

**SOUTHERN NEW HAMPSHIRE UNIVERSITY & OPEN UNIVERSITY OF  
TANZANIA**

**MASTERS OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT**

**USING AGRICULTURAL ACTIVITIES TO ENHANCE INCOME AMONG  
PEOPLE WITH DISABILITIES: THE CASE OF ILALA WARD, DAR ES  
SALAAM**

**“SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE  
M.SC.IN COMMUNITY ECONOMIC DEVELOPMENT IN THE SOUTHERN  
NEW HAMPSHIRE UNIVERSITY AT THE OPEN UNIVERSITY OF  
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**2007**

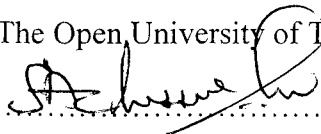
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**SUPERVISOR'S CERTIFICATION**

This is to certify that I have gone through the Project Report titled “Using Agricultural Activities To Enhance Income Among People With Disabilities: The Case of Ilala Ward, Dar Es Salaam” and found it complete and acceptable for partial fulfilment of the requirement for the M.SC.in Community Economic Development at Southern New Hampshire University and Open University of Tanzania.

**Dr. Simon.A.C. Waane,**

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Signature.....


Date.....24. 08. 2007.....

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**DECLARATION**

N.J.Mpemba, do hereby declare to the Southern New Hampshire and the Open University of Tanzania that this Project is not a replicate of any project submitted to any other University for the same purpose.

Signature.....

Date.....23.08.2007

## **DEDICATION**

I dedicate this Project work to my family as a whole, just to mention but a few my Father- Late Joseph Mpemba, my wife-Linda Kisamo Mpemba, my Son-Ebenezer, my Mum-Maria, my Mother in-law Flora Kisamo,my Brother-Sostheness and Nyanda for their prayers , moral and material support.

## **ABSTRACT**

Community Needs Assessment that was carried out in Ilala Ward, Ilala Municipality, Dar es Salaam Region, revealed that persistence of income poverty among people with disabilities in the Ward was a major community concern. The overall goal of the project was to empower people with disabilities so that they could live economically independent lives. The study objective was to assess the impact of capacity building among people with disabilities in Ilala Ward.

Major outcomes of this project were enhanced incomes for disabled people through agricultural activities, empowerment through training in good agricultural practices and entrepreneurship.

The project seems to be sustainable because of the commitment shown by disabled people, training in good agricultural practices and entrepreneurship conducted and availability of land, of about 910 hectares at Mtamba village - Kisarawe district, Coast Region, whereas, each member was given five hectares and utilises for agricultural activities.

## EXECUTIVE SUMMARY

This project aimed at enhancing income through agricultural activities, mainly cassava growing, among people with disabilities not only in Ilala Ward but also of the entire community of people with disabilities in Ilala Municipality, Dar es Salaam. The host organization of the project, in Swahili is known as *Jumuiya ya Uchumi na Maendeleo ya Walemavu Tanzania* (JUMAWATA) located in Ilala Ward, in English it means “The Economic and Development Organization for people with disabilities Tanzania”.

The Community Needs Assessment conducted, revealed that persistence of income poverty among people with disabilities in the Ward was the major community concern. The number people with disabilities in Ilala Ward increased from about 200 to 1000 between 1997-2005, particularly in Michikichini, Boma, Bungoni, Buguruni and city centre streets. The majority of these people could not afford to meet their daily basic needs, especially food; in turn, they found themselves becoming professional beggars, as revealed in an interview with the Ilala Ward Executive Officer. In addition, the Ward Executive Officer pointed out that about 4% of the total population in Ilala Municipality was people with disabilities, of these 60% and 40% were males and females respectively. The most affected group are children of 6-14 years of age, men and women of 15-45 years of age and above 45 years of either physical, eye ,deaf or mental disabilities. However, the most vulnerable groups here are women and children. The main causes of income poverty among these people with disabilities in the Ward were limited job opportunities, low education levels, limited business skills, inadequate capital and vocational training, poor working tools and lack of easy access to credits.

The overall goal of the project was to empower people with disabilities in the Ward so that they could live economically independent lives. The project objectives were; (i) Increase Agricultural production at Mtamba village farm from an average of one and a half tones to three tones of sun dried cassava chips per hectare. (ii) Establish a reliable market place of selling raw and sun dried cassava chips. (iii) Raise frequency of the provision of training on good agricultural practices and entrepreneurship from one training session per year to six sessions.

For sometimes now development Organizations and communities at large have been looking at disabled people as individuals who cannot live economically independent lives. This perception has remained in people's mindset for generations. Therefore, my study was objective was to assess the impact of capacity building among people with disabilities in the Ward. Since, the project is on going; objective number two was partially achieved due to the fact that until now there is no reliable market place for the cassava produce. People with disabilities were selling their produce at their either farms or homes. However, the amount of money generated from the selling of cassava produce ranged between Tsh 1,500,001-2,000,000 per hectare regardless of the absence of reliable market place, whereas, the total production cost ranged between Tsh 500,000-Tsh 1,000,000 proves that, people with disabilities can live economically independent lives once provided with opportunities and economically empowered.

It is imperative; therefore, that development Organizations, Government and communities perceive people with disabilities as people who can live economically independent lives once provided with opportunities & reliable resources.



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Finally, I would like to extend my gratitude to the project Supervisor **Dr.Simon.A.C.Waane** from the Open University of Tanzania for his assistance during preparation of this document.

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## LIST OF ABBREVIATIONS

ADD – Action on Disability and Development

ARI – The African Rehabilitation Institute

AU – African Union

CCM – *Chama Cha Mapinduzi*

CBO – Community Based Organization

CCBRT- Comprehensive Community Based Rehabilitation Tanzania

CED – Community Economic Development

CHAVITA – *Chama Cha Viziwi Tanzania*

CHAWATA – *Chama cha Walemavu Tanzania*

CNA – Community Needs Assessment

DFE – Directorate of Field Education

DFID – Department for International Development

DMPDP - Dodoma Microfinance Project for Disabled People

DPOs - Disabled People’s Organizations

FBO – Faith Based Organization

GAPs – Good Agricultural Practices

IDDC – International Disability and Development Consortium

ILO – International Labour Organization

JUMAWATA – *Jumuiya ya Uchumi na Maendeleo ya Walemavu Tanzania*

MFIs – Microfinance Institutions

NGOs – Non- Governmental Organizations

NEPAD – New Partnership for Africa Development

NSGRP – The National Strategy for Growth and Reduction of Poverty

NUDIPU - National Union of Disabled People of Uganda

OAU – Organisation for African Unity

SPSS – Statistical Package for Social Science

UN – United Nations

UNAB – Uganda National Association of the Blind

UNAD – Uganda National Association of the Deaf

UNICEF – United Nations Children’s Fund

WEO - Ward Executive Officer



## **CHAPTER ONE**

### **COMMUNITY NEEDS ASSESSMENT (CNA)**

Community Needs Assessment was conducted to identify and determine the major needs and problems and disabled people in Ilala Ward. Basic needs and problems that could be addressed by the Community Based Organization were then prioritized. This was very important because the project could have been successful if it was concerned with a small number of needs. Not every thing could be done at once (Arlene.*et.al*, 1985),

#### **1.1 Community Profile**

The Ilala Municipality borders the Indian Ocean to the East, the Coastal region to the West, Kinondoni Municipality to the North and Temeke Municipality to the South. The Municipality has a total area of 210 squares Km<sup>2</sup>. The administrative structure of Ilala Municipality is that it is divided into 3 divisions, 22 wards, 65 sub-wards, 9 villages, and 37 hamlets (Ilala Municipality, Five-year Implementation Plan, 2004)

The total population of people in Ilala Municipality was 634,924 out of which males and female was 50.5 % and 49.5 % respectively. In the year 2004, the poverty rate was 13%, unemployment rate was 40.5%, adult Literacy rate was 89%, primary school enrolment rate was 87% and life expectancy for males and females were 49 years and 51 years respectively (Ilala Municipality, Five-year Implementation Plan, 2004)

The Municipality provides the following services education, health, agriculture extension services, rural water supply, solid waste management, markets, micro-enterprises and informal sector development services, roads, community economic and

social infrastructure, natural resource development and management, (fisheries, forest, bee keeping, etc.), co-operative development, social welfare services, coordination of HIV and AIDS control, credit facilities for women and youth, drainage improvement.

The main economic activities in the Municipality are agriculture (25%), livestock (60%), natural resources, industries, and trade (15%). Employment status was as Agriculture (25.28%), non-agriculture (43.57%), employees (28.18%), domestic workers (1.63%), farmers (23.43%), and street vendors (16.69%, services and shop sales workers (15.48%). Others are artisans (9.47%), technicians and professionals (7.84%), and elementary occupations (7.95%).

In addition, the Municipal Council provides;

- Care and support to orphans, widows, people living with disabilities and vulnerable children;
- Support to increase HIV and AIDS awareness campaigns and prevention efforts;
- Support to various CBOs, FBOs, and NGOs dealing with HIV and AIDS related issues; and
- Support to families with People Living with HIV and AIDS.

#### ***1.1.1 Community Based Organization –“JUMAWATA”***

The Economic and Development Organization for people with disabilities in Tanzania is a Community Based Organization (CBO) based in one of the Wards in Ilala Municipality called Ilala Ward. The CBO in Swahili is known as *Jumuiya ya Uchumi na Maendeleo ya Walemavu Tanzania* (JUMAWATA). The CBO was registered in the year

2003 with a registration number 140474 Cap 213. Since its inception, “JUMAWATA” has been receiving support from the Municipality. People with disabilities who are members of “JUMAWATA” are divided into five categories; (i) the deaf, (ii) people with eye, physical, mental and mixed disabilities.

