



## Improving Community Awareness and Advocacy on Disability Project



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## Abbreviations

ACT	Accountability in Tanzania
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CHAVITA	Tanzania Association of the Deaf
CHAWATA	Tanzania Association of the Disabled
CRPD	Convention on the Rights of Persons with Disabilities
CWD	Children with Disabilities
DC	District Commissioner
DED	District Executive Director
DFID	Department for International Development (UKAid)
DPO	Disabled People’s Organisation
DSC	District Steering Committee
DSEN	District Special Education Needs Co-ordinator
DSWO	District Social Welfare Officer
ICD	Information and Communication on Disability
ICAAD	Improving Community Awareness and Advocacy on Disability
NSC	National Steering Committee
SHIVYAWATA	Federation of Disabled People’s Organisations in Tanzania
TAMH	Tanzania Association for Mentally Handicapped
TAS	Tanzania Albino Society
TASLI	Tanzania Association of Sign Language Interpreters
TLB	Tanzania League of the Blind
VEO	Village Executive Officer
WEO	Ward Executive Officer

# Tanzania DPO mentoring pilot project

## Disability and Development

*"Sustainable, equitable progress in the agreed global development agenda cannot be achieved without the inclusion of persons with disabilities. If they are not included, progress in development will further their marginalization."*<sup>1</sup>

There are over one billion people with a disability in the world, of whom between 110-190 million experience very significant difficulties. This corresponds to about 15% of the world's population.<sup>2</sup>

People with a disability are disproportionately likely to be among the very poor, with the World Bank estimating that they make up 20% of people living below the extreme poverty line.<sup>3</sup> 80% of people with disability live in developing countries.<sup>4</sup>

Disability inclusive development cuts across all the major sectors of DFIDs aid program but the 2010 MDG Report revealed a strong link between disability and marginalisation in **education**. Even in countries close to achieving universal primary education, children with disability are the majority of those who remain excluded<sup>5</sup>.

- An estimated one third of the world's out of school children live with a disability;<sup>6</sup> primary school completion and literacy rates are consistently far below those of people without a disability.<sup>7</sup>

Despite representing over 1 billion people worldwide, people with a disability are not mentioned in any of the eight Millennium Development Goals, or the twenty one Targets, or the sixty Indicators – not even in the Millennium Declaration. This gap is of increasing concern since evidence is growing to show the most urgent issues faced globally by people with a disability is not their specific impairment(s) but their lack of equitable access to resources such as education, employment, health care and the social and legal support systems, resulting in persons with disabilities having disproportionately high rates of poverty<sup>8</sup>.

The coming into force of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2008 marked a significant turning point in the way disability is regarded in development. Due to increasing awareness and lobbying from the international disability movement disability has started to move from its traditional base as an impairment and health issue to one that is recognised as a human rights issue linked to poverty and empowerment. The CRPD is a unique human rights framework that

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<sup>1</sup> 'Including the rights of persons with disabilities in United Nations programming at country level: A Guidance Note for United Nations Country Teams and Implementing Partners', UNDG (2010)

<sup>2</sup> World Report on Disability, WHO (2011)

<sup>3</sup> Elwan, A, "Poverty and Disability: A Survey of the Literature," SP Discussion Paper No. 9932. The World Bank (1999): note that this is the best estimate available, but remains an estimate

<sup>4</sup> <http://www.un.org/disabilities/convention/facts.shtml>

<sup>5</sup> The Millennium Development Goals Report 2010

[www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf](http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf)

<sup>6</sup> Education for All Global Monitoring Report: Reaching the Marginalized, UNESCO (2010)

<sup>7</sup> 'Illiteracy among adults with disabilities in the developing world: an unexplored area of concern', Nora Groce and Parul Bakshi (UCL, 2009); World Report on Disability, WHO (2011)

<sup>8</sup> "Disability and the Millennium Development Goals", Nora Groce (UNDESA 2011)

places clear obligations on international aid programs and governments adopt the principles of equality and non-discrimination and to ensure all interventions are accessible to disabled people.

Disabled People's Organisations (DPOs) are becoming seen as an important component of civil society and are starting to influence the policies of national governments, as well as bilateral and multilateral institutions. DPOs are community based organisations managed by disabled people and typically mix components of service delivery with advocacy and lobbying activities. Whilst their organisational capacity is often severely limited they can provide an important voice for the millions of socially isolated and excluded disabled people they represent and with increased attention from donors could become a vital link between aid programs and the disability community.

### **Tanzania context**

The current prevalence rate for disability (using a functional limitation definition) in Tanzania stands at 7.8%<sup>9</sup> with almost equal numbers of men and women affected. Rates are generally higher on the Mainland (7.8%) compared with Zanzibar (5.9%) and higher in rural areas (8.3%) than in urban areas (6.3%). The lowest prevalence rates were found in Manyara (2.7%) and Mbeya (4%) with the highest rates showing in Mara (13.2%), Tanga (13%), Ruvuma (12.2%), Kilimanjaro (10.1%) and Dodoma (9.7%). Many of these regions are underserved by active DPOs so it is probable that significant numbers of disabled people are largely unaware of their rights and entitlements and lead relatively isolated lives.

The main issues facing disabled people in Tanzania are linked inextricably to chronic poverty and discrimination – lack of access to formal education; lack of access to employment and income generating activities; and a society (and government) which sees disability largely as a medical or charity based issue. Until very recently the government did not view accessibility of services for disabled people as being a priority and as a consequence pro-disability legislative frameworks are still evolving. The gap in service provision has to an extent been filled by the work of INGOs (with programs focusing on impairment specific support, education and income generation being the most common) and often DPOs.

Tanzania's ratification of the CRPD (October 2009) was a very positive step forward. In addition the new Disabilities Act (2010), Regulations (2012) have just been published so there is now increased potential for disabled people to be able to use legal frameworks as a basis for their advocacy. Overall however disabled people's poverty – their lack of access to education and basic health services is not being adequately addressed. This can only really be resolved once government and service providers are held accountable which will involve increasing the capacity of disabled people and the communities in which they live, to lobby effectively.

### **The challenges facing disabled people's organisations<sup>10</sup>**

As civil society organizations DPOs face a number of challenges which makes it hard for them to access mainstream development funding and take part in general community development programs.

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<sup>9</sup> Disability survey - National Bureau of Statistics (2008)

<sup>10</sup> Information taken from the 2010 Scoping study - Report on DPOs in Tanzania pge 25

Above all the majority of disabled people and their families are both desperately poor and isolated from mainstream community activities. Many disabled people lack even the most basic of needs and DPOs where they exist are often the first place they go to get relief. This can put a lot of pressure on DPOs to be providing basic needs services rather than focusing attention on lobbying around rights. In addition many disabled people remain uneducated and as a result are not very aware of the general or specialized services to which they are entitled. It is therefore difficult for them to hold government or development programs to account.

DPOs are also unique in that they often provide members with a sense of identity. Having been isolated and largely rejected by families and communities disabled people find a place within DPOs which enables them to feel valued and from which they can help others like them. DPOs can therefore sometimes reinforce segregation; preferring to focus on providing for immediate needs from within the membership itself rather than looking outwards to challenging the systems that are excluding them.

Overall what this implies is that DPOs have not had much experience of engaging in development activities. With an inherent tendency to focus on the individual needs of their members they have often isolated themselves from community based activities and hence find it difficult to engage in general debates on issues like poverty reduction, education or health care.

