DID TO08 Pre-Primary and Primary Inclusive Education for Tanzania (PPPIET) – Foundation phase

Desk Review presented by the Task Team
February 2020

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Acronyms

CBE	Community Based Education
CBR	Community Based Rehabilitation
CHF	Community Health Fund
CWD	Children with disabilities
CSO	Civil Society Organisations
DID	Disability Inclusive Development
DPO	Disabled People's Organisation
ECE	Early Childhood Education
ESRAC	Education Support and Resource Assessment Centres
ESDP	Education Sector Development Plan
ETP	Education and Training Policy 2014
GEC	Girls Education Challenge
IE	Inclusive Education
HSSP	Health Sector Strategic Plan
MIE	Modelling Inclusive Education
MIPE	Modelling Inclusive Pre-primary Education
MoEST	Ministry of Education, Science and Technology
MoEVT	Ministry of Education and Vocational Training
NPD	National Policy on Disability 2004
NSIE	National Strategy on Inclusive Education
PDA	Persons with Disability Act 2010
PMO	Prime Minister's Office
PORALG	The President's Office, Regional Administration and Local Government
PPPIET	Pre-Primary and Primary Inclusive Education in Tanzania
PWD	Persons with disabilities
SDG	Sustainable Development Goal
SNE	Special Needs Education
TA	Teaching Assistant
TIKA	Tiba kwa Kadi
TSL	Tanzanian Sign Language
UNCRC	United Nations Convention on the Rights of Children
UNCRPD	UN Convention on the Rights of Persons with Disabilities
URT	United Republic of Tanzania
VAC	Violence Against Children

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1. Background

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) recognises the right to inclusive education for all persons with disabilities and goes further to stress that inclusive education is a fundamental human right for every child with a disability. An inclusive education system is one that accommodates all students whatever their abilities or requirements, and at all levels – pre-school, primary, secondary, tertiary, vocational and life-long learning.

With the adoption of the UNCRPD, a paradigm shift occurred towards a human rights based approach to disability. Put simply, long-held established views of disability or persons with disabilities came through a medical and charitable lens. This meant that, in many situations, girls, boys, women, and men with disabilities were seen as problems, in need of curing or fixing and as incapable for making decisions on their own. This view resulted in the provision of services including education, health, and employment, being delivered through a system that focused primarily on rehabilitation rather than human development and inclusion in the community.

The UNCRPD builds on the social model approach, which views society and its structures as the creator of barriers. It means that girls, boys, women, and men with disabilities are recognised as rights holders who are fully capable of participating in their own life decisions and in society as active contributors to community, social, and economic life. Critically, the human rights based approach promoted by the UNCRPD also shifts the responsibilities and duties of states towards persons with disabilities who live in their countries.

Under the inclusive education paradigm, the following aspects are evidenced:
  i. All disabled children/adults whatever their gender, age, ability, ethnicity, impairment, HIV status, medical and health issues are enabled to participate in and contribute to the society
  ii. Differences are valued and respected
  iii. Discrimination, stigma and prejudices are actively combated in policies, institutions and behaviour
  iv. It is a human rights perspective and developmental in nature

The Sustainable Development Goal (SDG) 4 has ten targets, one of which focuses on inclusive education: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations; and build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all.

2. Introduction

The Disability Inclusive Development (DID) consortium is working together on the Pre-Primary and Primary Inclusive Education in Tanzania (PPPIET) programme whose ultimate goal is to foster quality sustainable inclusive education for all children with disabilities (CWD) at scale across Tanzania in mainstream pre-primary and primary government schools. To achieve this, it aims to support collective, coordinated systems change by establishing an agreed common model of basic inclusive pre-primary and primary education in mainstream government schools, and galvanising significant progress in spreading its systematic implementation for all CWD across Tanzania over six years.

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This task requires the cooperation of government, civil society and DPOs to achieve real change. No single organisation or government department can achieve inclusive education on its own. Cooperation between all government ministries, including education, health, finance and social welfare are key to providing individual support to learners with disabilities. Pooling the skills and resources, and exchanging learnings to achieve quality inclusive education of children can help all involved. Working together will build collective commitment and action, not just amongst DID consortium members but also across government, donors, education actors and the private sector.

The first part in this process was for the Task Team[1] to conduct a desk review to establish an overview of the current educational context with regards to children with disabilities, including legislative, policies and practice, inclusive education strategies, disability contexts, cultural perspective, interventions, existing assessment and quality assurance processes, and opportunities and challenges.

2.1 Purpose of the Desk Review

The aim was:
1. To scope out the current context, situation, practice and general framework of inclusive education in Tanzania, including the policies, strategies, activities and interventions in detail and assess how this may impact upon the development of a design model for IE.
2. To synthesise secondary data, learning and materials from within Tanzania and other countries to support project learning and planning, strengthen the evidence base for advocacy and create a learning resource.

2.2 Ethical and Safeguarding Issues

During the desk review, the Task Team adhered to research ethics and safeguarding policies. To help develop a strong evidence base and ensure a holistic approach to the research, the desk review included documents of a confidential and sensitive nature that cannot be referenced due to confidentiality.

2.3 Methodology

The Task Team was provided with guidelines and conducted an exhaustive literature review to scope out the current context and situation of inclusive education in Tanzania and collect preliminary evidence of the general framework of inclusive education in Tanzania, including the policies, strategies, activities and interventions, the degree of its integration within national systems, and its adherence to global policies and standards, including UNCRPD.

The research questions (see Appendix I) for the desk review were developed around four domains agreed in advance by the Task Team and have been presented as cross cutting themes below. The four domains are:
1) School domain
2) Social domain
3) Policy/Government domain

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[1] Task Team members include representatives from Ministry of Education Science and Technology, Ministry of Finance, Ministry of Health, President's Office Regional Authority and Local Government, Prime Minister's Office responsible for Policy Parliamentary Affairs, Labour, Employment, Youth and the Disabled (PM-PPYED), Tanzania Institute of Education, ADD International, Inclusive Development Promoter and Consultancy, Leonard Cheshire International, Sense International, Sightsavers and SHIVYAWATA.

4) DPO Engagement domain

It is worth noting that for this review, the information relating to DPO engagement was limited.
When DPOs were asked for any documents they might have relating to inclusive education, some were unable to supply any. This is partly due to gaps in DPOs systematically documenting their achievements. Another issue that arose when trying to gather written evidence from DPOs was that, where documents had been generated through co-implemented programmes between DPOs and other CSOs, DPOs did not feel that they had ownership of the learning products and had not retained the right to share this data. This is quite concerning as it speaks to a systematic power imbalance across the sector.

This highlights the value of the DID consortium which will facilitate the sharing of DPO's knowledge, skills and resources, and exchange learnings to help achieve quality inclusive education of children in Tanzania. To ensure that this knowledge feeds into the development of an Inclusive Education model, DPOs will be central to the field research phase of this programme in terms of tool design, data collection, providing evidence and validation of data gathered, as well as the development of the model.

3. Findings

Information solicited from the desk review has helped the Task Team understand the current situation in detail and assess how this may impact upon the achievement of future project outputs and outcomes. It will also help the Task Team to assess the opportunities and challenges for the design model and for existing system change, establish good practices and lessons learnt and, consequently, enable sound practical recommendations to be made for model design. The desk review also identified gaps in the literature where further research is necessary.

3.1 Summary of Key Findings

Persons with disabilities (PWDs) are often among the poorest and most marginalized in society. Disability has a significant impact on health, employment, infrastructure, education and income generation yet there is little inclusion of persons with disabilities in the planning, execution and monitoring of development interventions. This is partly because most policymakers do not have detailed understanding and knowledge on PWDs issues and the associated challenges, therefore, making the reflection of the concerns of this group limited. [2]

Some of the most common barriers to the education of children with disabilities:
- The low number of teachers who can teach learners with disabilities
- Inadequate training tools and facilities for learners with disabilities
- Lack of a special curriculum which makes learning difficult for children with disabilities
- Lack of access to assisted technologies
- Lack of trained health practitioners to provide services, such as screening, identification and audiology
- Lack of accessible infrastructure in premises where services are being provided including lack of ramps
- Lack of sign language interpreters
- The long distances to specialized schools and associated transport costs
- Resistance from regular schools to registering children with disabilities

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[2] Voluntary National Review Report on the Progress of the SDGs (2019)

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- The lack of awareness of disability and poor community awareness about the possibilities that exist and may be created for children with disabilities
- Stigma and discrimination

While national policies and strategies reflect the commitments made in UNCRPD Article 24 and SDG 4 and while many stakeholders are committed to upholding these obligations, Tanzania still has a long journey ahead to comply with Article 3 (ii) Non-discrimination, (iii) Full and effective participation and inclusion in society, (v) Equality of opportunity, and (vi) Accessibility of the UNCRPD's General Principles.

Although the Government is committed to supporting the IE initiatives and overall there is a positive policy environment, discrepancy remains between rhetoric and reality[3], and legislation and implementation. Effective implementation of inclusive education (IE) is at an early stage, and responsibilities and action are fragmented across many government ministries, non-government and private sector actors and disabled people's organisations (DPOs), while the learning environment is not adequately equipped to meet the needs of children with disabilities (CWD). Poor flow of information and coordination hinders a more coordinated effort in addressing the gaps.

The effects of disability cut across sectors, requiring coordinated services to address the full range of challenges facing children with disabilities and their families. A coordinated programme of early intervention across the health, education and welfare sectors would help to promote the early identification and management of childhood disabilities. Earlier interventions have been shown to lead to larger gains in functional capacity, and removing barriers earlier in life lessens the compounding effect of the multiple barriers faced by children with disabilities.[4]

It is essential that Government ministries collaborate on inclusive education, with the Ministry of Education, Science and Technology (MoEST) taking the lead, and intersectionality – with community based rehabilitation (CBR), health, social welfare, child protection, and others – becoming the norm with cross-cutting attention to disability through all other interventions. There also needs to be a significant reduction in the number of agencies working in isolation on inclusive education efforts. Any Inclusive Education plan needs to adhere to the priority and guidelines already set by the Government. Failure to do so will directly affect the sustainability of projects.

