Collective Action for Disability Rights

CADiR Baseline Study Report

| Tanzania

2026

The CADiR Baseline Study was implemented by the Collective Action for Disability Rights (CADiR) consortium of the Atlas Alliance from November 2025 to May 2026, with funding provided by the Norwegian Agency for Development Cooperation (Norad).

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- Signo Foundation
- Tanzania Association of the Deaf (CHAVITA)
- Tanzania Federation of Disabled People's Organisations (SHIVYAWATA)
- Tanzania Media Women Association (TAMWA) Zanzibar
- The Zanzibar Fighting Against Youth Challenges Organisation (ZAFAYCO)
- Youth Mental Health Norway (YMHN)
- Zanzibar Federation of Disabled People's Organizations (SHIJUWAZA)
- Zanzibar National Association of the Blind (ZANAB)

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Acronyms

Acronym	Full Name
CADiR	Collective Action for Disability Rights
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CS	Community Survey
EE	Economic Empowerment
H&R	Health and Rehabilitation
HRA	Human Rights Advocacy
IE	Inclusive Education
IEA	Inclusive Education Assessment
M&E	Monitoring and Evaluation
Norad	Norwegian Agency for Development Cooperation
OPD	Organization of Persons with Disabilities
PWD	Person with disability / Persons with disabilities
PWoD	Person without disability / Persons without disabilities
WG-SS(E)	Washington Group Short Set on Functioning — Enhanced

Executive Summary

This report presents the findings of the baseline study undertaken in Tanzania Zanzibar and Mainland Tanzania for the Collective Action for Disability Rights (CADiR) programme (2025-2029). The study draws on two data collection tools: a Community Survey of 607 adults and an Inclusive Education Assessment (IEA) covering 77 target schools. Data collection took place during November 2025 to May 2026.

The baseline is intended to measure results at the start of the CADiR programme, in line with the results framework, so that change over the programme period can be tracked and reported. It is conducted primarily for evidence-based programme management and donor reporting purposes, and the findings should be interpreted in that light.

Key findings — Community Survey

- The Community Survey (CS) was administered to **607 adults** in Tanzania Zanzibar. Of the 607 respondents, **310** self-identified as having a disability.
- Persons with disabilities are 31.5 percentage points less likely than persons without disabilities to report getting to make informed choices and decisions (**41.9% PWD** vs **73.4%** PWoD; p<0.001).
- Poverty is significantly higher among persons with disabilities (**47.4% PWD** vs **32.3% PWoD**; p=0.001) and access to financial services is 18.9 percentage points lower (**31.9% PWD** vs **50.8% PWoD**; p<0.001).
- Persons with disabilities are more likely than persons without disabilities to report challenges accessing rehabilitation services (**8.7% PWD** vs **5.1% PWoD**; p=0.025). The PWD-PWoD difference on challenges accessing health services is smaller and not statistically significant (**14.8%** vs **11.8%**; p=0.229).
- OPD membership is reported at **21.3%** among PWDs but still leaves the majority of persons with disabilities outside organized civil society.

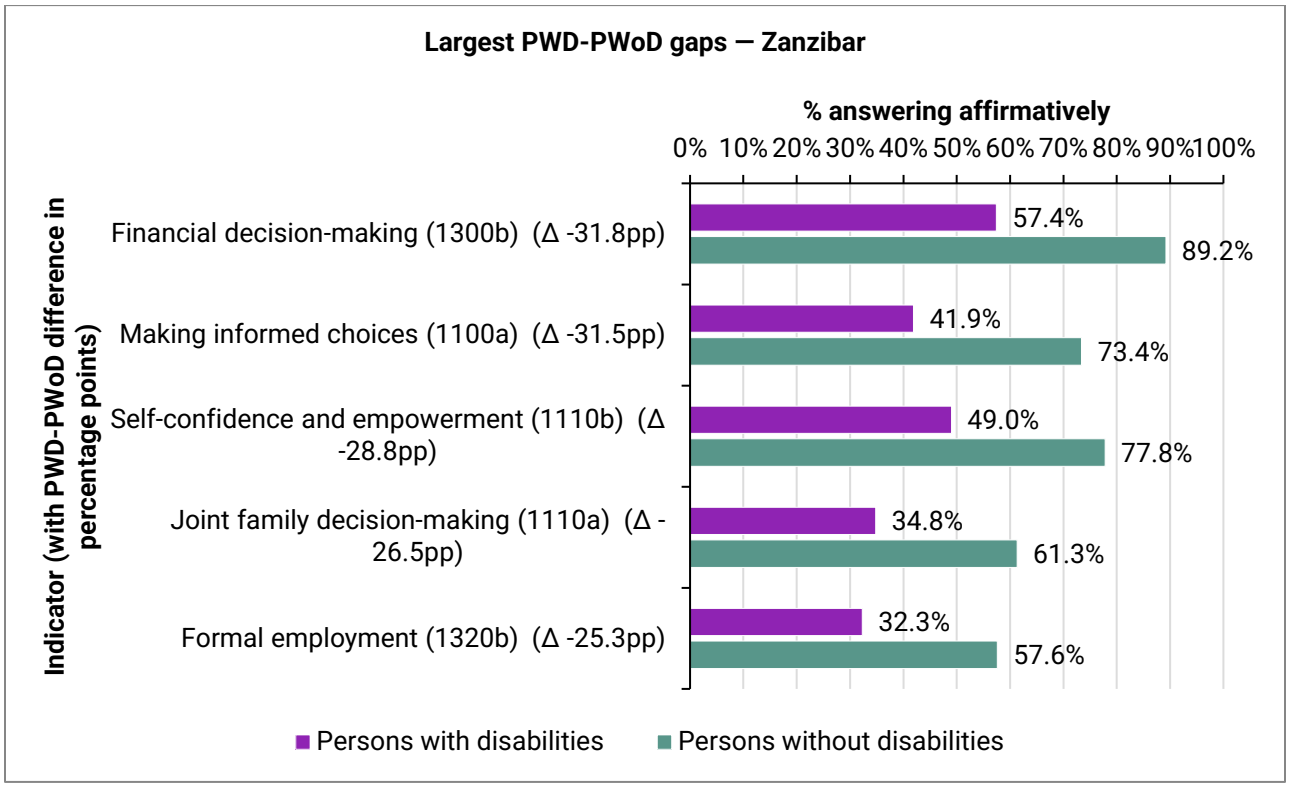

Figure 1: Largest gaps between persons with disabilities and persons without disabilities — Zanzibar

Key findings — Inclusive Education Assessment

- The IEA was administered in **77 CADiR target schools**, **10** located in Mainland Tanzania and **67** located in Tanzania Zanzibar. The sample includes 49 mainstream, 10 disability-specific schools, and 2 other, and is predominantly early childhood and primary level.
- Approximately **1,051 learners with disabilities** are enrolled across the **42 schools** that disaggregate by disability status (with an **estimated 1,978** across all **77 schools**). Hearing impairment is the most recorded disability type.
- For the **61 schools** that report on overall inclusivity score, 8 schools (13.1%) score in the “Moderate to High” band. No school reached the "Very High" inclusion band; while 22 (36.1%) scored in the "Very Low" band. Module E (Adaptations and Assistive Technologies) is the weakest module across the assessed schools (17% of maximum).
- Half of all schools do not yet disaggregate enrolment registers by disability status (31 of 61; 50.8%).
- 13 of 16 schools (81%) run inclusive groups or clubs.