## Results from pilot DPO Mentoring project

From June 2011 to May 2012 a pilot project was conducted with the aim of “Build(ing) the capacity of DPOs to become effective advocacy organisations by strengthen the links between national level DPOs and their constituent branch members”. In particular this project sought to take a new approach to capacity building by focusing more on improving the awareness, skills and confidence of grassroots DPO members and increasing the links between branches and their nationally representative groups. It provided national office representatives and those at district level with the opportunity to directly participate in the planning, implementation and monitoring of project activities with a view to helping increase accountability within the disability movement. Specifically the pilot project focused on:

**Output 1:** Modelling of a process for the development of evidence based advocacy in which contributions from DPO members form the basis of national level policy debates;

**Output 2:** Direct strengthening of the capacity of grassroots membership to challenge local communities and service providers on access to and participation in development activities;

**Output 3:** Direct assistance to DPOs represented at both national and district level to improve the quality of engagement and transparency between members and elected representatives.

During the initial phase a National Steering Committee (NSC) was established with representatives from all the nationally representative DPOs with the aim of overseeing the development of the project:

- Federation of Disabled People’s Organisations - SHIVYAWATA
- Tanzania Association of the Deaf - CHAVITA

- Tanzania Association of the Disabled - CHAWATA
- Tanzania League of the Blind - TLB
- Tanzania Association for Mentally Handicapped - TAMH
- Tanzania Albino Society - TAS

The NSC met on a regular basis, creating a unique cross-disability forum in which the aims and outcomes of the project were discussed and agreed on. All project systems, from financial to human resources were devised in discussion with this national team. This resulted in the creation of financial and communications systems which were relevant and accessible to DPOs at national and district level and has greatly improved the connection and accountability of national DPOs to each other and to their branch membership.

At the same time, branches were established (or strengthened) in four districts: Hai, Moshi, Morogoro and Ifakara for each of the national DPOs and an equivalent District Steering Committee (DSC) was set up. Each district then chose to focus its activities in three to four wards. This took some considerable time in many cases because branches were either very weak or non-existent. This project challenged district branches to get more actively involved in running activities for their grassroots membership. It also encouraged them to get out into communities to locate more members and increase their profile at this level.

Since this was a pilot project, considerable learning took place throughout its implementation. This included learning around appropriate systems for implementation and monitoring; impairment specific needs; methodologies and reporting. Key results from the first phase include:<sup>11</sup>

**Impact:**

1. Elected and appointed leaders at ward and district level were influenced to accept the need for disability to be part of their decision-making and have begun to put more inclusive planning into practice.

Despite the short time-frame of the pilot project, it was clear from very early that branch DPOs had a great deal of potential for influencing leaders at local level. One significant result is that disaggregated data on the numbers of disabled adults and children is being shared by DPOs with district officers (DSWO and DEO) and ward officials who are able for the first time, to have more accurate and up to date information on local prevalence rates.

A strong relationship has been built with DSWO and District Special Needs Coordinators in Ifakara, Hai and Moshi which has resulted in DPOs being routinely invited into consultation meetings at district level. In Hai and Ifakara this also resulted in DPOs being invited to meet with the DED and in Ifakara, with the new DC.

The DSWOs in particular are now more aware of the specific needs of persons with disabilities and of their potential for contributing to community development. In addition, **8 district officers took part**

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<sup>11</sup> See 'Report on the final evaluation of the Tanzania DPO mentoring project' (L Wapling + D Lumala), for full details

**in disability awareness training run by DPOs which they attended without requiring per diem payments.**

In Hai and Ifakara the DSWOs regularly attend district steering committee meetings to keep up to date on progress and issues. In Ifakara the DSWO also took a very keen observational role in the action research process and will be involved in helping local DPOs to disseminate findings and plan for follow up activities.

At Ward level, Executive Officers have been influenced to take more interest in addressing the needs of disabled people locally (see case study).

2. Attitudes towards persons with disabilities have begun to change, with community members becoming more positive about the potential people with disabilities have to contribute to development and are therefore more willing to include them.

At least **69 disabled children have been enrolled in primary school** as a direct result of awareness raising; and at least **30 disabled children and young people have been 'released'** from being locked in their homes. Actual numbers are likely to be higher than this but our ability to record all of the examples has been limited. Most of the successful enrolments came about as a direct result of the action research process which not only gathered data on the situation facing disabled children in accessing education but also raised awareness and challenged many to rethink their attitude towards the capabilities of disabled children.

The table below (taken from the pilot project's monitoring framework) highlights a range of changes in the attitudes of both disabled and non-disabled people:

#### **Case study – working with village councils to resolve barriers**

In Mahunga primary school, Ifakara several disabled people visited to conduct research into the barriers disabled children face in accessing education. The head teacher welcomed the research because although he has disabled children in his school he had no real understanding of what their experiences were like or what their needs were. As a result of the environmental barrier assessment he realised that toilets were a big barrier. Children who have to crawl to move around were unable to use the toilets because they were so dirty. There were no ramps into classes or into the toilet block so anyone with a physical impairment was having to work really hard just to get into class. The head teacher saw for himself how difficult it was for children like this and decided to act on the information immediately. In conjunction with the village executive, they raised funds to renovate the school building, creating an accessible, clean latrine and ramps into some of the classes.

This is the first time an issue like this has been brought to the village council for discussion, but now they are aware they want to do more to understand and resolve some of the barriers faced by disabled people.



Individual level changes	Changes in the way disabled people see (and describe) themselves	Changes in the way disabled people interact with others	Changes in the way disabled people understand disability
Perspectives of disabled people	<ul style="list-style-type: none"> <li>* Increase in self esteem</li> <li>* Increased willingness to come together with other people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>* Increased interaction between Ward Executives and people with disabilities</li> <li>* Increased engagement of people with disabilities and District officers, especially social welfare, education and community development</li> <li>* Increased likelihood people with disabilities will be invited to community events and meetings</li> </ul>	<ul style="list-style-type: none"> <li>* Slight increase in awareness of the social model approach to disability</li> <li>* Disabled people now more willing to challenge discrimination on the basis of rights</li> <li>* More disabled people are able to talk in terms of barriers to participation rather than individual impairments</li> </ul>
	Changes in the way non-disabled people see disabled people	Changes in the way non-disabled people interact with disabled people	Changes in the way non-disabled people understand disability
Perspectives of non-disabled people	<ul style="list-style-type: none"> <li>* The research process helped communities to see that “people with disabilities are able”.</li> <li>* Because disabled people are now being seen as doing things for themselves the community is respecting them a lot more.</li> <li>* The fact disabled people are being proactive in identifying barriers is helping to change attitudes towards them generally.</li> </ul>	<ul style="list-style-type: none"> <li>* Communities in the past were not even aware of disabled people and had no idea about what their challenges or problems were. Now communities are starting to work with disabled people to resolve barriers.</li> <li>* There has been a reduction in public abuse of people with disabilities with less tolerance generally to name calling and abusive behaviour</li> </ul>	<ul style="list-style-type: none"> <li>* More disabled people are being identified and most especially, disabled children are being released from locked rooms in their homes.</li> <li>* At least <b>69</b> disabled children have been enrolled in primary schools as a result of changes in attitudes of parents and teachers.</li> <li>* At least <b>30</b> disabled children and young people have been identified and 'released' from being locked in their homes as a result of changes in attitudes of parents and communities</li> </ul>

### Outcomes:

- ***Increase in capacity and membership at branch level***

As a direct result of the pilot project, **20 DPO branches** have been supported to develop some basic organisational capacity including: establishing and managing bank accounts; setting up basic financial and administrative record keeping systems; regular reporting mechanisms (to cross-impairment district steering committees, national HQs, district government and ordinary members); activity planning and budgeting; and membership development.