Being in school is not a precursor to learning. Effective learning requires the capacity of teacher training colleges and teachers to work with learners with disabilities to be strengthened, and the availability of inclusive and accessible teaching and learning materials for these learners to be improved. School communities, including parents, teachers, community members, girls, boys, women, and men with and without disabilities, and DPOs should be mobilised to support the education of children with disabilities and to collaborate on school improvement and inclusive education. Reducing stigma and discrimination in the community will help encourage parents to send children with disabilities to school.

4. Inclusive Education in Tanzania

The National Strategy on Inclusive Education (NSIE) 2018 – 2021 identifies **Inclusive Education (IE)** as an approach which transforms the education system, including its structure, policies, practices and human resources, to accommodate all learners in the mainstream education by addressing and responding to learners' diverse needs. It involves defining and maintaining standards of inclusiveness, adaptation and modification of curriculum content, teaching and learning materials, pedagogy and

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[3] Thompson, S. 2017 Knowledge, Evidence and Learning for Development – Education for Children with Disabilities, Institute of Development Studies
[4] The State of the World's Children, UNICEF 2013

environment to ensure access to, and participation in quality education for all learners irrespective of their gender, ethnicity, socio-economic and cultural background, physical and intellectual abilities and special
 learning needs.

Inclusive education refers to the process of increasing presence, participation and achievement of all learners. It requires restructuring the cultures, policies and practices in schools to respond to the **diversity** of learners. IE has been found morally necessary, educationally feasible and economically cost effective. The Salamanca Statement of 1994 and Framework for Action requires that **all children should learn together,** where ever possible, **regardless of any difficulties or differences they may have**. These commitments not only include the rights of all children to be enrolled in a mainstream school but also access to a child-centred pedagogy capable of meeting their needs.[5] Inclusive schools must therefore recognize and respond to the diverse needs of their students, accommodating styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with communities.[6]

It should be noted that 'equity' in education does not mean providing the same for all, but rather, ensuring there is an equal opportunity to succeed and achieve one's potential. In order to provide equal opportunities, there should be a continuum of educational support available to minimise or remove barriers that learners might experience.[7] Capitation grant in implementing inclusive education has been challenged by Civil Society Organisations (CSO) and the NSIE as the same rate cannot be used for all types of learners because different learners have different learning needs depending on the severity of disability and the environment in which they are placed.[8]

In Tanzania, issues of equity and access to education have been a focus of attention ever since the Government of Tanzania introduced Universal Primary Education (UPE) in 1977. The inclusive education approach has been in an integrated school setting and in general school setting where they provide a link between inclusive education and wider community.[9] However, based on their research, Grönlund, Lim and Larsson (2010) argue that children with disabilities are currently integrated (rather than included) in mainstream education, while children with disabilities attend ordinary classes, their special needs are not always catered for.[10]

The recent Tanzania Situational Analysis for Disability Inclusive Development found that persons with disabilities are less likely to have attended school and are more likely to be illiterate than persons without disabilities. Education levels are higher for men, those living in urban areas, and those living on Zanzibar. In practice, children with disabilities tend to attend special schools, special units in mainstream schools or "inclusive places" in mainstream schools, rather than inclusive education. Government support to facilitate inclusive education programmes at primary schools is hampered by the unclear discourse surrounding the definition and scope of inclusive education.[11]

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[5] UNESCO, The Salamanca Statement and Framework for Action on Special Needs Education. 1994, UNESCO: Salamanca

[6] The Ministry of Education and Vocational Training – Zanzibar Inclusive Education and Life Skills Unit – A Guide for Early Screening, Identification, Assessment and Support for Learners

[7] A Review of Sense International Tanzania's Teaching Assistants Approach to Inclusive Education – A Summary Report 2020

[8] Final Draft Modelling Inclusive Education Baseline Study, ADD, 2018

[9] Inclusive Education Tanzania: Approaches, Scope and Content Ministry of Education and Vocational Training 2007

[10] Grönlund A, Lim N, Larsson H. 2010. Effective Use of Assistive Technologies for Inclusive Education in Developing Countries: Issues and challenges from two case studies. International Journal of Education and Development using Information and Communication Technology; http://ijedict.dec.uwi.edu/include/getdoc.php?id=4311&article=1136&mode=pdf

[11] UNICEF Education Think Piece Series: Innovative Thinking for Complex Educational Challenges in SDG4 Era

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While the Government's strategy is to include as many as possible of the children living with disabilities into the mainstream education system, with only those whose disabilities are too severe for regular schools being enrolled in special schools,[12] according to the Round Table Discussion on Inclusive Education in 2018, parents/care-givers often prefer to enrol their children in special schools rather than in inclusive schools because:

- Their mind set is tuned to Special schools which they believe can provide quality education and care to CWDs
- The challenges encountered to implement IE such as lack of competent teachers, equipment and learning materials etc. have led parents to enrol CWDs in Special schools
- To get rid of the child as a way to avoid shame and discrimination from the community.

5. National Policies

The Constitution of the United Republic of Tanzania 1977, as amended to 2005, states that 'Every person has the right to access education, and every citizen shall be free to pursue education in a field of his choice up to the highest level according to his merits and ability' (Article 11 (2)) and that 'The Government shall make efforts to ensure that all persons are afforded equal and sufficient opportunity to pursue education and vocational training in all levels of schools and other institutions of learning' (Article 11 (3)).

In pursuant of the Articles in the Constitution, the Government of Tanzania recognises the right to education for all and, through the **National Strategy for Inclusive Education** (NSIE, 2009−2017 & 2018−2021), is committed to the inclusion of all children with disabilities. Furthermore, it is made clear in Tanzania's 2002 National Policy on Disability (Aldersey and Turnbull 2011[13]) that the Tanzanian Government is committed to working to identify the needs of each child with disabilities and to create an individualised education plan with appropriate accommodations and adaptations as necessary. The policy also advocates for the training of educators and other service providers to be comfortable and competent with the identification of children with disabilities.[14]

To demonstrate commitment in safeguarding children's rights, Tanzania has signed and ratified several key international children's rights treaties, including the United Nations Convention on the Rights of Children (UNCRC) which stipulates that no child should be treated unfairly on any basis and provides guidance on public investments in children. In addition, the government has enacted laws, adopted policies and implemented administrative measures geared towards realization of children's rights. Most notably, both Mainland Tanzania and Zanzibar have enacted comprehensive laws which represent a real breakthrough and opportunity to improve welfare and protective environment for children in the country. The Law of the Child Act (Mainland, 2009) and the Children's Act (Zanzibar, 2011) defines a child as a person below the age of eighteen. However, it is an unhidden truth that Tanzania like many other UN member states which pledged that by 2030 no child should be left behind, has not been able to fulfil many of the basic rights of children.[15]

United Nation Convention on the Rights of the Child of 1989 states that Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race,

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[12] Voluntary National Review Report on the Progress of the SDGs (2019)

[13] Aldersey H, Turnbull R. 2011. The United Republic of Tanzania's National Policy on Disability - A Policy Analysis. Journal of Disability Policy Studies; 22 (3)

[14] Thompson S. 2017 Knowledge, Evidence and Learning for Development – Education for Children with Disabilities, Institute of Development Studies

[15] Voluntary National Review 2019 Report on the Progress of SDGs Chapter 3, Situation for persons with disability

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colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status (Article 2). It further states that Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community; and that Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child (Article 23).

The Law of the Child Act No 21, 2009, Part II, Rights and Welfare of a Child, under the Principles of Non-discrimination states that 'a child shall have a right to live free from any discrimination' (Article 5(1); and 'a person shall not discriminate against a child on the grounds of gender, race, age, religion, language, political opinion, disability, health status, custom, ethnic origin, rural or urban background, birth, socio-economic status, being a refugee or of another status' (Article 5(2)).

Furthermore, by ratifying the **UNCRPD**, the Government of Tanzania subscribes to creating an inclusive country for girls, boys, women, and men with disabilities and is accountable for showing the progress for persons with disabilities in key areas of life such as education, social protection, and economic security. However, this has not yet been reported on.[16]

The Persons with Disability Act (PDA) No 9, 2010 gives legal effect to the National Policy on Disability and the UN Disability Convention. It strives to make provisions for the health care, social support, accessibility, rehabilitation, education and vocational training, communication, employment or work, promotion of basic rights for the persons with disabilities and to provide for related matters. One of the principles underlying the PDA is that it prohibits discrimination against persons with disabilities and it imposes an obligation on the Minister responsible for social welfare to 'take appropriate steps to ensure the realization of all rights and freedoms of persons with disabilities without discrimination'.

The PDA defines **inclusion** as the process whereby people or society value and respect diversity as part of life, hence minimize barriers in order to accommodate persons with disabilities to participate in, and contribute to that society; and **inclusive school** means a place where barriers have been removed to enable students with disabilities to learn and participate effectively within the general school system. It states that the basic principles of the realization of the Rights of Persons with Disabilities is the full and effective participation and inclusion of persons with disabilities in all aspects in the society (Article 4c).

The function of the National Advisory Council for Persons with Disabilities include advising the Government on the formulation of programmes which may secure the education and social integration and inclusion of persons with disabilities (Article 12 (2) a). On the integration of PWDs, the PDA states that 'every person with disability shall be assisted by his local government authority, relative, disability organizations, civil society or any other person to live as independently as possible' (Article 15 (1)) and mandates that the minister responsible for issues related to persons with disabilities shall 'formulate programmes in order to secure integral and social development of persons with disabilities' (Article 19 (1)).

Article 27 (1) of the PDA states that persons with disabilities in all ages and gender shall have same rights to education, training in inclusive settings and the benefits of research as other citizens; (2) Every child with a disability shall have equal rights in relation to admission to the public or private schools; (3) Every child with disability shall attend an ordinary public or private school except where a need for special communication is required; and (4) A child provided for in subsection (3) shall be provided with appropriate disability related support services or other necessary learning service from a qualified teacher or a teacher assigned for that purpose. Furthermore 'sign language, tactile language, white cane and braille shall be recognized and promoted as official means of communication' (Article 53 (4)).