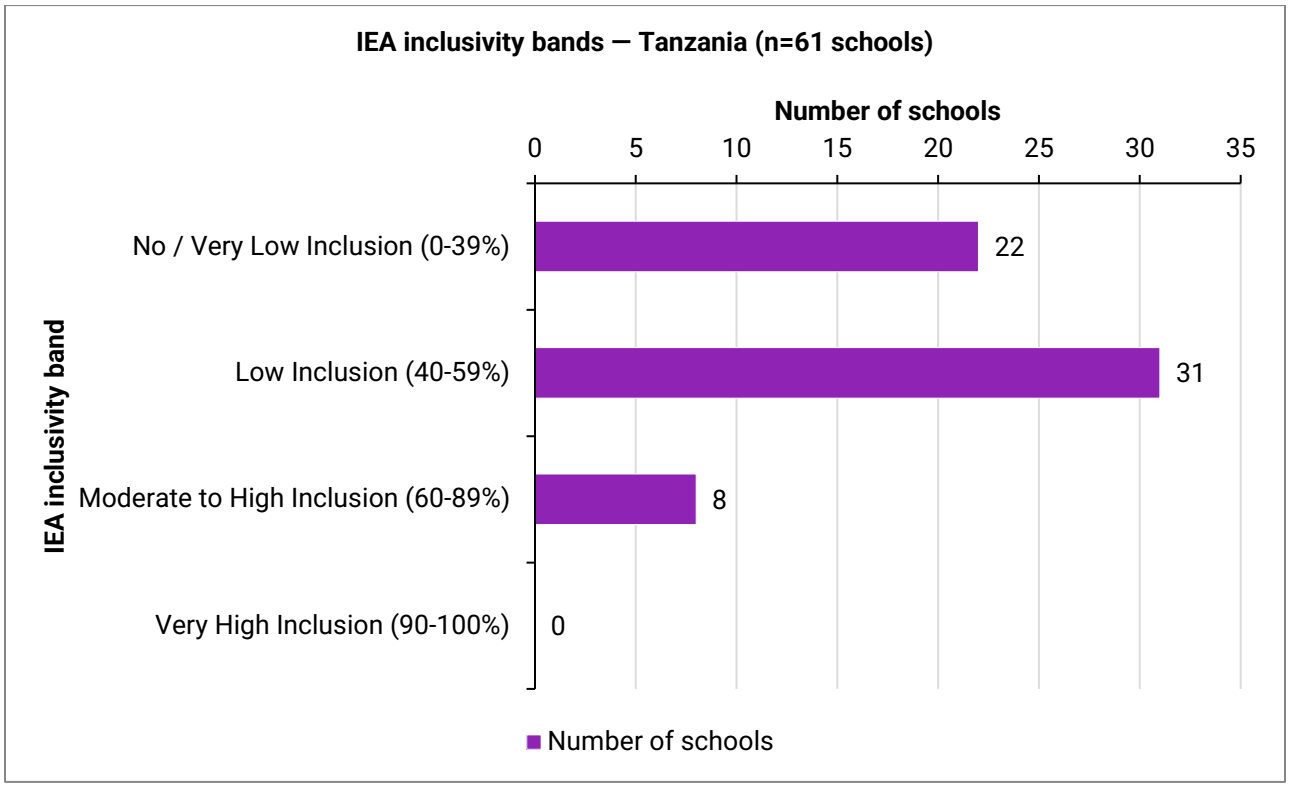

Figure 2: Distribution of CADiR target schools across IEA inclusivity bands — Tanzania (n=61)

Implications for programming

Baseline findings highlight persistent gaps between persons with disabilities and persons without disabilities across human rights, economic, and health and rehabilitation domains. Findings show how programme partners can target capacity building and advocacy work over the 2025-2029 CADiR programme period.

1 Introduction

1.1 Disability in Tanzania Zanzibar and Mainland Tanzania

According to the 2022 Population and Housing Census — conducted jointly across the United Republic by the National Bureau of Statistics and the Office of the Chief Government Statistician — 11.2% of people aged seven years and above live with some form of disability. Prevalence is marginally higher in Tanzania Zanzibar (11.4%) than in Mainland Tanzania (11.2%), but the ten-year trajectories differ markedly. Mainland prevalence rose from 9.3% in 2012, while Zanzibar's rose from 7.5% over the same period. Both increases reflect greater public awareness of disability rights, an ageing population and rising chronic illness, and improved data collection tools and methodologies in Tanzania's first fully digital census. The most reported functional domains differ between the two geographies. On the Mainland, difficulty seeing (3.0%) is followed by difficulty walking (1.9%). In Zanzibar, difficulty seeing is more prevalent (3.6%) and is followed by difficulty hearing (1.4%) rather than walking (1.3%). Zanzibar also shows a wider gender gap, with 12.3% of women reporting a disability compared with 10.3% of men.[1,2]

Tanzania ratified the CRPD and its Optional Protocol in 2009. The State Party's initial report, due in 2011, remains outstanding. The review has since been reactivated under the Committee's simplified reporting procedure, scheduled for March 2026, and informed by civil society submissions from the Tanzania Albinism Society and the Tanzania Federation of OPDs, with the constructive dialogue expected in August 2029. Reporting obligations apply to the United Republic as a whole, covering both Mainland Tanzania and Zanzibar despite their separate legislative frameworks.[3]

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[1] National Bureau of Statistics [NBS] & Office of the Chief Government Statistician [OCGS]. (2025). *The Contemporary State of Persons with Disabilities in Tanzania*. Dodoma: Ministry of Finance; Zanzibar: President's Office – Finance and Planning, The United Republic of Tanzania. https://www.nbs.go.tz/uploads/statistics/documents/en-1752866636-Disability%20Monograph.pdf

[2] National Bureau of Statistics [NBS] & Office of the Chief Government Statistician [OCGS]. (2024). *2022 Population and Housing Census: Basic Demographic and Socio-Economic Profile – Key Findings*. Dodoma: Ministry of Finance; Zanzibar: President's Office – Finance and Planning, The United Republic of Tanzania. https://sensa.nbs.go.tz/publication/08.%20Key_Findings_Basic_Demographic_and_Socio-economic_%20Eng_%2012.06.2024%20Final.pdf

[3] Office of the United Nations High Commissioner for Human Rights. (2026). *UN Treaty Body Database: Reporting status for United Republic of Tanzania — Convention on the Rights of Persons with Disabilities*. https://tbinternet.ohchr.org [accessed 6 August 2026]

The two geographies (Tanzania Zanzibar and Mainland Tanzania) operate under different legal and policy frameworks for disability. Zanzibar adopted The Persons with Disabilities Act No. 8 of 2022,[4] which repealed an earlier disability-specific law (the 2006 Rights and Privileges Act), while Mainland Tanzania operates under The Persons with Disabilities Act No. 9 of 2010 (Cap. 183 R.E. 2023).[5]

Despite these policy and legislative advances, persons with disabilities continue to face barriers in accessing education, employment, healthcare, assistive devices, and meaningful participation in community life. Inclusive education has, however, progressed in Zanzibar through the Inclusive Learning Approach (ILA), which has supported the integration of inclusive education into teacher training systems, strengthened teacher capacity, and expanded access to education for learners with disabilities. More than 10,000 learners with special needs are enrolled in public and private schools, while approximately 28% of Zanzibar's 426 schools now provide structured inclusive education services. Additional progress includes the development of a common inclusive education curriculum for teacher training colleges, the formal recruitment of dedicated inclusive education teachers, and strengthened monitoring of inclusive education through the school inspection system.

Nevertheless, significant challenges remain. Many children and youth with disabilities continue to experience barriers to access, participation, retention, and learning outcomes. Access to specialized support services, assistive devices, accessible learning environments, and transition opportunities into further education and employment remains uneven. These challenges are further compounded by persistent stigma, limited economic opportunities, and barriers to full social inclusion.

CADiR Tanzania is designed to respond to these persistent barriers across four integrated thematic areas.

[4] The Persons with Disabilities Act, 2022 (Act No. 8 of 2022) [Sheria ya Watu wenye Ulemavu]. Zanzibar House of Representatives, Revolutionary Government of Zanzibar. English text: https://zanzibarassembly.go.tz/storage/documents/acts/english/all/1675066162.pdf

[5] The Persons with Disabilities Act, 2010 (Act No. 9 of 2010), Cap. 183 R.E. 2023. United Republic of Tanzania. Consolidated text: Office of the Attorney General, https://oagmis.oag.go.tz/portal/acts/revised/568/download

1.2 The CADiR Programme

The Collective Action for Disability Rights (CADiR) programme of the Atlas Alliance brings together Norwegian Organizations of Persons with Disabilities (OPDs) and their in-country partners to deliver an innovative, multi-country programme over 2025-2029 with funding from the Norwegian Agency for Development Cooperation (Norad). CADiR puts persons with disabilities in the driver's seat through a rights-based approach, working with both rights-holders (persons with disabilities and their families) and duty-bearers (governments, mainstream organizations and service providers).

The programme in Tanzania is delivered across four thematic areas: Human Rights Advocacy (HRA), Organizational Development (OD), Inclusive Education (IE), Economic Empowerment (EE), and Health and Rehabilitation (H&R). Cross-cutting commitments include gender and equality, climate and environment, safeguarding, and anti-corruption.

1.3 The CADiR Tanzania Country Programme

The CADiR Tanzania Country Programme is coordinated by the Norwegian Association of Disabled Zanzibar. Implementing partners include:

- Madrasa Early Childhood Programme – Zanzibar (MECP-Z)
- Sense International Tanzania (SIT)
- Tanzania Association of the Deaf (CHAVITA)
- Tanzania Federation of Disabled People's Organisations (SHIVYAWATA)
- Tanzania Media Women Association Zanzibar (TAMWA)
- The Zanzibar Fighting Against Youth Challenges Organisation (ZAFAYCO)
- Zanzibar Federation of Disabled People's Organizations (SHIJUWAZA)
- Zanzibar National Association of the Blind (ZANAB)

The programme builds on the Atlas Alliance's long-running collaboration in Zanzibar, including the introduction of the Inclusive Learning Approach (ILA) in 2016 and the iSAVE economic empowerment model.

CADiR Tanzania's expected impact is improved realization of human rights for persons with disabilities, mainstreaming of disability in district and national government decision-making, and stronger alliances within the disability movement.