The table below illustrates that in less than 12 months at least **1,249** new members have been identified at branch level across all impairment groups. DPOs at the branch level have also begun to collect and collate data on numbers of disabled people in their area for the first time.

Data on membership numbers at branch level:

District	CHAWATA		CHAVITA		TAMH		TAS		TLB	
	Baseline	End of project	Baseline	End of project	Baseline	End of project	Baseline	End of project	Baseline	End of project
Hai	137	223	57	141	0	176	28	37	7	65
Moshi	40	45	28	54	323	479	0	61	30	35
Ifakara	150	233	15	110	176	206	6	18	0	138
Morogoro	149	201	22	97	32	60	126	160	44	80
Totals	476	702	122	402	531	921	160	276	81	318

Membership increases	
Baseline	1370
End of project	2,619
<b>Total new members</b>	<b>1,249</b>

As a direct result of the project, most DPOs now have disaggregated statistics (their gender, age and their impairments) of disabled people in 3 wards (the project agreed area). They are also now keeping data on the numbers of disabled people who are registered members.

- **Training in Disability Awareness and Methods for Barrier Analysis**

A two day course covering the rights-based approach to disability and how to conduct barrier analysis was carried out at the national level and repeated at each of the four districts. A minimum of four representatives from each DPO attended the training sessions (including some ordinary members and some executive committee members), alongside district social welfare and district special education coordinators. Each DPO was requested to send at least one male and one female representative to the training in order to try and promote gender equality.

**Total trained: 94 (89 disabled people; 8 district officials)**

District	DPO Participants	District officials	Total
Hai	21	2	23
Moshi	26	2	28
Kilombero	19	2	21
Morogoro	20	2	22
<b>Total</b>			<b>94</b>

- **Action research**

CCBRT was contracted to facilitate a small piece of action research based around access to education for disabled children in the four project districts. In April 2012 two representatives (one male, one female) from each branch DPO underwent three days of action research training and a further four days of field testing. At the end of the process an agreed action research framework was formulated and agreed on by all districts.

### **Total trained: 40 disabled people (20 male, 20 female)**

An action research process was conducted in the four project districts between April and June 2012 involving 40 disabled people as researchers. Preliminary results were discussed with each district team during July.

Early results show that there are increasing numbers of disabled children being identified and brought forward for enrolment in all districts covered by the project. DPOs report that as a direct result of awareness raising meetings and the action research process, attitudes of parents, communities and schools has changed considerably.

- ***Sign language interpreter training***

During the early stages of the project it became clear that some DPO members were finding it hard to access meetings and activities because of an absolute shortage of trained sign language interpreters. Although the project had designated funding to pay for interpreters the issue was there simply were none available in districts such as Ifakara and Morogoro. As a result, CHAVITA in collaboration with the Tanzania Association of Sign Language Interpreters (TASLI) agreed to run a one week training course to help those with some sign language knowledge to gain a basic understanding of interpreting techniques, ethics and codes of practice. Following qualification the new interpreters were formally introduced to their respective district authorities so that they can be invited to do interpretation for government officials and other service providers. Today, each of the four districts have 2 – 3 working interpreters who attended the basic sign language interpretation training organized by through DPO Mentoring project.

### **Total trained: 10 sign language interpreters**

- ***Basic financial management and reporting training***

Since many branch DPOs had never had a bank account to manage, the project provided two financial management training sessions for each district. The first course, consisting of two days was designed and facilitated by Mr Masamaki (a trained accountant by profession and Executive Director of CHAWATA). It covered basic financial record keeping, administering a bank account and financial reporting. Three representatives from each branch DPO attended (at least one male, one female) and were given template documents to use for their financial record keeping. A small team from SHIVYAWATA provided the second training input to the same participants. The project administrative officer (Ms H. Mzoa) then conducted a mentoring visit to each branch DPO. During the mentoring visit all issues or difficulties being experienced by branches over the administering of project funding was discussed and progress on using the template records was checked.

### **Total trained and supported: 60 branch DPO financial representatives**

- ***Continuous mentoring support***

One of the major inputs this project has provided has been the opportunity to work with branch DPOs in particular on a responsive basis to help them address capacity issues. This has ranged from advising on how to set up meetings with local leaders and district officials to how to organise regular district steering committee meetings, how to resolve communication issues and the importance of

record keeping. At all times throughout the project the team was available to provide advice and examples to help encourage the growth and development of individuals and their DPOs. Regular and direct communication with branch and national DPOs was established and maintained. DPO staff also conducted some visits and offered some much needed support at the branch level. National DPO leaders had three opportunities to visit their district branches to discuss progress. This represented a significant increase in engagement between national representatives and their branches.

**Total hours of mentoring support provided: Too numerous to document!**

- ***Disability rights and training on the Convention on the Rights of Persons with Disabilities***

The NSC appointed SHIVYAWATA to provide training on disability rights and the CRPD to all DPO branches. The first round of disability rights training was conducted by SHIVYAWATA during the early part of 2012 and led to increased awareness and interest amongst disabled people about national and international rights frameworks.

**Total trained: 60 DPO members from Hai, Moshi, Ifakara and Morogoro**

### **Key lessons from the pilot project**

1. *Disabled people quickly become powerful agents for change once motivated to regard disability as a rights issue.*

The major success of the pilot project was to document the fact that once aware of disability as a rights issue, disabled people find it much easier to challenge discrimination and to work with non-disabled allies to bring about change. The pilot provided only very basic disability awareness training and barrier analysis tools but this was sufficient at branch level to create the motivation needed for people to start awareness raising and advocacy. Even before any funds had been released to branches, after the disability awareness training members started going out into communities, talking to leaders at ward and district level and identifying disabled people. The funding simply enabled them to move about more and to conduct more formal awareness raising events.

2. *Action research is a powerful tool for empowering marginalised groups as well as collecting much needed data on the scope and nature of their exclusion.*

A key part of the pilot was to trial an action research process with disabled people as both the initiators and the subject of the research. It had an overwhelming impact on both counts. All those who took part in the process gained personally from the experience, with increased self-esteem, respect and skills being reported by most researchers. It also had profound affects on the general public who had their notions of what disabled people were capable of doing seriously challenged. The whole process started a dialogue between disabled and non-disabled people based around the mutual resolution of barriers to participation. It was also successful in drawing in local government with an increase in attention being paid to disability as a local development issue being expressed in all pilot districts. The data is being used already to demonstrate that there are common and prevalent issues faced by disabled people which the government should be doing something to reduce. In the past government representatives had little experience or information to work with but since the action research process this has changed significantly.

- 3. The original theory of change did not anticipate such significant progress happening at branch and community level and focused more on organisational capacity than on political relationships. Thus the indicators were not sufficient to keep track of the impact*

The design of the pilot ensured there was a huge amount of flexibility over project inputs and outcomes which made it particularly important as a learning process. The end result was a more coherent theory of change, with greater emphasis on working with local government and ward/village representatives to increase accessibility and a more detailed results framework. The theory of change now takes account of the experiences and skills of stakeholders (both disabled and non-disabled) at community and district level and has greater 'buy-in' from participants at this level.

The main issue with the original theory of change was that it focused too much on organisational capacity outcome indicators and did not pay enough attention to considering what might change as a result of those improvements. So, the pilot had difficulties in monitoring progress (beyond measuring inputs) and in capturing and building on change as it occurred. The indicators tended to focus on input/outputs rather than on impact and were not sufficient to take account of all the successful political changes that were happening in terms of relationships with local leaders and government representatives.

