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Tanzania Women Research Foundation

Report to the Faraja Fund Foundation On Unmet Needs of Children with Physical Disabilities In Tanzania Africa

A REPORT OF A NEEDS ASSESSMENT OF THE UNMET NEEDS OF CHILDLREN LIVING WITH PHYSICAL DISABILITIES IN 2 DISTRICTS OF KILIMANJARO & 2 DISTRICTS OF ARUSHA REGIONS TANZANIA, AFRICA.

SUBMITTED TO FARAJA FUND FOUNDATION, APRIL, 2022

Table of Contents

ACKNOWLEDGEMENTS 4
LIST OF ABBREVIATIONS 5
THE EXECUTIVE SUMMARY 6
1.0 INTRODUCTION 9
1.1 Background to the Needs Assessment 9
1.2 Goals of the Needs Assessment 9
1.3 The Needs Assessment Questions ..... **Error! Bookmark not defined.**
2.0 LITERATURE REVIEW 11
3.0 METHODOLOGY OF THE NEEDS ASSESSMENT 12
3.1 Study Area 12
3.2 Study design 12
3.3 Sampling Procedure 12
3.3.1 Sampling technique 12
Sample size 13
Data collection techniques 13
3.4.1 In-depth Key Informant 13
3.4.2 Focus Group Discussions: 13
3.4.3 Data Quality Assurance 13
3.4.4 Data analysis 13
3.4.5 Ethical Considerations 14
4.0 Limitations of the Assessment 14
5.0 NEEDS ASSESSMENT FINDINGS 14
5.1 Demographical Information 14
5.2 A Summary of identified Unmet Needs per category of respondents and Proposed Solutions. 14
5.2.1 General Challenges facing CWD and families 14
5.2.2 Unmet needs for CWD in Accessing Education 15
5.2.3 Unmet needs for CWD in Accessing health care 15
Overall Proposed Needs 16
Proposed Needs for improving access to Healthcare 16
Proposed Needs for Vocational skills 16
5.2.7 Needs proposed for Emotional Support: 16

Unmet needs from Government schools with a Disability Department: 17
6.0 Our Conclusion and Recommendations 17
6.1 Our proposed Recommendations for Faraja Fund Foundation 18

Annexes 20
Annex 1: Needs Assessment Work Plan 20
Annex 2: Total number of respondents reached at FGDs, Workshops, Schools and Health care NGOs ... 21
Annex 4: Families Reached per ward in Arusha region 22
Annex 5: Age of Children Reached per ward in Arusha 23
Annex 6: Visited Schools with a CWD Department in Arusha DC & Meru DC – Arusha Region 24
Annex 7: Hai DC And Siha DC – Kilimanjaro Region with A CWD Department (Only Kibaoni Ps In Hai District Visited) 24
Annex 7: Proposed Partners 25
Annex 8: Stories 25
Annex 9: Data Collection Tools 27
REFERENCES 30

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Having mentioned that, TAWREF remains responsible for any shortcomings in this Needs Assessment report.

LIST OF ABBREVIATIONS

CWD:	Children with disability
FFF:	Faraja Fund Foundation
GDP:	Gross Domestic Product
CCBRT:	Comprehensive Community Based Rehabilitation in Tanzania
NBS:	National Bureau of Statistics
NGO:	Non-Governmental Organization.
TAWREF:	Tanzania Women Research Foundation.
FGD:	Focus Group Discussion
MDC:	Meru District Council
ADC:	Arusha District Council
HDC:	Hai District Council
SDC:	Siha District Council
DED:	District Executive Director
DEO:	District Education Officer
FBO:	Faith Based Organisation
TASAF:	Tanzania Social Action Fund

EXECUTIVE SUMMARY

Purpose of Report

The Faraja Fund Foundation (U.S.A., the "Foundation") has funded the operation of the Faraja Primary School (Siha District, Kilimanjaro Region, Tanzania) since its construction and opening in 2001. The Faraja Primary School currently provides high quality education, medical care, rehabilitation services, career counseling, spiritual guidance, and emotional support to 95 students with physical disabilities. Over 100 students have already graduated and most are supported in further education and/or vocational training.

Through its work over the past 20 years, the Foundation's work has demonstrated that "disability is not inability." Faraja's students have consistently scored in the top 5% of standard graduation examinations, with many excelling in further education, including university, to enter livelihoods in such fields as health care, skilled carpentry, teaching and many others. Faraja has proven throughout Tanzania that children with disabilities can not only improve intellectually and physically, they can excel to courageously lead fulfilling and productive lives.

The Faraja Fund Foundation's vision for the next twenty years is to expand its outreach beyond the campus of Faraja Primary School. The Foundation seeks to help significantly more Children with Disabilities (CWD) by partnering with other organizations who are already effectively working in the Kilimanjaro region. By focusing on three areas of need – education, health care, and community support, the Foundation through its partners will enable more disabled children access to the services they need to live happy, healthy, and productive lives.

The Foundation engaged the highly respected research firm, Tanzania Women Research Foundation (TAWREF) to conduct a study which evaluates the unmet needs of children with disabilities (CWD) in the area of Northern Tanzania where the Faraja School is located. The Foundation seeks to partner with and provide funding to existing schools and health care providers to provide services to CWD to children who, to date, have not been able to access these critical services.

Research Methodology

This report covers TAWREF's research methodology and needs assessment of through interviews conducted in December 2021 in four districts of Arusha and Kilimanjaro regions of Tanzania. Research was conducted through interviews with children with disabilities and their families, village and District Council leaders, schools and relevant NGO's. A total of

The Goals of the Needs Assessment aimed at identifying necessary unmet needs in Health& Education for physically disabled children. Another goal was to collect the assessment of the scale and types of challenges of Children with Disability in their areas through District, Ward, and village leaders. In Arusha, 14 focus group discussions were conducted with 126 parents or

caregivers that care for CWD. For Kilimanjaro data was collected in form of a workshop for 58 leaders, 31 parents and caregivers. Data collection methodology was based on in-depth Key Informant For village and government leaders, interviews were organized for 80 district officials in all four districts who are responsible for children as well as ward and religious leaders. Assessment questions focused on the intended outcomes

The Expected outcomes of the assessment were to get the gaps in the current status of access to the services, challenges faced by CWD and their families, physically, socially and emotionally and limiting factors but also to have suggestions for improvement and a list of potential partners as well as stories of successes or challenges experienced. More detail on Research Design is provided in Section 1.2.

