BACKGROUND

• According to the 2012 Census, Tanzania has a population of 44,928,923 of which 21,869,990 are males and 23,058,933 females with an average annual growth rate of 2.7%. A large majority (87%) of Tanzanians reside in rural areas where smallholder farming is the mainstay of their livelihoods.

• Tanzania’s first president was Julius Nyerere (1961-1985), focused on collective agricultural production and the improvement of social services.

• The socialistic economic management led to stagnation of the macro economy in the 1970s and economic crisis in the 1980s; had to be abandoned after the retirement of Julius Nyerere in 1985.

• In the late 1980s, the government introduced structural adjustment policies and since the 1990s, the government succeeded in stabilising the macro economy and started to transform its economy, reforms which enabled Tanzania to make good progress in its socio-economic indicators;

• With a growth rate of 7% in the past five years, the economy has been among the fastest growing in Africa. However such economic growth is not sufficiently broad-based and despite Tanzania’s strongly egalitarian policy thrust since independence, vast disparities persist in health, education, water and sanitation, and the protection of the most vulnerable from abuse, neglect and exploitation.
The high incidence and depth of poverty in Tanzania, coupled with the weakness of measures for effective social protection, have led analysts and policymakers to characterise the situation as one of ‘generalized insecurity’, a situation in which certain population sub-groups are particularly vulnerable and risky to adverse outcomes such as impoverishment, ill health, and social exclusion, of the elderly, the disabled, widows, people affected by HIV/AIDS and most vulnerable children.

The government of independent Tanzania inherited a paltry system of welfare schemes left behind by the colonial state. New legislations were enacted and others amended including the National Provident Fund of 1964 (now NSSF). Since then other schemes/funds such as PPF, PSPF, GEPF, LAPF and NHIF have been formed forming the gist of mandatory government schemes providing social security in Tanzania.

In recent years a broader notion of social protection has emerged as an area of concern in Tanzania’s macro-economic policy frameworks, poverty reduction strategies, sector policies and programmes as well as in different micro and community-based interventions.

Under goal 6 of the current National Strategy for Growth and Reduction of Poverty the main objective of social protection is “to prevent unacceptable levels of socioeconomic insecurity and deprivation.” The strategy underscores the developmental role that social protection can play in preventing poverty. Under the strategy, social protection interventions are specifically intended for “vulnerable and needy groups”, defined as “orphans and vulnerable children; people with disabilities; the elderly; people living with HIV and long term illnesses; vulnerable women and youth. 
POLICIES ON DISABILITY

This presentation is specifically on persons with disability

- For a good part of its post independence history (since 1961) Tanzania did not have a clear policy of disability; progressively the country has taken measures to address the problem of disability from various angles including health initiatives to eradicate childhood diseases that cause disablement such as polio, formulating a policy (2004) and enacting a law on disability in 2010. The country’s policy process on disability dates back to the country’s socialist era (1967-1985).

- Guided by the Arusha Declaration of 1967, the first vision document, a socialist blueprint promulgated on the ruling party’s (TANU for short) belief that, “...all human beings are equal and ...that every individual has a right to dignity and respect”. It further spelt out that services to disabled persons as well as to children and the elderly was a national responsibility.

- In 1974 Julius Nyerere, spoke of how people with disabilities could be invaluable, “…These people are not pumpkins....they are human beings and if assisted by their fellow human beings without disability can be of great value to society”.

- In 1981, the Government, having recognized the necessity of adopting special measures for persons with disabilities, adopted a Cabinet Paper outlining the basic principles to guide services for disabled persons. The various policies and legislations since then are found in annex 1.

- “In a socialist country, the only people who live on the work of others, and who have the right to be dependent upon their fellows, are small children, people who are too old to support themselves, the[disabled], and those whom the state at any one time cannot provide with an opportunity to work for their living”
DEFINITION OF DISABILITY

• In Tanzania, as elsewhere, there has been a transition in the definition of disability from a medically-based focus on the perceived deficiencies of individuals to acknowledging that disability is a socially constructed phenomenon resulting from the interaction of impairment – generally a functional limitation – and a person’s environment.
EVOLUTION OF THE CONCEPT OF DISABILITY

• In Tanzania the formal definition of disability has changed considerably over the past 3 decades as reflected in various key policy and legal texts.

• The Disabled Persons (Employment) Act of 1982 adopted a narrow ‘medicalised’ definition focusing on the employment consequences of disability, defining a ‘disabled person’ as,

  “... a person who, on account of injury, old age, disease or congenital deformity, is substantially handicapped in, obtaining employment, or in undertaking work on his own account, of a kind which apart from that injury old age, disease or deformity would be suited to his age, experience and qualification...” (1982.)