JUMAWATA’S Mission is to work together with its partners at world, continental, national and local levels, to create positive societal attitudes, policies and practices that lead to poverty reduction among people with disabilities and promote equity for boys and girls in terms of access, retention, performance and quality, through influencing the transformation of educational systems in Tanzania.

Its Vision is to ensure that by the year 2011 poverty among people with disabilities in Tanzania will be significantly reduced, and more girls and boys with disabilities will have access to schooling, complete their studies and perform well at all levels.

JUMAWATA does not only deal with people with disabilities in the Ward but also the entire population of people with disabilities in the Municipality. Currently, JUMAWATA has a project of growing cassava at Mtamba village farm in Kisarawe district, Coast region.

## **1.2 Community Needs Assessment (CNA)**

The Ilala Ward Executive Officer revealed that 4% of the total population in the Municipality was people with disabilities. Their number has increased from 200 in the year 1997 to 1000 in the year 2004. Most of these have become professional beggars because they could not manage to meet their daily basic needs.

The main objective of the Community Needs Assessment was to undertake a situational analysis of the community of people with disabilities in the Ward.

The CNA aimed to gather the following information;

- (i) To establish the income status of the people with disabilities,
- (ii) To establish the type of projects suitable for mitigating income poverty of the people with disabilities in Ilala ward,
- (iii) To determine the relationship between disability and access to education,
- (iv) To determine if the CBO members were ready to participate in project implementation of cassava growing at Mtamba farm in Kisarawe district, coast region,
- (v) To determine the residences of people with disabilities in the Ward

### ***1.2.1 Research Design***

A cross-section research design was undertaken whereby data were collected once. However, before carrying out a survey a pilot test was conducted to see if; (i) the survey could provide the needed information (ii) the questions were appropriate for the people to be surveyed (iii) the survey forms could administer, collect and report information using any written directions or special coding forms. (iv) information obtained was consistent and accurate. (v) the procedures were standardized, those procedures were self-administered questionnaires, structured interviews and analysis using Statistical Package for Social Science (SPSS).

### ***1.2.2 Representative Sample***

A probability sampling was used whereby each person in the population had an equal chance of being selected. Thus, people were subdivided into subgroups or strata and a given number of respondents from each stratum were selected to get a representative sample (stratified random sampling). A sample of 10% out of 310 CBO members was used.

### ***1.2.3 Reliable and Valid Instrument***

#### ***1.2.3.1 Reliability***

Reliability of the survey was determined by administering two different survey questionnaires to the same group in two different occasions that is, test for *equivalency*. Thereafter, comparing the means and standard deviations and correlating the scores of the two forms of survey determined the reliability of results.

#### ***1.2.3.2 Validity***

The survey was validated to ensure that it had predictive and content validity.

*Predictive validity* was determined by proving individual's ability of filling questionnaire by testing if they can read and write properly.

*Content validity* was determined by proving that its items or questions accurately represented the characteristics or attitudes that they intended to measure. Experts from Comprehensive Community Based Rehabilitation Tanzania (CCBRT) and Ministry of Agriculture and Cooperatives were involved so as to determine whether the questions were representative samples of the attitudes and characteristics to be surveyed or not.

These two institutions were selected because CCBRT deals with disabled people while, the Ministry of Agriculture and Cooperatives is responsible for the development of Agriculture in the Country. Both experts were satisfied with the way questions were designed.

#### ***1.2.4 Data Analysis***

In carrying out data analysis, descriptive statistics and correlation methods using Statistical Package for Social Science (SPSS) were used. Under descriptive statistics, the measure of degree of variation and dispersion of numerical data was determined using the following parameters, mean and measures of variation (range and standard deviation) and frequencies. Under correlation method, relationship between groups was determined, that is kind of disabilities with age, educational level, income status, means of empowering disabled people, residency of disabled people, nature of employment and readiness of participation.

#### ***1.2.5 Information Gathering Tools***

##### ***1.3.5.1 Focus Group Discussion***

The Focus Group Discussion was a two-way discussion facilitated by a technical Advisor (CED practitioner) that involved ten local government leaders and ten retired civil servants. The following question was posed for a discussion.

Do you prefer having a project of income poverty reduction among disabled people in Ilala Ward? (i) Yes (ii) No. All participants agreed that there was a need of having such a project, see results below (Table I and II).

**Table I: Local Government Leaders liked the Project Vs Gender of Participants**

Local Government Leaders liked the project		Gender of participants		Total
		Male	Female	
Yes	Count	5	5	10
	Expected Count	5.0	5.0	10.0
	% within Local Government Leaders liked the project	50.0%	50.0%	100.0%
	% within Gender of participants	100.0%	100.0%	100.0%
Total	Count	5	5	10
	Expected Count	5.0	5.0	10.0
	% within Local Government Leaders liked the project	50.0%	50.0%	100.0%
	% within Gender of participants	100.0%	100.0%	100.0%

**Table II: Retired Civil Servants Vs Gender of Participants**

Retired Civil Servant liked the project		Gender of participants		Total
		Male	Female	
Yes	Count	5	5	10
	Expected Count	5.0	5.0	10.0
	% within Retired Civil servant liked the project	50.0%	50.0%	100.0%
	% within Gender of participants	100.0%	100.0%	100.0%
Total	Count	5	5	10
	Expected Count	5.0	5.0	10.0
	% within Retired Civil servant liked the project	50.0%	50.0%	100.0%
	% within Gender of participants	100.0%	100.0%	100.0%

#### *1.2.5.2 Participation in “JUMAWATA’S” meetings and listening to their discussion*

Through participation in regular meetings, every Saturday, at JUMAWATA’S office located at Bungoni Street in Ilala Ward, it was revealed that all CBO leaders, more than

95% of CBO members were ready to participate in a cassava farming project in an attempt to reduce income poverty among disabled people.

#### *1.2.5.3 Structured interviews*

In gathering this information, guiding questions were used in interviewing people with disabilities (see appendix 1a and 1b). The questionnaires were translated into Swahili so that respondents could easily understand them. However, before the survey questionnaires were administered, a phone call was made to CBO leaders' informing them of the purpose of survey questionnaires. The CBO leaders informed other members of the CBO. There were nine questions in each questionnaire to be administered to people with disabilities only. Results for information gathered from two different questionnaires administered in two different occasions for determination of reliability of results are given below;

#### **a) Descriptive Statistics**

**Table IIIa: First occasion**

	N	Minimum	Maximum	Mean	Std. Deviation
Type of disability	31	1	5	1.77	1.48
Age of respondents	31	2	3	2.52	.51
Education level	31	1	4	2.39	1.17
Means of empowering disabled	31	1	3	1.29	.64
Status of income	31	1	4	1.48	1.03
Residency of disabled	31	1	4	3.19	1.05
Nature of employment	31	1	7	3.32	2.26
Readiness of participation	31	1	2	1.06	.25
Valid N (listwise)	31				



**Table IIIb: Second occasion**

	N	Minimum	Maximum	Mean	Std. Deviation
Type of disability	31	1	5	1.77	1.48
Age of respondents	31	2	3	2.52	.51
Education level	31	1	4	2.42	1.15
Means of empowering disabled	31	1	3	1.29	.64
Status of income	31	1	4	1.45	1.03
Residency of disabled	31	1	4	3.19	1.05
Nature of employment	31	1	7	3.32	2.26
Readiness of participation	31	1	2	1.06	.25
Valid N (listwise)	31				

Generally, in both occasions the means and standard deviations for all variables are the same.

## **b) Correlation**

### **i) Survey questions:**

**First occasion;** How old are you?

**Second occasion;** How many years have you reached now since you was born?

Generally, in both occasions (Table V and VI in appendix 2), the proportion of people with disabilities of age ranging between 15-45years and above 45years was more less the same that is 48.4 % and 51.6 % respectively. There were neither people with mental disability nor deaf.

However, the proportion of people with physical disabilities and eye disabilities ranging between 15-45 years in both occasions was high, that is, 54.5% unlike those who were above 45 years, which was 45.5%. In both occasions, there were no people with mixed disabilities ranging between 15-45 years except those who were above 45 years, which was 100%.

ii) **Survey questions**

**First occasion;** What is your average income per month?

**Second occasion;** How much do you earn per month?

Overall, in both occasions (Table VII and VIII in appendix 2), most of people with disabilities tend to have an average income of below Tsh 50, 000 per month, with a high proportion of people with physical disabilities, that is, 68.2% and 72.7% in the first and second occasions respectively. However, there were people with disabilities who got more than Tsh 100,000 per month. All people with disabilities had an income small though it might be. It is significant though that, only people with physical disabilities earned between Tsh 51,000m- Tsh 100,000.

iii) **Survey questions:**

**First occasion;** What is your main source of income?

**Second occasion;** How do you earn income for your living?

Generally, in both occasions (Table IX and X in appendix 2), the majority of people with disabilities are petty traders and own kiosks, that is, 41.9% and 29.0% respectively, understandably, the proportion of people with physical disabilities was greater than people with eye and mixed disabilities.

A high proportion of the beggars were people with eye disabilities. None of the people with mixed disabilities were beggars.

iv) **Survey questions:**

**First occasion;** What is your education level?

**Second occasion;** What is your highest level of education?

Generally, in both occasions (Table XI and XII in appendix 2), most of people with disabilities seemed to have completed standard seven that is 38.7% and 41.9% in the first and second occasion respectively.

However, the proportion of people with physical disabilities who had completed standard seven, secondary education and college was greater than people with eye and mixed disabilities.

v) **Survey questions:**

**First occasion;** What do you think is the best way of empowering economically people with disabilities in Ilala Municipality?