Summary Findings

The research findings indicated that dramatic burdens are experienced by CWD and their families. Poverty is rampant in rural Tanzania. Families of CWD struggle further as they face discrimination from other families in their village. Too frequently the result is that CWD are hidden indoors, abused, or abandoned by one or both parents.

The interviews revealed that parents and their villages too often assume disabled children cannot benefit from education. Physical disability is thought to imply cognitive limitations as well. Providing education for CWD is often viewed as wasted effort, even if it were accessible and affordable. Health care is expensive and difficult to access, with CWD being the lowest priority to receive help.

Specific unmet needs reported in interviews include mothers being abandoned by their husbands, inability to do livelihood activities, poverty, lack of government support, lack of walking aids, surgery services, unfriendly school infrastructure coupled with distance to schools. Also observed were long distances to health facilities which had inadequate medication while families had no health insurance. All these suggested unmet needs which the Foundation could consider in the next 20 years.

While parents expressed great interest in any organization which could help their CWD, a sense of hopelessness was shared by both parents and their disabled children. Many parents assume that their CWD are unable to learn, improve physically or lead productive lives. In addition, they are skeptical that any organization would actually follow through on promises of support, as has been the case of well-intended donors in the past. TAWREF notes that the 20 year history of the Foundation in successfully supporting CWD through the Faraja School can be important in overcoming this skepticism by families and government leaders.

TAWREF recommends that the Foundation provide funding for services which, to date, are not affordable or accessible to families of CWD. For access to education, if there could be a supply of supportive tools to aid mobility of CWD such as wheel chairs; clutches, minor surgeries and physiotherapy services could be very supportive for those with weak limbs and other complications. Schools also indicated specific needs like CWD playgrounds, water supply, CWD

friendly toilets and infrastructure support. Also recommended is linkage with vocational schools to access simple skills like sewing computer, masonry, mechanic, cobbling and the like. High potential partners identified in the research include, the Catholic Diocese of Moshi; the Kibaoni Primary School and Patandi Secondary School could be strong partners. The Foundation may also be able to equip some government schools to include CWD through their respective wards.
Furthermore, we recommend forming groups of partnerships with relevant health care service providers. The Foundation could fund existing programs at these partner institutions and/or provide funds for individual therapy, surgeries, mobility equipment or emotional support for CWD recommended by parents and village leaders. Examples here include CCBRT of Moshi: The Plaster House of Arusha; the Physiotherapy providers like KCMC and other government and private hospitals.

For emotional support, we propose to FFF to have partnership with ward leaders to organize recreation and or counseling centres as this was one of the expressed need

Community sensitization of the rights of CWD coupled with lobbying for increased government resources commitment is also recommended. FFF could select any Community based organization to partner with.

Please see Sections 5 and 6 of this report for more detailed Findings and Recommendations

1.0 INTRODUCTION

1.1 Background to the Needs Assessment

The Faraja Fund Foundation (U.S.A.) has funded the operation of Faraja Primary School (Siha District, Kilimanjaro Region, Tanzania) since its opening in 2001. Faraja Primary School currently provides high quality education, medical care, rehabilitation services, career counseling, spiritual guidance, and emotional support to 95 students with physical disabilities.

The Faraja Fund Foundation's vision for the next twenty years is to expand its outreach beyond the campus of Faraja Primary School. The foundation seeks to establish partnerships with other organizations who are working to address the needs of children with disabilities in the Kilimanjaro region. By focusing on three areas of need – education, health care, and community support, the foundation will give more disabled children access to the services they need to live happy, healthy, and productive lives.

As Faraja looks ahead to its next 20 years, they feel compelled to take a bold step forward and share what has been learned– to extend its mission beyond the school campus in the Kilimanjaro region – to more children with physical disabilities in Tanzania.

Basically, Faraja's vision for the next 20 years is to dramatically expand the ways it can be compassionate advocates for physically disabled children throughout Tanzania. The plan is to build on the three established pillars –education, health care, and community.

1.2 Research Leadership and Methodology

Research Leadership

TAWREF was contracted by the Faraja Fund Foundation to conduct this study.

The Tanzania Women Research Foundation (TAWREF) was formed and registered under the 2002 NGO Act of Tanzania in December 2010 by a group of experienced researchers and community interventionists. The main engagement of TAWREF is to work with evidence based information in order to provide interventions planned with communities and related to transforming the lives of marginalized populations particularly women, youth and children. Marginalization could be caused by abject poverty, impact of diseases such as HIV and AIDS, orphan hood, disabilities and other causes leading to stresses and trauma. Some of the research partnerships TAWREF has worked with include Duke University of North Carolina, the University of Washington Seattle funded by NIH and the University of Bergen, Norway and currently with the Family Health International funded by USAID. Some of our research clients in Tanzania include Kivulini Women's Rights Organization in Mwanza, Women's Promotion Centre in Kigoma, Dodoma and Singida Inter Africa Committee.

TAWREF's beneficiaries include Orphans and Vulnerable Children, Primary School Children, People Living with HIV, People Living with Disability, Key and Vulnerable Populations as well as Priority Populations who are at risk of HIV infection, but do not seek healthcare services. TAWREF aims at "leaving no one behind". Most times, vulnerable women and People Living with Disability are left behind and experience health inequalities.

One of TAWREF's Best Practices has been to link her work with the government to deliver social services and also to link with Human Rights Instruments: National and International Strategies, Goals and Laws. TAWREF has also received awards locally and internationally.

Research Design

The Needs Assessment Design: This was of a qualitative research design. In-depth non-numerical data was collected to get respondent's understanding of underlying reasons, opinions, motives and factors. Purposive and random sampling techniques were used to collect data from 80 key informants who were Local Government leaders and a few religious leaders who have experience of working with CWD and/or their families. Others were from schools with a disability department and relevant NGOs. A Simple random sampling was used to identify participants from126 households with CWD from sampled villages.We sampled 5 district leaders per district who usually interact with children in their roles. 12 schools were also sampled in Arusha region.

Data collection methodology was based on in-depth Key Informant Interviews were organized for 80 district officials in all four districts who are responsible for children as well as ward and religious leaders. Assessment questions focused on the intended outcomes.