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[16] Rohwerder, B. 2019 Tanzania Situational Analysis, Disability Inclusive Development

National Policy on Disability (NPD), 2004, clearly defines:

    a) **Disability:** 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.

    b) **Person with Disability**: An individual whose prospects of obtaining and retaining an employment are greatly reduced due to known physical, mental or social factors.

Article 1.2.2 of the NPD recognises the need for early identification of children with disabilities. Early identification followed by appropriate intervention has a chance of eliminating occurrence of a disability or minimizing its impact later in life but in article 3.4 concludes that despite its importance only a negligible percentage of disabled children are reached. ⌊SEP⌋

Currently, there is no state register for persons with disability. However, recently there have been efforts in identification as explained in NSIE 2018 -2021: Education Support and Resource Assessment Centres (ESRAC) developed by the MoEST and promoting 1) early identification and assessment of children with special needs; 2) care and support for children with Albinism and low vision; 3) improved teaching of 3Rs to children with visual and hearing impairments; 4) teaching children with Intellectual Impairment and Autism.

The Government has initiated a screening programme to assess children's hearing and sight. The Inclusive Education Unit has also developed a Guideline for Screening, Identification, Assessment and Support to empower all teachers in both private and public schools with proper knowledge on early screening and identification of the children with special needs in their classrooms.[17]

The NPD also recognized that the educational system does not allow for equal access for children with disabilities as almost all school facilities at all levels are inaccessible; and teacher training and the school curriculum also do not incorporate the needs of disabled persons.

Education is key to the development of children with disabilities' potential and the Government of Tanzania recognises the right to education for all and through the **National Strategy for Inclusive Education** (2009−2017 and 2018−2021) is committed through its policy to the inclusion of all children with disabilities in education. Although the pace is slow there is good intention to deliver full-fledged inclusion in mainstream school which can be seen from the efforts undertaken by the government as well as other stakeholders.

The Education and Training Policy (ETP) 2014 emphasizes the availability of early learning and basic education to all children aged 7 years and that children with disabilities will be given a priority and the government, in collaboration with stakeholders, shall provide a conducive environment for inclusive education that takes care of special needs of children with disabilities. The ETP is poised to ensure that all Tanzanians access education opportunities without discrimination on basis of gender/sex, colour, ethnicity, religion, disability and socio-economic status. It recognises the ineffectiveness of procedures to identify students with special needs and poor learning environments. This leads to a significant number of drop outs instigated by:

- Unavailability of special needs at school for some children⌊SEP⌋
- Early unwanted pregnancies⌊SEP⌋
- Poverty⌊SEP⌋
- Traditional cultures that constrain chances to pursue education especially for a girl child
- Hard to reach places

The Education and Training Policy also underscores the importance of promoting sign language and Braille transcriptions to facilitate communication with deaf and blind students. However, despite this commitment the educational system is still largely inaccessible to children with disabilities.

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[17] Rohwerder, B. 2019 Tanzania Situational Analysis, Disability Inclusive Development

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The Education Sector Development Plan (ESDP) (2016/7- 2020/21) states that the Tanzanian socio-economic context calls for the adoption of the following principles: All persons, irrespective of gender, physical disability, or parents'/guardians' income, social status and geographical origins, will have access to at least basic levels of education (Article 4.4). The ESDP (2016/7-2020/21) has identified key programme areas:

- Access, Participation and Equity in Basic Education (pre-primary, primary and lower secondary, higher education and out-of-school children)
- Quality of basic education and secondary education (Curricula, teacher issues – training, support, motivation; learning environment, school leadership and management and quality assurance)
- Adult and Non-Formal Education
- Technical and Vocational and Folk Education
- Higher Education
- System, Structure, Governance and Management

The Public Health Act, 2009 states that the authority shall permit a person to operate or manage a school or any other similar institution when it is satisfied that provisions for people living with a disability have been made.

The National Multi-Sectoral Social Protection Framework (draft 2008) is informed by human rights principles and it urges the following principles to be adopted across all the sectors: strengthening the capacity of local government and non-state actors to facilitate effectively the identification of the neediest and vulnerable persons, including assessing for hearing/vision/physical disabilities to enable provision of necessary support to them. They are identified at the community level by Ward Executive Officers and Village Executive Officers.

According to the Medium Term Expenditure Framework (MTEF), the Prime Minister's Office – Labour,Youth, Employment and Persons With Disabilities 2019/2020 – there are plans are underway to review the National Disability Policy (2004).

6. Barriers to Inclusive Education

In 2007, the Ministry of Education and Vocational Training[18] identified the main sources of exclusion derived from:

- Negative social attitude towards children with disabilities in schools and surrounding communities
- Prevalence environmental and communication barriers
- Poverty and concomitant challenges
- Lack of knowledge and skills to manage the teaching and learning of the children with special educational needs
- Lack of awareness of parents and community

The Education Sector Review (2006) AID-MEMORE identified two key challenges for access and equity[19]:

1. Access for children from poor families, orphans, children with disabilities (including development and use of Tanzanian sign language [TSL] for the deaf children as well as training and use of TSL teachers and interpreters) and other vulnerable children.
2. Recruiting and retaining teachers for inclusive education.

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[18] Inclusive Education Tanzania: Approaches, Scope and Content, Ministry of Education and Vocational Training 2007

[19] Inclusive Education Tanzania: Public Policies, Ministry of Education and Vocational Training 2007

The recently conducted Tanzania Situational Analysis (2019)[20] found that barriers to education include lack of trained teachers; lack of accessible learning materials; inaccessible school environment (including toilets); overcrowding; extra costs; distance to school; concerns over safety; negative parental attitudes; negative attitudes of teachers and peers; risk of sexual abuse; early marriage; and low awareness and sensitivity to disability issues by government policy makers and other stakeholders.[21] Further evidence from a literature review reports that individuals with disabilities in Tanzania lack the support they need. The study also found that literature on assistive technologies and inclusive education in developing countries was limited.[22]

The MoEST Research Report 2018 – Deaf Students Performance in Secondary Education Examinations – concluded that the challenges that led to the so called poor performance of deaf students in the national exanimations largely correlate to inadequacy of four key areas of the teaching/learning process, namely pedagogy, language of instruction, resources and policy implementation. However, such challenges are mostly attributable to the education sector as a system, rather than to individual actors. As a result, schools, classes, teachers' training and output, teachers' abilities, attitudes and performance, inter-ministerial coordination/administration and policy implementation form a series of sub-systems, which appear to underperform and, subsequently, not only affect deaf students' learning process and outcome, but also fail them appallingly throughout. Teachers are the pivot of the learning process, while language is an indispensable medium for the learning to take place. Capacity building on teachers in SNE – Hearing Impairment coupled with TSL development/harmonization, will empower them with skills that meet deaf learners' needs. In order to achieve all these, cooperation and collaboration between the Government, educational stakeholders, private organizations and civil society organisations is vital.[23]

The Guideline for Screening, Identification, Assessment and Support developed by the Inclusive Education and Life Skills Unit, Zanzibar identified five barriers to inclusive education[24]:
Environmental barriers: These may include school buildings and toilets which are not accessible or are unsafe, or sub-standard.
Attitude barriers: These may include negative attitudes towards diversity and the stereotyping of difference that can lead to low expectations distorting teachers' assessment of learners' needs and potential, quashing aspiration, inappropriate communication, undervaluing the resources learners and their parents bring to school, and failure to involve and recruit the participation of parents and the wider community.
Policy barriers: These may include inflexible learning structures and timetables, a narrow curriculum with little relevance to the learner's experiences or their preparation for the world of work, inadequate policies and legislation that fail to address the educational disadvantages experienced by low-income families.
Practice barriers: These may include inadequately or inappropriately trained education leaders and teachers, lack of awareness of effective teaching methodologies, lack of awareness of effective strategies to support curriculum access and language-acquisition of learners and young people who are learning the dominant language medium as an additional language.
Resource barriers: These may include a shortage of teachers, large classes, inappropriate and inadequate support services, including those that can offer language or learning support.

6.1 Attitudinal Barriers

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[20] Rohwerder, B. 2019 Tanzania Situational Analysis, Disability Inclusive Development

[21] Rohwerder, B. 2019 Tanzania Situational Analysis, Disability Inclusive Development

[22] Thompson S. 2017 Knowledge, Evidence and Learning for Development – Education for Children with Disabilities, Institute of Development Studies

[23] Research Report 2018 – Deaf Students Performance in Secondary Education Examinations, MoEST

[24] Inclusive Education - Situation Analysis Jan-March 2019_AGR

While media awareness, religious teachings and the work of civil society organisations have contributed to a positive change in perceptions, people with disabilities experience stigma and discrimination which hinders them from fully realising their rights and participating in everyday life. Women and girls with disabilities, persons with albinism, and children with autism are especially vulnerable to violence.

Attitudinal barriers derive from prejudices and stereotypes that take someone with a disability to be a passive, totally dependent, source of stigma warranting isolation, rejection and such treatments. The social exclusion of people with disabilities through a manifestation of community mind-set, influenced by the cultural context stemming from attitudes of fear, harbouring beliefs that disability is a curse, which leads to abandonment or killing, ignorance about the causes of disability and the potential of people with disabilities, low expectation of what they can achieve, and a lack of proper counselling and guidance.[25]

According to the Inclusive Education Concept - Disability and Education Rights in Tanzania and other research, this culminates in the following:
- Disability becoming the defining characteristic of the person, denying their complex whole.
- Forcing children/youths with disabilities to "become what other people say".
- Perpetuation of negative attitudes and practices leading to seclusion, total rejection or overprotection by parents.
- Children with disabilities are often invisible in community because some parents hide them as some community members perceive them as burden and curse.[26]
- Failure to expose children with disabilities to formal and non-formal educational avenues.
- Failure to identify challenges in the education system and, more specifically, in special needs education.
- Households with a member with disability are more likely to experience material hardship including food insecurity, poor housing, lack of access to safe water and sanitation.
- Children with disabilities are malnourished as a result of neglect and abject poverty.
- Lack of knowledge about remedial interventions.
- Children with disabilities lack stimulation of interacting with other children.

