.

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 (for example, the CRPD and African Charter). The URT's Constitution also domesticates this right. However, implementation of such laws remains limited. Health services continue to be unaffordable, and inaccessible for most persons with disabilities, even in Zanzibar where

public health care is free for all. There are high registration fees for medical insurance and lack of comprehensive coverage for medicines required by persons with disabilities. A serious obstacle is also the continued discrimination by and prejudice on the part of health care staff.

Education

Despite the existence of some models of good practice (supported by development partners), children with disabilities continue to experience exclusion in the education system. Children with disabilities are still sent to special schools and those in inclusive settings are more likely to be left behind in class and subject to social exclusion. This is compounded by the lack of teachers trained in special needs and communication with children with disabilities, such as braille and sign language, and the limited availability of general support systems. Efforts to include children with disabilities in mainstream education are limited to 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, and low funding or low priority assigned to enhance physical accessibility in schools.

Employment

Compliance with the 2006 (Zanzibar) and 2010 (Mainland Tanzania) Acts and the requirements by employers and the general public is low. 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 the exclusion of those willing to engage in self-employment from accessing loans and capital at financial institutions prevents them from accessing meaningful livelihood opportunities.

Key findings

- **Issues that are more difficult to solve issues should also receive priority:** Extreme discrimination and violence faced by people with disabilities - especially women and girls - tend to be ignored because it is difficult to change. 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 the URT:** This is largely due to the absence of both central and local health agencies that coordinate the assessment, registration and referrals processes and provide advice in essential medical fields. In addition, the government continues to rely on the medical model of disability rather than a human rights-based approach, often overlooking barriers that persons with disabilities face in the environment, especially during the disability assessment process. Referrals between OPDs and medical agencies are often ad hoc.
- **Disability support services:** The provision of sign language interpreters and other channels of accessible communication in crucial service sectors, such as education and health, tend to be limited largely due to the shortage of trained

human resources. This problem is compounded by limited financial allocations in relevant sector budgets for such services.

- **Mainstream services:** Barriers to disability-inclusive services such as social protection, education and health are due primarily to lack of capacity, low awareness, inaccessible processes (i.e., registration for services), and high costs.

CRPD-compliant budgeting

Mainstream

Although limited reliable data are available about budgetary contributions to disability, budget allocation and procurement processes are not conducive to addressing the needs of persons with disabilities. Data are not disaggregated to enable analysis of investments on the most marginalized groups within the disability community, such as women, children, refugees, and those from low socio-economic households. The UN funded several programmes in 2019 for national development and humanitarian purposes, but no reliable data exists on explicit outcome or monitoring indicators for persons with disabilities in those programmes.

Regulation and support for the additional costs of disability

Current budget allocations for persons with disabilities in the URT are inadequate to meet their needs, especially in health, education, and infrastructure, for campaigns that raise awareness about the rights and needs of people with disabilities, or for OPDs. This lack of funding has been noted in various reports, during the consultation workshop and during primary data collection. The Foundation for Civil Society 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.”³

Key findings

- **The Household Budget Surveys** 2017/18 (mainland Tanzania) and 2019/2020 (Zanzibar) do not adequately reflect disability-related indicators. 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 to direct policy action. .
- **Programme and budget information:** Donor-funded disability programmes are not analyzed against the OECD-DAC disability marker. This presents an opportunity to establish a baseline of disability programming and funding in Tanzania that can be revisited annually to hold donors accountable for CRPD-compliant programming and budgeting. The data are also not disaggregated by gender and age.
- **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.** COVID-19 budgets (or associated cuts) and their impact on persons with a disability have also not been examined in enough detail.

Accountability and governance

Inclusive evidence and data gathering systems

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 data available have inconsistent definitions and indicators of disability and fail 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, sexual and reproductive health and rights, and disability is still unexplored. The expected release of data from the 2022 Population and Household Survey and the 2022 Demographic Health Survey is expected to address some of these challenges and further provide opportunities for sub-analysis to assess intersectionality between disability and other development indicators.