14 Focus Group Discussions were administered on 126 parents or caregivers in Arusha that care for CWD. For Kilimanjaro data was collected in form of a workshop for 58 leaders, 31 parents and caregivers. A household/person was eligible for inclusion if it has a child living with physical disability aged 0-18.

To ensure quality of data collected TAWREF trained experienced 12 interviewers for 2 days to conduct Qualitative data collection also to review research ethics. The field supervisors ensured smooth management of the process. The Quantitative data mainly demographics was analyzed via excel while the qualitative data was analyzed using Thematic Analysis Framework.

Permits to conduct the Needs Assessment were obtained from the Regional Administrative Secretary of Arusha also the District Executive Directors of MDC and ADC and only from the District Executive Directors of HDC and SDC.

The Assessment had a few limitations like not getting proper letters from Kilimanjaro leadership and some families came carrying big children claiming that they had no one to care for them.

The Needs Assessment was designed to answer the following general questions.

i. What are unmet needs in education, health care and community support services for CWD?

ii. What challenges hinder CWD from fully benefiting from the education, health care and community support services offered?
iii. What other partners offering education, health care and community support services that FFF can partner with in the future?

Research Goals

Goal #1

To identify necessary social (Health& Education) needs of physically disabled children that have not been met yet in earmarked 2 districts of Kilimanjaro and 2 districts of Arusha regions.

Goal #2

To develop a top down view of the assessment of the scale and types of challenges of Children with Disability (CWD) in their areas through District, Ward, and village leaders.

Expected outcomes

(i) The current status of access to the service (what's being done now? What are the unmet needs?) The quality of what's being offered (what's working, what's not?)
(ii) Current challenges faced by CWD and their families, physically, socially and emotionally. What is impeding or limiting CWD's from fully benefiting from the service?
(iii) Suggestions for improvement.
(iv) List of any service providers who are currently doing a good job and might be considered as future partners.
(v) Stories that illustrate both successes and challenges.

Additional information on the research work plan, participants, question guides and stories can be found in the report's Annex.

2.0 LITERATURE REVIEW

In addition to the direct field research, TAWREF reviewed publicly available information regarding disabilities in Tanzania. Selected findings are as follows:

There are **4.2 million** Tanzanians living with a disability. 13.2% of Tanzanian homes have at least 1 member with a disability. People with disabilities are often among the poorest and most marginalized in society. Disability has a significant impact on health, employment and education. More than half of children with disabilities do not attend school as a result of their health or activity limitations. Illiteracy among Tanzanians with a disability is estimated at **48%**. This seriously hinders social and economic development.

The exclusion of people with disabilities from the workplace, either through discrimination or inaccessible work environments, costs Tanzania **$480 million** every year - **3.76%** of the country's

GDP. People with disabilities often live in severe poverty due to the challenge of securing a steady income amid widespread exclusion. With only **3.1%** receiving income from paid employment, households headed by persons with disabilities experience greater levels of poverty. [CCBRT, 2017](1)].

This was also supported by the Needs Assessment findings, *"I have never shared with the village leadership that I have a child with disability. I took him to school but they said that he could not study there because he was going to disturb others. They advised to take him to a special school for children with disability but I could not afford because of lack of money." FGD discussant, Maruvango, Meru District.*

Despite progress in the enactment of legislation and policies related to disability, Tanzania faces very significant challenges in the implementation of the law and the policy [African Initiative, 2017; NBS, 2012]. This was further evidenced by the findings that even the Local government leaders who were interviewed shared that they do not identify families with CWD and that there was no budget allocated to support CWD. This evidenced inadequate support from the government.

In addition, the findings portrayed lots of unmet needs, a lot of pain and suffering mostly by the mothers and grandmothers caring for children with physical disability most of who were abandoned by their husbands and could not leave their homes to do any livelihood activities.

3.0 METHODOLOGY OF THE NEEDS ASSESSMENT

3.1 Study Area

The needs assessment was done in the District Councils of Hai and Siha in Kilimanjaro region and in the District Councils of Arusha and Meru of Arusha region.

3.2 Study design

The assessment adopted a qualitative research design. Due to its explanatory nature, the design facilitated collection of in-depth non-numerical data that provided understanding of underlying reasons, opinions, motives and factors from various respondents.

3.3 Sampling Procedure

3.3.1 Sampling technique

The Needs Assessment adopted both purposive and random sampling techniques. Purposive sampling technique was used to collect data from key informants mostly Local Government leaders and a few religious leaders who have the knowledge and experience of working with CWD and/or their families. Other respondents were from schools with a disability department and heads of relevant NGOs. A Simple random sampling was used to identify participants from households with CWD from sampled villages.

Sample size

For Goal # 1 we sampled 9 families from 7 wards per district.

For Goal # 2 we sampled 5 district leaders who included the District Special Needs Education Officer, the Community Development and Social Welfare Officer, the District Education Officer and the District Medical Officer.

Data collection techniques

Family and local leaders interviews were conducted in December 2021

3.4.1 In-depth Key Informant Interviews were organized for 80 district officials in all four districts who are responsible for children in one way or another as mentioned above. Others were the ward, village and religious leaders as suggested by the District level leaders. Assessment questions focused on the scale and types of challenges of CWD in their areas as leaders a list of good service providers.

3.4.2 Focus Group Discussions: 14 Focus Group Discussion sessions were to be administered on 126 parents or caregivers in Arusha that care for CWD. For Kilimanjaro data was collected in form of a workshop for 80 leaders, 126 parents and caregivers. A household/person was eligible for inclusion if it has a child living with physical disability aged 0-18. The discussions provided opportunities to learn directly from families of the CWD on the status of access to education, health care and community/emotional support services, associated challenges and their proposals to improve the CWD well being.

TAWREF trained interviewers used voice recorders and notebooks to capture the voices of discussants.

3.4.3 Data Quality Assurance

To ensure quality of data collected TAWREF recruited 12 interviewers as research assistants who had knowledge and experience in handling Qualitative data to manage Key Informant Interviews and Focus Group Discussions. A 2 day refresher training was conducted to ensure shared understanding of the tools, research ethics, and disability policies. A special tool was used to screen participants before conducting FGDs.

The field supervisors worked on communication protocols tracked the adherence of procedures and ethics and collected filled in questionnaires on daily basis.