In the case of people with albinism, many rural and urban areas people are unaware that albinism is genetic in nature and therefore relate albinism with some kind of superstitious beliefs manifested by derogatory labelling e.g. 'white goat', 'white dog' and 'the incomplete one'. Such labelling suggested that communities in those places regarded people with albinism as not only different, but also as something one can hurt without feeling any remorse. Such tendencies result in discriminatory, harassing practices against this subgroup in different social settings including fuelling spates of killings in extreme instances. This discrimination and negative stereotyping has led to many children with albinism being uprooted from their communities and placed in institutions.

6.2 Environmental Barriers

Barriers of this nature occur where public services, buildings, transport and information are not designed with access for people with disabilities in mind. The issue of accessibility of the built environment e.g. travelling to and from home to school as well as around homes and communities unaided or totally depending on others for support to travel. This covers all premises providing services to the public i.e. schools, Education Support, Resource and Assessment Centres, health facilities, worshipping and recreational places, shops, vacation camps sites, etc. The concept of accessibility is not conceived holistically and there is an absence of national accessibility standards.

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[25] Rutachwamagyo.K. 2006 Inclusive Education Concept - Disability and Education Rights in Tanzania, Information Centre on Disability (ICD)
[26] Tanzania Human Rights Report 2018 Pg. 251.

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A lack of clean and safe toilets in schools discourage children, especially girls, from attending school regularly. Therefore, shortage of pit latrines is one of the factors which affect attendance, survival and the general performance of pupils in schools. Other environmental barriers include poor repair of desks, lack of renovation of classrooms, poor repair of teachers' offices, insufficient funds to pay electric and water bills.[27]

The issue of accessibility also includes communication, in terms of information being available in alternative and augmentative formats e.g. Braille transcripts, readers, easy to read and understand forms; and professional, sign language interpreters, etc. Prevalence of this kind of barriers hinders full, equal and effective participation and inclusion in community life which is essential for accessing learning, non-formal education, interaction, societal support and health related interventions.

6.3 Institutional Barriers

Generally, institutional barriers occur where the laws, policies, programmes, budgets, directives, practices, traditions, etc. discriminate (explicitly or by omission) and/or exclude the rights of people with disabilities making them in some way second class citizens without the right to access physical and intellectual advancing opportunities including attending school and benefiting from it. Institutional barriers are exacerbated further by[28]:

- Condoning labelling and discriminatory practices
- Passing along disability misconceptions, mythologies, legacies of the past and their effects to new generations
- Perpetuation of the charity model of service provision and social support to people with disabilities
- The Education Act No 25 1978 and its amendments, the 1995 Education and Training Policy had neither a mention nor a definition of Inclusive Education which means the latter has been implemented without the force of law
- Absence of Teachers, Parents Associations for collaborative purposes

Inclusive education is designed to enable children, youths and adults with disabilities (among others) access educational avenues (formal and informal) throughout their lives. Unfortunately, the very fact that it is often the perception that primary school level is the highest essential level of education students with disabilities should attain is in itself a barrier. The recently introduced syllabus that enabled students with disabilities to study science subjects is a synopsis of what non-disabled students access in their text and reference books. As such, the higher one climbs on the education ladder, the lower the number of people with disabilities participating.

At the MoEST and Departmental level, while there are some basic insights on the concepts of inclusion, integration, special needs education, etc. there remains a significant gap between policy and implementation which is exacerbated by the lack of provision for PWDs in other line ministries. While at the grass roots, CSOs may try implementing some concepts relating to inclusive education these are not being implemented according to national programmes responding to legal requirements which thwarts mainstreaming and results in having a parallel under resourced programme specific for inclusion contrary to the requirements of article 24 of the UNCRPD as well as sections 27 to 29 of the Disability Act 2010. The evidence suggests that there is a low level of meeting commitments of UNCRPD where CSOs enter into partnership with the government to jointly model inclusion in in selected schools. The evidence also shows the low level of systematically documenting good practices for future references and scaling up.

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[27] The Joint Education Sector Review (JESR) 2017/18 TENMET

[28] Rutachwamagyo K. 2006 Inclusive Education Concept - Disability and Education Rights in Tanzania, Information Centre on Disability (ICD)

Effects of prevalence of barriers at the community level

While poverty and family problems are acknowledged there is no suggestion on how these could be incorporated in the implementation process of inclusive education. This is in stark contrast to UNCRPD and international best practice where the key features of Inclusive Education underline the involvement of families, CSOs, DPOs, local communities, and local governments at village and ward levels. Exponents of Inclusive Education underline the importance of having in place a system of support to teachers and schools; children; families and local communities. [29]

Parents / family members are denied opportunities to:

- Volunteer to assist teachers with the classroom activities e.g., reading or preparing learning materials, helping with extra-curricular activities like sports, field trips, organizing special events such as festivals, etc
- Be classroom guest speakers who share information about their work and the world of work, talk about the history of the surrounding community, share folklore stories and indigenous knowledge
- Form, join and attend Parents-Teachers Associations and other school meetings to be kept abreast of unfolding events
- Donate needed materials to the school or help to contribute financially to meet school and classroom needs
- Be role models e.g. successful graduates
- Ensure safety at and out of school
- Take part in assessing children's learning achievements based on individual learning plan basing on the understanding that "all children can learn and succeed does not necessarily imply that all children successfully pass written examinations. Rather it means accepting diversity in the different ways children learn as well as how they demonstrate their learning e. successfully explain a concept to the teacher or class instead of answering questions about it on an examination
- Schools systems locked by inflexible, standardised model exclusively focus mainly on impairment limits, deficits in relation to academic performance
- Children with disabilities are perpetually subjected to the "medical domain and related professionals"
- The input of parents, students, local experts, volunteers is ignored
- The general education system remained like square holes fit for square pegs where the problem is seen to lie with a respective child

A community based participatory study evidencing the lived experiences of persons with disabilities and older persons in Tanzania,[30] sought to understand from the perspectives and experiences of persons with disabilities, as well as their social, political and economic inclusion (or exclusion). Findings aggregated from the various views of participants clearly set out perceptions and views from PWD on barriers and poor access to services and quality of life, with their recommendations about how these issues could be addressed. This large qualitative study provides a roadmap for areas that still need to be addressed, including access to education and quality learning; access to Health Services; poverty relating to income and dependence; attitudes towards witchcraft and albinism; relationship difficulties and marriage breakdowns; sexual violence and gender issues; and poor treatment from family. The evidence generated should be used to help inform policymaking and implementation at national and other levels of programming to deliver targets on SDGs and the principle of 'leave no one behind'.

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[29] Rutachwamagyo K. 2006 Inclusive Education Concept - Disability and Education Rights in Tanzania, Information Centre on Disability (ICD)

[30] Hear my Voice: full report September 2016 Ifakara Health Institute; Republic of Tanzania; ADD; HelpAge International and Sightsavers with IDS.

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6.4 Resource Barriers

In 2013, field data relating to school supplies collated from four schools in the Pwani Region – Mkuranga, Kisarawe, Kibaha TC and Kibaha DC – evidenced that there were shortages in all materials, including chairs, desks, classrooms, books, lack of access to assisted devices - there were no Braille machines, white canes, hearing aids or audio books - very few access ramps and woefully inadequate WASH facilities[31]. These factors, coupled with the shortages of qualified SNE teachers, exacerbate the challenges faced by children with disabilities, and results in them being excluded from accessing quality inclusive education.

6.5 Teaching Capacity

Inclusive education is rarely covered in teacher training unless they are trained at Patandi College of Special Needs Education so teachers lack the skills to educate children with disabilities. Despite the current situation, MoEST aims to educate children with disabilities alongside their peers at the local schools.[32] However, teachers are not fully able to engage children with disability in the classroom.[33] Often, teachers lack the tools and training to identify disabilities and may face difficulties identifying mild to moderate non-physical disabilities. Even when tools exist, it can be difficult to differentiate between identifiable disability and other factors that can interfere with learning such as hunger, diseases, lack of learning support outside classroom or unsafe home/community.[34] Evidence found there are only 2,179 primary teachers working in primary schools who are qualified to support learners with special needs and there is an acute shortage of teachers able to communicate in sign language or able to support blind learners.[35] Furthermore, teachers require ongoing special needs education training for the hearing, intellectually and visually impaired to be effectively included in learning.

6.6 Teacher Training

Children with disabilities are children first and have much in common with other children of the same age. There are many aspects to a child's development that make up the whole child, including – personality, the ability to communicate (verbal and non-verbal), resilience and strength, the ability to appreciate and enjoy life and the desire to learn. Each child has individual strengths, personality and experiences so particular disabilities will impact differently on individual children. A child's special educational need should not define the whole child.[36] Teacher attitudes toward inclusion are important to understand so that educators can be properly trained to make inclusion successful.[37] By building a positive relationship between teacher and learners/students on understanding and empathy, students come to trust their teachers and to value their approval.[38]

Teachers need to be helped to develop a wider perspective to educational difficulties and approaches to teaching in an inclusive classroom with the provision of in-service training courses on Inclusive Education and they need to be equipped in devising and implementing individual education plans, and

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[31] Modelling Inclusive Education, ADD

[32] Thompson S. 2017 Knowledge, Evidence and Learning for Development – Education for Children with Disabilities, Institute of Development Studies

[33] Round Table Discussion on Inclusive Education with DPOs, 2018

[34] Inclusive Education - Situation Analysis Jan -March 2019_AGR p3

[35] Voluntary National Review Report on the Progress of the SDGs (2019)

[36] Children with Special Educational Needs Information Booklet for Parents **https://ncse.ie/wp-content/uploads/2014/10/ChildrenWithSpecialEdNeeds1.pdf**

[37] The Effect of Training to Teachers' Perception of Inclusion, Pg. 6.