**Second occasion;** What do you prefer to be the best way to empower you economically?

Overall, in both occasions (Table XIII and XIV in appendix 2), most of people with disabilities tend to support the view that the best way of empowering people with disabilities is through provision of entrepreneurial skills and small-scale farming, which was 80.6%.

Nevertheless, the proportion of people with physical disabilities supported this view was greater than people with mixed and eye disabilities.

vi) **Survey questions:**

**First occasion;** Are you ready to participate during project implementation?

**Second occasion;** Are you willing to participate during project implementation?

Generally, both occasions (Table XV and XVI in appendix 2), most people with disabilities were ready to participate in the project implementation of growing cassava at

Mtamba farm in Kisarwe district-Coast region, that is 93.5%. Whereas the proportion of people with physical disabilities was greater than people with mixed and eye disabilities.

vii) **Survey questions**

**First occasion;** Meanwhile where do you live?

**Second occasion;** Where do you reside now?

Overall, in both occasions (Table XVII and XVIII in appendix 2), most people with disabilities were lived independently and self-supporting, that is, 51.6%. However, some of the disabled of people with disabilities lived with guardians.

### **1.3 Needs identified as priority areas of JUMAWATA**

JUMAWATA identified the following priority areas after the whole process of Community Needs Assessment.

- i) Building capacity on entrepreneurship,
- ii) Building capacity on good agricultural practices,
- iii) Increasing agricultural production at Mtamba farm Kisarawe district in Coast region,
- iv) Mobilizing resources for agricultural activities,
- v) Preparing a Five-year Strategic Plan as a resource-mobilizing tool.

## **CHAPTER TWO**

### **PROBLEM IDENTIFICATION**

People with disabilities in Ilala Ward faced many problems; however, they were able to prioritize their needs as shown in sub-section 1.3 to address a specific problem during Community Needs Assessment that was conducted in the Ward. In doing this they took into consideration the following factors (i) availability of financial and human resources (ii) The National Policy for disabled people of year 2003 (iii) Presence of stakeholders who could actively participate in the project (iv) timeframe.

#### **2.1 Problem Statement**

Over two thousands people with disabilities, covered under this project met in Dar es Salaam for lunch in the year 2002 at the invitation of the Independent Production Products (IPP) Company. It was at that lunch the invited Guest, the then First Lady Mama Anna Mkapa revealed that there were about three million people with disabilities in Tanzania. This number was equivalent to the total population of Dar es Salaam, most of them being women and children. Viewed differently, it meant that 10 % of the total Tanzanian population was officially classified as disabled; although among them there are many kinds and degrees of disabilities according to the First Lady (TORMIC Agency, 2000). This percentage was almost similar to 2002 Population and Household Census figures. In this Census the community of people with disabilities in Tanzania was estimated at 3,456,900 people. This was almost equivalent to the entire population

of Dar es Salaam City. The ranges and percentages of the various categories of disabled people are shown below;

**Table IV: Ranges, percentages and Categories of Disabled People**

Categories	Percentages (%)	Ranges
Physical disabilities	28	967,932
Blinds	27	933,363
Deaf	20	691,380
Mental retarded	8	276,552
Mixed disabilities	4	138,276
Others	13	449,397

According to the International Labour Organization (ILO) in its 2002 Report on the employment of people with disabilities-Impact of Legislation, in most developing countries, vocational rehabilitation services are either non-existent, or are found only in urban centers. Even where these services are provided, they are often under-funded and ineffective in preparing people with disabilities for work; consequently, most people with disabilities face income poverty.

The persistence of income poverty among people with disabilities in Ilala Ward was a major community concern according to the Community Needs Assessment conducted. According to the Ilala Ward Executive Officer, it was revealed that there has been an increase in number of people of disabilities from about 200 to 1000 between 1997-2005

in the Ward, particularly in, Michikichini, Boma, Bungoni, Buguruni and City centre streets. The majority of people with disabilities cannot afford to meet their daily basic needs, especially food; in turn, they have found themselves becoming professional beggars.

The total population of people in Ilala Municipality as reported in the Five-Year Implementation plan in 2004 was 634,924, males and female accounted for 50.5 % and 49.5 % respectively. The Ward Executive Officer revealed also that about 4 % of the total populations in the Municipality were people with disabilities. Of these, males and females account for 60% and 40% respectively of the total population of disabled in the Municipality. Most of these roam around in the City begging to earn their living.

The most affected group are children of 6-14 years of age, men and women of 15-45 years of age and above 45 years of either physical, eye, the deaf or mental disabilities, but the most vulnerable groups here are women and children, however, the most vulnerable groups here were women and children.

The main causes of income poverty among people with disabilities in the Ward were limited job opportunities, low education level, poor business skills, inadequate capital and vocational training, poor working tools and lack of easy access to credits.

If there was no immediate intervention made to reduce income poverty among people with disabilities in the Ward, this would lead to an increase in the number of beggars in the streets mostly, children, women and elders, school dropouts, increased number of prostitutes, malnutrition for women and children, increased number of street children

which may lead to antisocial behaviors such as childlabour, theft, robbery and family separation.

### **Government Response**

Disability issues are taken into account as part of National Employment Policies in Tanzania Mainland. The National Employment Policy (2000) contains employment strategies for youth, people with disabilities and women. The thrust of the Employment Policy and programme to promote employment in general is to assist these disadvantaged groups to engage in self-employment, mainly in agriculture and the informal sector. The National Youth Development Policy (2000) has the overall goal of youth empowerment, which involves developing the potential of youth as active driving forces for multi-sector national development. The Policy specifically refers to the empowerment of people with disabilities as central to socio-economic development. Tanzania's Small and Medium Enterprises Policy (2003) aims to ensure equal access to employment for women, youth and disabled persons.

In pursuant of these policies in 2004, the Government leased "*JUMAWATA*" a land of 910 hectares for agricultural activities in Mtamba village Kisarawe district-Coast region. Each member of the CBO was given five hectares and utilises for agricultural activities.

### **International Donor Initiatives**

Many countries throughout the world have, in recent years, adopted policies aiming to promote the rights of people with disabilities to ensure their full and equal participation in society. This has often been in response to the ILO Convention No. 159 concerning Vocational Rehabilitation and Employment of Disabled Persons (1983) which



emphasizes introducing disability-related legislation so as achieve equalization of opportunities for people with disabilities. Policy on employment opportunities for people with disabilities is frequently supported by legislation and implementation strategies as essential tools to promote integration and social inclusion (ILO 2002).

The ILO undertook a study in Tanzania in response to the Convention “*Employment of People with Disabilities – the Impact of Legislation*”, funded by the Government of Ireland’ which aimed at the enhancement of the capacity of the Government to implement effective legislation concerning the employment of people with disabilities. Starting with a systematic examination of laws in place to promote employment and training opportunities for people with disabilities in the country, the project sets out to examine the operation of such legislation, identify the implementation mechanisms in place and suggest improvements (ILO 2002).

This country study outlines the main provisions of the laws in place in the United Republic of Tanzania concerning the employment of people with disabilities. An initial review of the implementation of the legislation was also provided, based on a survey of documentary sources, and feedback from Tanzanian delegates to a Technical Consultation held in Addis Ababa, 20-22 May 2002. This Project also was read in conjunction with the regional overview for this Consultation Employment of People with Disabilities - The Impact of Legislation (East Africa), Technical Consultation Report, Addis Ababa, 20-22 May 2002 (ILO 2002).

## 2.2 Target Community

The project did not focus only on servicing people with disabilities in Ilala Ward but also the other of people with disabilities in Ilala Municipality because some of the members of “JUMAWATA” were from other wards of the Municipality. This is because when “JUMAWATA” was not registered as a CBO, people with disabilities from any Ward in the City used to meet at Mmazi Mmoja grounds in Ilala Municipality, Dar es Salaam. Therefore, when the Organisation was registered as a CBO, all who were participating in these meetings became members of the CBO. However, those who joined later after registration had to be from Ilala Ward only.

## 2.3 Stakeholders

The following is the list of stakeholders who participated in the project and the nature of their participation;

i) *Ilala-Ward Executive Officer (WEO)*

The Ward Executive Officer participated fully in project designing and implementation by facilitating authorization of all official letters, which needed local government approval.

ii) *Tanzania Association of Physically Disabled-(CHAWATA)*

CHAWATA participated in the provision of information of various studies/projects for people with physical disabilities. The information obtained from CHAWATA was used in designing of the appropriate project activities.

iii) *Presbyterian Church Tanzania*

Reverend Charles.J of Presbyterian Church Tanzania advised JUMAWATA on all matters regarding the CBO and managed to mobilize funds from development partners known as the Director General of Scandinavian Bus Company Limited who donated Tsh 200,000/= to the project which was used for farm preparations, Association of Korean Missionaries and Association of Wives of diplomats accredited in Tanzania, all together donated a total amount of Tsh 600,000/= used for building a campsite and drilling a bore-well for drinking water at the farm in Mtamba village.

iv) *CBO members*

CBO members who are the main beneficiaries of the project participated fully during project design and implementation.

v) *The Ilala Municipal and Kisarawe District Council*

The Ilala Municipal and Kisarawe District Council officials were obliged to ensure that people with disabilities gets any necessary assistance that would foster their endeavors toward reduction of income poverty.