National accountability mechanisms

The URT has multiple governance, accountability, and human rights monitoring institutions to ensure good governance and safeguard the rights of persons with disabilities. Different levels of independence and accountability within these structures and budgetary constraints impact their ability to effectively reach all segments of URT society. The institutions mandated to monitor implementation of the CRPD include the Committee on the Rights of Persons with Disabilities (worldwide), the National Advisory Council (mainland Tanzania) and Zanzibar National Disability Council. At the national level, persons with disabilities have faced challenges when they have sought to exercise their rights. Implementation of the Disability Acts has been of limited effectiveness and the councils' capacity may be limited.

Key findings

- **Lack of adequate OPD involvement in monitoring and accountability:** Existing OPD leaders are not effectively involved to ensure constructive monitoring of policies and programming. OPDs are not able to use accountability mechanisms to improve their disability inclusion agenda. The accountability process further fails to include underrepresented 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 National Five-Year Development Plan III (FYDP III) and Zanzibar Development Strategy (ZADEP) targets, indicators, and expected outputs are not disaggregated by location (rural/urban), gender or category of disabilities. No in-target indicators exist to show 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 UN-funded programmes do not comprehensively or systematically support the acceleration of SDGs 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:** Accurate and consistent disability-disaggregated data is lacking, which can lead to policy incoherence and interventions with little impact. Disability prevalence data are not uniformly available in accessible formats in the public domain, although data have been collected.

4.3 Cross-cutting approaches: Participation, gender, inequalities

The UNPRPD has adopted three cross-cutting approaches to be intrinsically applied across all of UNPRPD MPTF's work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities.



Participation:

Enabling full and effective participation of persons with disabilities



Inequalities:

Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities



Gender:

Addressing gender inequality and advancing the rights of women and girls with disabilities

Participation

Research on the extent to which the government engages OPDs shows that they are not always effectively engaged. While the Tanzania Human Rights Action Plan lists various actions and activities by lead government ministries that involve OPDs, including awareness-raising campaigns on disability inclusion, research on disability and rehabilitation services, and the amendment of the existing construction law to mainstream disability, this plan does not seem to be implemented fully. Primary data show that the government does not involve OPDs in the active implementation and monitoring of policies, such as consultation about budgetary allocations, formulation of accessibility standards, and disaster risk reduction and emergency preparedness efforts. This adversely affects the realization of well-intended policies into action, as OPDs' first-hand strategic and practical knowledge concerning disability inclusion is not translated into action on the ground. The analysis did find evidence that OPDs are invited to take part in decision making and consultations, although more on disability specific issues than on mainstream development issues.

Gender

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. 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 support services. Women with disabilities also experience barriers to accessing sexual and reproductive health information, goods, and services, which have further increased during the COVID-19 pandemic. The situational analysis report highlights a gender gap in the areas of education and employment, which 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.

Furthermore, although the representation of women with disabilities have improved in the implementation of policies, training and capacity building programs, their contributions in planning and decision making remains weak.

Inequalities

Marginalized groups of persons with disabilities, such as women, older adults and children, people with intellectual and psychosocial impairments, persons with disabilities from rural communities, are particularly vulnerable to stigma and discrimination due to a lack of diversified advocacy and efforts tailored to their needs. Further, accessibility services tend to focus on people with physical impairments and do not include people with other types of disabilities such as intellectual disabilities. There is also a need to increase diversity in the representation of OPDs to reflect the diverse voices of people with disabilities.

4.4 Disability inclusion in broader development, humanitarian and emergency contexts

National Development Plans

In 2016, the URT launched the National Data Roadmap for Sustainable Development with a list of indicators that will be used to inform the implementation and achievement of inclusion in supported development programmes (i.e., SDGs, FYDP III and ZADep).

The Voluntary National Review 2019 emphasizes the URT's adoption of a whole-of-society approach to implementing and attaining 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 participatory and all-inclusive stakeholder workshops and meetings to assess the progress of the implementation and inclusive achievement of the SDGs. The report also recognizes the need to ensure that disaggregated data is available and includes those who are most marginalized and vulnerable, including persons with disabilities.