Since the results framework was not clear from the start, it also meant the project team had no opportunity to mentor or advise branches on how to track and measure changes so their ability to monitor their own progress was weakened.

- 4. Providing core funding to national DPOs to disperse to their branches increases the connection between the national and district levels and increases mutual respect and accountability.*

One of the key findings from the pilot was that branch DPOs have rarely, if ever, had any financial base on which to build activities. Most branches only experienced being the subject of training they are rarely the initiators of it. This was illustrated by the fact that almost none of the 20 participating branch DPOs had bank accounts of their own. Similarly, the national head office in some cases were reluctant to release funding to branches because of a lack of confidence they would be able to manage the resources openly and effectively. Although it took some considerable time to agree on the tools and reporting procedures needed for everyone to feel happy about releasing funds to district DPOs, the process increased respect and demanded a higher level of engagement between the national and branch levels.

- 5. Building in disability access costs is vital to achieving the full participation of all disabled people in the development process.*

A significant feature of the pilot was to ensure that support costs (including resources for sign language interpreters, guides, personal assistants and transport) were built in to the budget from the start. This enabled a whole range of disabled people to participate in activities and meetings to an unprecedented level in some places. For deaf people in particular, funding to enable sign language interpreters to be present at all meetings at district level significantly improved the quality of their engagement.

One issue that the pilot came up against however, was that in most districts there were simply no appropriately qualified sign language interpreters to hire. As a result the pilot responded by providing some funding to enable the Tanzania Association of Sign Language Interpreters and CHAVITA to run a one-week interpreters course to upgrade the skills of ten motivated people who had basic signing ability. This worked extremely effectively and resulted in two to three new interpreters being available in each of the pilot districts.

6. *Levels of financial and administrative capacity at the branch level were generally low and it took time to build up confidence in monitoring and reporting.*

The pilot took a long time to get established initially, which meant many of the activities ran later than planned. Although some of this had been anticipated the level of support needed initially was higher than expected. At both national and branch level, DPOs were not used to being given so much control over the running of a project and it took some considerable time to empower people to take the lead. At branch level the first major problems were that in some cases no actual branch existed. In all cases there was need to set up bank accounts. It took time therefore to mobilise members at branch level to the point where they could receive project funding. In addition, since branches were not used to planning and accounting for their own activities the pilot had to create many tools to help formalise the process a little better. This was done in discussion with the national offices (and with feedback from the branches) and therefore took some time to get right. The benefits however were that the systems created have 'buy-in' from everyone and are proving sustainable.

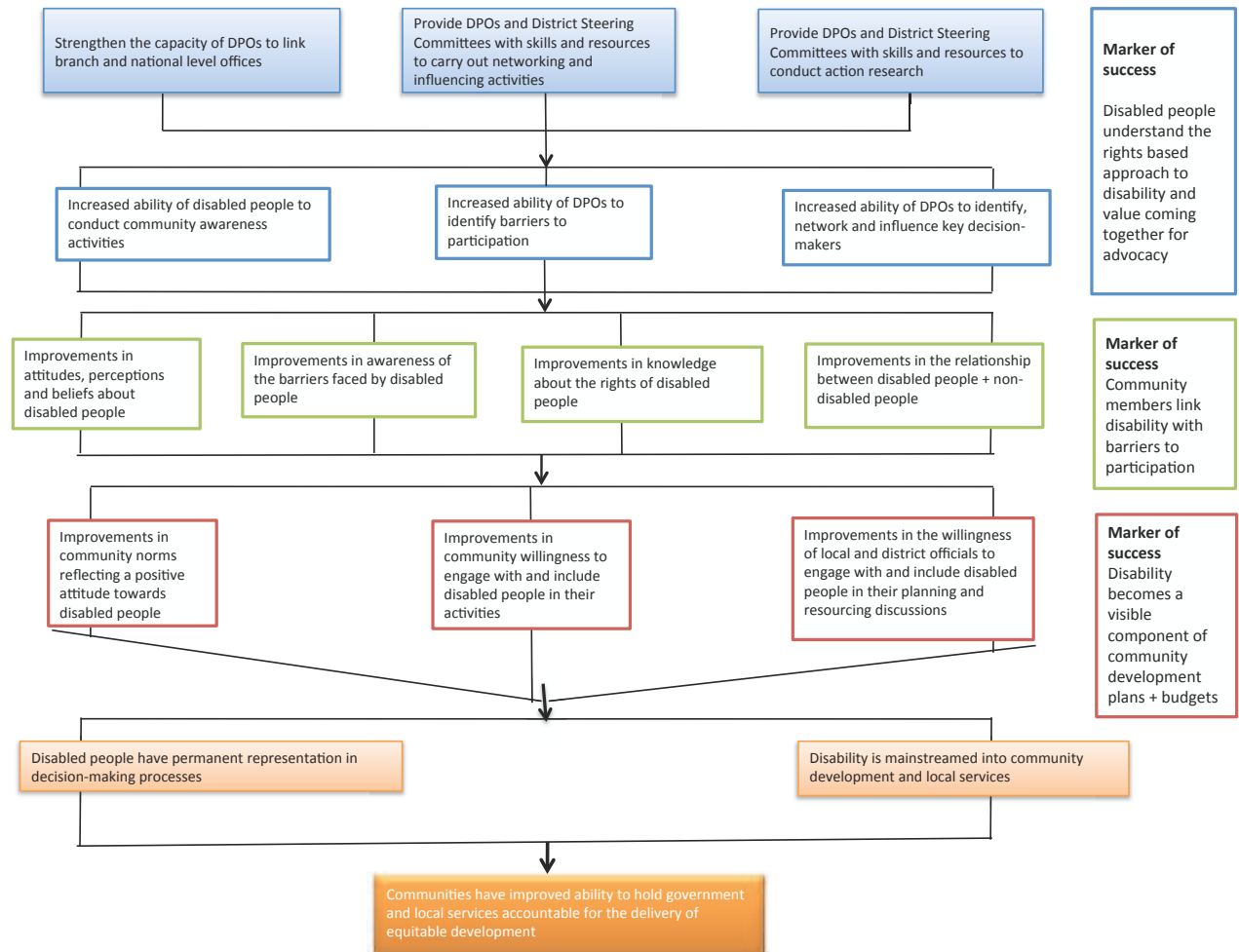
7. *National DPOs need more incentives to work together and a more structured program of activities is needed with this group if they are to translate the gains at district level into national level advocacy.*

At the national level there are increased, competing demands on personnel which meant that it was harder to sustain their commitment. The national steering committee played a key role in the initial stages, helping mobilise the project at district level, assisting with initial training and the development of project procedures and tools. However, once activities started to get going at district level there was less of an obvious role for this group and it became harder to motivate them to stay involved. There were many individual cases of national representatives following up with their respective branches and from this perspective significant changes occurred. What was less obvious was how they could be motivated to remain together as a single group. The action research process did not start producing data until the very last month of the project: there was not sufficient time therefore to test whether or not this national steering group could use the data from branches as the basis for a national advocacy program.

# Improving community Awareness and Advocacy on Disability Project Concept

## The theory of change

Theory of change matrix



## Context

Disability as a development issue rarely, if ever comes up in regular planning or decision making processes and forums at any level in Tanzanian society. Disabled people are acutely aware that they lack representation and voice in community development programs from village executive to district and national level. They are not generally regarded as a stakeholder group which requires targeted interventions or efforts to include in mainstream programs. Rather their needs have tended to be dealt with on an individual basis, most often focused on the provision of medical or welfare services. It is because disability is still regarded as an individual impairment problem and not a rights based issue, that leaders and decision-makers have consistently failed to address the underlying barriers that exclude disabled people from community based services and development.