3.4.4 Data analysis

The Quantitative data mainly demographics was imported on excel and converted automatically into tables and graphs ready for analysis.

The qualitative data which formed the bulk of all the data collected was analysed by using the Excel Thematic Analysis Framework. These were reported categorically in the respective districts and wards.

3.4.5 Ethical Considerations

Permits to conduct the Needs Assessment were sought and obtained from the Regional Administrative Secretary of Arusha region and the District Executive Directors of MDC and ADC. In the case of Kilimanjaro region the approach was different as it was decided to organize workshops with potential respondents. In this case permit was sought from the District Executive Directors of HDC and SDC for this.

Before starting the discussions with parents and /or caregivers they were given adequate information and asked for their verbal informed consent to participate and also consent was sought for recording the proceedings on tablets and taking photographs which were all granted.

4.0 Limitations of the Assessment

(i) Leaders' miscommunication regarding the ages of children in a few wards reduced the number of discussants for FGD.

(ii) Lack of uniformity in data collection from the 2 regions posed some problems in comparison of data.

(iii) Some families came with CWD claiming that they had nobody else to care for them at home added discomfort on children.

5.0 NEEDS ASSESSMENT FINDINGS

5.1 Demographical Information

For families caring for CWD, the Assessment reached 59 interviewees in Meru District Council (MDC), 53 in Arusha District Council (ADC), 15 in Hai District Council (HDC) and 16 in Siha District Council (SDC). The total families reached in December 2021 in all four districts were 143. The leaders reached in December 2021 were 33 for ADC, 33 for MDC, 27 for SDC and 31 for HDC. The total leaders were 124.

However, in February 2022 the sample was increased by adding eleven primary schools and one secondary school in Arusha all having a Disability department. Also reached were 2 NGOs catering for People with Disability. The total respondents were 281 as displayed in Annex 1.

5.2 A Summary of identified Unmet Needs per category of respondents and Proposed Solutions.

The following unmet needs were shared by Parents, Caregivers, Village, Ward and District Leaders.

5.2.1General Challenges facing CWD and families

The participants shared lots of challenges faced some of which included mothers being abandoned by their husbands since they appeared to be paying much attention on the CWD. Mothers are also associated with the curse that brought those children in the family. Therefore, mothers are left

with the burden/responsibilities of taking care of the CWD and of meeting the caring needs instead of livelihood needs. This further doubles their poverty levels.

On top of that, some CWD are orphans who have lost one or both parents so they experience Double Vulnerability and hence receive little support by some of the relatives who are already overwhelmed by their own families.

Furthermore, there were reports of Inadequate Nutrition as some families could not afford even a single complete meal per day hence making some children street beggars. This leads into Food Poverty since they get little or no income.

They shared stories of Homelessness: Some of them did not have permanent residences. Poor housing leads to poor living conditions. Pit latrines were either missing or not conducive to be used by CWD.

Moreover, families with CWD faced stigma and discrimination from other family members, relatives and community often blaming them for being responsible for the misfortune. As a result some hide CWD in houses and leave them without any support putting them at risk of violence. One of the mothers in Hai district narrated that she left her daughter to go to the market and when she came back she found that the little girl was raped and left in a desperate situation. Another general challenge was about Fluoride affecting water and leading to dental effects, bones and neurological development problems.

5.2.2Unmet needs for CWD in Accessing Education

- Poverty coupled with disability conditions: 96 parents responded that they could not afford school expenses and this was coupled by the disability conditions, *"He cannot walk" "He can't go to toilet alone"; He does not sit and does not walk" t*o mention a few. This indicated a need for walking aids and some surgery
  This goes hand in hand with lack of prioritization for the needs of CWD in planning as evidenced by lack of Special Needs schools in their catchment areas.
- 143 parents and caregivers mentioned accessibility issues like long distance to schools, lack of transport and unsupportive infrastructure at schools.
- Parental ignorance as some parents do not believe that their children can catch up with education due to their disability conditions indicating a gap in family education.

5.2.3 Unmet needs for CWD in Accessing health care

- All respondents shared that there are long distances to health facilities and no transport, as the parents/caregivers have to carry them.
- Most health facilities do not have services for CWD like surgeries and physiotherapy besides shortage of medicines in hospitals. They were being told to buy in pharmacies
- None of the discussants had health insurance.

Overall Proposed Needs

The discussants and government interviewees came up with a variety of proposals including Economic empowerment to families catering for CWD; provision of supporting tools/ equipment. The government leaders proposed that in the coming census (Oct 2022) the government should be able to know the exact number of CWD and their special needs. They also requested support for water purification to reduce amount of fluoride in the rivers flowing from Mt Meru..

Proposals for improving access to Education

- Parents and caregivers proposed if there could be school sponsorship for their CWD but also they needed wheel chairs; transport, physiotherapy services at schools. They wanted the government to improve infrastructures/pathways, /toilets/ramps at schools; Increase schools with a Disability department and add suitable infrastructure for children with Physical disability.
- The government leaders proposed the design by laws to punish parents who hide CWD and to register CWD eligible for education enrolment. Also recommended was awareness to parents and communities on rights of CWD especially importance of education;

Proposed Needs for improving access to Healthcare

The discussants 'proposed needs were artificial limbs (Prosthesis) or other walking aids; Need of Physiotherapy services; Need of hydrocephalus related services; - Need of Specialist to assess their condition; Need of toys; special supportive walking shoes (plastic) ; artificial limbs; Education to people to know where the CWD services are available. Also proposed was a need to introduce CWD departments at Health facilities and make sure they have medicines; the Need to allocate physiotherapists at each health facility; the Government to provide health insurance to CWD, to facilitate parents to take them for treatment. The government leaders proposed if there could be more organizations providing health care to CWD.

Proposed Needs for Vocational skills

Discussants proposed**:** tailoring skills, computer, masonry, mechanic, cobbling. A few said no due to their CWD having weak limbs especially hands.

5.2.7 Needs proposed for Emotional Support:

All of the FGD discussants expressed a need of someone to visit them. A few examples of their responses were: "*I will get a piece of advice on how to raise them and help CWD.""I would like to have someone to talk to about how to deal with a child who has disability. If you do not get that person, it can make you lock the child inside." We will get some comfort"*

"It is comforting this because it helps to encourage you, through talking one can reduce the anger or thoughts about a CWD."