2 Purpose of the Baseline

The baseline study has two complementary purposes. First, to establish a baseline set of measurements against the indicators of each thematic area in the CADiR results framework, so that change over the programme period can be measured and reported. Second, to inform projects, activities, programme targets, and identify gaps and constraints. The baseline results will be used to inform detailed planning and implementation in the first years of the programme.

A Note on Purpose

- This baseline is conducted primarily for programme management and donor reporting purposes. Although results from the CS can be used for research purposes, it is not designed as a research study.
- The sample is designed to be representative at the programme and country level (95% confidence, ±8% margin of error), not at the level of individual communities, schools or disability sub-groups.
- Findings should be read alongside qualitative knowledge held by programme partners and persons with disabilities themselves.
- Disaggregation by Washington Group functional domain is presented as fractions only, since sub-group sample sizes are not large enough to support standalone inferences.

Findings will be used by CADiR programme management, implementing partners and the donor (Norad). They will also be shared with external stakeholders and communities in Tanzania as part of the programme's commitment to accountability and transparency, and to inform inclusive policy dialogue and advocacy.

3 Methodology

The baseline primarily made use of quantitative methods for data collection. Results from two tools are presented in this report:

- The Community Survey (CS) — a quantitative survey of adults with and without disabilities living in CADiR target communities in Tanzania Zanzibar.
- The Inclusive Education Assessment (IEA) — a school-level assessment of inclusivity in CADiR target educational institutions in Tanzania Zanzibar and Mainland Tanzania.

3.1 Community Survey

The CS is a quantitative survey conducted with both persons with disabilities and persons without disabilities (18 years and above), administered by trained enumerators. The questionnaire combines the Washington Group Short Set on Functioning-Enhanced (WG-SS(E)) with questions adapted from the WHO Community Based Rehabilitation indicators, the Poverty Probability Index, and additional questions to inform CADiR results framework indicators.

Sampling Strategy

A two-stage cluster sampling design was used. In the first stage, approximately 12 communities were randomly selected from the pool of programme communities in Zanzibar, stratified by the diversity of programming components present in each. In the second stage, respondents were sampled within each community across four sub-groups: males with disabilities, females with disabilities, males without disabilities and females without disabilities, with a uniform target sample size per community.

The sample is designed to be representative at the country and programme level with a 95% confidence level and an 8% margin of error. Findings should therefore be interpreted at the country and programme level rather than at the level of individual communities or disability sub-groups.

Statistical Testing

For each indicator, differences between persons with disabilities and persons without disabilities were tested using a regression model that adjusts for sex, age and community-

level clustering. Results are described as statistically significant where the p-value is below 0.05. Disaggregation by Washington Group functional domain is presented as descriptive fractions only. Given the small sub-group sample sizes, comparisons between domains should be treated with caution.

3.2 Inclusive Education Assessment (IEA)

The IEA is a school-level assessment tool comprised of five modules — School Leadership and Management; Physical Environment and Infrastructure; Wellbeing of Learners; Adaptations and Assistive Technologies; and Teaching Inclusively. In Tanzania, the IEA was administered in 77 (10 in Mainland Tanzania and 67 in Tanzania Zanzibar) target educational institutions during the baseline period, across three implementing partners operating in either Mainland Tanzania or Tanzania Zanzibar.

Each module produces a numeric score against a defined maximum. Schools are categorised by their overall score against four bands: No / Very Low Inclusion (0-39%); Low Inclusion (40-59%); Moderate to High Inclusion (60-89%); and Very High Inclusion (90-100%). One partner reports against different sub-indicators (inclusive groups/clubs and formal referral pathways) but does not report an overall inclusivity band score.

3.3 Ethics and inclusive practice

Informed consent was obtained from all participants prior to data collection. Tools were translated into the relevant local languages used in Tanzania with back-translation for the Community Survey to ensure quality. Tanzania-based OPDs and partner organizations were involved at every stage of the study, including review of tools and methodology, recruitment and training of enumerators, coordination of data collection, and review of preliminary findings ahead of finalization.

3.4 Limitations

- The CS was conducted in Tanzania Zanzibar programme communities and not in Mainland Tanzania communities. The CS findings should be interpreted in the Zanzibar context only.
- The CS sample is designed to be representative at the country and programme level (95% confidence, ±8% margin of error), not at the level of individual communities, schools or disability sub-groups. Findings should be interpreted at the programme and country level only.

- Disability is determined by self-identification through snowball sampling. The Washington Group Short Set on Functioning identifies functional impairments, which do not always map directly onto self-identified disability status.
- Sub-group sample sizes by Washington Group functional domain are not representative; figures by domain are presented as descriptive fractions, and comparisons between domains should be treated with caution.
- In a small number of cases (less than 3% of respondents), respondents who self-identified as not having a disability were found to have functional impairment per the Washington Group questions, and vice versa.
- In Tanzania Zanzibar, partners predominantly implement interventions targeting IEA Module B: School Leadership and Management, and Module F: Teaching Inclusively. In Mainland Tanzania, partners predominantly implement activities on Module F, but indirectly contribute to Modules B, C: Physical Environment / Infrastructure, D: Wellbeing of Learners, and E: Adaptations and Assistive Technologies. Findings should be interpreted accordingly.

4 Sample and Respondents

4.1 Community Survey Sample

A total of 607 interviews were conducted in Tanzania Zanzibar. Of the 607 respondents, 310 self-identified as having a disability. Table 4.1a presents the achieved sample disaggregated by self-identified disability status and sex. Results are considered representative for each of the four sub-groups.

Sub-group	Frequency
Males with disabilities (PWD)	156
Females with disabilities (PWD)	154
Males without disabilities (PWoD)	151
Females without disabilities (PWoD)	146
Total	**607**

Table 4.1a: Community Survey sample, by self-identified disability status and sex

Disability Prevalence by Washington Group Domain

Of the 310 respondents who self-identified as having a disability, the Washington Group Short Set-Enhanced identified the following functional impairments. Note that one respondent may have impairments in multiple domains, and the figures are presented as fractions (proportion) because the sample sizes for functional domain are too small to be representative.

Domain	Total (n)	Men (n)	Women (n)	Proportion
Vision	41	17	24	0.13
Hearing	62	19	43	0.20
Mobility	137	67	70	0.44
Cognition	67	28	39	0.22
Self-care	69	33	36	0.22
Communication	69	32	37	0.22
Upper body	78	33	45	0.25

Affect	21	13	8	0.07
Deafblindness	4	1	3	0.01

Table 4.1b: Functional impairments among respondents who self-identified as persons with disabilities, by Washington Group domain

4.2 Inclusive Education Assessment Sample

The Inclusive Education Assessment was administered in 77 target educational institutions across Tanzania Zanzibar (n=67) and Mainland Tanzania (n=10). Table 4.2 presents school by type, level, and sector.

Characteristic by Type	Number
Mainstream	65
Disability-specific	10
Other	2
Characteristic by Level	**Number**
Early Childhood Education	45
Primary	33
Lower Secondary	25
Upper Secondary	17
Tertiary	1
TVET	2
Characteristic by Sector	**Number**
Public / Government	48
Private	14
Faith-based	4
Other	11

Table 4.2: IEA schools by type, level and sector (n=77)
Note: Totals for level of school exceed 77 because some institutions serve more than one level.

5 Findings — Community Survey

This chapter presents findings from the Community Survey by thematic area. For each thematic area, two to three main findings are presented in detail. The remaining findings are summarized in a consolidated table at the end of the section.

5.1 Human Rights Advocacy

The Human Rights Advocacy (HRA) thematic area focuses on the ability of persons with disabilities to claim their rights and participate in decision-making at household and community level. The Community Survey collects data against nine HRA indicators.

