



Disability Movement in Tanzania and Status

1: 0 Introduction:

Disability movement in Tanzania is older than the Independence period of our country. This is evident owing to the fact that, the Missionaries in the pre-colonial era had fought very hard to persuade the then Colonial Government that Persons With Disabilities (PWDs) had the right to education just like non-disabled persons in the country.

For instance, the Anglican Church in the central diocese of Tanzania had already established educational programs in 1947 for the Blind Children which led to the mainstreaming of such programs into the Government education curriculum which had resulted into starting special school for the blind children at Buigiri Primary School in Dodoma in the year 1950 where by Braille was the major method of teaching.

Later on, after Independence, other special schools for the Children with Disabilities were established and mainly due to the efforts that was exerted by the Missionaries and which were concurred by the Government of Tanzania.

Furaha Primary School in Tabora, was established by the Roman Catholic Church, Irente Primary School in Lushoto Tanga, was established by the Lutheran Church.

All in all, the movement has been taking pace in the country such that, as of now more than 80 Districts in the Country are practicing Integrated and Inclusive Education by having special units in schools earmarked for the Children with Disabilities and mainly in the areas of Visual Impairment (VI), Intellectual Impairment (II), Hearing Impairment (HI), etc.

According to the National Bureau of Statistics (2008), the total population of Tanzania is now estimated to be 40.6 million, up from 12.3 million and 34.5 million in 1967 and 2002 respectively. Up to 3.2 million Tanzanians (7.8%) of the population aged 7 years and above have some form of activity limitation and up to 5.4 million (13.2%) are affected by one form of disability or the other.

The population of Tanzania as per National Census of 2012 stands at about 45 million out of which the 3.6 million (8%) are PWDs. Disability is more prevalent in the Mainland (13.3%) than

in Zanzibar (9.3%). According to the Survey, there is no clear gender trend about disability and further investigation on risk factors associated with age and sex differentials in disability is required.

2:0 Causes of Disability in Tanzania:

Although there is no comprehensive and reliable data and statistics on the causes of disability in Tanzania, many factors can be implicated for the rising numbers of people with disabilities.

Generally, the following are noted in Tanzania;

1. Violence especially against women and children.
2. War injuries as a result of landmines, and psychological trauma.
3. Poverty in all its forms causes disability.
4. Lack of information of possible source of disabilities.
5. Failure of medical services especially wrongly administered drugs.
6. Environmental factors such as epidemics, accidents, etc.

3:0 Situational Analysis:

3:1 After Independence:

During the Independence time in 1961, the Government had no arrangements on how the matters pertaining to PWDs could be dealt with.

However, in 1965 matters concerning PWDs were coordinated through the Ministry of Health and Social Welfare and specifically under the Department of Social Welfare. By that time, services to PWDs were as charity because there were no streamlined written policies on how to deal with issues of PWDs.

3:2 Situation in 1967:

Tanzania had announced Arusha Declaration which was geared at putting all sources and means of economy in the hands of the indigenous and that all means of economy at that time were nationalized.

However, one of the clauses in that declaration was to allow PWDs exploit others and thus there was no necessity for a PWD to work and earn person income and hence the right to work for PWDs was frustrated.

3:3 Situation in 1980s:

The United Nations (UN) declared 1981 as International Year of the Disabled. Following the International Year of the Disabled, Mwalimu Nyerere through his Presidential Decree caused the enactment of Disability act of number 1 and 3 of 1982 whereby act number 1 concerned itself with ensuring that qualified PWDs were given employment (2%) out of 50 labour establishments.

Act number 2 was for care and maintenance including rehabilitation services to PWDs.

3:4 UN Standard Rules:

In 1992, the UN issued standard rules on the equalization of opportunities whereby Nations were urged to ensure equal opportunities (on education, employment, health, Social protection, etc). However in Tanzania this was not practical on PWDs since that was the time when Tanzania established the policy of privatization whereby the Government and parastatals were no longer media employers and service providers and instead employment and service delivery were left on the private sector without a clear-cut policy on dealing with PWDs.

4:0 Legal Framework Tools:

4:1 National Policy on Disability - 2004:

The purpose of the policy was to put in place various rights and needs of PWDs specifically on how the Government could make interventions regarding areas of;

- Awareness creation
- Information sharing in accessible formats
- Health services
- Early interventions
- Mental health services
- HIV prevention education
- Rehabilitation services
- Etc

4:2 UNCRPD:

Tanzania ratified the UNCRPD in 2009 and various implementation processes are taking place such as on education, employment, health services, social protection, etc

For instance, the Government is now insisting on Inclusive Education whereby the purpose is to increase enrollment rate and to enable Children with Disabilities learn on accessible

environments and to ensure learning and teaching materials are available. Similarly, processes are going on to ensure free medications to PWDs.

4:3 MKUKUTA II:

The second National Strategy for Growth and Reduction of Poverty (NSGRP II or MKUKUTA II) is a continuation of the government and national commitments to accelerate economic growth and fighting poverty. It is thus an organizing framework to rally national efforts for next 5 years (2010/11 – 2014/15) in accelerating poverty-reducing growth by pursuing pro-poor intervention and addressing implementation bottlenecks.

The principles of disability mainstreaming in national development are also reflected in the implementation of MKUKUTA interventions in Cluster II focused on achieving two broad outcomes, namely: (i) improved quality of life and social wellbeing, particularly of the poorest and most vulnerable groups in the population; and (ii) reduced inequalities (e.g., in education, survival, and health) across geographic areas, income, age, gender and other categories.

4:4 Persons with Disability Act No. 9 of 2010:

The act gives direction on how to deal with needs and rights of persons with disabilities when advocating for matters responsive to PWDs.

4:5 National Disability Advisory Council:

This is an integral part of the disability act and it functions from National level up to Village level. This was launched on 1st Nov 2014 but it is not fully fledged operational.

4:6 National Disability Mainstreaming Strategy:

The strategy document has lucidly collated key issues and interventions that are must be undertaken to foster integrated development of all people – including people with disability.

4:7 Political Participation:

SHIVYAWATA has participated in the ongoing constitution making process. 20 PWDs participated in the Constituent Assembly and the suggested URT Constitution has considered disability in various Articles. Specifically, Article 55 of the suggested constitution is exclusively for the rights and needs of PWDs.

Furthermore, out of our priority list of 25 issues which were advocated for during the Constituent Assembly Sessions, 18 issues (72%) were factored in the proposed URT Constitution.

5:0 Challenges:

Major challenges facing people with disability include accessing transport, inaccessible information formats, problems with attitudes of others at home and the attitudes of others at work or school, inaccessibility to public premises, poverty and inadequate representation to public decision making bodies.

6:0 Achievements:

Availability of the legal framework tools outlined in (4:0 above) has been possible due to aggressive advocacy work spearheaded by SHIVYAWATA.