## **2.4 Project Goal**

Overall, the Community Needs Assessment (CNA) which was conducted revealed that the majority of people with disabilities their income per month was below Tsh 50,000 hence the faced income poverty.

i) *The overall goal of the JUMAWATA project was;*

To empower people with disabilities in Ilala Municipality so that they can live economically independent lives by the year 2007.

ii) *My goal was;*

To facilitate capacity-building initiatives among people with disabilities in Ilala Ward so that they can live economically independent lives by the year 2007.

iii) *My Study Objective was;*

To assess the impact of capacity building among people with disabilities in the Ward

#### ***2.4.1 Monitoring indicators;***

- Application of knowledge in good agricultural practices
- Levels of Success or failure to apply the new knowledge on good agricultural practices
- Number of hectare(s) planted cassava
- Reliability of financial resources
- Acquired knowledge in entrepreneurship
- Application of knowledge in entrepreneurship
- Selling of Cassava
- Type of cassava sold

#### **2.5 Project Objectives**

The following were JUMAWATA'S objectives in attempt to accomplish the laid down goal by 2007;

- i) Increase Agricultural production at Mtamba village farm from an average of one and a half tones to three tones of sun dried cassava chips per hectare.
- ii) Establish a reliable market place for selling of raw and sun dried cassava chips
- iii) Increase number of training sessions in good agricultural practices on cassava growing and entrepreneurship from one training sessions per year to six each.

## **2.6 Host Organization**

The host organization of this project is a Community Based Organization called Economic and Development Organization for people with disabilities in Swahili is known as *Jumuiya ya Uchumi na Maendeleo ya Walemavu Tanzania* (JUMAWATA).

In 2004, the organization started a project, of reducing income poverty and empowering for people with disabilities economically.

My main roles was to assess the impact of capacity built among people with disabilities ranging from project designing, implementation and management based on CED prerequisites.

My main responsibilities were to organize workshops, conduct training where appropriate and provide some financial assistance for photocopying and stationeries.

## **CHAPTER THREE**

### **LITERATURE REVIEW**

This chapter presents a theoretical and empirical literature review on people with disabilities. Since, the degree of disabilities among disabled people varies so, review of various studies, definitions, aspect of social exclusion, projects and experiences on people with disabilities was done and this was used on designing a project that could be undertaken by people with disabilities in Ilala Ward.

#### **3.1 Theoretical Literature Review**

A global target has been set to halve the proportion of people living in extreme poverty in developing countries by 2015 (UN, 2000). Three fundamental requirements have been defined to achieve this; Economic growth primarily through promoting private sector activity; Equity to ensure that the economic growth is pro poor, meaning both providing opportunities for and utilising the skills of poor people as well as providing access to health, education, markets and assets. The third requirement is the reduction of vulnerability of poor people to shocks, such as conflict, natural disaster, ill health and economic downturns (DFID, 2000).

Poverty is multidimensional and financial hardship is only one aspect. People who live in poverty do not have ready access to basic facilities and infrastructures including housing, water, sanitation and health services. They are less likely to have had access to education for themselves and their children. They have little or no voice in civic and political life. Due to both the economic and social dimensions of poverty, poor people

are amongst the most marginalised and vulnerable group in a society. They have little or no opportunity and means to change the quality of their own and their families' lives.

### *3.1.1 Defining Disability*

Disability is defined as the long-term impairment leading to social and economic disadvantages, denial of rights and limited opportunity to play an equal part in the life of the community (DFID, 2000). The impairment may be physical, sensory, intellectual or a mental condition. Disability is a dimension of poverty, which remains neglected. 'Poverty is not simply the consequence of a lack of resources. Some people are unable to access existing resources because of which they are what they believe or where they live. Such discrimination is a form of exclusion and a cause of poverty'. (DFID 2000e).

The use of this definition places the disabling impact of the impairment within the society and context where the person is living. Different impairments may have different disabling impacts on an individual depending on where this person is living, their lifestyle and the access or barriers they may have to services, aids, intervention and the attitudes of those around them and with whom they interact. In addition, the use of this definition places the emphasis on the disabling factors within society rather than on the individual. In order for the disabled person to participate and be included with equal rights in society, there is a need to make societal change. This contrasts with the more traditional approach that focuses only on the "problem" of disability being with the individual and the implementation of strategies, which aim to alleviate his / her impairment (DFID, 2000).

### *3.1.2 Measuring Disability*

Because of inconsistency in definition and limitation of the methods used and effort towards appropriate data collection, there is a dearth of reliable information and data about disability in poor countries (Elwan, 1999). The limitation of data on disability is acknowledged and much of the information presented in this paper to illustrate the extent of the issues is anecdotal from case studies and field practice. It is, however, worth referring to data used popularly and by recognised and reputable organisations and agencies. This does give a certain measure of the problem and the level of exclusion and marginalisation of disabled people in poor countries and adds weight to the illustrative individual and personal case studies given below.

The more acceptable and widely used figure is that one in 10 of the world's population may be defined as having a disability, or about 500 million people (Helander, 2002). More than 3 out of 4 disabled people live in developing countries and most live in rural areas (Elwan, 1999).

### *3.1.3 Disability and Discrimination*

Disabled people experience discrimination from birth, or from the moment of becoming disabled, onwards. The birth of a disabled child is often considered a tragedy. The child needs more care and may not be considered to have the potential to support him or herself, let alone the older generation, in the future. In communities that are already living in chronic poverty, disabled children may be excluded even further. Where there are limited resources it may be seen as economically irresponsible to give an equal share



of resources to a disabled child who is perceived as unlikely to be able to provide for the family in the future. "Early lack of investment in disabled children is not just a reflection of ignorance. In situations of poverty this is a desperate but rational decision" (Ashton, 1999).

Disabled children often get last access to food and other basic resources. When disabled children get ill they are often not given treatment but left to the "hand of God". They are less likely to be sent to school (even if physically possible), for fear that: they will not cope; or that their disclosure will stigmatise the family and affect the marriage prospects of siblings; or that they are not a worthwhile investment and others should get priority. The International Disability and Development Consortium estimate that 98% of disabled children in developing countries are denied any formal education (IDDC, 1999). Those children who do get education often get inferior treatment, have low expectations of themselves and from others and do not get the support they need in order to participate equally. Disabled children often have fewer demands placed on them, and therefore may learn less than non-disabled siblings even in an informal setting. Right from the start, they are excluded from many of the day-to-day interactions that nondisabled children take for granted. Many disabled children become street children. In some cases, impairments are intentionally created for begging purposes. Despite the high proportion of disabled children living on the street they are frequently excluded from programmes working with street children, as disability is seen as a specialist issue.

Disabled people face numerous barriers in realising their equal opportunities and exercising their rights. Social exclusion and marginalisation are commonplace and result

from environmental, legal, institutional, access and attitudinal barriers. Disabled people are often treated and feel like worthless citizens. Feelings of rejection, shame and low self-esteem are commonly found amongst disabled people (DFID, 2000).

#### *3.1.4 Types of Discrimination*

The Social Model identifies three types of discrimination faced by disabled individuals by Imrie, (1996):

- i) **Institutional discrimination:** Institutional discrimination exists in many different guises, for example: many NGOs make no attempts to include disabled people in their work; in many countries disabled children are not required to go to school and there is no special provision for their needs if they do enroll; banks often do not accept disabled customers; employers often will not consider disabled applicants; and families do not include them in the distribution of inheritance.
- ii) **Environmental discrimination:** In most countries, the physical environment excludes disabled people. This has been referred to as apartheid by design. Buildings with steps and narrow entrances, inaccessible “public” transport, a scarcity of information transcribed into Braille or available on audio tape and a lack of Sign- Language translators all serve to keep disabled people out, pushed to the margins and without the information they need to participate equally.
- iii) **Attitudinal discrimination:** Prevailing attitudes are the third aspect of the disablement. There are many possible justifications for excluding and ostracizing disabled people and their families. Some of the most common are beliefs that

disability must be associated with evil, witchcraft or infidelity. There is confusion between illness and disability that can lead to suffocating overprotection and exclusion of disabled people from everyday challenges. They are often held in lower regard by wider society as well as low expectations of disabled people. Institutional discrimination builds and reinforces attitudinal discrimination and condones environmental discrimination. In many cases, people know that the law requires them to send their primary aged children to school, except their disabled children; bus drivers can throw disabled passengers off the bus with impunity or charge extra for carrying wheelchairs; and bank managers can refuse disabled people an account, simply because they are disabled. This leads to the general perception that these actions are valid. Together they have logic and people use their fears, suspicions and prejudices to build a supporting rationale. Negative attitudes prevent spending on the necessary measures to overcome an inaccessible environment.

It is worth reminding ourselves that the development target and an indicator against which poverty alleviation will be measured are access and enrolment in education. Estimates of 44% non-enrolment in Africa in 1990 for the total population are being targeted. The gap from 98% non-attendance for disabled children to education for all requires serious attention and significant commitment of resources as part of the current initiatives being put in place on achieving education for all by 2015.

UNICEF acknowledges that some 150 million disabled children lack access to services, including education and that they are likely to remain illiterate, untrained and ultimately

join the unemployed (Elwan, 1999). Even so, too often the comment is heard by disability practitioners, “----- we will look at the needs of disabled children once we have looked at the “normal” children” (Quote from UNICEF staff person in Zambia office in 1997).

Obstacles faced by disabled children in obtaining education are attitudinal, both of peers and teachers, as well as lack of adequate resources to enable full and meaningful access and inclusion for children with disability into an environment where they are able to learn. Barriers include physical access, lack of equipment such as wheelchairs and other aids and appliances and teachers and pupils not able to communicate with deaf children or enable access to learning by blind children.

The negative attitude of community towards disability has been seen when attempts have been made to try to include mothers of disabled children and disabled people in mainstream micro finance programmes. Because of the negative attitude toward people with disabilities are often not selected as group members. In part, it is attitude and additionally they are seen, as vulnerable and high-risk members of the community. The attendance at school of disabled children is extremely low. It has been estimated that as few as 1-2% of disabled children access any form of education and many of those do so through the special education system rather than inclusion in mainstream education (Lewis *et al.*, 1997).