[38] Embracing Diversity 2006, Pg.42).

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managing classrooms. Training should be largely school-based and applicable to the local situation in which teachers work with the ability to work in partnership with families and other stakeholders in the community.[39]

Furthermore, integrating inclusion in teacher training, including in the pre-service teacher training curriculum, and shifting away from specialist training focusing on different types of impairment, will help achieve impact at scale.[40] The training of teachers to adopt inclusive classroom practices is critical.

6.7 The Role of Teaching Assistants in Achieving Inclusive Education

The study by Sense International Tanzania's reviewing the approach of Teaching Assistants (TAs) to Inclusive Education found that TAs played a dynamic role towards the realisation of inclusive education for all children and provided invaluable support to all children with disabilities. The TAs carried out a number of integral duties both inside and outside the classroom including but not limited to;
- Providing additional educational support to children with special needs while the mainstream teacher is teaching and helping the child to perform prescribed physical exercises
- Supporting children with special needs to perform various daily living activities, like going to the toilet, eating, playing etc. Taking care of the child's wellbeing and safety at school;
- Helping bridge the communication gap between the class teacher and the child;
- Visiting the children with special needs at home to follow up on their progress in the homestead.
- Assisting children with special needs get to and from school safely
- Liaising between the school, the parents and the community

The study demonstrated that it is possible for all children to be educated in ordinary classrooms, provided that additional assistance is made available for teachers and teaching assistants. Furthermore, this inclusive education methodology is considerably cheaper than having children with disabilities in special schools and units. However, challenges include how the Government will afford to sustain the TAs and how to formalise the role of TAs into the educational system.[41]

7. Early Childhood Education

The Early Childhood Development domain stretches across multiple institutions within the Tanzanian government, including The President's Office, Regional Administration and Local Government (PORALG), Prime Minister's Office (PMO) and multiple Ministries. However, in practice, little integration occurs between Ministries (and between Departments within Ministries), as the structure and budgetary framework for each Ministry focuses exclusively on their core social service provision.[42]

ECE teachers measure students' learning outcomes in terms of their ability to demonstrate the following confidently:
- Developing socialisation skills
- Students socialised with others when playing and during the learning process[SEP]
- Respecting others and the elders[SEP]

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[39] Inclusive Education in Low Income Countries Pg. 98.

[40] Lee H & Myers J 2019 Inclusive education in resource-constrained environments: good practice examples and learning from implementation, Disability Inclusion Helpdesk Report 3

[41] A Review of Sense International Tanzania's Teaching Assistants Approach to Inclusive Education – A Summary Report 2020

[42] Carver, G. & Durdock, S. (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania, Children in Crossfire Tanzania

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- Manipulating various types of objects given their level of complexity
- Singing songs related to the intended competence area to be developed
- Adapting to the classroom and school environment[SEP]
- Expressing their feelings of happiness and sadness, and[SEP]
- Mastering the Swahili language, especially for students with a multi-lingual background.

However, the competence profile for Early Childhood Education (ECE) in Tanzania found that ECE teachers have a heavy workload with 78% of them handling both ECE classes and other primary level classes. Furthermore, they lack some fundamental competencies in managing teaching and learning processes, managing ECE needs and skills in managing ECE children.[43]

Early Childhood Development (ECD) stakeholders in Tanzania work across five domain areas: Health, Nutrition, Early Learning, Responsive Caregiving, and Child Protection. Out of 23 identified ECD implementing organisations, Early Learning is the primary focus (43%), Health 17%, Nutrition 26% and Child Protection 13%.[44] The Responsive Caregiving domain is predominantly treated as a secondary domain focus with multiple organisations reporting it as a supporting component of holistic program implementation. However, there are early stimulation specific interventions, such as Elizabeth Glaser Pediatric Aids Foundation's (EGPAF) Malezi program which aims for children infected with and affected by HIV to reach their full cognitive, social, emotional, physical, and development potential by integrating early childhood development (ECD) messages and practices into facility and community-based services for maternal, newborn and child health and HIV. The majority of organisations (91%) implement programs which include more than just one primary ECD domain focus. For instance, Aga Khan Foundation's primary ECD focus is in Early Learning and Health but programs also include the additional domains of Responsive Caregiving.[45]

In Early Learning, many ECD stakeholders have specifically aligned their programs to support the government's implementation of the new Pre-Primary curriculum which went into effect in January 2017. Multiple actors including Aga Khan Foundation, Children in Crossfire, Equip-T, Right to Play, Tusome Pamoja and UNICEF, supported the MoEST in developing the curriculum and teacher training packages, and creating teaching and learning materials including storybooks and learning kits. These efforts demonstrate the benefits of coordinating efforts between ECD actors and the Tanzania government in order to share expertise and learnings for improving government Pre-Primary classrooms.[46]

In addition, multiple actors have also taken initiatives to promote Early Learning by supporting satellite centres in the absence of a community having access to a government Pre-Primary classroom. These school readiness programs, primarily run by Aga Khan Foundations' Madrassa Early Childhood Program, Equip-T and UNICEF, address the issue of equitable access to education.[47]

7.1 Child Protection
ECD implementers in Tanzania have taken strides to increase awareness of policies and guidelines which provide for children's protection and security, and develop resources and coordination for enforcing child protection efforts. For instance, C-SEMA has worked closely with the Government to develop and operate the Child Helpline, a national helpline for parents and community members to

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[43] Situation analysis and baseline study on early childhood education in Tanzania mainland, Final report, Education International and Tanzania Teachers' Union 2017
[44] Carver, G. & Durdock, S. (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania, Children in Crossfire Tanzania
[45] Carver, G. & Durdock, S. (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania, Children in Crossfire Tanzania
[46] Carver, G. & Durdock, S. (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania, Children in Crossfire Tanzania
[47] Carver, G. & Durdock, S. (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania, Children in Crossfire Tanzania

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report abuse or seek information. Save the Children has also taken action to improve child protection and child rights in governance.[48]

8. Pre-Primary Curriculum

The target group of the Pre-Primary Education Curriculum is all children aged five years, including those with disabilities. Children aged three to four years may be allowed to enroll in Pre-Primary classes if early assessment reveals that they are ready for school. The assessment will be guided by the following indicators: (i) Ability to be independent; (ii) Ability to express him/herself; and (iii) Ability to follow simple instructions.[49]

In the Curriculum and Syllabus for Pre-primary Education, 2016, the Ministry of Education, Science and Technology sets out the objectives of the pre-primary curriculum which includes all children aged five years, including those with disabilities, and intends to develop the following competences:
  (i)   Ability to relate to each other;
  (ii)   Ability to communicate;
  (iii)   Ability to care for his/her health;
  (iv)   Ability to care for the environment;
  (v)   Mastering artistic skills; and
  (vi)   Applying mathematical concepts.

The curriculum aims at enabling every child to develop competences that will help them to acquire their educational and developmental needs. It places the child at the centre of the learning process and promotes a life-long learning behaviour and addresses the needs of all children including those with special needs, by facilitating their development and the ability to perform specific actions.

This curriculum has been designed with a focus on the following learning areas:
  • Personality, Social and Emotional development
  • Language, Communication and Literacy development
  • Creative, Expressive and Aesthetic development
  • Mathematical and Logical thinking development
  • Health and Physical Development
  • Development of Environmental awareness

While the curriculum supports the early identification and support for children with learning special needs and or children with disabilities, it is silent about adapting alternative model/s.[50] Furthermore, curricula and pedagogy are highly centralised offering teachers little flexibility when it comes to changing their approaches in the classroom.

Schools can enhance smooth transition from home to Pre-Primary school and from Pre-Primary to Primary school by establishing good relations with parents/guardians. Further, schools should cater for different needs of children and their communities. Children need the necessary and appropriate support during this period to   build their self-confidence.[51]

The Education Sector Review (2007) found that the National Examination Council of Tanzania (NECTA) had made some provisions to facilitate examinations for the visually impaired in primary schools, including arrangement/provisions for extra 20 minutes per exam hour in mathematics and 10

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[48] Carver, G. & Durdock, S. (2018) Early Childhood Development (ECD) Situational Analysis in Tanzania, Children in Crossfire Tanzania

[49] Curriculum and Syllabus for Pre-Primary Education Curriculum, MoEST 2016

[50] Curriculum and Syllabus for Pre-Primary Education Curriculum, MoEST 2016

[51] Curriculum and Syllabus for Pre-Primary Education Curriculum, MoEST 2016

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minutes per exam hour in other subjects; examinations are written in Braille; and those with low vision have their exam with enlarged prints.[52]   However, further adaptions are still required for other disabilities, including deaf learners.

9. Disability Data

A significant barrier to progress on disability inclusive education is the relative invisibility of disabled students within the education systems of countries in low- and middle-income countries.[53]   Using indicators based on data from the 2012 Population and Housing Census (PHC), the Disability Monograph (2016) provides in-depth analysis of the level, trend and pattern of disability in Tanzania. It identified that at the national level 9.3 percent of the population aged 7 years and above had some type of disability. That is to say, for every 1,000 people in Tanzania in the year 2012, 93 are PWDs. Prevalence is higher on the Tanzania Mainland (9.3 percent) compared to Tanzania Zanzibar (7.3 percent) and is also higher in rural areas 9.9 percent than in urban areas 7.8 percent.

Out of 3,450,986 persons with disability aged five years and above, 2,228,280 (64.6 percent) are literate. The literacy rate of persons with disability in urban areas (81.3 percent) is higher compared with that of rural areas (58.7 percent). In Tanzania, the literacy level among females without disability is 72.5 percent compared with that of females with disability at 60.9 percent. Literacy rate for males without disability is 83.2 percent compared with that of males with disability at 76.4 percent. Results indicate that 51.5 percent of children with disability were attending school compared to 52.7 percent of children without disability.[54] Data from the District Education officers indicated that of 676 children with disabilities enrolled in four district schools 374 (55.3%) were boys and 302 (44.67%) girls.[55] The data available is inconsistent and demonstrates the need for ensuring accurate data collection.