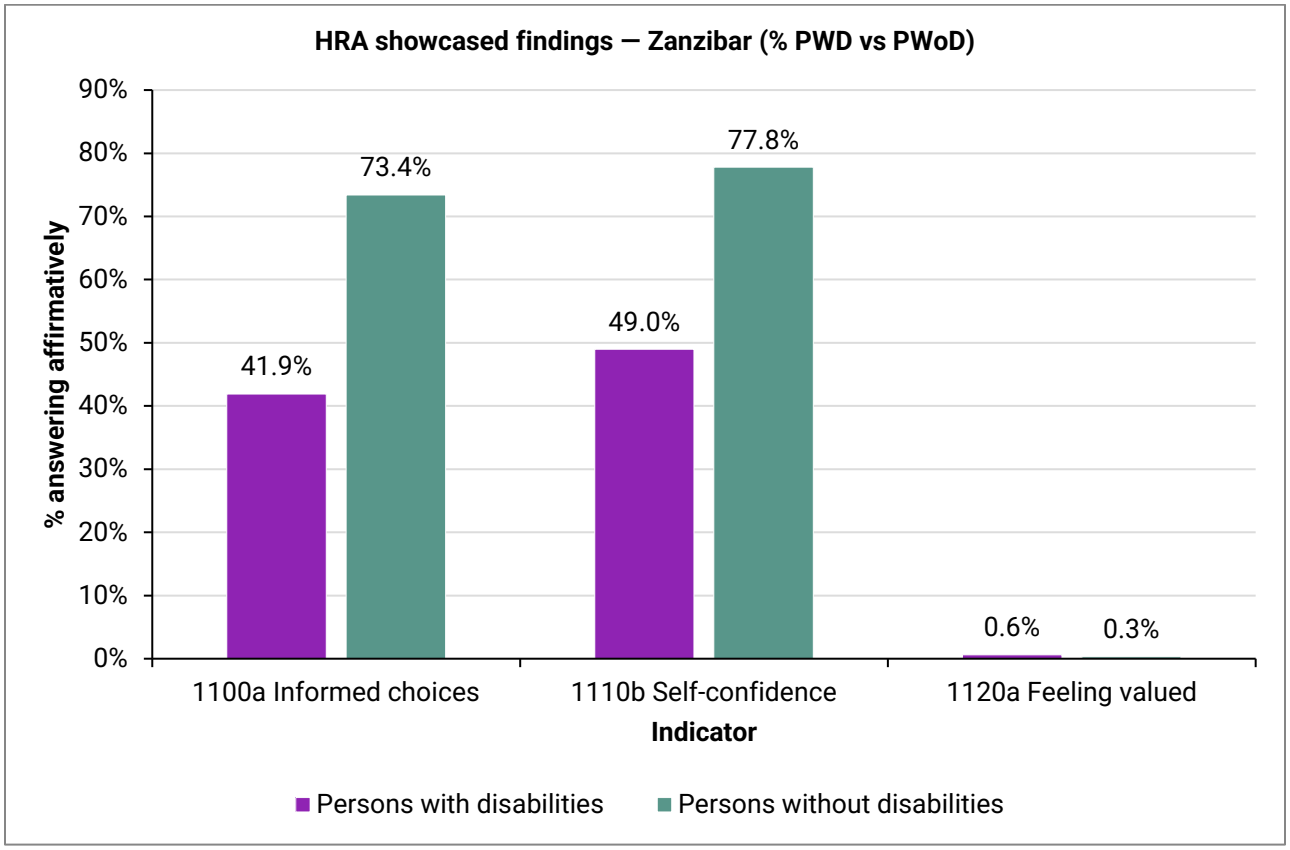

Figure 5.1: HRA showcased findings — Zanzibar (% PWD vs PWoD)

5.1.1 Indicator 1100a: Making Informed Choices and Decisions

Persons with disabilities are significantly less likely than persons without disabilities to report getting to make informed choices and decisions about their own lives (41.9% vs 73.4%; p<0.001). The 31.5-percentage-point gap is large. Women with disabilities report the lowest agency of any sub-group (37.0%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	73	57	**130**	115	103	**218**
%	46.8	37.0	**41.9**	76.2	70.5	**73.4**

Table 5.1.1: Making informed choices and decisions — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.1.2 Indicator 1110b: Self-Confidence and Empowerment

Persons with disabilities are significantly less likely than persons without disabilities to report increased self-confidence and empowerment (49.0% vs 77.8%; p<0.001). The 28.8-percentage-point gap is consistent with the patterns observed on making informed choices and decisions. Women with disabilities again report the lowest level of self-confidence (40.9%), compared with men with disabilities (57.1%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	89	63	152	118	113	231
%	57.1	40.9	49.0	78.1	77.4	77.8

Table 5.1.2: Self-confidence and empowerment — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.1.3 Indicator 1120a: Feeling Valued by Community

Only 0.6% of persons with disabilities and 0.3% of persons without disabilities report feeling valued as individuals by members of their community (p=0.616). Absolute levels of feeling valued are very low for both groups in Zanzibar, with no statistically significant PWD-PWoD difference. This is a population-wide finding, meaning a sense of being valued and respected by the community is reported by very few respondents regardless of disability status. This points to a community-level challenge that affects everyone but leaves persons with disabilities particularly exposed.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	2	0	**2**	0	1	**1**
%	1.3	0.0	**0.6**	0.0	0.7	**0.3**

Table 5.1.3: Feeling valued by community — comparison by sex and disability status (%)
Statistical significance: p = 0.616 — not statistically significant.

5.1.4 Other HRA Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1100b: Agency and opportunities to participate	12.3%	19.2%	-6.9 pp	0.033
1110a: Joint family decision-making	34.8%	61.3%	-26.5 pp	0.000
1120b: Participation in community planning	16.8%	26.6%	-9.8 pp	0.004
1130a: Decision-making bodies	8.4%	14.8%	-6.4 pp	0.000

Table 5.1.4: Summary of additional HRA indicators (% answering affirmatively)

Summary — Human Rights Advocacy

- Zanzibar has a large individual-agency gap on making informed choices and decisions (-31.5 pp), with a similarly large gap on self-confidence and empowerment (-28.8 pp).
- Joint family decision-making (1110a, summary table) shows a -26.5 pp gap, consistent with the broader pattern of reduced individual agency for persons with disabilities at household and community level.
- Indicator 1120a (Feeling valued by community) shows extremely low absolute levels for both groups (0.6% PWD; 0.3% PWoD; p=0.616). This is a population-wide finding: a sense of being valued and respected by the community is reported by very few respondents regardless of disability status, and points to a community-level recognition challenge.
- Women with disabilities consistently report lower agency than men with disabilities across the HRA indicators.

5.2 Economic Empowerment

The Economic Empowerment (EE) thematic area focuses on the ability of persons with disabilities and their families to earn and manage money, access financial services, access employment opportunities, and benefit from social protection. The Community Survey collects data against seven EE indicators.

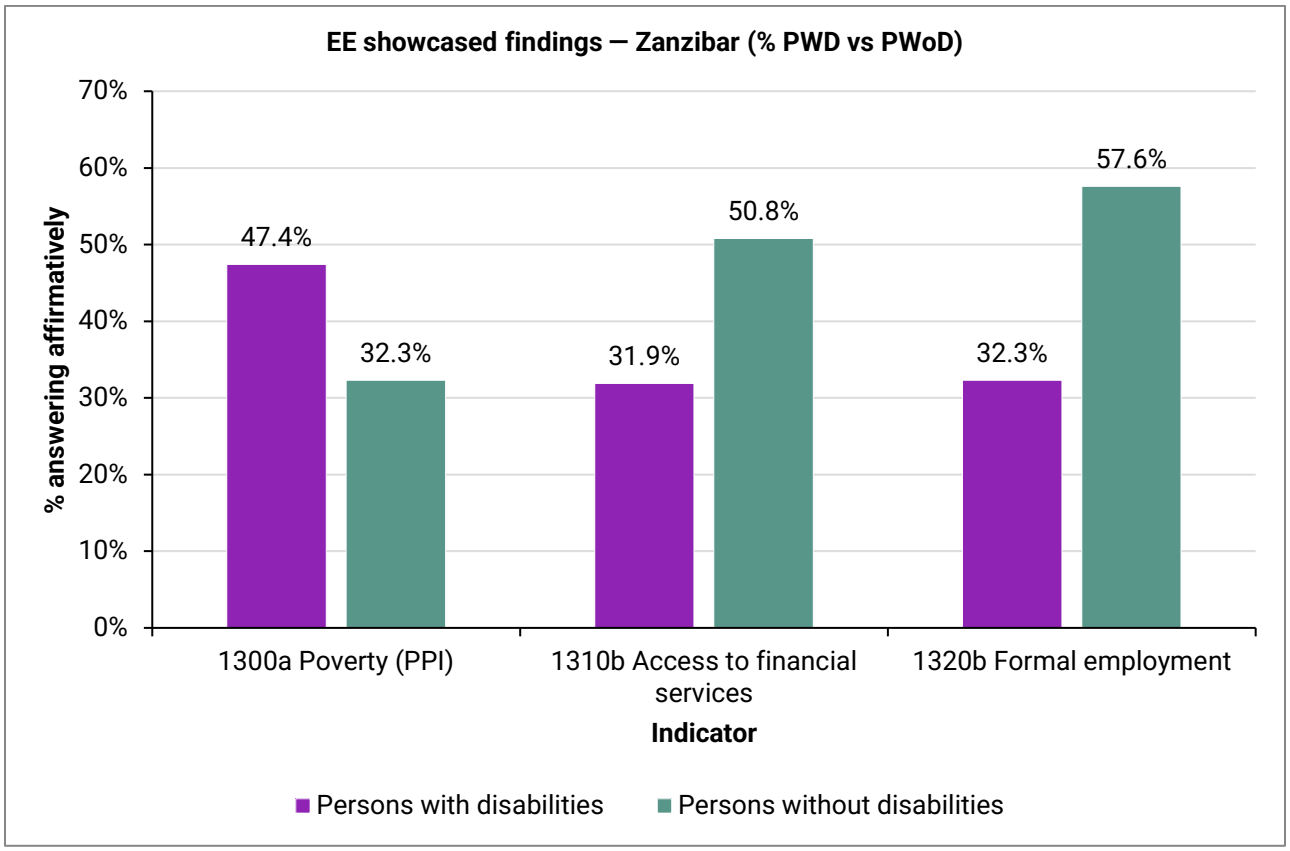

Figure 5.2: EE showcased findings — Zanzibar (% PWD vs PWoD)

5.2.1 Indicator 1300a: Poverty Probability Index

47.4% of persons with disabilities are likely to live below the national poverty line, compared with 32.3% of persons without disabilities (p=0.001). This shows a 15.1-percentage-point gap. The proportion of women with disabilities likely to be living in poverty (55.2%) is the highest sub-group figure in the baseline.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	62	85	**147**	45	51	**96**
%	39.7	55.2	**47.4**	29.8	34.9	**32.3**

Table 5.2.1: Poverty Probability Index — comparison by sex and disability status (%)
Statistical significance: p = 0.001 — statistically significant.