Unemployment and underemployment are common phenomena in poorer economies. The rate of unemployment of disabled people is higher and often-disabled people are employed unfairly working in poor conditions and for lower wages than non-disabled

peer workers. The approach of sheltered employment where employment is given, but payment is in the form of welfare, rather than payment of a reasonable and fair wage, is common. There is strong evidence that disabled women face “double discrimination” of being both women and being disabled. They are marginalised from education, health and social services more often than disabled men are. Appalling stories of their abuse and exploitation by family and community members are common (Elwan, 1999).

### *3.1.5 The cycle of Poverty and Disability*

Poverty is both a cause and consequence of disability (DFID, 2000). The risk of disability is increased by poverty. Poor households are less likely to have access to adequate food, sanitation and health care. They are more likely to live in poor housing conditions and work in environments which are more hazardous.

As well as intervention for disabled people there needs to be continued prevention, programmes and policies implemented to minimise disability where possible. Too often disability is one of the “shocks” experienced by already poor and vulnerable family units and communities (Elwan, 1999). The anecdotal studies presented above show some of the ways in which disabled people and their family members are excluded and marginalised in society. They are more likely to face barriers which will prevent them being included in community activities, exercising their rights to education, health care and employment. Because of discrimination and exclusion, disabled people and their family members are more likely to be poor and so the causal and consequential cycle of poverty and disability is reinforced. It has been estimated that as many as one in five of the world’s poorest people are disabled people (Elwan, 1999). Further, it is not just the

individual who is affected but also the whole community. The cost of exclusion of disabled people from community life is high. The impact is particularly seen on women, who most often take on care responsibilities of disabled family members. Estimates are as high as 1 in 4 of the population being adversely affected due to loss of productivity and human potential (DFID, 2000). Communities recognise the relationship between disability and poverty. Mapping exercises of resources and needs within a community will commonly highlight households where there is disability as needy and vulnerable (Elwan, 1999).

Because disability and poverty are inextricably linked, poverty can never be eradicated until disabled people enjoy equal rights with non-disabled people. (Lee, 1999).

### **3.2 Empirical Literature**

#### *3.2.1 Dodoma Microfinance Project for Disabled People (DMPDP)*

Dodoma Microfinance Project for Disabled People (DMPDP) was a three years project run in partnership between Cooperative Collage of Moshi Tanzania - Directorate of Field Education Dodoma Wing (DFE). DFE is the implementer with Leonard Cheshire International, which is providing financial and technical support. This project started July in 2003 and is implemented in Dodoma Municipality. The project targets disabled people, parents and guardians of children with disabilities and adults who cannot manage income generation activities into their families. The project is offering microfinance services and entrepreneurship training to clients. (Ginason, 2003).

### *Mainstreaming disabled people into economic empowerment programme*

For sometime now development organisations and communities at large have been looking at disabled people as individuals who cannot live economically independent lives. This perception has remained in people's mindset for generations now. However, the experience generated from DMPDP has proved that disabled people can live economically independent lives once provided with opportunities. Mainstreaming of disabled people into economic empowerment programmes involves strategic and flexible entrepreneurship training and financial products development activities. Here below is an outline of the activities undertaken by DMPDP. The activities given are not listed in logical flow;

#### *i) Changing the attitude by information sharing with the services providers*

Mainstream Microfinance Institutions (MFIs) are approached in order to share with them the project initiatives. This is aimed at changing their attitude towards disabled people economic capacity potential. At this stage, the project shows MFIs that disabled people, like able-bodied persons, need economic support services to meet their economic development goals. Moreover, MFIs are asked to work together with disabled people to change their attitude towards economic support services and need for sustainability. Apart from that DMPDP is continuously developing learning material from the lesson drawn from the project. This is done to ensure that challenges arising from the implementation of this kind of project is addressed and shared amongst interested partners. The project organises workshops and seminars with mainstream organisations

in order to inform them on what is going on in the project. Other means, in which the information is shared and disseminated is through newsletters, leaflets networking conferences and sharing activity reports of the project. Currently the project has interested the Dodoma Municipal Council to the extent that it is invited to the quarterly Municipal Council meetings to explain the progress of the project. As the result, DMPDP has influenced the disabled people, economic empowerment development organisations, Dodoma Municipal Authorities and communities to change their attitude towards inclusion of disabled people through information sharing. Not only disabled and non-disabled people are involved in income generation projects through training and financial services offered by the project but also mainstream MFIs have started to recruit disabled people into their programme like any other people in the community.

*ii) Inclusive development and management of the programme.*

For Inclusive mainstream economic empowerment programme to be successful disabled people, need to have active involvement in an inclusive programme. DMPDP started by involving disabled people, non disabled people, local authorities and the community in general in all stages of project development such as conception, designing, implementation and management. DMDP gave each individual category of the stakeholders' specific roles to play. Each category shared and gave inputs during consultations and meetings on programme development. The focus was how to develop, manage and deliver training services and financial products. This was done to ensure collective ownership of the project despite of its greater focus to disabled people and parents of disabled children. Participatory project designing ensured the incorporation of



individual needs and interest. These were reflected in project documents, policies and internal regulations.

*iii) Service and products delivered by DMPDP.*

Disabled people are lacking education and skills due their unfavourable education background. Most of the communities have been denying them access to inheritance of the family resources, which resulted in their marginalisation of the disabled people. Since, majority of people with disabilities lacked education and unfavorable education background the project was designed to focus on two main areas given below;

*i) Training on Entrepreneurship skills*

Since most of them are adults, it s difficult to take them back to school. DMPDP has designed a participatory way of learning. In this process, the project clients themselves determine the training needs and ways in which they want it to be delivered. The project designs curriculum to suit the specific need at a given time. The training facilitators and clients always have consultant discussions on the contents of the training package. This is done after detailed strength, weakness, opportunity and threat analysis that is always referred to as a benchmark of the training.

*ii) Start up loan capital.*

The project provides loan to Project clients according to specific needs and their capital demand; of the clients. Credit Officers determine the individual capital required before loan approval. The experience shows that properly trained clients ask credit to suit the business demands only. Unlike in other programme were people are given credit because they qualify for that without enough business validation. Other financial services delivered by the project are savings and social credit.

*iii) Products and services accessibility by the clients*

The Services and products are designed such that disabled people and able-bodied people are able to access all the services and products offered by the project for examples sign language for the deaf, basic material for the blind, friendly physical structure for the physically handicapped and premises with shed for albinos. Credit Officers has been trained on how to work with disabled people as part of staff capacity building. Credit Officers make regular visits to their business premises or at their homes. Therefore, good working relationship is developed between the project and the clients. According to International Standard Rule and Regulations on Equalization of Opportunities of the UN, ratified by Tanzanian Government accessibility to services and products offered in the community is a basic human right of the disabled. Inclusion of disabled people in development programmes has become obligation of all MFIs including DMPDP. But this can be achieved by participatory designing of the inclusive economic empowerment programme.(Ginason,2003).

### *3.2.2 Ms. Elly Macha's research project on disabled people*

Ms. Elly Macha, originally from Tanzania, a researcher from the University of Leeds in the United Kingdom. She undertook a research project in 2000, to examine educational, economic, and other issues affecting women and girls with blindness and other disabilities. As a blind woman herself, she was already well grounded in the realities these women face; but she learned far more than she expected about some these obstacles such as lack of access to health care, equipment, and transportation. In particular, she saw the severe impact of global economic developments, such as poverty producing "structural adjustment" policies. She undertook her research in rural areas of Dodoma and Tabora regions. Dodoma is in central Tanzania. She traveled extensively in very remote rural areas of Dodoma where she managed to research 42 rural. In these villages, she traveled a lot from home to home, from village to village, from town to town visiting disabled women in their homes. Poverty is one of the contributing factors to impairment. For example, a good number of the women she interviewed were visually impaired because German measles affected them. They could not get access to vaccinations. When parents were asked why their Children did not access vaccinations they said some of the health centers where vaccination services were being provided were very far. Some of them had to walk seven to ten hours to reach those places. Because they did not have money for bus fares, they were not able to take their children for vaccinations.

This is how poverty has contributed to the impairment of these women and their Children. On the other hand, because of the impairment, some parents had to spend so much money, even go in debt, to take these children to the hospitals. Therefore, poverty can cause impairment, and impairment can exacerbate poverty. If parents have a disabled child, they will use all the resources they have to try to do something for her. She also came across a family that told her that they had to sell their cattle, and all the harvest they had, for their child to go to school and have vocational training. Their use of all what they had, made them even more poor. Therefore, the two phenomena *poverty* and *disability* are interrelated.

### *3.2.3 Experience from Zambia on Disabled people*

Ignorance, misconceptions and traditional beliefs often lead to negative attitudes and the marginalisation of disabled people and their family within communities. In Zambia mothers of disabled children spoke of their fear and reluctance of taking their children out of the home because of the beliefs of other community members. It was believed that if pregnant women saw a disabled child this would increase the likelihood of her giving birth to a disabled child and the family (mother) would be held responsible. This led to women being unable to participate in every day community and social life. It also had negative economic impacts, as women felt unable to participate and were unlikely to succeed in petty trading and business enterprises. Within the immediate family mothers of disabled children were at risk of exclusion and abandonment. It was not uncommon that women were given the choice of abandoning the child or being forced to leave the family home. There was pressure and expectation that she must produce a healthy child

and also focus her attention on the non-disabled child rather than the disabled child. Examples of stigmatisation are relatively common and have often been recorded elsewhere (Elwan, 1999).