Based on the 2021 common country analysis (CCA), the government of the United Republic of Tanzania and the UNCT developed the United Nations Development Cooperation Sustainable Framework 2022-2027 which aims to strengthen disability inclusion and achieve the national development goals.⁴

Climate change, disaster risk reduction and humanitarian action

The Disaster Management Act of 2015 does not address specific concerns for persons with disabilities as stipulated in CRPD article 11.

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 vulnerable to the impacts of disasters and emergency situations. According to a study conducted in Zanzibar, persons with disabilities were among the most affected by floods.

The 2012 Tanzania Emergency Preparedness and Response Plan, drafted by the Disaster Management Department, includes plans for emergency preparedness and coordination of emergency services. Section VIII on shelter and mass care mentions disaster victims, including persons with disabilities. Several initiatives are underway in Tanzania (see the Annex), but little is known about whether persons with disabilities are included in the plan or if such a plan exists in rural areas. 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.

Further, Tanzania is host to more than 280,000 refugees, asylum seekers and refugees with disabilities. People with disabilities tend to face security and privacy barriers in camps,

informal settlements, and reconstruction sites, while simultaneously lack full access to water, sanitation, nutrition, food aid and shelter.

COVID-19

Like other countries, Tanzania has been combatting the COVID-19 pandemic. Response measures have included mass education, use of herbal medicines, strengthening clinical services, public hand washing, wearing of masks, and travel restrictions. For about one year, COVID-19 statistics, such as the number of cases and deaths were not publicly available, and only 509 cases and 21 deaths were officially recorded from May 2020 to the completion of the situation analysis in November 2021.

Many OPDs interviewed pointed to a lack of disability inclusion during planning, implementation, and monitoring of COVID-19 recovery. The involvement of the few OPDs included was limited to the distribution of personal protective equipment and awareness raising. OPD leaders indicated that they would like to be more involved in COVID-19 recovery and relief, from planning to implementation and monitoring. Economic security, health care affordability and accessibility have been areas of concern for OPDs. COVID-19 has only exacerbated these needs and increased unemployment rates.

5 CONCLUSIONS

The government of the Republic of Tanzania has made significant progress in the implementation of the CRPD through their disability specific national legislation and policies, and measures which guarantee access to inclusive service delivery. The URT also 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 obligations under the CRPD and put in place effective systems for coordination and implementation at all levels. Tanzania is committed to improve its systems and capacities with an aim of fulfilling the fundamental rights stipulated by the CRPD.

Based on the gaps identified in the situational analysis, the following key recommendations are listed below. Full list of recommendations and additional details are available in the full report.

- Address gaps in resources, knowledge, and technical expertise among OPDs, CSOs and other disability rights advocates.
- Strengthen the intersectional lens in legislation by providing technical support to the government for amendment of specific disability-related laws, policies, strategies and plans and mainstreaming of disability into other sector laws, policies, strategies and plan, particularly those pertaining to education, health, employment and gender equality.
- Strengthen compliance with accessibility standards and audits through development of audit tools and annual monitoring targets.
- Strengthening inclusive service delivery data availability by disability type, age, location, and gender.
- Strengthen CRPD compliant programming and budgeting within Government and increase access to funding for OPDs and other stakeholders in the disability sector
- Increase accountability demands on URT government and development partners for CRPD and the recommendations made to URT in the Universal Period Review, which took place in November 2021.

ANNEX 1:

26 SELECTED COUNTRIES

Argentina
Colombia
Guatemala
Panama
Trinidad & Tobago

AMERICAS

Cameroon
DRC
Eswatini
Ghana
Rwanda
Sierra Leone
Tanzania
The Gambia
Tunisia
Zimbabwe

