

# Ensuring Access to Appropriate Services for Persons Living with Disabilities

## Background:

In Tanzania more than three million women, men and children or approximately 9% of the population live with a disability, according to the National Bureau of Statistics. In the rural areas the prevalence is even higher.

Persons with Disabilities (PWDs) are often affected by marginalization, stigmatization and discrimination. They are faced with serious social and economic disadvantages and are at a higher risk of health problems aggravated by existing cultural beliefs and practices.

The Tanzanian-German Programme to Support Health (TGPSH) is implemented on behalf of the German Ministry for Economic Cooperation and Development by GIZ and KfW and focuses on four complementary areas of support:

- Sexual and Reproductive Health and Rights and HIV&AIDS
- Health Financing and Social Health Protection
- Capacity Development and Human Resources
- Decentralised Subsidiary Public and Private Health Services.

## Towards a Human Rights based approach in the programme

In 2005, the GTZ (now GIZ) funded a workshop to push forward the implementation of the National Strategy for Growth and Reduction of Poverty 2005 – 2010 or MKUKUTA. To make PWDs benefit equally from the strategy, the GTZ provided a platform for the establishment of the MKUKUTA Disability Network in Tanzania.

It aims at a favourable environment for the full inclusion and participation of disabled people

in the implementation, monitoring and evaluation of the MKUKUTA towards a better quality of their lives.

In April 2010 Tanzania enacted the Persons with Disability Act. Section 26 (1) enshrines that

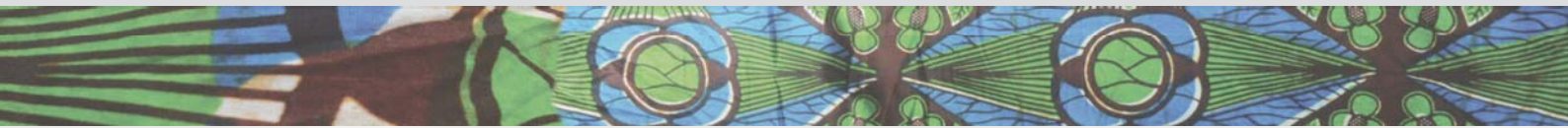
*“...every person with a disability shall have the right to enjoy the attainable standard of health care services without any discrimination”.*

TGPSH advocates for the effective implementation of the Act, the participation and empowerment of PWDs and their organisations in planning, delivering, and monitoring health and rehabilitation services. TGPSH has adopted a Human Rights based approach in all its components.



## Human Rights framework

The 2006 UN Convention on the Rights of Persons with Disabilities (CRPD) provides the legal basis for rights of PWDs, including the right to health. The general principles proclaimed by CRPD are non-discrimination, participation and inclusion, respect for differences and acceptance of persons with disabilities, equality between men and women, respect for evolving capacities of children with



disability and their right to preserve their identities.

Tanzania has ratified the CRPD and recently enacted the Persons with Disability Act 2010. The Constitution of Tanzania does not include the right to health as a fundamental right but it generates concrete legal obligations and states social welfare as a directive principle of State policy.

### **TATCOT – Example for Human Rights Based Approach**

The Tanzania Training Centre for Orthopaedic Technology (TATCOT) was founded in 1981 with support from GIZ. TATCOT provides the means for the optimal physical rehabilitation of disabled people and improves their overall well being through research, education and trainings.

TATCOT focuses on strengthening the capacity of NGOs to render services to PWDs and executes programmes such as preventing disabilities through awareness raising. It is affiliated to a faith-based medical college and integrated in the national health system under the Directorate of Human Resource Development of the Tanzanian Ministry of Health and Social Welfare (MoHSW) supported by several development partners, such as GIZ, ISPO, WHO, ISB, USAID, motivation, CIDA, SDC, JICA, iTECH / CDC.

#### **The Strategies of TATCOT**

- Improvement of sustainable high quality education, training and research in prosthetics, orthotics, wheelchairs and sup-portive seating.
- Development of design and production methods of appropriate orthopaedic devices.
- Continuing professional development of



graduates and all other TATCOT members of staff.