5.2.2 Indicator 1310b: Access to Financial Services

31.9% of persons with disabilities report having access to formal or informal financial services, compared with 50.8% of persons without disabilities (p<0.001). The 18.9-percentage-point gap signals the need for stronger partnerships with banks, microfinance institutions, and mobile money providers to deliver disability-inclusive products.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	50	49	**99**	68	83	**151**
%	32.1	31.8	**31.9**	45.0	56.8	**50.8**

Table 5.2.2: Access to financial services — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.2.3 Indicator 1320b: Formal Employment

32.3% of PWDs report formal employment, compared with 57.6% of PWoDs (p<0.001). The 25.3-percentage-point gap is large and underlines the structural barriers to inclusive labour markets in Zanzibar.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	50	50	100	95	76	171
%	32.1	32.5	32.3	62.9	52.1	57.6

Table 5.2.3: Formal employment — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.2.4 Other EE Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1300b: Financial decision-making	57.4%	89.2%	-31.8 pp	0.000
1310a: Knowledge of financial services	27.4%	48.1%	-20.7 pp	0.000
1320a: Use of financial services (financial account)	22.9%	42.4%	-19.5 pp	0.000
1320c: Social protection	17.4%	16.5%	+0.9 pp	0.987

Table 5.2.4: Summary of additional EE indicators (% answering affirmatively)

Summary — Economic Empowerment

- All five negatively-pointing EE indicators in Zanzibar (1300a, 1300b, 1310a, 1310b, 1320a, 1320b) show large, statistically significant gaps disadvantaging PWDs. The largest is financial decision-making at 31.8 percentage points ($p<0.001$).
- Formal employment is low (32.3% PWD), reflecting structural barriers in the Zanzibar labour market.
- Social protection coverage is low for both groups (17.4% PWD; 16.5% PWoD) — there is no statistically significant gap.

5.3 Health and Rehabilitation

The Health and Rehabilitation (H&R) thematic area focuses on access to inclusive health and rehabilitation services. The Community Survey collects data against eight H&R indicators.

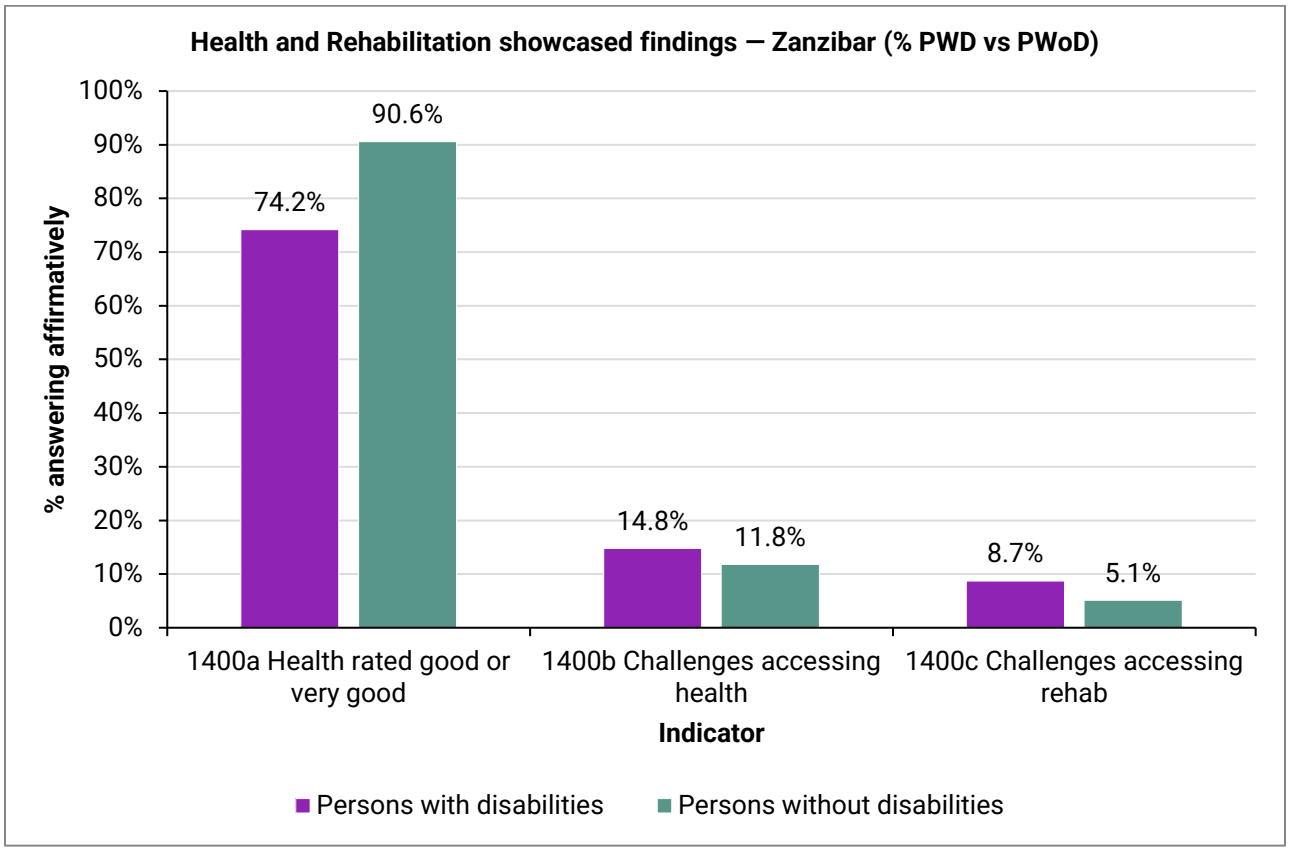

Figure 5.3: Health and Rehabilitation showcased findings — Zanzibar (% PWD vs PWoD)

5.3.1 Indicator 1400a: Health Self-Rating

74.2% of persons with disabilities rate their health as good or very good, compared with 90.6% of persons without disabilities ($p<0.001$). Both absolute levels are high, but the 16.4-percentage-point PWD-PWoD gap is consistent with the broader pattern observed in the H&R indicators.

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	112	118	**230**	137	132	**269**
%	71.8	76.6	**74.2**	90.7	90.4	**90.6**

Table 5.3.1: Health self-rating — comparison by sex and disability status (%)
Statistical significance: p = 0.000 — statistically significant.

5.3.2 Indicator 1400b: Barriers Accessing Health Services

Among the persons with disabilities sampled in Zanzibar, 14.8% reported at least one challenge accessing health services in the last 12 months, compared with 11.8% of persons without disabilities. The PWD-PWoD difference is not statistically significant (p=0.229), reflecting comparatively narrow disability-specific access barriers at system level. Women with disabilities report substantially more challenges than men with disabilities (19.5% vs 10.3%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	16	30	**46**	14	21	**35**
%	10.3	19.5	**14.8**	9.3	14.4	**11.8**

Table 5.3.2a: Challenges accessing health services — comparison by sex and disability status (%)
Statistical significance: p = 0.229 — not statistically significant.

The CS collected responses on the specific barriers reported by respondents. Figure 5.3.2 presents the eight most-reported barriers to accessing health services in descending order of prevalence among PWDs.