## **Preconditions for success**

For this situation to change, there needs to be a paradigm shift from amongst communities and their leadership to understanding disability as a consequence of attitudinal, institutional and environmental barriers which exclude disabled people from participating in and benefitting from community based services and development. This begins with attitudinal change – disability must be seen as a rights based issue, not an individual medical problem and one that every leader has a responsibility for responding to. Once a rights based approach to disability has been understood, then consultations can begin around the best ways to plan for the identification and removal of barriers and the inclusion of disabled people in all services and development activities. Communities and their leadership need to take responsibility for addressing disability issues and for ensuring that they engage directly with disabled people. These basic principles form the foundation of the CRPD and the government's own Disability Act (2010) but they are not yet widely understood or appreciated. If the government is going to be successful in implementing both frameworks and for improving the lives of disabled people, they will need to ensure this paradigm shift takes place.

In addition, disabled people themselves need to become aware of their rights and to begin to understand disability as an issue of barriers and not their individual impairments. They need to be confident in coming together with other disabled people and non-disabled champions and challenging for their rights to inclusion. Therefore, an important element of successful change will be the capacity of representative groups of disabled people (DPOs) to identify, analyse and lobby for removal of barriers to participation.

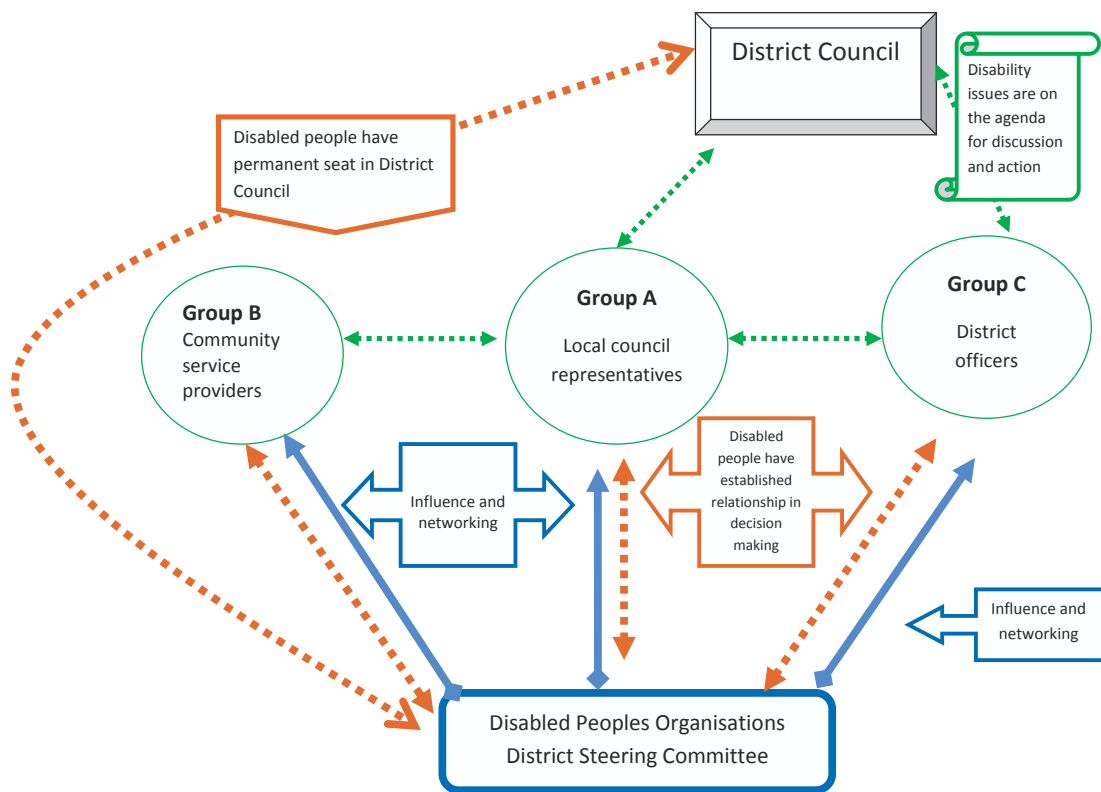
## **Avenues for change**

For sustainable change to occur, DPOs have to find ways to ensure their needs are visible within local planning and resourcing processes. Ultimately disabled people are aiming for a permanent seat on the District Council as special representatives within one of the committees which focus on the needs of vulnerable groups. The precedent we are working with, is the special seats allocated for PLWHA and women.

In order to secure this representation there are a number of different avenues, at different levels that DPOs can take in order to increase the visibility of their needs. It will be important to help DPOs identify key local contacts within the decision making process with whom they can engage on a regular basis to help guide them through the system.



## Diagram to illustrate avenues for change



### Key:

- Shows project inputs/activities designed to strengthen the capacity of disabled people to influence and network
- Shows non-disabled actors/decision-makers who have taken up issues related to disability
- Shows disabled actors raising disability issues/representing themselves

At grassroots level that will involve sensitising and networking work with key ward stakeholders including Village Executive Officers, Ward Executive Officers and Ward Councillors (diagram group a). At the same time, building on the pilot project's success with engaging the education sector, DPOs will work to sensitise and network with parents of disabled children, teachers, head teachers and school committees (diagram group b). Work at this level can lead to immediate local changes and disabled people can get some disability access issues discussed at Ward Councils. Village Executive Officers have the power to act on removal of some local barriers (such as was recently seen in Mahunga village, Ifakara when a VEO helped provide resources to build an accessible latrine and classroom block for physically disabled primary students) and they can also help to bring issues and requests to the Ward Council.

In addition, working directly with Ward Officers and Councillors disabled people can play a role in getting their needs voiced at district level since WEO and Ward Councillors have a direct link with the District Council.

Whilst this work is happening at ward level, DPOs will also be supported to engage directly with district officers (diagram group c). The District Social Welfare Officer is a key contact for disabled people and one that DPOs need to build a strong relationship with. The DSWO is directly responsible for dealing with the needs of vulnerable groups although a lack of engagement with disabled people often means they have failed to include disability to any great extent. They are also connected to the District Health department and the District Community Development department – two key departments for disability issues. If disabled people are able to establish a regular dialogue with the DSWO then their needs and issues can be taken to the DED who in turn can take requests to the District Council. Since the project is also engaging education stakeholders, a similar relationship can be built with the District Special Needs Advisor, linked to the Education department.

The aim of this networking and lobbying approach is for disability to become a routine part of ward and district level development discussions. If requests are coming from both the ward and the district, DED's and District Councils will have a much greater opportunity to plan for and respond to disability issues because it will be supported by evidence. It should create a more powerful drive to consider the inclusion of disability issues and may result in other departments becoming more interested in the issue.

At national level it will be important to ensure all nationally representative organisations are cognisant of the progress being made at district level by their branches and that they maintain regular contact. If gains at local level are to be translated into improved access for all disabled people, then the experiences and results of the grassroots work have to be used to inform lobbying and advocacy activities at national level. Close monitoring of successful and unsuccessful grassroots activities will provide the National Steering Committee with a growing body of data to use to construct an evidence based advocacy strategy as well as helping it to plan how to support the growth of branch activities in non-project supported districts. Overall this should result in a more effective disability movement, with greater use of grassroots members lived experiences to inform national level lobbying.