"Agape (20 yrs): It is a good thing to get someone to encourage you. People were saying negative things about my family that we are cursed and that we will die when we reach 15 years, but we are still alive to date. Comfort is a very important thing for families with CWD.",

"*Because we are two parents when someone else comes and gives us more ideas it is a good thing because there can be things that we do not understand or perhaps there are things I know that he does not".* "*Yes, so that I do not remain alone".*

"To know the rights of children with disability" "Pastors do come yet I still need that."

"Yes, to exchange ideas." "*Yes, to help me accept the situation".* "Yes, it will help me to overcome the stress."

Also proposed was the need for community CWD centres for recreation and physiotherapy for those with weak limbs and other complications.

Unmet needs from Government schools with a Disability Department:

We visited 8 schools in Meru and Arusha districts and all Special needs teacher and head teachers prioritized lack of user friendly infrastructure like ramps, toilets, desks and tables. They lacked wheel chairs to replace the existing ones that are worn out but also attract more children. Also mentioned as missing were clutches as most children use uncomfortable homemade clutches not medically designed also without sponges and other walking aids. Teacher wished if the children could be supported with transport and also special rooms in the schools for physiotherapy and other basic medical support. Others in urgent need were CWD friendly toilets. A few schools lacked proper dining rooms, kitchens and a reliable water source. All 8 schools lacked a user friendly playground. Also see Annex 6which presents specific needs per school.

On the part of Health Facilities, we visited CCBRT and they expressed their readiness to partner with FFF.

6.0 Our Conclusion and Recommendations

As it has been shared above, we have observed various scenarios of unmet needs for CWWD with physical disabilities. Apparently, **as families try to prioritize their needs, then education, transport and healthcare fall off.** Basically**, 113out of 143 CWD we talked to do not attend school** mostly due to barriers associated with accessibility. Also there seem to be high demand for walking aids for more than a hundred children, more than 10 expressed need of some surgeries and **143 needed transport to enable more CWD to access education**. Moreover, most families having CWD are also experiencing poverty though **many would like their children to go to school**. We observed high demand in 8 schools catering for CWD for friendly infrastructure. It was apparent **that many CWD would benefit with physiotherapy services if available**. A gap in advocacy to the communities on the rights of CWD and on the availability of services was also observed.

Furthermore, the government has not prioritized data and has not planned for educational, healthcare and emotional needs of CWD. Finally, we observed a gap in partnerships as **every sector seems to be operating on its own,**

6.1 Our proposed Recommendations for Faraja Trust Fund

(i) Meeting the needs of improved access to education:

a) Form a group of primary and secondary schools to partner with, and develop an action plan of what services will be offered, to which schools and when. Schools visited during the Needs Assessment ought to be given priority.
b) Private Schools currently offering support to CWD: to be asked if they could scale up their support if funding is available.
c) Identify and form partnerships with a group of vocational schools which are ready to accept and meet the needs of proposed skills for CWD.
d) Schools to ask the local government to ensure user friendly infrastructure like ramps, pathways and toilets, to provide physiotherapy services to CWD once a month at schools
e) Support CWD friendly play grounds for recreation.
f) Support CWD teachers with refresher training or study tours to Faraja Primary school.

(ii) Meeting the needs of Access to Healthcare

a) Seek partnerships with health facilities and NGOs that are willing to accept CWD and support them to provide services like surgeries, physiotherapy and the like.
b) Provide those partners with walking aids including wheel chairs, clutches and other support so that they can distribute them to the CWD.
c) To partner with CCBRT as the main provider of Faraja support services to the Kilimanjaro schools and community.
d) To partner with the Plaster House as the main provider of Faraja support services for Arusha schools and community.
e) To partner with other health facilities who offer mobile physiotherapy servives like KWMC, Seliani and others.

(iii) Meeting the needs of Community Support

a) All families met during the Needs Assessment expressed their needs. As much as possible, identify Community Based partners to reach out to them to re identify their needs and propose possible linkages together with Ward leaders to education and healthcare services, emotional support, training in entrepreneurship and support in business creation. Ward leaders to register all children with physical disabilities in their areas. Village centres could be supported to establish recreational and counselling sites. This will give them and the Ward leaders reassurance that they were visited with a purpose rather than being used as some expressed in their fears.
b) Provide economic empowerment of families caring for CWD so that they can provide proper nutrition and care for their children.

c) Support payment of school contributions depending on whether it is a day or boarding school for children who can attend school.
d) Work on water purification to reduce fluoride in hard hit villages.
e) The Community based organization can support with coordination of the commitments by partners including lobbying the government to introduce free medical care to CWD and the introduction of fast track services for CWD at health facilities. Also important, that organization can conduct community awareness and sensitization sessions on the rights and needs of CWD with physical disability and to educate families on how to live with CWD. This organization has to lobby the government to provide strategic services to CWD

As a community based organization, TAWREF which has a team of adult and children counsellors is happy to be part of this because we met families and saw their situation.

The Proposed Partners are listed in Annex 7.