As well as negative and exploitative attitudes, the mother was also confronted by the reality of the economic cost to the family unit of having a disabled child. Any time she spent with that child, the costs of medication she/he may need or equipment or intervention detracted from the families' earning base. It was considered a diversion and for a child who was not seen as a potential contributor but rather a consumer of the limited family resources. The investment in the disabled child was viewed as being at the expense of her contributing to the family income or resource base. This reality meant she was sometimes forced to covertly seek support such as rehabilitation and education for her child. Where there is a lack of support outside the household, additional resources needed because of disability within the family has been shown to have a detrimental effect on the family's well being (Elwan, 1999).

#### *3.2.4 Experience from India on Disabled people*

Disability within a family unit can also jeopardise the marriage potential and eligibility of a family member. Disabled women are certainly unlikely to be seen as candidates for marriage and in India the need to ensure marriage prospects of other family members has led to the hiding and abandoning of disabled children. As well as social implications this also has economic implications. Abandonment for economic and attitudinal reasons is relatively common and has been found in projects in SE Asia, Latin America, and Africa.

Given an estimated 29% of families live with disability this is significant and can prevent the rightful inclusion of disabled people and family members in the family unit and wider community (Elwan, 1999).

### *3.2.5 Experience from Zimbabwe on Disabled people*

An example of disabled children being bullied by teacher and fellow pupils is not uncommon. In Zimbabwe some disabled girls who were high achievers in the primary school and earned places in a secondary boarding school were discriminated by fellow pupils who because of “fear of catching the disabled person” would not share the bathroom facilities with them. The teachers also isolated them within the classroom. Not surprisingly, this negatively impacted on their work performance and led to low personal self-esteem and confidence (Elwan, 1999). Without education, disabled people are further marginalised and their potential to earn a living further jeopardised.

### *3.2.6 Experience from Uganda on Disabled people*

Uganda is widely seen as the world leader in terms of political empowerment of disabled people. Constitutional amendments have resulted in disabled people having their own representatives at all levels of government, from the smallest parish level to the national parliament. There are over 47,000 disabled people now elected as politicians. There is also a Minister of Disabled People. Ugandan Sign Language is officially recognised in the constitution (in contrast to the situation in the UK, where sign language is much marginalised). There is not yet a Disability Act but this is currently being worked on. Disability issues generally are high on the agenda for discussion. Despite these huge

advances, disabled people in Uganda are still amongst the very poorest of the poor. Much of the progress has not been translated into real change for disabled people at the grassroots. Many of the disabled people who have recently been elected, as politicians have had no previous experience of this work. There is a need for training in order that these councilors are able to effectively represent their constituents. The National Union of Disabled People of Uganda (NUDIPU) is working to train these politicians and to support them in ensuring that their voices are heard within government. There is a continuous need for the disability movement to ensure that these new changes do have a real effect on the lives of disabled people. The “Universal Primary Education” Act allows for 4 children in each family to get free primary education. Priority officially goes to any children with physical or sensory impairments in the family. Teachers in mainstream schools are being trained on disability inclusion. All children are to be taught in inclusive mainstream schools, but some disabled children have extra classes with specially trained teachers. In practice however, many parents hide their disabled children away as there is still widespread stigma to having a disabled member of the family and non-disabled children are seen as a better investment for education (Rebecca, 2001). The government is also encouraging universities and vocational training centers to include disabled people. Marginalised groups, including disabled people, are awarded extra points towards entrance qualifications to take account of the disadvantages that they have faced. Support, in terms of interpreters, guides and physical access is provided, in order that disabled people can fully participate. These strategies are all recognised as being short-term measures. The aim is to encourage the whole community

to recognise the worth of disabled people and increase awareness of action needed in order to be inclusive.

In Uganda, as in most of the world, there is variation in the level of exclusion faced by people with different impairments. People with mental health problems, especially those with epilepsy or people with learning difficulties tend to be the most severely excluded. Government legislation on prioritising disabled children for school places does not extend to children with learning difficulties or mental health problems. These children are still excluded from education. Even those who come from rich families are frequently not sent to school or given the support they need. This means that as they become adults their poverty increases whatever background they came from.

#### *3.2.6.1 Non Governmental Organisations-NGOs*

As in other countries, an increasing number of NGOs are recognising the need to include disabled people. This is partly in recognition of the fact that UN targets to reduce chronic poverty are unlikely to be successful unless disabled people are included. It is also partly a result of the wider awareness of the barriers that disabled people face. There is a growing partnership between government and NGOs. The government often uses NGOs to implement poverty reduction programmes. NGOs may be more efficient in reaching those living in chronic poverty. As part of the government's Poverty Alleviation Programme, disabled councilors have effectively lobbied to get disabled people included in NGO's agricultural or credit work (Rebecca, 2001). Many NGOs also devote time to working to influence the government. For example, Action on Disability and Development (ADD) works with Disabled People's Organisations to influence the



government for wider inclusion of disabled people in their work. ADD works with organisations of disabled people and has supported many to build up their own businesses. Small-scale credit and vocational training has been provided. It is recognised that this is not viable as a long-term strategy. Therefore, the approach is based on building examples of successful businesses in order to influence mainstream credit providers of the credit worthiness of disabled people (Rebecca, 2001).

#### *3.2.6.2 Businesses*

There is greater awareness generally of the needs of disabled people and increasing numbers of businesses are becoming more accessible to disabled people. Action on Disability and Development (ADD) held a workshop for representatives of credit providers, NGOs and Disabled People's Organisations. This was an opportunity for disabled people who had received credit in the past to talk about their experiences; a chance to influence other credit providers to include disabled people; and to acknowledge that disabled people are as creditworthy as anybody else is. The result of this type of lobbying has been an increasing number of credit providers being open to disabled people (Rebecca, 2001).

#### *3.2.6.3 Churches and Religious Organisations*

Many religious groups are working to address poverty amongst disabled people. For example churches frequently provide support to projects making mobility appliances, in order that they can be sold at low cost.

#### *3.2.6.4 Disabled People's Organisations*

The most ambitious and effective lobbying for disabled people's inclusion has been done by the National Union of Disabled People of Uganda (NUDIPU). This is the umbrella organisation for all Ugandan Disabled Peoples Organisations. At the national level, as well as NUDIPU, there are several impairment specific organisations e.g. the Uganda National Association of the Deaf (UNAD) and the Uganda National Association of the Blind (UNAB). There are also organisations of disabled people at regional, district and local levels. Some groups are impairment specific and some are umbrella organisations. It is often those disabled people who are least excluded from wider society who dominate in the leadership of Disabled Peoples Organisations. Those disabled people who have been excluded from education and from social interactions all their lives, tend to be amongst the very poorest of disabled people, excluded even from organisations of disabled people. People with mental health problems and with learning difficulties are not generally adequately represented by cross-impairment organisations. Therefore, people have been forming their own organisations, for example the Uganda Mental Health Association, the Epilepsy Association and the Association for Parents of People with Learning Difficulties. Part of the problem for people with mental health problems is often a lack of medical treatment needed to deal with their conditions. For many people with mental health problems, if they get the necessary treatment, then they are able to organise themselves and to campaign for equal rights. However, without treatment it is very difficult to organise and to advocate effectively (Rebecca, 2001). The government does not give priority to providing psychiatric drugs. Malarial drugs and those for the

wider population are given higher priority. The Minister of Disabled People is working to influence the other ministries to consider the needs of people with different forms of impairments in prioritising government finances.

The new groups of people with mental health problems have been putting increasing pressure on government to recognise their needs. One district authority Mbarara, recently started supplying drugs for people with epilepsy. This was a result of lobbying by the Epilepsy Association with support from the Danish Association for Epilepsy. Once these drugs are available people with epilepsy often become more confident and effective at organising and working their way out of poverty. Disabled People's Organisations are increasingly recognising the need to include all disabled people in their work, including those with mental health problems. On 10<sup>th</sup> November each year, International Mental Health Day is celebrated. This leads to increased public awareness and contributes to reducing the exclusion, which people with mental health problems face. On the 3<sup>rd</sup> December each year the International Day of Disabled People is celebrated with a similar effect for people with all forms of impairments (Rebecca, 2001).

### **3.3 Policy Review**

#### *3.3.1 Tanzania Mainland*

In the early days of Independence in 1964, the Government emphasized that the provision of basic social services to the entire population was one of the Government's major priorities.

The Arusha Declaration <sup>1</sup> made services to disabled persons a national responsibility, and specified that support to them, as well as to children and the elderly, was the responsibility of all. In 1975, the Ruling Party *Chama cha Mapinduzi* (CCM), in a circular addressed to all Regional Commissioners, directed that services to disabled persons should be provided in their communities, except where persons with disabilities had no supportive relative. In 1981, however, the Government recognized the necessity of adopting special measures for persons with disabilities, who had no family or community on which to rely particularly in towns. Cabinet Paper No. 19 of 1981 was the first national document outlining the basic principles that should guide services for disabled persons, and became the basis for the two disability acts concerning employment and care that were passed by Parliament in 1982.

#### *National Policy on People with Disabilities*

In 1999, the Government stated its intention to elaborate a National Policy on People with Disabilities in the National Population Policy Draft. Responsibility for the promotion of employment opportunities, especially for youth and people with disabilities, lies with the Ministry of Labour and Youth Development, in liaison with other institutions <sup>2</sup>. The Ministry of Community Development, Gender and Children is required social-cultural and discriminatory practices against the girl child, elderly and people with disabilities <sup>3</sup>. Persons with disabilities are identified as a target group for which the Ministry should adopt the following strategies:

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<sup>1</sup>The Arusha Declaration is a set of principles drafted by the governing party of Tanzania in 1967 as a guide toward economic and social development.

<sup>2</sup> Section 76(ii)

<sup>3</sup> Section 77(iii)

- Encourage the private sector, NGOs and religious organizations to invest in provision of social services for people with disabilities;
- Develop talents and capabilities of disabled persons; and
- Establish social security measures that address problems of people with disabilities <sup>4</sup>.