- Participating in and advising on the improvement and development of technical orthopaedic services.

### **The Impact of TATCOT**

#### **1. Human Resource Development:**

- TATCOT recruited and qualified around 715 national and international recognised professionals from 1981 to 2010. PWDs are employed as peer group instructors for the training in the use and repair of wheelchairs.
- TATCOT expanded training opportunities and developed new courses in rehabilitation technology: A Diploma Course in Orthopaedic, a Diploma Course in Wheelchair Technology and Degree Courses in Orthopaedic and Prosthetic Technology.
- PWDs are integrated into different training programmes as teachers with a part-time employment.
- The private sector employs PWDs e.g. in Shah Industry in Moshi, CCBRT at Kili-manjaro and Dar es Salaam, Tanzania Breweries in Dar es Salaam.

## 2. Expanding access to quality Rehabilitation Facilities:



- From 1981 to date there has been an increase of rehabilitation facilities by 85%.
- A Community Based Rehabilitation (CBR) approach has been established in at least 14 of the 20 centres. In each centre a physiotherapist, an occupational therapist, a surgeon, orthopaedic tech-nologists, social workers, and PWDs work together to create more awareness about early detection and intervention of disabilities and referral services.
- TATCOT facilitated a national stake-holders' conference in Dar es Salaam in July 2009 in which a WHO Wheelchair Guideline was inaugurated.

## 3. Improving the Quality of Life:

- A new technology has been made available to improve the rehabilitation of persons with Congenital Clubfoot, Spina Bifida, Cerebral Palsy and Spinal Deformities by placing students at rehabilitation centres as for example the Usa River and the Faraja, Sanja Juu, Lutheran Rehabilitation Centres.
- Comprehensive rehabilitation through the clinic team and TATCOT students has been offered in these centres. This procedure has contributed to more awareness and less costly rehab procedures.
- TATCOT's Wheelchair Technology Course enabled the local production of appropriate wheelchairs which are adapted to the different environmental requirements in the country. Hence, import of non-appropriate and expensive wheelchairs from abroad could be reduced.

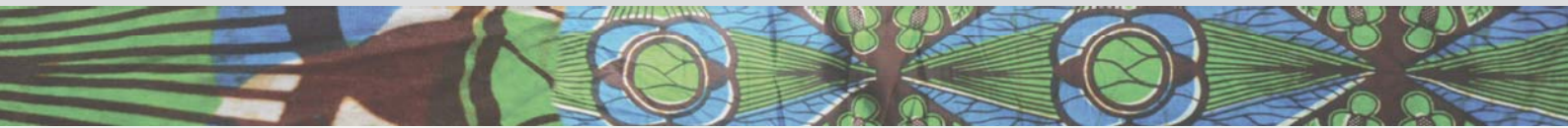
### The Challenges of TATCOT

**Implementing policies:** Achieving the inclusion of disability-related activities and CBR into the plans and budgets of the MoHSW, Local Governments and NGO structures. Improving human resources: Capacity development of health staff on disability inclusiveness.

**Patient services:** Establishment of referral centres at regional levels with qualified staff (including professional degree holders) to treat difficult cases.

**Financial viability:** Ensuring long-term financial viability through quality management, effective networking, public relations, and seizing opportunities for new funding sources.

**Research:** Expansion of research activities in collaboration with other institutions, particularly utilising the newly installed gait



laboratory for the development / testing of useful appliances.

**Collaboration:** Networking at national and international level as for example participating in the International Society for Prosthetics and Orthotics (ISPO), collaborating with WHO, Strathclyde University Glasgow, Don Bosco University El Salvador, USAID and other academic, professional and donor in-stitutions.

### Conclusion

The creation of community awareness about the major disabilities, their prevention and treatment is the most successful approach to reduce the number of severely disabled persons and to allow the full inclusion of PWDs in the community.



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