Annexes

Annex 1: Needs Assessment Work Plan

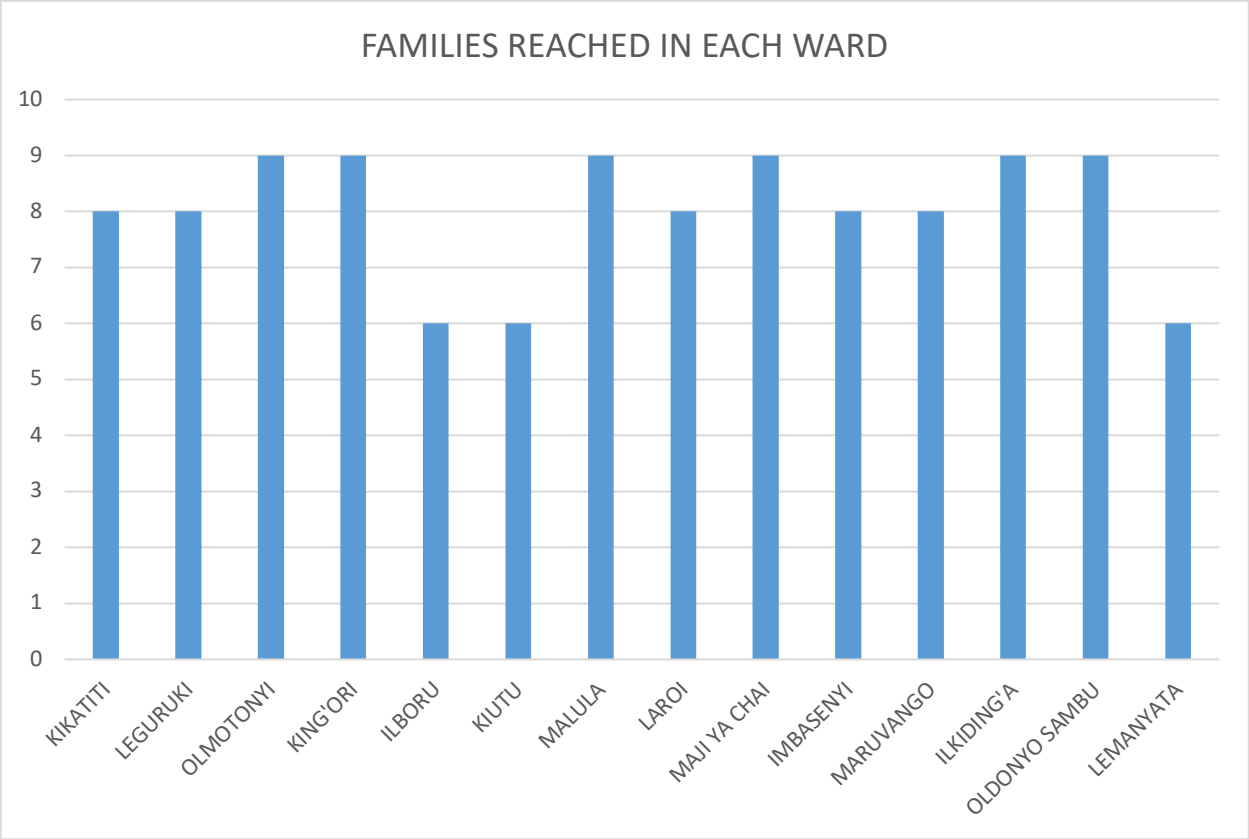
DATE	ACTIVITY	VENUE	RESPONSIBLE PERSON
December 2021	Preparatory Visit and Mapping in Meru DC.	Meru DC	Research Supervisors.
December 2021	Interviews in Meru DC + 7 Wards.	Meru DC	Research Assistants &Supervisors.
December 2021	Preparatory Visits to Arusha DC + Mapping.	Arusha DC	Research Supervisors.
December 2021	Interviews in Arusha DC + 7 Wards.	Arusha DC	Research Assistants &Supervisors.
December 2021	Workshops with District, Ward, Village and Religious leaders.	Hai DC and Siha DC	Research Assistants &Supervisors.
December 2021	Workshops for families caring for children with physical disability.	Hai DC and Siha DC.	Research Assistants with Research Supervisors.
January 2022	Reporting writing.	TAWREF Head Offices	Research Assistants with Research Supervisors.
January 2022	Sharing of findings with Faraja Fund Foundation.	TAWREF Head Offices via Zoom Meetings.	Research Supervisors.
February 2022	Sharing of findings with Faraja Fund Foundation.	TAWREF Head Offices via Zoom Meetings.	Research Supervisors.
February 2022	Visits to schools having department for children with disabilities.	Arusha DC and Meru DC.	Research Assistants with Research Supervisors.

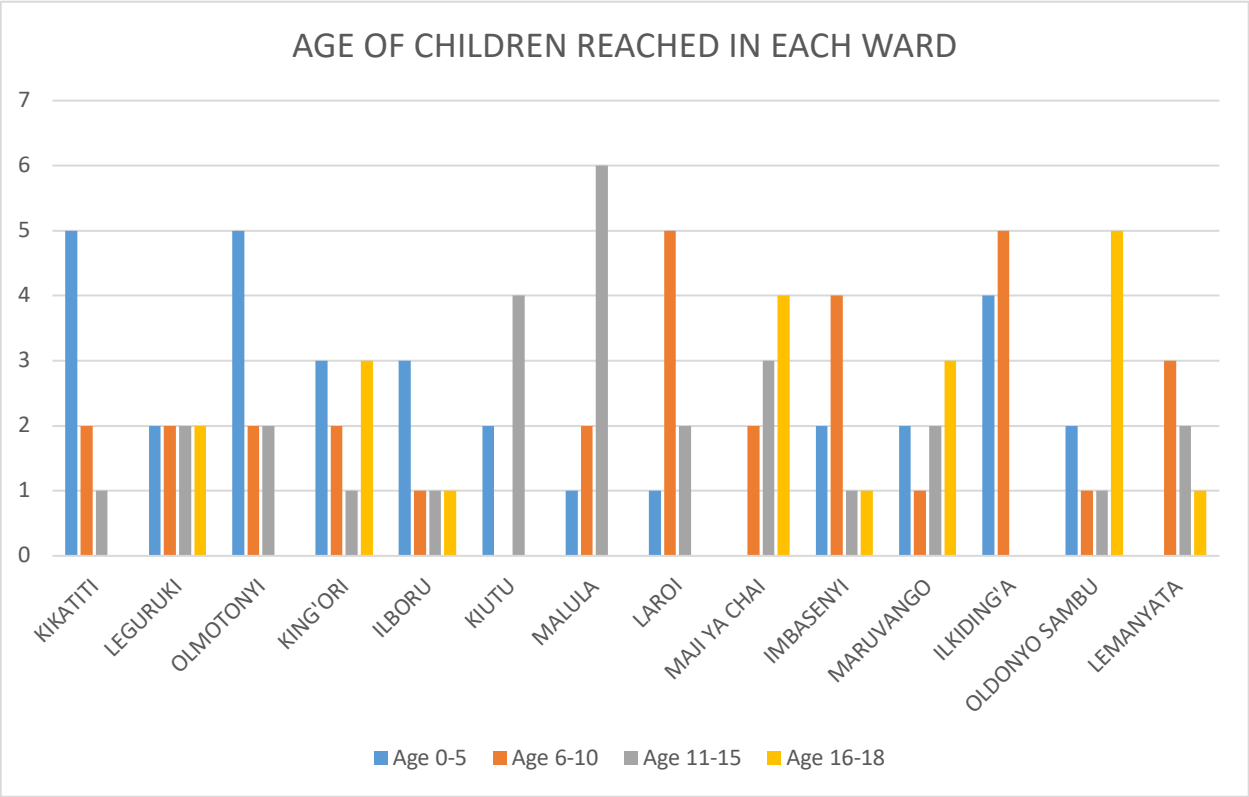
March 2022	Report dissemination to Faraja Fund Foundation and the Government.	TAWREF Head Offices.	Research Supervisors.