### *National Employment Policies*

Disability issues are taken into account as part of national employment policies in Tanzania Mainland.

- The National Employment Policy (2000) contains employment strategies for youth, people with disabilities and women. The thrust of the employment policy and programme to promote employment in general is to assist these disadvantaged groups to engage in self-employment, mainly in agriculture and the informal sector.
- The National Youth Development Policy (2000) has the overall goal of youth empowerment, which involves developing the potential of youth as active driving forces for multi-sector national development. The policy specifically refers to the empowerment of people with disabilities as central to socio-economic development. In line with this, the Government has developed a National Disability Policy in 2003 whose overall focus is equalization of opportunities for people with disabilities.

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<sup>4</sup> The National Population Policy Draft 1999

Key words in this policy are “development” of people with disabilities and “quality services” equitably provided.

With respect to poverty the policy alludes to the participation of people with disabilities in income generating activities and more so their inclusion in poverty reduction initiatives taken at different levels.

### *3.3.2 Zanzibar*

In Zanzibar, priority has been given to the development of policies regarding the promotion of people with disabilities. A Disability Policy has been recently formulated (2004), which views disability as a human rights issue. It focuses on culture and attitudes of the society towards persons with disabilities, poverty, employment, education, health services, environment and communication. It also addresses the following issues:

1. Adaptation and review of mainstream legislation in order to achieve equalization of opportunities for persons with disabilities;
2. Review of the social policy system in order that it benefits people with disabilities;
3. Promotion of self-representation of people with disabilities in decision making bodies;
4. Promotion of community-based rehabilitation as a mean to further integration of people with disabilities;
5. Highlighting of the responsibilities of Government Ministries, Disabled Persons' Organizations, NGOs and other Institutions.

### *3.3.3 The National Strategy for Growth and Reduction of Poverty (NSGRP)*

NSGRP is a second national organizing framework for putting the focus on poverty reduction high on the country's development agenda. The NSGRP keeps in focus the aspirations of Tanzania's Development Vision (Vision 2025) for high and shared growth, high quality livelihood, peace, stability and unity, good governance, high quality education and international competitiveness. It is committed to the Millennium Development Goals (MDGs), as internationally agreed targets for reducing poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women by 2015. It will strive to widen the space for country ownership and effective participation of civil society, private sector development and fruitful local and external partnerships in development and commitment to regional and other international initiatives for social and economic development (URT-VPO, 2005).

The second cluster of the strategy addresses human capability, survival and well-being. A social protection framework becomes necessary to address vulnerability and provide for social security, national and health insurance, and specific vulnerable groups, like orphans, people living with HIV and AIDS, people with disabilities and the elderly.

People living with disabilities constitute vulnerable groups for whom extreme poverty is often compounded by exclusion and discrimination. Disabled children and women are most vulnerable to the multiple effects of poverty, particularly in rural areas. Food insecurity, limited access to health and education and a heavy workload increase women's vulnerability to poverty. To address this issue an operational target for

adequate social protection and rights with basic needs and services that 20% of children and adults with disabilities reached with effective social protection measures by 2010 (URT-VPO,2005)

#### *3.3.4 Regional policy*

The Continental Plan of Action is aimed at implementing priority activities on disability during the African Decade of Persons with Disabilities (1999-2009), which was proclaimed by the OAU Assembly of Heads of State and Government during their 35th Session held in Algiers, Algeria in July 1999. The formal Declaration to support the Decade was subsequently adopted by the 36th Session of the Assembly of Heads of State and Government in Lome, Togo in July 2000. The Plan of Action is the outcome of the Pan-African Conference on the African Decade of Persons with Disabilities which was held in Addis Ababa, Ethiopia from 4 to 7 February 2002. The Plan of Action is primarily to serve as a guideline for member States in the formulation of their national programmes on disability issues as well as in putting in place mechanisms for the implementation of the Decade's objectives. Throughout the Plan of Action, the terms 'people with disabilities', 'disabled persons' and 'disabled people' are used interchangeably, reflecting accepted usage in different countries. Similarly, the OAU and AU (African Union) are used interchangeably in view of the transition of the OAU to the AU.

- The Action Plan of the African Decade of Persons with Disabilities is intended to provide guidance to member States and Governments of the



Organization for African Unity (OAU) in achieving the goal of the Decade – the full participation, equality and empowerment of people with disabilities in Africa.

- The African Union Assembly of Heads of State adopted the Plan of Action and Government at their 38th Session held in Durban, South Africa in July 2002.
- The Plan of Action should form part of the launch of the African Union.
- The Plan of Action should be taken into consideration in the implementation of the New Partnership for Africa Development (NEPAD).
- Member states should consult disabled people's organizations (DPOs) in the implementation of the Plan of Action.
- The African Rehabilitation Institute (ARI), which is the specialized agency of the OAU relating to disability issues on the continent, will assist governments and Disabled People's Organizations (DPOs) at continental, regional and national levels to implement the Plan of Action.
- The Plan of Action is intended for use by the OAU, ARI and DPOs as an instrument to monitor national governments' progress in achieving the goal of the Decade.
- Governments and State organs should take responsibility for the successful implementation of the Decade Plan of Action.

- A special fund should be set-up by governments at the OAU level to facilitate the implementation of Decade activities at continental, regional and national levels.

#### *3.3.4.1 Goal of the Decade*

The goal of the African Decade of Persons with Disabilities is the full participation, equality and empowerment of people with disabilities in Africa.

#### *3.3.4.2 Objectives of the Decade*

The Declaration of the Decade calls upon OAU member States to study the situation of persons with disabilities, with a view to formulating measures favouring equalization of opportunities, full participation and their independence in society. Among other actions, member States are called upon to:

- Formulate or reformulate policies and national programmes that encourage the full participation of persons with disabilities in social and economic development;
- Create or reinforce national disability coordination committees, and ensure effective representation of disabled persons and their organisations;
- Support community-based service delivery, in collaboration with international development agencies and organizations;
- Promote more efforts that encourage positive attitudes towards children, youth, women and adults with disabilities, and the implementation of measures to ensure their access to rehabilitation, education, training and

employment, as well as to cultural and sports activities and access to the physical environment;

- Develop programmes that alleviate poverty amongst disabled people and their families;
- Put in place programmes that create greater awareness conscientiousness of communities and governments relating to disability;
- Prevent disability by promoting peace and paying attention to other causes of disability;
- Mainstream disability on the social economic and political agendas of African governments;
- Spearhead the implementation of the UN Standard Rules on the Equalization of Opportunities for People with Disabilities, and ensure the use of the Standard Rules as a basis for policy and legislation to protect the interests of disabled people in Africa;
- Apply all OAU and UN human rights instruments to promote and monitor the rights of persons with disabilities.

## **CHAPTER FOUR**

### **IMPLEMENTATION**

This chapter presents detailed information on project planning, actual project implementation, product and outcomes of the project, the way the activities were scheduled in a hierarchy of start to finish criteria using Gantt chart, staffing pattern and budgeting (CEDPA, 1993). The planned activities intended to achieve the project goal and objectives as were stipulated in Chapter Two, sub-sections 2.4 and 2.5.

#### **4.1 Products and Outcomes**

The project has managed to achieve the followings;

- Fifty project participants successfully applied the acquired the knowledge in good agricultural practices and entrepreneurship
- Majority of people with disabilities received six training sessions in good agricultural practices and entrepreneurship. A high proportion of these were people with physical disabilities.
- The amount of money obtained from selling of either fresh cassava or sun dried cassava chips ranged between Tsh 1,500,001 to 2,000,000 per hectare whereas the total production cost from land preparation to harvest ranged from Tsh 500,000 to 1,000,000. This implies that people with disabilities were able to realize profit in selling of their cassava produce.
- The quantity of sun-dried cassava chips sold per hectare rose from between 1000kgs-1500kgs to 3001kgs-3500kgs.

## **4.2 Project Planning**

The project implementation was planned to last for fourteen months, in that period the project intended to accomplish the following tasks; identify people with disabilities in Ilala Ward especially those who could actively participate in agricultural activities, conduct training on entrepreneurship and good agricultural practices, carry out participatory monitoring, evaluation, and writing a final project report. Responsible person/group of people who were proposed to participate during execution of project activities were; technical advisor, local government and CBO leaders, CHAWATA and CHAVITA officials, a postgraduate in business studies from a reputable institution, active disabled people. The project needed both financial and human resources as well as stationery materials to carry out its activities (See table XIX).

## **4.3 Project Implementation Report**

The actual implementation of the project took fifteen months, all activities were carried out as planned, however, other activities did not commence on time, this was due to inadequacy of financial resources (see table XX).

In general, the project partially achieved its overall goal of empowering people with disabilities in Ilala Municipality, so that, they can live economically independent lives by the year 2007. The majority of disabled people were empowered economically during project implementation due to their active participation were from Ilala Ward. Since the frequency of training sessions, production and sales levels rose, there was no reliable market place established in spite of training on entrepreneurship been conducted.

However, the second project objective aimed at establishing a reliable market place was partially achieved. Since buyers now know that, they could obtain Cassava either from individual farmer's houses or farms. Increased training sessions on good agricultural practices resulted into increase in volume of production of cassava at Mtamba farm (see sub-section 4.1).