There remain significant barriers to all CWD attempting to access education, from poor parental attitude to poor quality of education/skills on offer. About one quarter of persons with disability aged between 5 to 24 years have never attended school, compared to 21.8% of persons without disability. Low literacy rates amongst persons with disabilities emerging from the education system is a barrier to progression. This manifests in a rate of 47.6% illiteracy among pupils with disabilities compared to 25.3% among the general school population.[56]

However, there is a gap on disability-disaggregated data which captures all disability types and their severity. Unavailability of reliable data on the number of disabled children is one of the factors affecting the enrolment of children with disabilities in primary schools.[57] Furthermore, it has been indicated that children with disabilities of 0-7 years of age are not enumerated in the National Population and Housing Census. Such a finding potentially renders the above statistics redundant.

Baseline data for the Girls Education Challenge (GEC) Transition Projects shows that girls with disabilities in school have lower levels of numeracy and literacy than their non-disabled peers. The projects concluded that for the majority of disabled girls who do not have profound impairments,

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[52] Inclusive Education Tanzania: Public Policies, Ministry of Education and Vocational Training, July 2007

[53] Kuper, H., Saran A., White H., (2018) Rapid evidence assessment (REA) of what works to improve educational outcomes for people with disabilities in low-and middle income countries. International Centre for Evidence in Disability, UK

[54] The Disability Monograph, National Bureau of Statistics Ministry of Finance Dar es Salaam and Office of Chief Government Statistician Ministry of State, President Office, State House and Good Governance, 2016
[55] Final Draft Modelling Inclusive Education Baseline Study, ADD, 2018
[56] Disability Needs Assessment And Situation Analysis Monduli and Longido Districts, Arusha Region Moshi Rural and Urban Districts, Kilimanjaro Region October/November 2017 by African Initiatives (Magreth Matonya and Sue Enfield)
[57] Voluntary National Review 2019 Report on the Progress of SDGs Chapter 3, Situation for persons with disability

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addressing environmental, attitudinal and institutional barriers means they learn just as effectively as their non-disabled peers. Although concerns remain for the small number of girls whose impairments require more specialist educational intervention. The GEC uses the Washington Group set of questions from baseline through to endline when collecting evaluation data, to establish a reliable and consistent measure of disability prevalence amongst project beneficiaries.[58]

10. Intersectionality – Gender and Disability

Gender and disability intersect to create a unique set of barriers to learning and transition. Disability disaggregated data requires a thorough analysis of vulnerabilities, needs and barriers to participation and learning. Young women with disabilities are also discriminated against in sexual and reproductive health services and are often excluded from formal sexual health education on the basis that it's not relevant to them. Yet, girls with disabilities are more vulnerable to violence and abuse than others.[59]

A study from two districts of Pwani region of women with disabilities and led by peer researchers[60] highlights the many aspects of gender based violence and sexual violence experienced by young girls and women with disabilities. This study evidenced violence in the home and family breakdown; forced marriages; violent relationships; complicity experienced by other female household members or close female relatives; and rape and low redress for sexual violence experienced, all showing how disability and stigma exacerbates violence against women and girls.

In addressing these issues women ask for support with empowerment and for allies to work on the raft of recommendations made by women with disabilities who have experienced GBV. During the current study, it was reported more than once that deaf women and young women with intellectual impairments are frequently victims of sexual abuse, as it is known that they may fail to identify the perpetrator[61] or are disbelieved thus making them easy prey.

Violence in and around schools affects children in every country, and every day. This violence ranges from corporal punishment and bullying to sexual assault and labour exploitation. Wherever it occurs, violence in schools has damaging consequences not only for children but also for the society as a whole. Affected children bear the pain and humiliation which affects their learning, personalities and their future prospects.[62]

However, the evidence from VAC report (UNICEF 2010) shows that very crowded classroom, inadequate basic learning materials, lack of clean water and food, poor infrastructures, very high pupil-teacher ratio, teacher absenteeism, didactic teaching, and corporal punishment as well as sexual abuse are very common in Tanzania. In 2011, Tanzania released the findings of Violence Against Children (VAC) which indicated that nearly one in three girls and one in seven boys at school experience some forms of sexual violence. The rates of physical and emotional violence are high: 72% among girls experience some form of physical violence, whereas among boys it is 71% that experience this form of physical violence. Emotional violence also affects approximately one quarter of both boys and girls. According to findings the violence in school is about 40% and almost 6 out of 10 female and male experience childhood physical violence at the hand of relative and one out of two

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[58] Lessons from the Field: Disability Inclusion: A year of action and adaptation with Girls Education Challenge Transition Project (2019)

[59] Lessons from the Field: Disability Inclusion: A year of action and adaptation with Girls Education Challenge Transition Project (2019)

[60] How does Disability Stigma exacerbate Violence against Women and Girls: GBV research by ADD through peer researchers Mkuranga and Kibaha (Pwani region) Original Report authored by Karen Andrae

[61] Gabriella Children's centre experience

[62] The National Child Protection Guidelines for Primary and Secondary Schools by Ministry of Education, Science and Technology 2018

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at the hand of the teachers. Furthermore, Tanzania Police Force (2017) report indicated that there were 13,457 VAC cases in Tanzania which included physical, sexual and emotional violence.[63] Structural factors were mentioned among the causes and effects of child-based violence as most school infrastructure is not accessible to some children, including those with disabilities.[64]

11. Enrolment of Children with Disabilities

In two district councils in the Pwani Region, of the estimated 400,000 school[65] age children with disabilities, only 42,783 children are registered in primary schools. This leaves a large out-of-school population of the most vulnerable children. These children include girls and boys with Albinism, Autism, Down-Syndrome, Deafness, Blindness, Deaf Blindness, children with physical disabilities and mental impairments. Parents' reluctance to send their children with disabilities to school is due to stigma and cultural beliefs.

At the pre-primary level, there was a 29% drop in enrolment of pupils with disabilities from 2,208 in 2009 to 1,575 in 2013, with the highest enrolment recorded in 2016 (4,085 pupils), while in primary schools during the same period, there was a 16% drop in enrolment of pupils with disabilities, with the highest enrolment recorded in 2017 (42,783 pupils). These drops might have been a result of parents shying away from taking their children to school, due to stigma, customs and traditions.[66] There has also been a considerable drop in enrolment of students with albinism in pre-primary and primary schools. This is a result of parents hiding albino children, fearing attacks due to superstitious beliefs.[67]

Reduction in enrolment of children with disabilities may also be attributed to:
- Shortages of assessment centres for identifying children with disabilities and or inadequate system of reporting[68]
- Poor school conditions and inadequate community awareness on the importance of education to their children with disabilities[69]

Findings from the Inclusive Education Situation Analysis (Jan – March 2019) show that the following interventions may help improve the rates of enrolment, retention and transition for all children with disabilities:
- Empowering all teachers in both private and public schools with proper knowledge on early screening and identification of the children with special needs in their classrooms, including a comprehensive Guideline for Screening, Identification, Assessment and Support
- Having proper and comprehensive toolkit for training teachers.
- Head teachers being very positive towards the life skills milestones that children with disabilities have gained through socialization with other children in school environment
- Understanding pupils in terms of their skills, knowledge, abilities, interests, phobia/anxiety and experiences
- Facilitating / helping pupils to understand what they are trying to learn
- Organizing classrooms in ways that that keep children actively engaged

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[63] The National Child Protection Guidelines for Primary and Secondary Schools by Ministry of Education, Science and Technology 2018

[64] The National Child Protection Guidelines for Primary and Secondary Schools by Ministry of Education, Science and Technology 2018

[65] Voluntary National Review Report on the Progress of the SDGs 2019, Chapter 3 Situation for persons with disability

[66] Basic Education Statistical Abstract (BEMIS) 2017, The President's Office, Regional Administration and Local Government (PO- RALG) Pg 21

[67] Basic Education Statistical Abstract (BEMIS) 2017, The President's Office, Regional Administration and Local Government (PO- RALG) Pg 22

[68] Final Draft Modelling Inclusive Education Baseline Study, ADD, 2018

[69] Final Draft Modelling Inclusive Education Baseline Study, ADD, 2018

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The following were also identified as factors that may help improve enrolment and retention of children with disabilities:

- The curriculum content needs to be modified to meet special education needs and to allow for flexibility to suit the environment
- Teaching learning materials need to be adapted/modified relevant to topic or category of learners' needs
- Training of classroom teachers, school inspectors, district education officers and ward education coordinators on special education needs and inclusive education
- Conduct several policy and curriculum reforms to facilitate inclusive education
- Improve budgeting process for pre-primary and primary schools

Years	Girls: took exam	Boys: took exam	Total: took exam	Girls: passed exam	Boys: passed exam	Total: passed exam	% of passed exams
2013	4 (44%)	5 (56%)	9	2 (40%)	3 (60%)	5	56%
2014	11 (48%)	12 (52%)	23	3 (33%)	6 (67%)	9	39%
2015	9 (43%)	12 (57%)	21	6 (60%)	4 (40%)	10	50%
2016	34 (47%)	38 (53%)	72	22 (50%)	22 (50%)	44	61%
2017	26 (53%)	23 (47%)	49	17 (68%)	8 (32%)	25	51%

The MIE final external evaluation shows that from 2013 to 2017 the program had fewer girls with disabilities sitting for exams compared to boys without disabilities. In 2017, the majority of girls with disabilities sat and passed the exams compared to boys who were lagging behind. Uromi and Mazagwa add that a girl or woman with a disability is less likely to attend school and more likely to be kept at home doing domestic home chores (see also WHO, 2012).