## **Strategic approach**

In support of this formal process, our strategy will be to work on creating a stronger network of grassroots DPOs, active at the district with members who are more engaged in researching and identifying the barriers that lead to their exclusion. This will involve working directly with DPOs at branch level, to provide them with the tools, knowledge and resources required for: identifying disabled people in the community and encouraging them to establish or join DPOs; sensitising community members (especially parents and local leaders) on the rights based approach to disability; researching and identifying barriers in access to services and development; and lobbying and networking with key decision makers.

Other key outsiders such as the local media, religious leaders, local development programs and private sector representatives will be identified to see if networking opportunities might exist for furthering sensitisation and awareness raising activities with them.

As far as possible all project activities will serve both to collect data for use in lobbying by branches and national representatives and to generate the possibilities for local debate and dialogue on the changes needed to bring about equity and inclusion. The process of carrying out activities like action

research and barrier analysis provoke debate as disabled people learn about their entitlements at first-hand and question local service providers on their responsibilities towards access. At a local level this engagement, if done systematically rather than individually does result in service providers and local officials wanting to talk more about how to improve their services and at national level provoke debates as to how to institutionalise reforms to the benefit of all.

At the national level we will continue to work to encourage increased connection between national impairment specific DPOs and between national head offices and their branches, by supporting the National Steering Committee. The NSC will have a greater role in monitoring progress at district level and will be facilitated to work with districts to maximise their ability to assess the wider political situation so that branches can take full advantage of opportunities for change.

It will also be supported to analyse the current legal frameworks which promote disability inclusive development to help inform advocacy priorities. The work at district level will be crucial to understanding how far policies are being implemented so the NSC will be encouraged to look at the kinds of evidence coming from their branches about access to essential services. Any primary data collected by branches will be quantified and used as part of an evidence based advocacy strategy. Given the experiences of the pilot project, increased attention will be given to providing the NSC with opportunities to engage with other mainstream rights organisations to improve their overall understanding and provide them with additional tools and networking experiences.

## Target groups

The main partners for this program will be the five nationally represented DPOs and one national federation of DPOs:

- Federation of Disabled People's Organisations - SHIVYAWATA
- Tanzania Association of the Deaf - CHAVITA
- Tanzania Association of the Disabled - CHAWATA
- Tanzania League of the Blind - TLB
- Tanzania Association for Mentally Handicapped - TAMH
- Tanzania Albino Society - TAS

Each national DPO will be expected to engage with four regional branches and to facilitate their work into at least 6 wards.

## Methodology

The activities that will form the core of this program are focused on community awareness raising, action research, barrier analysis, monitoring change and organisational capacity strengthening. Each of these activities will be introduced to the membership by disabled people who have experience in carrying them out. DPO representatives and interested members will receive training in the basic techniques and will then be supported to plan and carry them out at local level.

- ***Disability awareness training***

This activity is based on a training tool developed by the project consultant ([www.worldvision.org.uk/travellingtogether](http://www.worldvision.org.uk/travellingtogether)). Its a simple to use set of activities which will help disabled people to articulate the reasons for their exclusion and to start conversations with non-disabled people over rights and access. Most of those who undergo training should be able to carry it out themselves with communities. A small team of core disability awareness trainers will be established and given additional support to enable them to formally conduct disability awareness training.

- ***Barrier analysis and stakeholder engagement***

At community level DPO members will be mentored through a very simple process of how to identify where the main barriers to their inclusion and participation lie. It is based on the principle that there are three main barriers to overcome: attitudinal, environmental and institutional. Having spent time discussing together where the main barriers are in their communities, members will then be encouraged to identify who the main stakeholders are they need to talk with if they want to breakdown the barriers. This is an iterative process which should gradually deepen their analysis of the barriers as they engage with stakeholders over the problems. It should also draw stakeholders into a positive dialogue with disabled people and could eventually lead to changes.

- ***Action research***

This activity is central to the overall program and will be based around the theme of education. Given this is an issue that is common to all DPOs and is of national significance with the government's new focus on Inclusive Education<sup>12</sup> it is a research issue which should generate a lot of participation. The actual focus of the research will be around *disabled children's right to a quality local education* and should look in particular at areas like school enrolment, attainment and social acceptance.

As far as possible young disabled people will be engaged as action researchers and mentored through the process of designing, conducting and analysing the results. The research itself will likely include a basic household survey, focus group discussions, school-based observations and semi-structured interviews.

- ***Collation of data***

Except for the disability awareness training each activity should produce local level data which if collected and collated at national level could form the basis for some evidence based advocacy. At local level the information can be used immediately to talk to communities and service providers about the kind of small changes which can increase access and participation. At national level, the results should identify some general patterns which will offer opportunities to talk very specifically with government and donors about the experiences of exclusion and how they can be reduced.

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<sup>12</sup> National Strategy on Inclusive Education 2009-2017 Final Draft March 2010

- ***Dissemination of information***

December 3<sup>rd</sup> 2013 which is the International Day of Disabled Persons is a specific date the program will aim for in terms of being able to present some of the findings from community activities managed to date. It should also be a focal point around which an advocacy campaign can be designed. Given the short timeframe it is unlikely to be a significant undertaking but it should at least provide DPO members with a fixed point to aim for. More advocacy would be expected to be generated once all the data is ready for dissemination.

- ***Stakeholder engagement***

A key part of the success of the pilot phase was on stakeholder identification and engagement at district level. DPO branches will therefore be supported to continue maximising their contact with ward and district officers, education professionals, parents and community members. Some district steering committees will need more support than others where the local political situation is more sensitive or less responsive. Their needs in this area will be assessed early on in the second phase and a program of support devised to help them engage with the most appropriate stakeholders. All district steering committees will be supported to track progress around stakeholder engagement using the theory of change as a basis for initial discussions and planning.

At national level there is some interest building within the Ministry of Education Special Needs Department on the best strategy for increasing the participation of disabled children in local schools so the project will try to encourage the national steering committee to include representatives in as many discussions as possible. Other national stakeholders in education include HakiElimu and UNICEF for example who are keen to understand more about the real challenges facing disabled children in education. During the initial stages of the project the national steering committee will be encouraged to identify and make strong connections with key stakeholders, including those working on human rights.

- ***Organisational capacity strengthening***

The project will continue to support DPOs to promote good accountability and to ensure that branches have the systems and skills in place to be able to plan, implement and report on activities. Mentoring on financial record-keeping and reporting will be available to all branches and support provided to help develop any administrative or programming skills. This will be organised on request and through gaps identified during regular monitoring visits.

Given monitoring was identified as being particularly challenging, more time will be spent during this project on helping DPOs (national and branch level) to utilise monitoring tools more effectively. Early training will be essential to ensuring that local milestones are identified and can be tracked as the project progresses.

Finally, close attention will be paid to ensuring that DPOs remain as accessible as possible to their membership. To this end, disability related support services will be resourced and where skills are lacking (such as in the case of sign language interpreters) efforts will be made to improve the situation. Some additional sign language interpreter training will be provided at district level to boost numbers and more awareness of the importance of using interpreters generated, especially with district governments.