• This is the same definition used in the 1982 Disabled Persons (Care and Maintenance) Act and it remained the primary legal framework related to disability for more than twenty years, with international developments regarding definitions of disability not reflected in national policies until after the turn of the century.
Policy Evolution contd.

• The **2002 Census** was the first national census to include a question on disability but the way in which it was formulated lacked clarity and placed the onus of defining disability on the enumerator and respondent.

• The **National Policy on Disability of 2004** defined disability as, “the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental or social factors”, a definition drawing on international developments regarding the ‘social model’ of disability, a major step forward in terms of shifting attitudes to disability from a medical to social approach.

• It was not until the **2008 Tanzania survey on Disability** that significant attention was given to the issue of adequately defining disability for operational purposes based on the approach developed by the Washington Group on Disability Statistics thus reflecting the relational and interactional aspects of disability of the United Nations Convention (61/106) on the Rights of Persons with Disabilities (UNCRPD), an approach subsequently providing the basis for the inclusion of disability questions in other national surveys and censuses.
Persons with Disability Act of 2010

- It contains both the earlier definition of “disability” in the National Policy on Disability and a separate definition of a ‘person with disability’ which is broadly in-line with the UNCRPD: “a [person with a] physical, intellectual, sensory or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental and institutional barriers.”
DATA ON DISABILITY

• The 2002 national census for the first time had questions on disability. However, the questions were based on defined ‘categories’ of disability, with respondents required to self-identify as disabled. The number of disabled persons was found to be 676,502 (2.0%)

• The 2008 disability survey based with a sample of 7,000 households and using Washington Group questions found the prevalence of disability to be much higher at 7.8% for people aged 7 years and above.

• The 2012 census identified 2,640,802 of people with disabilities (5.93%), a lower percentage than the 2008 survey explained by the fact that the survey involved sampling whereas a census is a house to house count, hence more accurate.
THE CURRENT LEGAL FRAMEWORKS

• Over the last decade, disability policy has evolved considerably. This process began with the adoption of a National Policy on Disability in 2004 and the subsequent ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2006.

• In 2010, the Persons with Disabilities Act was passed which addressed a much broader range of areas than previous disability legislation.

• The PWDA enacted in order to give legal effect to the NPD and the UNCRPD.

• It grapples with the bottlenecks experienced in implementing the 2004 policy.

• Many areas are covered in which the rights of PWDs may be compromised and provides legal and social accountability mechanisms for implementation.

• Equal rights to education, health, employment, information and communication, cooperation in economy, respect, accessibility and acceptable standard of life.

• Special consideration is given to women, children and elderly people with disabilities as priority groups to get access to services.

• Contains an article on political participation, that persons disabilities have the same rights as those without disability: can vote and contest for political office that the ballot must be accessible to them.
SOCIAL PROTECTION OF PEOPLE WITH DISABILITY

• In the Tanzanian context social protection encompass traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, and to embrace opportunities for their development and for social and economic progress (NSPF, 2008:7).

• MKUKUTA (II (2010) conceptualises social protection as interventions to prevent unacceptable levels of socioeconomic insecurity and deprivation, underscoring the fact that the developmental role that social protection can play is to grapple with poverty traps, reduce household insecurity and encourage investments in poverty-reducing assets (physical, human, social and financial).
CONCEPT CONTD.

• The PWDA (Article 54) entitles people with disabilities to social protection and obligates the Minister responsible to take appropriate steps to ensure that persons with disabilities enjoy access to social security and protection, including (a) access to appropriate and affordable services, devices and other assistance for disability related needs; (b) access by persons with disabilities, in particular the aged and women to social protection programmes and poverty reduction strategies; and (c) access by persons with disabilities to available grants and credit services for income-generating activities and to public housing programmes, if resources allow.
As conceptualised in Mkukuta II (2010) the main objective of social protection is to prevent unacceptable levels of socio-economic insecurity and deprivation. MKUKUTA has three clusters which address poverty reduction. The first cluster contains social protection measures to improve food security; in the second social protection interventions are closely aligned with the two non-income goals of MKUKUTA:- i) improved quality of life with emphasis on vulnerable groups and, ii) reduced inequalities across geographic, income, age, gender and other groups. The expansion of cost-effective social protection interventions are to help prevent these groups from falling deeper into poverty, promote universal access to social services.
MKUKTA II CONTD.