According to Chuwa (2010), in Tanzania, about 90% of people with disabilities do not go beyond primary education. Data shows that while more boys than girls with disabilities have the opportunity to access secondary education, in pre-primary and primary education more girls with disabilities were accessing education (URT, 2013).

12. Accessing Health

PWDs require access to both routine and specialised health care and rehabilitation services. In Tanzania, children with high health needs are supported by the following policies:

- Health Sector Strategic Plan 4 2015 – 2020
- Mid term review for HSSP 4 2019
- National Health Policy 2007
- Tanzania National Health Strategy 2012 – 2018
- The National Health Policy 2017

The Health Sector Strategic Plan 4 2015 – 2020 promotes:

- Decentralization by Devolution Policy has actively involved the communities in primary health care programs.
- The emphasis is on the increase of efficiency through more integration and capitalizing synergies.

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- Aims to reach all households with essential health and social welfare services, meeting as much as possible expectations of the population and objective quality standards applying evidence-based, efficient channels of service delivery.
- Emphasis also on Health Promotion, Prevention and Basic Care in Community Health is key element of strategy to reach all people and to reduce costs of health and social welfare services.
- Financing – Universal and equitable access (single public insurance servicing Minimum Benefits Package; efficient and effective use.

However, according to the National Health Policy, 2017:
- Maternal mortality rate is still high in Tanzania
- There has been an upsurge in costs of health care
- There is a shortage of Human Resources in the health sector, including audiologists
- The system cannot meet the population demands
- The quality of primary health services is insufficient due to inadequate training and resources
- Referral systems are ineffective
- Health financing mechanisms are unreliable

All these issues exacerbate the situation and prevalence of disabilities and serve to limit children with disabilities reaching their full potential. Articles 25 and 26 of the UNCRPD advance conditions that states parties have to put in place in order that PWDs have access to the highest attainable standards of health services which are free or at affordable costs but the reality on the ground reveals the following shortfalls which constitute barriers:

- The habilitation[70] concept is not covered by the law
- Absence of systems for early identification of children who might experience barriers to their development and learning at home, in pre-schools or at school
- Absence of Community-based Rehabilitation Programmes (CBR) that are viable in linking homes and the education sector, as well as various community programmes supporting positive parental behaviours as well as evaluation of learners' needs in relation to environmental, pedagogical and resource aspects concern educational, social or health development aspects. Worse still, referral systems from community to upper levels are also not in place. For example clinical teams for referral purposes even where CBR interventions exist comprising experts in essential medical fields such as occupational therapy, audiometry, clinical psychology, educational psychology, neuropsychology, physiotherapy, social work, school psychology, speech therapy, language therapy, speech language, pathology, ophthalmology, optic, orthopaedics, dermatology, otology, psychology, sign language interpretation and tactile communication, etc.
- Health services are neither affordable nor readily available
- High cost for drugs and consultancy fees
- High transport costs to hospital given that services at the dispensary level are very inadequate
- Prevalence of negative attitudes among health workers towards PWDs
- Poor toilet facilities at hospitals
- PWD can't sustain any annual contributions to the Community Health Fund (CHF) / Tiba kwa Kadi (TIKA)

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[70] Habilitation refers to a process aimed at helping disabled people attain, keep or improve skills and functioning for daily living; its services include physical, occupational, and speech-language therapy, various treatments related to pain management, and audiology and other services. Rehabilitation refers to regaining skills, abilities, or knowledge that may have been lost or compromised as a result of acquiring a disability or due to a change in one's disability or circumstances.

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- Scepticism that not all health care services are available at the dispensary level such that even members of CHF card have to dig deep in their pockets to secure them otherwise
- CHF identification cards do not identify disability status of the holder
- Exemption/waiver on paying user fee is mere tokenism as it is bureaucratic to process, demeaning and in most cases one has to buy prescribed drugs from out of pocket
- The majority of PWDs have no access to CHF/TIKA, which prohibits them from accessing assured medical services
- Lack of assisted devices

The issue of accessibility standards remains a significant barrier for PWDs. For the health facility to be accessible, the reception entrance needs to be wide and where there are steps, alternative passage with ramps (of appropriate gradients and surfaces have to be in place), reception desks need to have multiple heights sensitive to those with short stature and in wheelchairs, consultation rooms with wide doors and spacious, toilet facilities accommodative to those with mobility impairments, adjustable examination beds, readily availability of sign language interpretation services and publications in alternative formats, and accommodative attitudes among health workers.

While there are a number of relief interventions namely (a) exemption and waivers, (b) Tanzania Social Action Fund Phase III, and (c) health insurance package viz National Health Insurance Fund and CHF. The elderly, pregnant women, TB and AIDS patients as well children under five are all exempted from paying user fees or buying prescribed drugs but there is no such provision for PWDs who have to go through a cumbersome process to apply for a one time waiver for every time they fall sick. Many PWDs cannot afford to pay annual premiums of 10,000 Tanzania Shillings for CHF which leaves them with the only option of turning to herbs and herbalists for treatment and no other access to health services. This directly contravenes UNCRPD Article 25 and leaves the domestic laws falling far short of the standards set out in UNCRPD.

Furthermore, the process of seeking, for instance, a prosthetic may take months and there are significant costs associated with this, including travelling to the medical facility to take measurements and place order, trials, adjustments, orientation, etc. and lodging while this is done. There is also the significant loss of working days for people who accompany family members to health care services to assist them with accessing health care services, especially when required services are only available at regional or national referral hospitals. Failure to generate income for an average of 10-15 days because of seeking routine and specialised healthcare leads to coping strategies, such as selling assets or borrowing money, depending upon relatives' time and help for support, depending upon social networks and other organisations.

The extra costs resulting from disability, such as costs associated with special medical care, payments for assistive devices, or need for personal supports and human assistance, exacerbate the financial burden for families with children with disabilities.

The issue of access to mental health services is also intricate in the sense that related problems are `not available at the primary levels. Due to the scarcity of qualified personnel in this field as well related drugs, the closest access to such services is the district hospital. It has been observed that generally, mental health services even at referral hospitals are below standards in terms of personnel, archaic treatment methods applied, surroundings of designated clinics, etc.

13. Private Partnership Policy (PPP)

Government delegates some of its own responsibilities to a private partner under a long-term contract, which defines the rights, and obligations of each party. This demonstrates how the partnership works but there are many aspects that need to be strengthened and challenges include:

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- Lack of comprehensive policy, legal and institutional frameworks that provides clear deadlines and procedures for development and implementation of PPPs
- Lack of analysis capacity to assess investment proposals leading to poor designs and implementation
- Lack of public awareness on PPP

The National Strategic Plan for Inclusive Education recognises that there has been rapid growth in partnership in basic and tertiary education which has created an increasing concern about the quality of education, exacerbated by: the introduction of various education initiatives, including Big Results Now, Education Programme for Results, and Literacy and Numeracy Education Support, by both the government and non-government partners; introduction of the Education and Training Policy (2014) which amended the structure of education to one year of compulsory pre-primary education; changing the duration of primary education from seven to six years; and including four years of lower-secondary into the compulsory basic education.

14. Examples of Best Practice in Inclusive Education

The following case studies from Disability Inclusion: A year of action and adaptation with Girls Education Challenge Transition Project (2019) have been identified as examples of best practice in IE and have the potentially to be scaled up:
- Plan International's Girls' Access to Education project in Sierra Leone has used their continuous professional development activity to train field staff and other stakeholders including head teachers
- Cheshire Services Uganda (CSU), as well as Leonard Cheshire and I Choose Life – Africa's Jielimishe GEC projects in Kenya have all made direct links with Disabled People's Organisations as part of their programming work. Hired an inclusion advisor to support in staff and community capacity development
- Leonard Cheshire in Kenya has started a series of radio broadcasts to sensitise communities around child protection and the management of disability at household level
- Camfed's Girls Learn, Succeed and Lead project in Tanzania has been promoting a 'leave no one behind' culture in their project schools. Teacher Mentors are working directly with school leaders to identify students with on-going learning difficulties so they can be provided with more tailored support
- The Making Ghanaian Girls Great! project in Ghana has adapted their teacher training modules to introduce inclusive lesson design to support a broad range of learner needs. They have been working specifically with a group of Master Teacher/Trainers
- World Vision's IGATE project in Zimbabwe has been working to improve school profiling data used by the project and the Ministry

15. Gaps in Findings

Information relating to the following areas may be available but could not be sourced for the literature review:
- Adapted curricula and community based education curriculum, including basic self-care, mobility, communication and socialization prior to enrolment in school and/or early childhood development
- Process for establishing adapted curriculum and the role of MoEST/government agencies in developing and endorsing curriculum
- Adaption of school exams and guidelines to ensure inclusion for all children with disabilities and training of invigilators
- Availability of and access to adapted materials available in tactile/enlarged formats

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- Information relating to home support
- Access to early childhood development
- Sustainability of interventions in their implementation and their impacts
- Key lessons learnt about what and how inclusive education should be provided and scaled up
- How effective interventions could be adapted to reach the most marginalised CWDs
- What combination of interventions is needed and practical to produce a basic minimum model that would significantly improve IE outcomes in pre-primary and primary schools?
- Which DPO/NGO interventions have been most effective in raising awareness and advocacy on best practice and service provision for people with disabilities?

16. Conclusions

The current education system in Tanzania has significant challenges and barriers to education for all children which is exacerbated for children with disabilities. Inclusive education is about much more than just placing girls, boys, women, and men with disabilities into mainstream classroom settings. It is about removing barriers to presence, participation, and achievement in education, so that all learners can maximise their potential. Children with disabilities are not being well served by the current situation in respect to Leave No-one Behind, Education for All or inclusive education. In general, the special education sector is ill-prepared to support disability inclusive education and needs to be significantly improved before it can begin to support the mainstream to be effectively inclusive.