## Anticipated results

**Goal:** *In line with the UN Convention on the Rights of Persons with Disabilities, services and development in Tanzania is accessible to and inclusive of persons with disabilities*

**Outcome:** *Communities are holding government and local services accountable for the delivery of equitable development*

**Outcome indicators:**

1. Increased commitment towards disability as a community development issue, with Ward and District Council meetings increasingly including disability issues for discussion (MoV = Minutes from council meetings);
2. Increased awareness of the need to specifically identify disabled people as a beneficiary group in poverty alleviation programs by districts, wards and villages (MoV = district, ward and village lists of beneficiaries; interviews with disabled people);
3. Increased awareness and use of the Tanzanian Disability Act and the CRPD by disabled and non-disabled people as a way to lobby for the improved the participation of disabled people in society (MoV = case studies; legal cases; media reports);
4. Reduction in barriers facing disabled children in pre and primary level education (MoV = school enrolment/retention records; case studies; education plans, policies and budgets; site observations).

**Output 1:** *Increased ability of DPOs to identify and influence key decision-makers*

- DSC in four districts meet with local government representatives at least once a month;
- DPO representatives meet with at least 40 head teachers to discuss the enrolment of disabled children;
- At least 40 primary schools across four districts have disaggregated data on the numbers of disabled students enrolled;
- 100 school age disabled children are enrolled in local primary schools across four districts;
- DPO representatives meet with at least 72 village and ward officers to develop plans for the inclusion of disabled people in local development;
- At least 48 village executive officers across four districts have up to date documentation on disaggregated numbers of disabled people in their area;
- District councils in four districts, are effecting plans for the permanent representation of disability issues in council meetings;

- District Social Welfare offices in four districts, have written guidance on the inclusion of disabled people as a vulnerable group in development programs;
- Examples of community-led construction of accessible environments, such as primary school latrines and classes, in four districts;

**Output 2: *Increased ability of disabled people to conduct community awareness activities***

- 40 disabled people design and conduct at least one action research study involving four districts;
- Findings from action research presented by DPO representatives to at least 400 community members, community and district representatives, across four districts.
- 120 surveys documenting details on disabled people across four districts held by district DPOs;
- 20 district DPOs developed advocacy tools for community awareness raising;
- At least 80 community based sessions on the rights of disabled people conducted by DPO representatives across 4 districts;
- At least 50 'hidden' disabled children are identified by communities through DPO mobilisation activities;
- Reduction in the use of negative language around disability, experienced and reported on by disabled children and adults.

**Output 3 *Increased capacity of DPOs to work together and to engage their members in rights based activities***

- 2,500 disabled people become registered members of a local DPO;
- Improvements in the flow and quality of activity and financial reports between branch DPOs and their national HQ in four districts;
- Evidence of systematic record keeping by branch DPOs;
- 160 district steering committees held across four districts;
- At least 4 joint fundraising proposals developed by district steering committees;
- 10 National Steering Committee meetings;
- National Steering Committee plan and implement an advocacy campaign based around dissemination of the Disability Act and the CRPD to district level;
- National Steering Committee developing plans for evidence based advocacy using district action research data.

## Project monitoring

In line with the core principles of this project, monitoring will be as participatory as possible. In the initial stages of the project each District Steering Committee will get the chance to review the Theory of Change and identify ways in which they see each element applying to their local context. Using a very basic Outcome Mapping format DSCs will take the project results framework (see appendix 1) and use it to identify the people they want to influence and the changes they would like to see happening. Throughout the project they will be encouraged to document examples of changes (or of barriers) using a results journal, and to reflect on how that influences their next activities.

There will also be the opportunity for two monitoring visits to be conducted by project staff, accompanied by two representatives from the national steering committee. This will be a more formal chance to document progress and to allow for changes to the overall implementation plans to be made. As with the pilot project, a short documentary film will be produced at the end as evidence for the changes which can be used by DPOs to illustrate their successes.

## Project management

This project will be managed by The Kesho Trust, a local NGO based in Dar es Salaam which has experience of working in partnership with local communities and of engaging persons with disabilities (see annex 2 for more detailed information on the organisation). Their role will be to implement and report on all project activities. As a local NGO they will work directly with grassroots members and branch representatives to maintain a planning and reporting system that is both robust and transparent. Working with branch representatives who have limited education and specific impairment needs, requires a level of direct engagement which goes beyond the usual management processes. Over the past 18 months The Kesho Trust, through the work of Hamidah Mzoa and Davis Lumala, have built considerable levels of trust and respect from the disability movement at national and local level and therefore their role in continuing the successes of the first phase of the project are essential.

The Kesho Trust will provide one **program director** (Mr Davis Lumala) who will assume responsibility for managing the program. This position includes regular engagement with DPO representatives at national level and frequent visits to the two regions to support and mentor the members as they implement the various activities. The program director is responsible for providing technical inputs around research, community mobilisation and engagement of young disabled people and to 'troubleshoot' any difficulties arising from implementing activities. The director will also help the national and district steering committees to collate data and to design advocacy plans. The director will report to the project consultant on a regular basis and will play an important role in monitoring progress.

Additional technical assistance and guidance will be provided by an international disability and development consultant (Lorraine Wapling) who was involved in the development and management of the original pilot project. Her role will be to provide technical information and training on areas such as disability awareness, action research, barrier analysis and rights based advocacy. In addition she will help to guide and support the Kesho Trust in managing the project as part of a wider capacity building approach.



At national level, the **steering committee** consisting of one permanent representative from each participating DPO will continue to operate as the hub through which project activities are planned and implemented. This committee will meet once a month to ensure the activities are running according to plan; to help develop the program; to review and debate the implications of the new disability legislation; to liaise with appropriate ministries and development agencies; to mobilise branches to engage with the program; and set and monitor targets. This group will be an important link between organisations at national and branch level and across impairment groups.

At branch level, **district steering committees**, consisting of representatives from each DPO will continue to operate as the lead mobilisers for implementing and expanding the activities at district level. Most of the training inputs and mobilisation activities will happen at this level.

## ANNEX 1 RESULTS FRAMEWORK

### *Results area 1      Individual Impact - Community members link disability with barriers to participation*

Outcome area	Outcome statements	District outcome statements
Changes in attitudes, perceptions and beliefs around disabled people	<ul style="list-style-type: none"> <li>• Desire by disabled people to become visible actors in community activities</li> <li>• Desire by disabled people to come together with other disabled people to challenge negative attitudes and exclusion</li> <li>• Desire by non-disabled people to engage with disabled people and include them in community development activities</li> </ul>	<p><b>NB:</b></p> <p>This column will be populated by each District Steering Committee as they work on identifying the changes they want to see in their own communities.</p>
Changes in awareness	<ul style="list-style-type: none"> <li>• Awareness of the rights of disabled people</li> <li>• Awareness of the capacities of disabled people to contribute to community development</li> <li>• Awareness of the rights disabled children have to attend local primary and pre-primary schools</li> </ul>	
Changes in knowledge	<ul style="list-style-type: none"> <li>• Knowledge of the barriers disabled people face in accessing community based development and services (environmental, institutional, attitudinal)</li> <li>• Knowledge on the prevalence rate of disability within Wards and Districts</li> </ul>	
Changes in behaviour	<ul style="list-style-type: none"> <li>• Decrease in the use of abusive language / labelling of disabled people</li> <li>• Disabled people becoming</li> </ul>	

	<p>visible actors in advocacy and awareness raising</p> <ul style="list-style-type: none"> <li>• Disabled people are working together and are visible as an important group in community development</li> <li>• Parents no longer hiding their disabled children in the home</li> </ul>	
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*Results area 2      Influence - Disability becomes a visible component of community development plans and budgets*