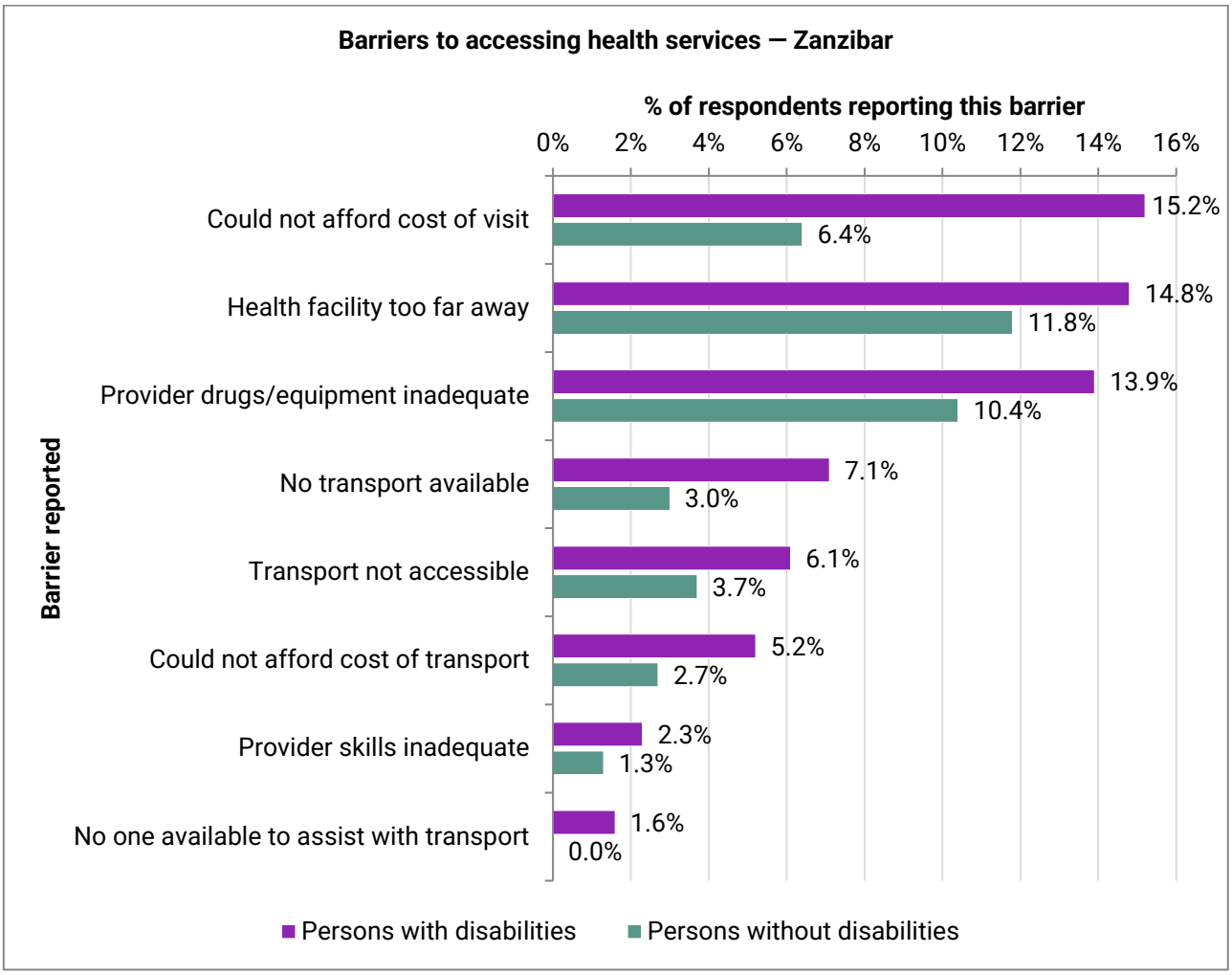

Figure 5.3.2: Barriers to accessing health services — Zanzibar (% reporting each barrier, multiple-response)

Three patterns emerge for Zanzibar. First, absolute barrier prevalence is relatively low: only one barrier (cost of visit) is reported by more than 15% of PWDs, and most barriers sit below 10%. Second, the only barriers with statistically significant PWD-PWoD gaps are cost of the visit ($p<0.001$), no transport available ($p=0.033$), and "did not need services". Third, distance to the facility is reported by similar proportions of PWDs and PWoDs (14.8% vs 11.8%; $p=0.229$), and provider drugs/equipment inadequacy is reported by both groups (13.9% PWD; 10.4% PWoD; $p=0.121$) — these point to facility-wide capacity constraints rather than disability-specific barriers.

Barrier reported	PWD %	PWoD %	Difference	Statistical significance
Could not afford cost of visit	15.2%	6.4%	+8.8 pp	Significant (p<0.001)
Health facility too far away	14.8%	11.8%	+3.0 pp	Not significant (p=0.229)
Provider drugs/equipment inadequate	13.9%	10.4%	+3.5 pp	Not significant (p=0.121)
No transport available	7.1%	3.0%	+4.1 pp	Significant (p=0.033)
Transport not accessible	6.1%	3.7%	+2.4 pp	Not significant (p=0.176)
Could not afford cost of transport	5.2%	2.7%	+2.5 pp	Not significant (p=0.050)
Provider skills inadequate	2.3%	1.3%	+1.0 pp	Not significant (p=0.217)
No one available to assist with transport	1.6%	0.0%	+1.6 pp	Not testable (—)
Thought not sick enough	1.6%	2.0%	-0.4 pp	Not significant (p=0.590)
Did not know where to go	1.0%	0.0%	+1.0 pp	Not testable (—)
Previously badly treated	0.3%	0.3%	+0.0 pp	Not significant (p=0.978)
Could not take time off work	0.0%	0.3%	-0.3 pp	Not testable (—)
Tried but was denied health care	0.0%	0.7%	-0.7 pp	Not testable (—)

Table 5.3.2b: Barriers to accessing health services in the last 12 months, Zanzibar (% of respondents reporting each barrier)

5.3.3 Indicator 1400c: Barriers Accessing Rehabilitation

Among the persons with disabilities sampled in Zanzibar, 8.7% reported at least one challenge accessing rehabilitation services in the last 12 months, compared with 5.1% of persons without disabilities (p=0.025). Note that 51.6% of PWD respondents reported they did not need rehabilitation services in the last 12 months, which limits the sample of those who reported barriers. Women with disabilities report more challenges than men with disabilities (10.4% vs 7.1%).

	PWD Male	PWD Female	PWD Overall	PWoD Male	PWoD Female	PWoD Overall
Count	11	16	**27**	7	8	**15**
%	7.1	10.4	**8.7**	4.6	5.5	**5.1**

Table 5.3.3a: Challenges accessing rehabilitation — comparison by sex and disability status (%)
Statistical significance: p = 0.025 — statistically significant.

As with health services, the CS captured the specific barriers to rehabilitation services reported by respondents. Figure 5.3.3 presents the eight most-reported barriers in descending order of prevalence among PWDs.

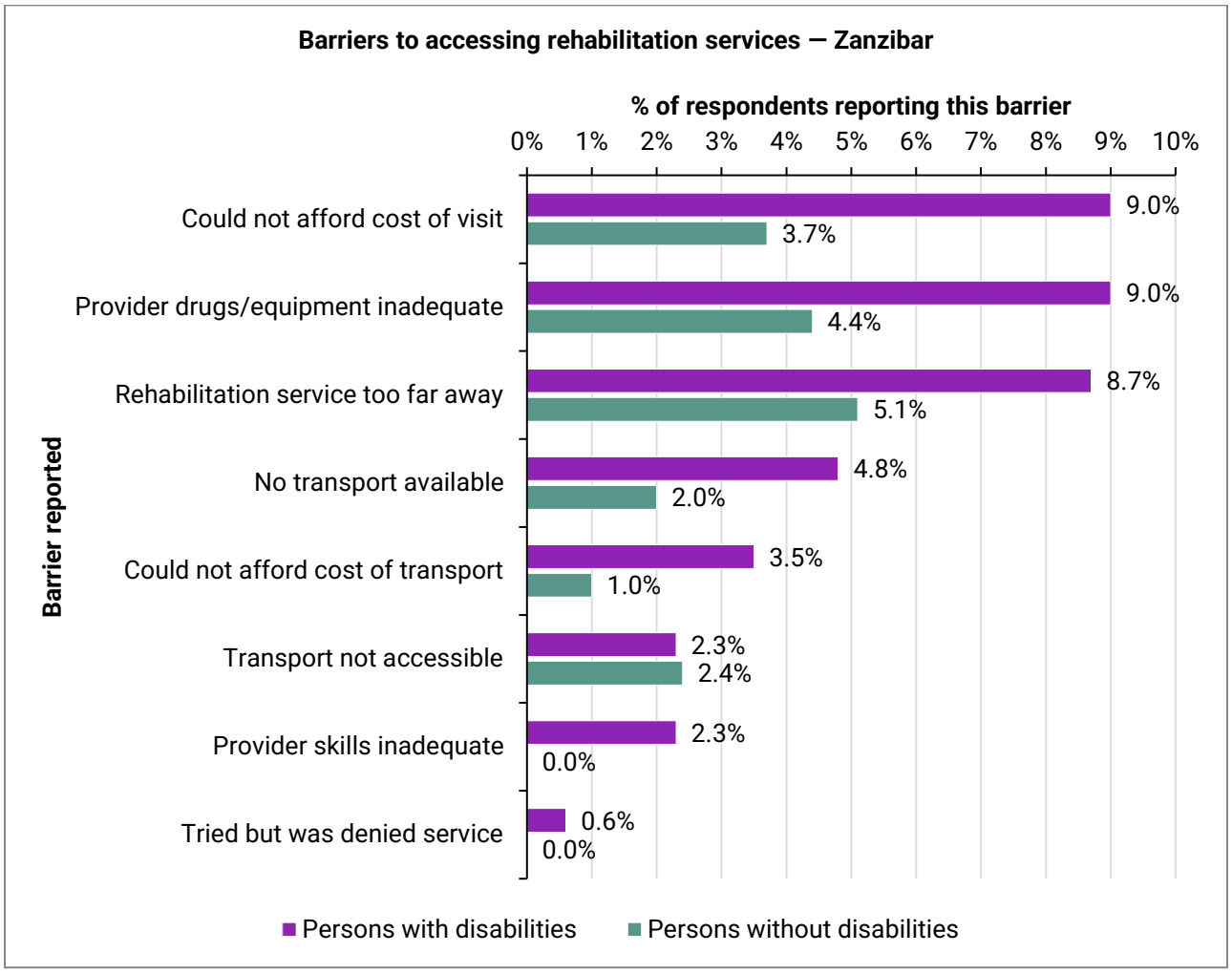

Figure 5.3.3: Barriers to accessing rehabilitation services — Zanzibar (% reporting each barrier, multiple-response)