While the Government has offered necessary guidelines, policies and strategy, there has never been a clear model that should be followed so as to address issues of inclusive education in a more traceable and scalable manner. This has resulted in the limited available resources being spent on small, separate projects and competing models which leave little long-term impact, making it harder for the Government to identify top priority interventions and hindering a concerted push for the greater government spending needed. Furthermore, despite the significant level of policy, there is little evidence of coordination and planning between the different ministries which is critical for the effective inclusion of children with disabilities.

The development of an inclusive education system needs to focus on the relationship between the education system and the communities it serves, alongside management of budgets and resources. In accordance with Article 24 of CRPD, it involves transforming the whole education system - legislation and policy, systems for financing, administration, design, delivery and monitoring of education, and the way schools are organized.

Evidence from the desk review identified the following factors as key components for developing inclusive education in pre-primary and primary schools in Tanzania:
- Improve the accessibility of school infrastructure, systems, and programmes, including learning materials;
- Provide individual learning support and/or assistive devices ensuring reasonable accommodation;
- Assess learning needs of individuals;
- Support changes to teachers' education;
- Training for all teachers and continuous professional development
- Reform the curricula and examinations;
- Establish Parent Teachers Association/School Management Committees for parents of children with disabilities;
- Develop, implement and monitor inclusive whole school development plans;
- Establish disability clubs;
- Strengthen management and identification of disabilities in pre-primary school;

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- Raise awareness amongst all stakeholders, including parents and communities to reduce stigma and discrimination;
- Improve disaggregated data collection for monitoring and evaluation effectiveness of inclusive education;
- Improve coordination, collaboration and planning between all ministries; and
- Improve budget process for pre-primary and primary schools ensuring that all ministries, including MoEST, Health, Finance and Welfare, allocate appropriate funding to support inclusive education at the district and provincial levels.

Inclusive education must be built on a twin-track approach: simultaneously making changes at the systemic level and providing individualised support to learners. This is essential for creating broad, long-term systemic changes that benefit all learners, while providing individual support to specific learners where needed. This can make inclusive education feel more challenging and it is why no single organisation or government department can achieve inclusive education on its own.

Inclusive education focuses on identifying and removing barriers, helping to ensure that diverse learners can access, participate in, and achieve within, and benefit from quality education. It achieves its goals in a unified way, avoiding parallel systems and removing exclusion, segregation and discrimination. It is a stakeholder and community driven process and is a vital part of a wider process of developing inclusive societies. There is no single fixed formula for inclusive education, rather it is a flexible approach that finds adaptive solutions but educational outcomes need to be the driving influence and the genuine cost of supporting children with disabilities in mainstream schools needs to be understood in the context of academic performance rather than just in terms of enrolment. [SEP]

Information solicited from the desk review will help:
1. Identify the opportunities and challenges for the design model
2. Inform development of the model
3. Establish good practices and lessons learnt
4. Enable sound practical recommendations to be made for the model design
5. Identify the potential for establishing new systems and opportunities for existing system change
6. Help inform development of topic guides for the field research

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DID PPPIET Desk Review | August 2020

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Appendix I

DID IE Tanzania – Desk Review Research Questions
22nd – 24th January, Dodoma

Research Questions
The following questions aim to provide guidance on gathering the evidence base relating to the four domains in order to develop a model for pre-primary and primary inclusive education in Tanzania:
1) School domain
2) Social domain
3) Policy/Government domain
4) DPO Engagement domain

1. School Domain

1.1 Schools
1. What are the challenges with the current school system? Are these challenges specific for children with disabilities or all children? Are these challenges more likely to effect girls, especially those with disabilities?
2. What are the different interpretations of inclusive education in Tanzania? Do schools offer special, integrated or inclusive models of education?
3. What education services are available for children with disabilities, including sensory impairments or physical impairments? How is their relevance, effectiveness, efficiency, equity and accessibility, monitored and evaluated?
4. How are school services funded?
5. Are these sufficient to support children with additional support needs?
6. What about for children without disabilities?
7. What are the challenges for children with disabilities in accessing inclusive education relating to:
   a) infrastructure
   b) environment
   c) attitude
8. What are the educational needs of learners with severe to profound sensory or intellectual impairments?
9. What is the process for identifying a child's needs and making provision available to meet those needs? How does this assessment relate to Individual Education Plans or educational outcomes? Is there funding attached to this assessment process? Is this a statutory process?
10. What data is available to assess the rates of enrolment, retention and transition from pre-primary to primary for children with disabilities and for girls with disabilities?
11. What are the key reasons for children with disabilities not enrolling and/or dropping out of school?
12. What interventions help improve the rates of enrolment, retention and transition for children with disabilities and for girls with disabilities?
13. What school readiness skills are taught to children with disabilities so they can learn effectively and transition from pre-primary to primary school?
14. If schools need to adapt, what government plans and resources are there to provide alternative models and alternative roles for staff involved?

1.2 Teachers
1. What training do teachers receive about educating children with disabilities?
2. What are the gaps in teacher training that need to be developed? How is teacher training funded?
3. What special needs education is required for teachers to be able to meet the needs of children with all disabilities?

1.3 Curriculum
1. Do adapted curricula exist within the country, including community based education curriculum? Are these aimed at children with disabilities and/or sensory impairments?
2. What is the process for establishing adapted curriculum? What role does the Ministry of Education/government agencies play in developing and endorsing curriculum?
3. How are school exams and guidelines adapted to ensure inclusion for all children with disabilities? What further adaptations are required to ensure they are fully inclusive? What training is available for exam invigilators?
4. Are adapted materials available in tactile/enlarged formats?
5. What access is there to community based education curriculum, including basic self-care, mobility, communication and socialization prior to enrolment in school and/or early childhood development?

1.4 Resources
1. What additional human resources are available for children with disabilities, including learning support assistants, intervenors, communication support workers?
2. Are there advisory teachers/habilitation specialists/therapists available to support mainstream schools? Is there a specialist training programme for advisory teachers/habilitation specialists and specialist therapists?
3. What is the role of Education Resource Centres in Tanzania? How are they resourced and/or supported?
4. What resources including guidelines, tools, materials, manuals, videos etc are available? Are these accessible to all? How can these be sourced?
5. What is the most effective way of sharing and disseminating resources?
6. What is the role of ICT in schools?
7. What evidence is available to assess how effective tablets are in improving learning and inclusion for children with disabilities? How accessible are tablets to schools and parents/caregivers? What is their cost?
8. What assistive devices, including hearing aids and wheelchairs, are available in schools?
9. What would be the cost of investing in and resourcing special needs education, including expertise, technical support and universal access, to expand the scale of the interventions to ensure all children with disabilities have access to education?
10. Which interventions are most cost-effective for government? For parents and caregivers?

1.5 Safeguarding
1. What safeguarding/child protection mechanisms exist in pre-primary and primary education?

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2. Social Domain

2.1 Barriers
1. What are the factors which hamper the implementation of Inclusive Education relating to:
   a) safety
   b) stigma and discrimination
   c) culture
   d) gender inequality
   e) literacy of parents, and
   f) marginalised communities
2. How can these barriers be overcome in relation to:
   a) attitudes
   b) environment
   c) institutions
3. What is the role of the media in raising awareness about disabilities and inclusive education in the community?
4. What examples are there of how the media has effectively engaged to help influence attitudes, policy and provide information to reduce stigma and discrimination for children with disabilities?

2.2 Services
Please gather evidence relating to services for children with disabilities in both urban and rural areas:
1. What access is there to screening and early identification?
2. What access is there to hospitals?
3. What access is there to community rehabilitation centres?
4. What access is there to CBR?
5. How do children with disabilities access alternative care or therapeutic provision?
6. If available, what are the costs of these services incurred by parents and caregivers of CWD?
7. How do marginalised communities access and/pay for these services?

2.3 Home Support
1. What support is there for children with disabilities who are not in school?
2. What support is there for parents and caregivers of children with disabilities?
3. What access is there to early childhood development and/or community based education for children with disabilities, including deafblindness or learning disabilities, to help facilitate their transition from pre-primary to primary school?
4. What are the costs of supporting children with disabilities for parents and caregivers?

3. Policy/Government

1. What legislation or other official guidance is there to support people with disabilities generally?
2. What is the legislation and/or policy for supporting Inclusive Education?
3. What is the supporting implementation strategy for inclusion? What is the strategy for supporting children with high health needs? Which are adequate and where are the gaps?
4. What are the links between relevant departments (e.g. education, health, finance, social care)? How do the partnerships work and which aspects can be strengthened?
5. Is there a state register of persons with disability? How do people register? Who monitors this and what do they do with the information?
6. How and where are children currently identified and assessed for hearing/vision/physical disabilities? What technology and expertise is available?
7. Are there national statistics available regarding children born with disabilities?
8. Where are the sources of relevant data from across government departments at different levels?
9. Are there any plans to reform current policy and, if so, what evidence is available to inform this process?

4. DPOs Engagement Domain

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1. What data is available about the current state of inclusive education for children with disabilities and how does it vary by:
   a) gender
   b) impairment type
   c) age
   d) location
   e) other
2. What is being or has been done to bring improvements in inclusive education in Tanzania? Who are the key stakeholders?
3. Which interventions best foster genuinely inclusive education (versus separate special needs education, even in the same facility)?
4. Which interventions do CWD and parents/care-givers prefer and why?
5. What does the evidence show about what worked and what did not? What impacts do different interventions have for different CWD?
6. What does the evidence show about how far and where these interventions have reached? Which CWD do which interventions reach? Who remains excluded?
7. How could effective interventions be adapted to reach the most marginalised CWD?
8. How sustainable have the interventions been in their implementation and their impacts? How sustainable do they look in the future? What affects this?
9. What are the key lessons learnt about what and how inclusive education should be provided and scaled up?
10. Which interventions do not work without others?
11. Which combination of interventions is needed and practical to produce a basic minimum model that would significantly improve IE outcomes in pre-primary and primary schools?
12. Which approaches should be investigated further?
13. Which DPO/NGO interventions have been most effective in raising awareness and advocacy on best practice and service provision for people with disabilities?
14. What key messages can help ensure all children with disabilities access quality education?

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