Outcome area	Outcome statements	District outcome statements
Change in community norms	<ul style="list-style-type: none"> <li>• Communities decrease their tolerance for negative attitudes and abusive behaviour towards disabled people</li> <li>• Mainstream primary and pre-primary schools increase their willingness to accommodate the needs of disabled children</li> </ul>	<p><b>NB:</b></p> <p>This column will be populated by each District Steering Committee as they work on identifying the changes they want to see in their own communities.</p>
Change in public will	<ul style="list-style-type: none"> <li>• Non-disabled community members are willing to reduce barriers to participation of disabled people</li> <li>• Non-disabled community members willing to support and promote disability issues</li> <li>• Disabled people being invited to take part in training/events/ community development activities</li> </ul>	
Change in political will	<ul style="list-style-type: none"> <li>• Ward Councils are discussing disability related issues</li> <li>• Suggestions on the needs of disabled people being passed from the Ward Executive Officers to the DED</li> <li>• District officers seeking direct</li> </ul>	

	<p>engagement with disabled representatives</p> <ul style="list-style-type: none"> <li>• District officers willing to support disability issues through decision-making processes</li> <li>• District officers raising disability issues in their planning and resourcing activities</li> <li>• DED taking issues related to disability to the District Council</li> <li>• Directives are coming from the DED to Ward Executives on the inclusion of disabled people</li> <li>• Ward Councils are taking requests and suggestions to the District Council (political)</li> <li>• Ward Executive Officers are taking suggestions to the District Council on disability inclusion (technical)</li> <li>• Directives are coming from the DEO to schools with regards to the inclusion of disabled children</li> </ul>	
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## ANNEX 2 Kesho Trust [Tz]

### Summary

Kesho Trust [Tz] is a non-governmental organization that supports inclusive, community led, environmentally sustainable development. It was registered as an NGO in Tanzania in 2006 [#00NGO/0745] and is supporting community generated projects especially in areas where conservation and sustainable land use can be strongly linked with reductions in poverty. Kesho Trust [Tz] is focused on those who are disadvantaged and as a result beneficiaries are most commonly women and children, youth and those subjected to social exclusion such as disabled people.

### Programs and activities in Tanzania

Kesho Trust [Tz] is working with a number of different partners and communities in several locations across Tanzania including Bagamoyo, Pangani, and Kilindi Districts. It has a number of effective partnerships and is managing several successful project initiatives:

- Protected Areas and Poverty Reduction Research Alliance [PAPR]: KT [Tz] is a community partner for this four year research based project covering Tanzania, Ghana and Canada. The project is researching the relationship between protected areas and poverty in an effort to assist local communities to develop mechanisms to improve the way they benefit from adjacent conservation areas. KT [Tz] is providing support to engage local communities around Saadani National Park in research and discussions around conservation and livelihoods.
- Promoting Environmental Conservation and Cooperation [PECC]: this project, is focused on developing conservation awareness in the communities around Saadani and on building a better relationship between the communities and SANAPA. This project also links with the Kihembe Environmental Centre work as well as the PAPR program.
- Kihembe - Environmental Education Centre [Saadani]: KT [Tz] is working with communities around Saadani to build and manage an environmental education centre (based in the village of Mkange) that will promote knowledge around conservation and sustainable livelihoods.
- World Elephant Centre (WEC): Currently KT [Tz] is providing volunteer support to help the WEC (which is located on the Arusha – Ngorongoro highway) develop its design and operating principles.
- Help Every Day: KT [Tz] has a partnership with Help Every Day in order to help local partners access funding for their activities. Currently KT [Tz] is managing funds for EMAYO which is enabling them to build three new rainwater storage tanks on public buildings in Masaai communities around Kilindi District.

## Partnerships

KT [Tz] has developed partnerships with key local community organizations who share its long term commitment towards inclusive, sustainable development. Each partnership is formalized with a written agreement and many of KT [Tz] activities are carried out in conjunction with these groups. KT [Tz] currently has partnership agreements with:

- Ereto Maasai Youth [EMAYO] – Kilindi District
- Saving Africa’s Nature [SANA] – Saadani National Park environs – Bagamoyo and Pangani Districts
- Sunya Ward Education and Training Development Programme [SWEAT] – Kiteto District
- Pastoralist Livelihoods Support and Empowerment Programme [PALISEP] – Loliondo, Ngorongoro District
- World Elephant Centre [WEC] - Arusha

## Structure and financial experience

Kesho Trust [Tz] is managed by a Board of Directors composed of six members. The Board has responsibility for directing all program development and implementation in Tanzania within the context of a five year strategic plan. Annual plans, budgets and reports are produced for review by the Board.

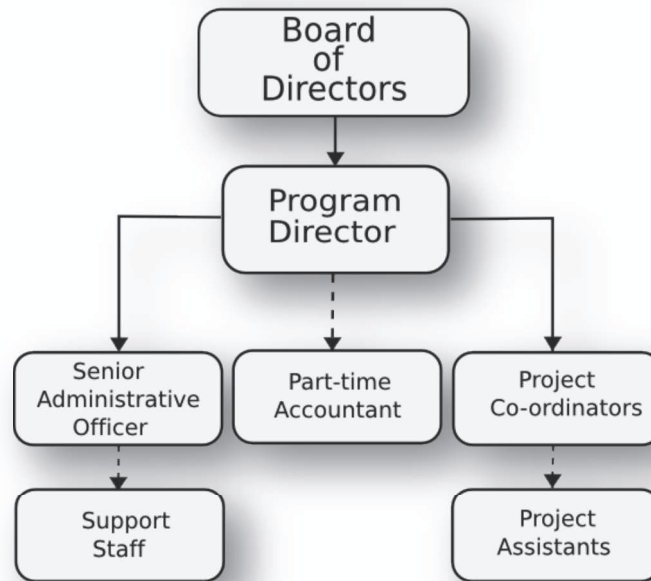
The current board members of Kesho Trust [Tz] are:

- Dr. Alfred Kikoti
- Dr. Jafari Kideghesho
- Ms. Symphorosa Hangi
- Ms. Victoria Mushi
- Ms. Agnes Sirima
- Mr. Bruce Downie – representative of the Canadian Board of Directors

There is a small office located in Dar Es Salaam which has responsibility for administering project activities. There are three staff currently employed (NB. project coordinators are term employees linked to specific project activities):

- *Program Director:* Davis Lumala
- *Senior Administrative Officer:* Hamidah Mzoa
- *Project coordinator* – Mr Peter Millange

## Kesho Trust Organisation Chart



In addition KT [Tz] uses both national and international volunteers to assist in the development of the organization and in the facilitation of some field activities. Currently KT [Tz] has secured the regular services of a local volunteer accountant (Mr Masamaki) and anticipates more volunteer involvement during the year.

Kesho Trust [Tz] currently manages an annual operating budget of approximately US \$160,000.

A regular electronic newsletter and a website maintain an ongoing public profile.

For more detailed information about KT [Tz], its strategic plan, project reports and updates please refer to the website: [www.thekeshotrust.org](http://www.thekeshotrust.org)

### **Experience in managing disability programs**

Kesho Trust [Tz] has already established a positive and respectful relationship with the disability movement in Tanzania and has worked closely with the DPO beneficiaries of ICAAD to develop this proposal and the overall Theory of Change on which it is based. Both the KT [Tz] Director and Senior Administrative Officer were involved in delivering project activities during the pilot DPO mentoring project and have continued to maintain close contact with district and national DPO representatives. The international project management consultant who has been assigned to this project, was responsible for managing the pilot DPO mentoring project and has over 15 years experience of working on disability inclusive development (including many years in Tanzania). Together this represents a strong collaboration which should enable the organisation to embed accessibility into more of its projects and ensure that it contributes towards fulfilling the UN Convention on the Rights of Persons with Disabilities as well as its own core principle of inclusion.