Annex 2: Total number of respondents reached at FGDs, Workshops, Schools and Health care NGOs .

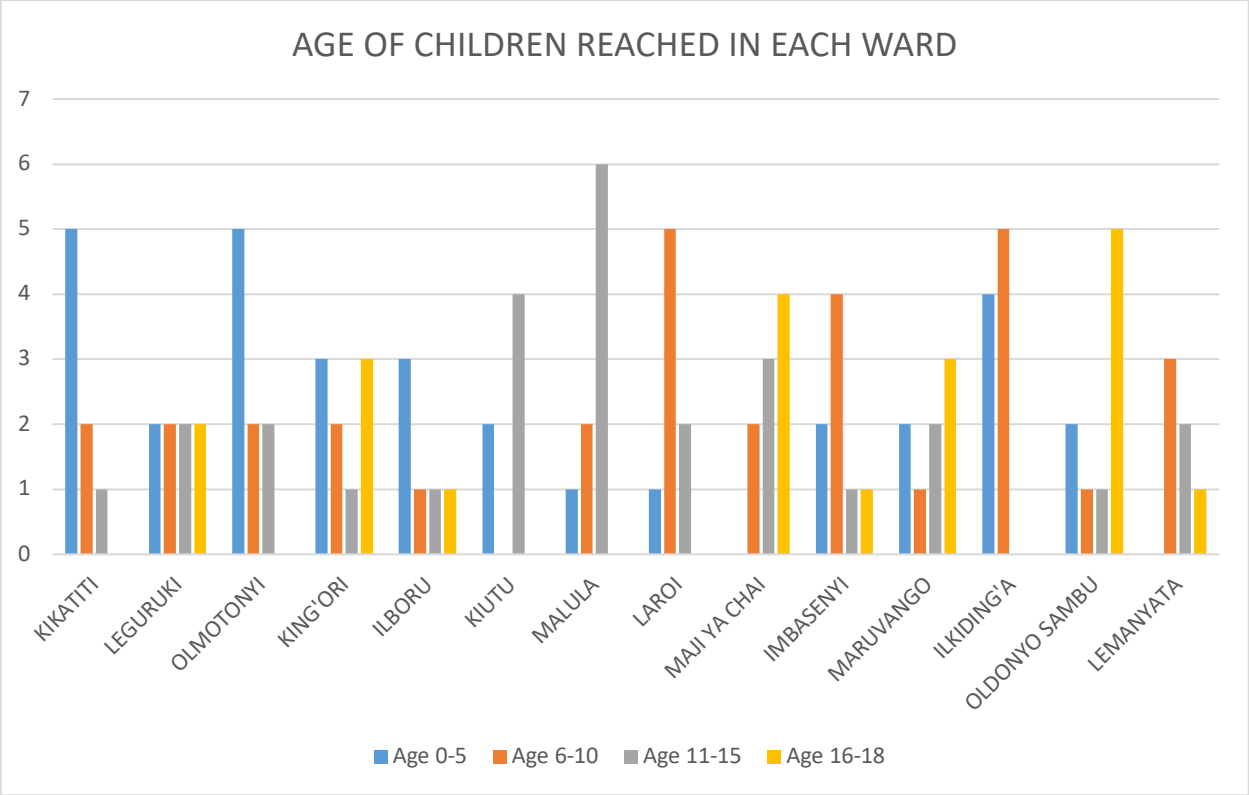
REGION	**RESPONDENTS**	**CATEGORY**
ARUSHA	66	Leaders
	112	Families of CWD
	12	Teachers of Schools with CWD Department
	1	SIBUSISO (Health care NGO)
KILIMANJARO	58	Leaders
	31	Families of CWD
	1	CCBRT (Health care NGO)
TOTAL	**281**	

Annex 4: Families Reached per ward in Arusha region





Annex 5: Age of Children Reached per ward in Arusha



Annex 6: Visited Schools with a CWD Department in Arusha DC & Meru DC – Arusha Region

SN	DISTRICT	WARD	NAME OF SCHOOL
1.	ARUSHA DC	ILBORU	1. Ilboru Primary School.
2.	ARUSHA DC	ILKINDING'A	1. Kioga Primary School.
3.	ARUSHA DC	SOKONI 2	1. Naurei Primary School. 2. Oldadai Primary School.
4.	ARUSHA DC	OLOIRIEN	1. J.K Nyerere Primary School.
5.	ARUSHA DC	ODRUMET	1. Ngaramtoni Primary School.
1.	MERU DC	AMBURENI	1. Moivaro Primary School
2.	MERU DC	KIKATITI	1. Chem Chem P/School.
3.	MERU DC	MAJI YA CHAI	1. Tuvaila Primary School.
4.	MERU DC	USA RIVER	1. Leganga Primary School.
5.	MERU DC	AKERI	1. Patandi Primary School. 2. Patandi Secondary School.

Total number of teachers reached was **12**, one teacher per school.

Annex 7: Hai DC And Siha DC – Kilimanjaro Region with A CWD Department (Only Kibaoni Ps In Hai District Visited)

SN	DISTRICT	WARD	SCHOOLS	
	HAI DC		Msamadi PS Kibaoni PS Mbweera PS Maili sita PS Rundugai PS	St Pamachius SS. St. Francis PS. Nondeni PS Msongole PS
	SIHA DC		Ormelili PS Tumaini Centre. Naibili PS Nkyeku PS KKKT Sanya Juu	Sanya Juu PS. Faraja Special Needs School. Nuru English Medium.

Annex 6: Summary of needs of schools visited (See separate Excel sheet.)

Annex 7: Proposed Partners

Area of partnership	Name of Partner	Location
Education	The Catholic Diocese of Moshi	
	Kibaoni Primary School	
	Patandi Secondary School	
Health care	CCBRT	
	Plaster House	
	KCMC	
	Selian Lutheran Hospital	
	Ausha Lutheran Medical Centre	
	USA River Rehabilitation Centre	
Vocational Education/Skills Development	Vocational Training Institutes in Kilimajaro and Arusha.	
Emotional Support	FFF to select a Non Governmental organization with expertise.	