The rehabilitation barrier pattern is similar to the health barrier pattern but with even lower absolute prevalence. Three barriers are reported by roughly 9% of PWDs each (cost of visit, provider drugs/equipment inadequacy, and distance to the rehabilitation service), with statistically significant PWD-PWoD gaps on cost of visit (p=0.002), provider drugs/equipment (p=0.032), and distance (p=0.025). Cost of transport (3.5% PWD vs 1.0% PWoD; p=0.002) also reaches statistical significance despite the low absolute level.

Barrier reported	PWD %	PWoD %	Difference	Statistical significance
Could not afford cost of visit	9.0%	3.7%	+5.3 pp	Significant (p=0.002)
Provider drugs/equipment inadequate	9.0%	4.4%	+4.6 pp	Significant (p=0.032)
Rehabilitation service too far away	8.7%	5.1%	+3.6 pp	Significant (p=0.025)
No transport available	4.8%	2.0%	+2.8 pp	Not significant (p=0.113)
Could not afford cost of transport	3.5%	1.0%	+2.5 pp	Significant (p=0.002)
Transport not accessible	2.3%	2.4%	-0.1 pp	Not significant (p=0.954)
Provider skills inadequate	2.3%	0.0%	+2.3 pp	Not testable (—)
Tried but was denied service	0.6%	0.0%	+0.6 pp	Not testable (—)
Previously badly treated	0.3%	0.7%	-0.4 pp	Not significant (p=0.620)
Did not know where to go	0.3%	0.0%	+0.3 pp	Not testable (—)
Could not take time off work	0.0%	0.3%	-0.3 pp	Not testable (—)

Table 5.3.3b: Barriers to accessing rehabilitation services in the last 12 months, Zanzibar (% of respondents reporting each barrier)

5.3.4 Other H&R Indicators (Summary)

Indicator	PWD %	PWoD %	Difference	p-value
1400d: Treatment decision-making	58.1%	63.6%	-5.5 pp	0.205
1410a: Received recommended health services	40.6%	37.0%	+3.6 pp	0.270
1410b: Needed and received health care	82.8%	90.9%	-8.1 pp	0.005

1410c: Needed and received rehabilitation	73.9%	90.8%	-16.9 pp	0.000

Table 5.3.4: Summary of additional H&R indicators (% answering affirmatively)

Summary — Health and Rehabilitation

- Although the absolute level of self-rated health is high among PWDs in Zanzibar (74.2%), there is still a 16.4-percentage-point gap relative to PWoDs.
- The PWD-PWoD gap on "challenges accessing health services" is not statistically significant in Zanzibar (14.8% vs 11.8%; p=0.229), pointing to comparatively narrow disability-specific access barriers at system level.
- However, access to rehabilitation in particular shows large unmet need: 26.1% of PWDs who needed rehabilitation in the last 12 months did not receive it (1410c: 73.9% vs 90.8%; p<0.001), the largest gap on the receipt-of-care indicators.
- Barrier prevalence is relatively low lower across nearly every barrier type. Cost of the visit (15.2% health / 9.0% rehab), distance to facility (14.8% / 8.7%) and provider drugs/equipment inadequacy (13.9% / 9.0%) are the most reported barriers; transport-related barriers are reported by under 10% of PWDs across the board.
- Women with disabilities report substantially higher challenges accessing health services than men with disabilities (19.5% vs 10.3%) and rehabilitation services (10.4% vs 7.1%).

6 Findings — Inclusive Education Assessment

6.1 Enrolment of Learners with Disabilities

The Inclusive Education Assessment (IEA) was conducted in 77 schools in Tanzania, 10 target schools in Mainland Tanzania and 67 target schools in Tanzania Zanzibar.

Of these 77 schools, 74 schools (96.1%) maintain enrolment registers; 42 (54.5%) disaggregate the register by disability status, and 39 (50.6%) disaggregate by type of disability. The figures presented in Table 6.1a combine registered figures from the 42 schools whose registers record disability status with school estimates provided by teachers and head teachers in the remaining 35 schools.

Source	Boys	Girls	Total
Registered (n=42 schools)	566	485	1,051
Estimated (n=30 schools)	519	408	927
Total estimated (n=77 schools)	**1,085**	**893**	**1,978**

Table 6.1a: Number of learners with disabilities enrolled in CADiR target schools, by sex (Mainland Tanzania and Zanzibar combined)

Note: figures from the 35 schools without disaggregated registers are estimates provided by school staff and should be interpreted with caution. They are presented to give an indicative total enrolment figure across the CADiR target schools.

In the table below, figures are from the 39 schools that disaggregate by type of disability.

Disability type	Boys	Girls	Total
Hearing	359	335	694
Cognitive	65	40	105
Deafblindness	25	27	52
Multiple disabilities	20	10	30
Seeing (visual)	16	13	29
Walking (mobility)	9	3	12
Communication	5	4	9

Affect	2	2	4
Upper body	0	1	1
Self-care	0	0	0
Not specified	0	0	0
Total (n=39 schools)	**552**	**483**	**1,035**

Table 6.1b: Learners with disabilities by disability type (schools that disaggregate by type)

6.2 School Inclusivity Scores

The IEA aims to determine the inclusivity of teaching and learning environments for learners with disabilities. Across the 61 schools that report on overall inclusivity score, 8 (13.1%) scored in the "Moderate to High" band; 22 (36.1%) scored in the "Very Low" band, 31 (50.8%) scored in the "Low" band, and no school reached the "Very High" band.

IEA scores are calculated against a maximum of 42 points across the five modules (School Leadership and Management; Physical Environment and Infrastructure; Wellbeing of Learners; Adaptations and Assistive Technologies; and Teaching Inclusively). A small number of disability-specific schools on Mainland Tanzania drive the highest module scores, particularly on Wellbeing of Learners.

Not all Tanzania country programme partners implement activities and interventions that focus on every module of the IEA as part of the CADiR programme. In Tanzania Zanzibar, partners predominantly implement interventions targeting IEA Module B: School Leadership and Management, and Module F: Teaching Inclusively. In Mainland Tanzania, partners predominantly implement activities on Module F, but indirectly contribute to Modules B, C: Physical Environment / Infrastructure, D: Wellbeing of Learners, and E: Adaptations and Assistive Technologies. Findings should be interpreted accordingly.