AFRICA

Montenegro
North Macedonia
Republic of Moldova

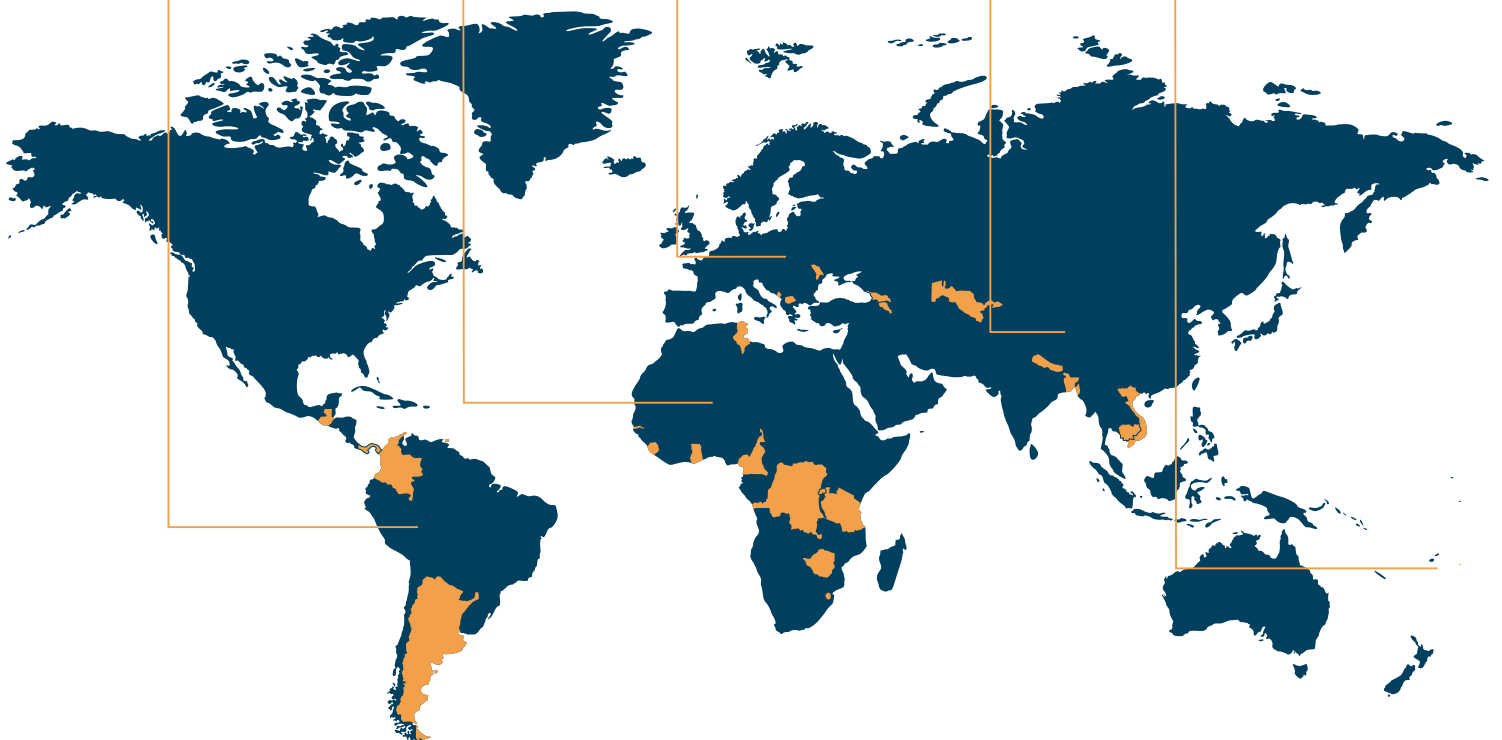
EUROPE

Armenia
Bangladesh
Cambodia
Georgia
Nepal
Uzbekistan
Vietnam

ASIA

Cook Islands

OCEANIA



ENDNOTES

- 1 2022 Population and Household Survey
- 2 2017/18 Tanzania Household Budget Survey; 2019/20 Zanzibar Household Budget Survey
- 3 Foundation for Civil Society (FCS). (2017). Implementation Status of the UN Convention on Rights of Persons with Disabilities (2006) Tanzania
- 4 <https://tanzania.un.org/en/182020-united-nations-sustainable-development-cooperation-framework-unsdcf-2022-2027>