Annex 8: Stories

1. The chairperson of Narumu ward: Personally, I helped 9 out of 30 children by linking them with the Songambele Initiative NGO and they got wheelchairs. There are some who have been staying inside for 17/18 years especially for this woman sitting near me. There are four doctors from KCMC who came to my ward, took photographs and inspected different people with disability. They said they were from Songambele Initiative NGO. They helped 110 old people by providing them with mosquito nets, rice and soap.

2. **This is a story of HAIKA MASSAWE from Kingereka Village, Bondeni ward at Hai District Council.**

   "My child is 12 years old and a third born. She is one of the twins who survived as another one died before being born (just five months). The dead one remained in the womb until this one was born. I experienced a lot of suffering until the birth of the child.

   Challenges faced by the child: Until now Haika cannot sit by herself, she is always sick and cannot eat by herself. She can just eat anything blended, water and all food that is in liquid form. She is physically and mentally disabled.

Living conditions: Personally, I cannot afford to buy food and necessary health services for my child and myself. I cannot perform necessary productive work like farming as I have no land to cultivate. I only have this small plot where my house is.
Moreover, the presence of this child has caused conflict between me and my husband. We are now separated. Her father does not like this disabled child and he left and disappeared with the elder child who is physically fit. The whole husband's family has neglected us, claiming that in their clan there is no disability.

Security challenges: My child Haika is frequently sick and I am just alone with my poor economic conditions. Whenever I go to look for casual labour I have to lock my child inside. I cannot stay longer outside as the child is alone. Someone gave a goat present to Haika but it was killed by being poisoned by neighbours.

The other time our food was poisoned. Haika, one visitor and myself we all vomited and were taken to hospital. On one occasion I locked my daughter in the house and went to look for food. However, when I came back, I found the child was raped by unknown people. They broke the door and abused her sexually. The environment for this child is very unsafe. I wish I could fence my compound to get away with this insecure life but I cannot afford it.

Education: This child cannot read and she cannot talk but she can notice the visitors and strangers. It seems many body parts are disabled though I am sure that if something is done to make her go to school, she can improve.

Health services: I cannot afford/meet all health services for the child as I have no income. The condition of the child is deteriorating as it is difficult to access health and good nutrition services. I wish for Haika to have physiotherapy exercises, a wheel chair, medicine, transport but it is very expensive to take her for physical exercises (Tsh 30,000/-) per week which I cannot afford.

Community support: I do not get any support from the community. They are all stigmatizing us instead of supporting me and my child. They were angry with me as they didn't want me to keep pigs. The person who gave me this piece of land did not want me to keep pigs either.

Support needed: If I could be supported to improve this place especially fencing and support me with food, I believe my daughter could go to school, though Haika is very sick and sometimes I do not know what she needs. I need to talk to someone to reduce stress as currently I have no one to talk to".

Annex 9: Data Collection Tools

Data collection tools

1. GUIDELINES FOR INTERVIEWS FOR DISTRICT, VILLAGE AND PARISH LEADERS

1. Do you have a specific count or estimate of the number of CWD in your District/Village?

- Is there a way to also express this as a percentage of the households in your area?

2. How severe are the conditions for CWD (it would help to get a response of extremely severe, moderate, not an issue)

- Are they supported by their families? By the village? Describe
- Are they rejected as members of the community because of their disability?
- Give examples of positive and negative conditions.

3. Describe the challenges faced by the families of CWD

- What could be done to help families and communities cope with/support CWD?

4. Do CWD attend school?

- If so, what school (s)?
- If not, why not?
- What could be done to get more CWD to attend school?

5. Are CWD receiving adequate health care to treat or improve their conditions?

- If so, what organizations are providing health care?
- If not, why not? What could be done to provide more health care services or equipment's?

6. What suggestion do you have for helping improve the lives of CWD and their families?

2. GUIDELINES FOR INTERVIEWS WITH FAMILIES OF CHILDREN WITH

Overview Questions

1) Describe the challenges facing CWD in general and your CWD specifically.
2) How severe is the burden imposed on your family by your CWD?
3) How would you describe the living conditions of the CWD in your home or others in your village?
4) If you could suggest anything which would relieve the burden for you or your CWD, what would that be?

Education

- Does your child attend school?
- If so:
    - What school? Is it for children with special needs only?
    - How is your child performing in school?
    - Is your child supported in school by teachers and other students?
    - Will your child continue in school? Why or why not?
- If Not attending school:
    - Why isn't your child attending school? (possible reasons):
        - CWD don't need to attend school. Waste of resources
        - My CWD isn't capable of attending due to specific reasons (list)
        - Not aware of any school which takes CWD
        - Lack of transportation
        - Cost
        - Other
    - What would enable your child to attend school?
    - Would you then support sending your child to school?
- Would your child benefit from training in a vocational training school where they could learn a specific skill, possibly leading to employment?
    - Why or why not?
    - What skill would you suggest?

Health Care

- Is your child able to receive adequate health or medical care to treat/deal with his/her disability? Is your child's health improving or declining?
- If yes:
    - What treatment?
    - Who provides (person or organization)?

- Who pays?

- If Not
  - What health care services does your CWD need that he/she isn't receiving (possible answers):
    - Surgeries
    - Physical therapy
    - Prosthesis
    - Equipment (wheelchairs, etc)
    - Medicine
    - My child is very ill and I'm not sure what he/she needs
    - Other

  - Why is your CWD not receiving it (possible reasons):
    - Parent is against health care treatment for my CWD; not a priority
    - Cost
    - Not aware of where to get it; there aren't any service/doctors
    - Lack of equipment (wheelchairs, etc)
    - Lack of Transportation
    - Other

Community/Emotional Support

- Describe whether your village supports you and your CWD? Explain
- What could your village or government do to support you and your CWD?
- Do you and your community believe that CWD can succeed in school and future employment?
  - If yes, what support do they need for this?
  - If no, why not?
- Many families find it very stressful to have a CWD. Would you like to have someone to talk to about how to cope with a CWD?

REFERENCES

CCBRT, (2017).

African Initiative, (2017; NBS, 2012)