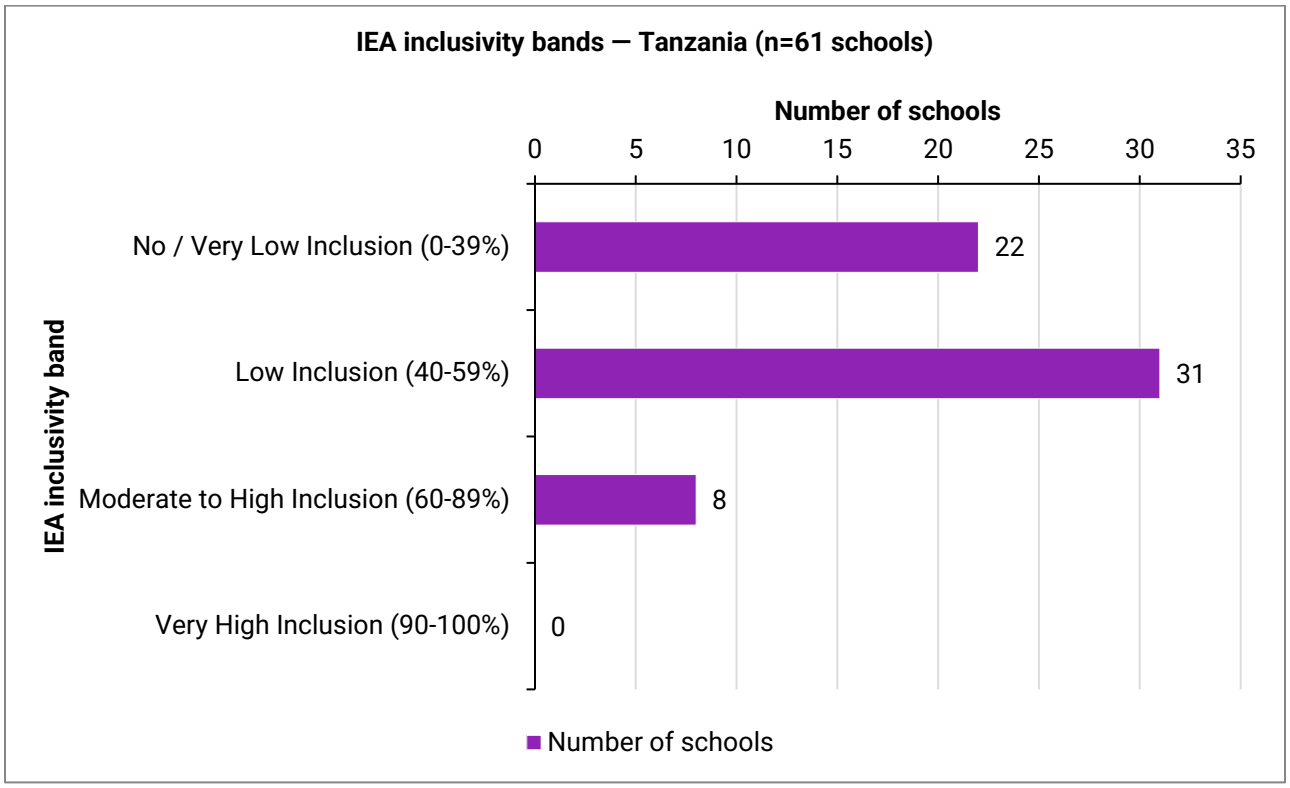

Figure 6.2: Distribution of CADiR target schools across IEA inclusivity bands — Tanzania (n=61)

Inclusivity band	Number of schools	Percent (of 61 schools)
No / Very Low Inclusion (0-39%)	22	36.1%
Low Inclusion (40-59%)	31	50.8%
Moderate to High Inclusion (60-89%)	8	13.1%
Very High Inclusion (90-100%)	0	0.0%
Total	**61**	**100.0%**

Table 6.2a: Distribution of CADiR target schools by IEA inclusivity band

Based on IEA scores, Module C (Physical Environment) and Module B (School Leadership) are the strongest; Module E (Adaptations and Assistive Technologies) is the weakest module across all schools (17% of maximum), with most schools scoring zero or very low on assistive technology provision. Below, Table 6.2b presents the mean score of all schools per module.

Module	Mean score (% of max)
Module B: School Leadership and Management	74%
Module C: Physical Environment / Infrastructure	76%
Module D: Wellbeing of Learners	34%
Module E: Adaptations and Assistive Technologies	17%
Module F: Teaching Inclusively	40%

Table 6.2b: Module-level performance across the assessed schools (mean % of maximum score; n=61)

6.3 Other IEA indicators

In addition to the overall inclusivity score, the IEA captures structural aspects of school inclusion. CADiR Tanzania implementing partners report against different sub-sets of these indicators, reflecting their distinct programme designs. Notably, one partner reports data on inclusive groups/clubs and formal service referral pathways. The results are summarised in Table 6.3 below:

Indicator	Result
Schools maintaining enrolment registers	74 of 77 (96.1%)
Schools whose register disaggregates by disability status	42 of 77 (54.5%)
Schools whose register disaggregates by disability type	39 of 77 (50.6%)
Inclusive groups/clubs	13 of 16 (81.3%)
Nature of clubs (n=13)	Environmental 9, Academic 6, Health 5, Sports 3, GBV 2, Business 2
Inclusive codes of conduct	Not reported
Formal disability service referral pathways	0 of 16
School inclusion teams	Not reported

Table 6.3: Summary of additional IEA indicators

Summary — Inclusive Education

- Inclusivity of the assessed schools is concentrated in the Low band — most schools have basic infrastructure and leadership in place, but less on individualized supports for learners with disabilities. No school reached the Very High band.
- Adaptations and Assistive Technologies (Module E) is the weakest module across all schools (17%).
- Disability-specific schools on Mainland Tanzania (n=10) cluster at the higher end of the inclusivity distribution, particularly supporting learners with deafblindness and hearing impairments.
- Almost half of all schools (42 of 77) do not disaggregate their enrolment registers by disability status.
- 13 of 16 schools (81%) run inclusive groups or clubs. Environmental clubs are the most common type (9 schools), followed by academic clubs (6), health clubs (5), sports clubs (3), gender-based violence clubs (2), and business clubs (2).

7 Conclusions

The CADiR Tanzania baseline provides an initial quantitative understanding of where persons with disabilities stand relative to persons without disabilities at the start of the 2025-2029 programme period. A crucial finding is that persons with disabilities in CADiR target communities in Tanzania Zanzibar face significant challenges in making informed choices and decisions, and self-confidence and empowerment. Feeling valued by the community shows very low absolute levels for both groups (0.6% PWD; 0.3% PWoD), pointing to a population-wide challenge that leaves persons with disabilities particularly vulnerable.

Findings from the CS on barriers to health and rehabilitation services reveal several patterns. The prevalence of barriers in Zanzibar is substantially low with only one barrier (cost of visit) being reported by more than 15% of PWDs for health services. Transport-related barriers are reported by under 10% of PWDs in Zanzibar. The PWD-PWoD difference on "challenges accessing health services" is not statistically significant overall, although access to rehabilitation specifically shows large unmet need (16.9-pp gap on 1410c). For rehabilitation, cost of visit, provider drugs/equipment inadequacy, and distance reach statistical significance.

Findings from the Inclusive Education Assessment show that inclusivity in the assessed schools is concentrated in the Low band, with most schools having basic infrastructure and leadership in place but lacking individualized supports for learners with disabilities. Module E (Adaptations and Assistive Technologies) is the weakest module across all schools, with most scoring zero or very low. Partners have a limited focus on adaptations and assistive technologies, therefore scores should be interpreted considering this.

The findings from the CS and IEA provide CADiR partners with a programme-level baseline against which to measure change over the next four years. Importantly, they provide an evidence base to use in policy dialogue with stakeholders and duty-bearers — including in support of the State Party Report under the CRPD, and the implementation of The Persons with Disabilities Act, 2022 and The Persons with Disabilities Act, 2010 (Cap. 183 R.E. 2023).

Cross-cutting implications

- Strengthen the gender focus across thematic areas: women with disabilities consistently report lower agency, self-confidence, household decision-making, and

report higher challenges accessing health and rehabilitation services than men with disabilities.

- Continue to invest in OPD organizational capacity.
- Support the implementation of inclusive enrolment registers in CADiR target schools.
- Use baseline findings as the basis for transparent dialogue with government stakeholders on inclusive policy implementation under the CRPD and The Persons with Disabilities Act, 2022.

8 Annexes

Annex A: Indicator Descriptions

Code	Indicator	Tool
1100a	% of persons with disabilities who report getting to make informed choices and decisions	CS
1100b	% of persons with disabilities reporting improved agency and opportunities to participate in household and community	CS
1110a	% of persons with disabilities who report joint decision-making with family members on personal care and household purchases	CS
1110b	% of persons with disabilities who report increased self-confidence and empowerment	CS
1120a	% of persons with disabilities who feel valued as individuals by members of their community	CS
1120b	% of persons with disabilities who report participation in community planning	CS
1130a	% of persons with disabilities on local, programme and national decision-making bodies	CS
1210a	# of learners with disabilities enrolled in target educational institutions	IEA
1221c	# of schools with school inclusion teams	IEA
1221d	# of schools with inclusive groups/ clubs	IEA
1221e	# of schools with inclusive codes of conduct	IEA
1224a	# of schools with disability service referral pathways	IEA
1220	% of educational institutions with increased inclusivity of teaching and learning environments for learners with disabilities	IEA
1300a	Poverty Probability Index — proportion of respondents likely to live below the national poverty line	CS
1300b	% of persons with disabilities who report deciding how to use their money and other resources	CS
1310a	% of persons with disabilities who report knowing how to access formal and informal financial services	CS

Code	Indicator	Tool
1310b	% of persons with disabilities who report having access to formal and informal financial services	CS
1320a	% of persons with disabilities with an account at a financial service	CS
1320b	% of persons with disabilities with formal employment	CS
1320c	% of persons with disabilities enrolled in social security programmes or receiving benefits	CS
1400a	% of persons with disabilities who rate their health as good or very good	CS
1400b	% of persons with disabilities who report challenges accessing health services	CS
1400c	% of persons with disabilities who report challenges accessing rehabilitation services	CS
1400d	% of persons with disabilities who report being involved in making decisions about their treatment	CS
1410a	% of persons with disabilities who receive recommended health checkups	CS
1410b	% of persons with disabilities that needed medical care in the last 12 months and received the care needed	CS
1410c	% of persons with disabilities that needed rehabilitation in the last 12 months and received the care needed	CS

Table A1: CADiR Indicators reported in this document