- While the first National Strategy for Growth and Reduction of Poverty-MKUKUTA (2000-2005) had hardly recognised people with disabilities, the second NPRSP (2010-2015) acknowledged the weakness of the first PRSP, and mentions PWDs and their interests at various points and the matter is handled as a cross-cutting issue such that it is included in seven sectors and all of the so-called clusters of the paper (GTZ, 2008, CBM, 2006).
- Goal number 6 of MKUKUTA II aims at Providing Adequate Social Protection and Rights to the Vulnerable and Needy Groups. Social protection interventions are conceived to focus on: orphans and vulnerable children; people with disabilities; the elderly; people living with HIV and long term illnesses; vulnerable women and youth; former inmates, and people disabled by accidents, wars and conflicts
THE DRAFT NATIONAL SOCIAL PROTECTION FRAMEWORK (NSPF)

• In draft form since 2008 and revised several times since, the Framework is still yet to be finalised and approved.
• The NSPF is a multi-sectoral initiative designed to coordinate existing social protection programmes informed by various polices ranging from agriculture to employment and social sector related policies.
• The NSPF was ostensibly developed to improve coordination and enforce implementation of pro-poor policies that ensures improved livelihoods of extreme poor and vulnerable people. It establishes guidelines for stakeholders involved in the funding, planning and provision of social protection interventions in Tanzania.
• The Framework starts by pointing to the high levels of poverty in Tanzania and highlights the particular vulnerabilities of certain sectors of society including the elderly, women, children and people with disabilities.
NSPF ON PWDs

- The three versions mention PWDs as one area of focus (4.6.2) among seven others but the 2012 version has more information on people with disabilities though borrowed from the 2008 National survey on Disability.
- NSPF has the broad objective of increasing the scale and gradually building a coherent social protection system with cost-effective programmes that target (extremely) vulnerable groups which includes PWDs.
- It set quite lofty interventions for PWDs:
  - Awareness creation on the rights of the PWDs at all levels and facilitate health providers (duty-bearers) in both state institutions and non-state institutions to identify early enough children with disabilities and provide mechanisms to meet their needs (e.g. financial and in-kind support in the form of cash transfers to extremely poor).
NSPF ON PWDs CONT'D.

• Development of system and modalities to facilitate PWDs to access exemption and waiver in basic services and related opportunities (e.g. reduce conditions for accessing microfinance credits to PWDs).
• Operationalization of international and regional conventions for PWDs as adopted and ratified by the government and reporting on the same
• Enforcement of regulations and bi-laws that fulfil needs of disabled which includes ensuring all constructions (buildings) are favourable to the disabled
SUMMARY

• In the Tanzania context Social Protection encompasses traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, and to embrace opportunities for their development and for social and economic progress in Tanzania.

• Contemporary social security in Tanzania began with the National Social Security Policy of 2003 which conceived social security as any kind of interventions designed to ensure that members of society meet their basic needs and are protected from life contingencies.

• Currently the [formal] social security scene in Tanzania is characterised by seven contributory schemes: NSSF, PPF, PSPF, GEPF, LAPF and NHIF. Of these only NSSF has formal entitlements for disability (invalidity).

• In 2008 a Social Security Regulatory Authority was created to help harmonize funds and reduce fragmentation as well as to expand coverage of social security to the informal sector, as per the 2003 National Social Security Policy.
SUMMARY CONTD.

• The government has formulated a more comprehensive framework on social protection (NSPF) which establishes guidelines for stakeholders involvement in the funding, planning and provision of social protection interventions in Tanzania, but not only has it failed to get approval by cabinet, it has had to undergo various revisions and has major shortcomings including the fact that it duplicates the Five Year Plan and MKUKUTA.

• There are two World Bank initiated social protection programmes which have been operating in Tanzania since the early 2000s; these are TASAF and CHF which have become household names.

• **TASAF** is an agency established and housed in the President's office since 2000. Traditionally conceived as a community driven public works project, TASAF operates in phases depending on the achieving targets of the preceding ones.
SUMMARY CONT'D.

• TASAF II targeted certain specific vulnerable groups through income-generating activities, and included the elderly, people with disabilities, widows, orphans, and those affected by HIV/AIDS. This inclusiveness, along with greater control over decisions and resources in LGAs, helped promote local empowerment. TASAF III has been scaled up to the whole country and is now called ‘Productive Social Safety Net', the direct beneficiaries of whom are the person currently living below the basic needs poverty line and vulnerable households as well as those temporarily affected by short-term shocks.

• The Community Health fund was established by act of parliament in 2001 and operates under the auspices of the MoHSW. The scheme operates in partnership between communities and the Government, the latter providing “Matching Grant” to CHF scheme at district level. In 2009 the Government entrusted the NHIF to administer CHF, aimed at improving the latter’s operations and coverage as a long term strategy towards health for all through a joint NHIF/CHF linkage.
SUMMARY CONTD.

• As of August 2014 there were 137 active LGAs involved in CHF with a target of having all 168 councils in the country being active eventually.

• Though CHF does not specifically target persons with disabilities, since it encompasses households containing people with disabilities, children and elders, when enrolment is very high, these groups are included.

• There is lack of costed national social protection plans that are integrated with national development plans and budgets