**Table XIX: Project planning****Objective of the study;** To assess the impact of capacity building among people with disabilities in Ilala ward

Activities	Project month				Resources needed.	Person/group of people organ Responsible
	1-4	5-10	11-12	13-14		
i) Identify people with disabilities in Ilala Ward.					Stationeries, money for allowances (transport & meal allowance) and venue	Technical advisor, local government & CBO leaders, CHAWATA & CHAVITA officials
ii) Identifying active disabled people who could participate in agricultural activities						Agricultural officer, Technical advisor, Ward & CBO leaders, active disabled people.
iii) Conduct training on good agricultural practices. (Timely weeding, proper spacing, use of fertilizers, timely planting, agro- processing, use of pesticides)						MBA holder from a reputable institution, Technical advisor, Ward & CBO leaders, active disabled people.
iv) Conduct training on entrepreneurship (Business planning, financial management and accounting, organizational management, market searching)						
v) Participatory monitoring					Capital (financial & human)	Agricultural officer, Technical advisor, Ward & CBO leaders, active disabled people.
vi) Participatory evaluation					Stationeries, Funds for Transport & meal allowance.	Agricultural officer, Postgraduate in business studies from a reputable institution, Technical advisor, Ward & CBO leaders, active disabled people
vii) Final project report writing					Financial resources	Technical Advisor (CED practitioner) and Project supervisor

**Table XX: Project implementation report**

Objective of the study	Activities	Resources	Unmet resources	Time frame(Project month)	
				Planned	Actual
To assess the impact of capacity building among people with disabilities in Ilala ward.	i)Identify people with disabilities in Ilala ii) Identifying active disabled people who could participate in agricultural activities iii) Conduct training on good agricultural practices. (Timely weeding, proper spacing, use of fertilizers, timely planting, agro- processing, use of pesticides) iv) Conduct training on entrepreneurship (Business planning, financial management and accounting, organizational management and market searching)	Stationeries, money for allowances (Transport & Meal allowance) and venue	Inadequate financial resources	1-4	1-4
	v)Participatory monitoring	Capital (financial & human	Inadequate financial resources	5-10	5-11
	vi) Participatory evaluation	Stationeries, Funds for Transport & meal allowance	Inadequate financial resources	11-12	11-13
	vii) Final project report writing		Inadequate financial resources	13-14	14-15



#### 4.4 Project Implementation Gantt chart

Project tasks were listed, planned, organized into phases and scheduled, the planning activity involved estimation of the starting date of the project, general working times and duration there after listed activities were organized in a hierarchy, and finally tasks were scheduled into start to finish criteria (see appendix 6)

#### 4.5 Staffing Pattern

A staffing plan included leaders of “JUMAWATA” and other stakeholders outside the organization who had specific responsibilities as shown in the table below;

**Table XXI: Staffing Pattern.**

<b>TITLE</b>	<b>JOB DESCRIPTION</b>	<b>SUPERVISORY ROLE</b>
Technical advisor	Project coordinator	Ensure all activities are done as per workplan.
CBO leaders	Organize all activities done by the CBO.	Ensure availability of people with disabilities responsible as per work plan.
Agricultural extension officer	Conduct agricultural training.	Ensure compliance to good agricultural practices.
Business and Administration consultant	Business specialist	Ensure compliance to appropriate business principles.
Local government leaders	Mobilize people with disabilities in Ilala municipality.	Ensure that people with disabilities adheres the workplan.

#### **4.6 Budget**

The overall budget of the project was Tsh 3,450,000/=, personnel Tsh 620,000/=, consultants Tsh 200,000/=, transportation Tsh 1,600,000/=, inputs Tsh 500,000/=, workshops Tsh 400,000/= and other direct costs Tsh 130,000/= (appendix 3).

## **CHAPTER FIVE**

### **MONITORING, EVALUATION AND SUSTAINABILITY**

Monitoring and Evaluation were participatory in the sense that both insiders and outsiders were actively involved (Stanley.*et.al*, 1993). Outsiders were local Government officials from Ilala ward; CBO Advisor and development partners while the insiders were the CBO members. The main purpose of Participatory Monitoring was to obtain periodic and systematic information during the life cycle of the project, so that adjustments/modifications could be made, if necessary. Participatory Evaluation was done mainly for making decisions about the future of the project after making reflection on the past; the insiders were encouraged to take responsibility and control of the same, assisted by the outsiders. The project seems to be sustainable because of the capacity built among its members.

#### **5.1 Participatory Monitoring**

Both insiders and outsiders were involved in developing a Participatory Monitoring system from step 1 to step-to-step 7 as shown below;

##### *Representative sample*

Out of three hundred and ten CBO members, only fifty members were able to plant cassava. The whole population of fifty people was monitored.

#### **Step 1: Reasons for monitoring**

The insiders discussed whether participatory monitoring could help them or not during project implementation. The reasons for monitoring were as follows;

- To understand if the project is on track as planned.
- To understand if human and other non-human resources are available as anticipated and are used efficiently during project implementation.

## **Step 2: Objectives and activities**

Both insiders and outsiders reviewed the project goals, objectives and activities.

## **Step 3: Monitoring questions**

The following questions were used to gather information during the participatory monitoring process;

### Question 1

What is your gender?

- i) Male ii) Female

### Question 2

What kind of disability do you have?

- i) Physical disability ii) Eye disability iii) Mixed disability

### Question 3

Did you apply the acquire knowledge on good agricultural practices?

- i) Yes ii) No

### Question 4

Which difficulties do you encounter in applying the knowledge on good agricultural practices?

- i) Lack of financial resources to purchase agricultural inputs
- ii) Lack of commitment of people with disabilities

iii) Mismanagement of resources

#### Question 5

How many hectares did you manage to plant cassava after acquiring the knowledge on good agricultural practices?

(i) One (ii) Two (iii) Three (iv) Four (v) Five

#### Question 6

How much did you spend on average per hectare from land preparation to harvesting of cassava?

i) Tsh 1-Tsh 500,000 ii) Tsh 500,001-Tsh 1,000,000 iii) Tsh 1,000,001-Tsh1, 500,000

#### Question 7

Did you acquire the knowledge on entrepreneurship?

i) Yes ii) No

#### Question 8

Where have you applied the knowledge on entrepreneurship?

i) On selling of cassava ii) On my small business iii) Both i and ii

#### Question 9

Have you already sold your cassava?

i) Yes, but not all of them ii) Yes, all of them iii) Not yet

#### Question 10

If you answered either part (i) or (ii) in question 9, in which form did sell your cassava?

i) Fresh cassava ii) Sun dried cassava chips iii) Fresh cassava and sun dried cassava chips

#### **Step 4: Direct and indirect indicators**

The direct and indirect indicators, which were used during the participatory monitoring process, have been summarized in the table below;

**Table XXII: Direct and indirect indicators**

<b>Question number</b>	<b>Indicators</b>
1	Gender distribution
2	Appearance of disabled people
3	Application of knowledge in good agricultural practices
4	Failure to apply the new knowledge in good agricultural practices
5	Number of hectares planted cassava
6	Expenditure
7	Acquired knowledge in entrepreneurship
8	Application of knowledge in entrepreneurship
9	Selling of cassava
10	Type of cassava sold

#### **Step 5: Information gathering tools**

Tools that were used during the participatory monitoring process and their results are summarized in step 7.

##### **(i) Structured interviews**

In gathering this information, monitoring questions number 1 and 2 in step 3 were used to guide the interviewing process. This tool was used to gather information on gender of disabled people and kind of disabilities.

**(ii) Focus group discussion**

This was a two-way communication between insiders and outsiders facilitated by the Technical Advisor (CED Practitioner). Monitoring questions number 3, 4, 7, 8, 9 and 10 in step 3 were used during the discussion. The purpose of the focus group discussion was to gather information on whether the CBO members, had acquired and applied knowledge in good agricultural practices, entrepreneurship, had started to sell cassava produce, and the type of cassava sold.

**(iii) Farmer's own record**

A farm record booklet, which was designed by the insiders and outsiders to gather information of individual farmer's records, monitoring questions number 5 and 6 in step 3 were used during participatory monitoring. The major purpose of this tool was to understand the number of hectares that were planted cassava and cash flows during cassava farming.

**Step 6: Who did the monitoring?**

The following people participated during the participatory monitoring process;

- CBO leaders
- The Technical Advisor (CED Practitioner)
- CBO Advisor
- Local Government officials

## Step 7: Presentation of the results

### Question 3

The majority of the members who participated in agricultural activities applied the knowledge in good agricultural practices but the proportion of people with physical disabilities was 89.4% greater than 2.1% and 8.5% for people with Eye and mixed disabilities respectively (See table XXIII).

**Table XXIII: Kind of disability \* Application of knowledge in good agricultural practices (GAPs) Cross tabulation**

Kind of disability		Application of acquired knowledge in good agricultural practices		Total
		Yes	No	
Physical disability	Count	42	1	43
	Expected Count	40.4	2.6	43.0
	% within Kind of disability	97.7%	2.3%	100.0%
	% within application of knowledge in good agricultural practices	89.4%	33.3%	86.0%
Eye disability	Count	1	0	1
	Expected Count	.9	.1	1.0
	% within Kind of disability	100.0%	.0%	100.0%
	% within application of knowledge in good agricultural practices	2.1%	.0%	2.0%
Mixed disability	Count	4	2	6
	Expected Count	5.6	.4	6.0
	% within Kind of disability	66.7%	33.3%	100.0%
	% within application of knowledge in good agricultural practices	8.5%	66.7%	12.0%
Total	Count	47	3	50
	Expected Count	47.0	3.0	50.0
	% within Kind of disability	94.0%	6.0%	100.0%
	% within application of knowledge in good agricultural practices	100.0%	100.0%	100.0%



#### Question 4

Generally, lack of financial resources was the major problem, which faced the CBO members in applying the acquired knowledge in good agricultural practices. Nevertheless, the proportion of people with physical disabilities was 87.2% greater than 2.1% and 10.6% for people with Eye and mixed disabilities respectively (See table XXIV).

**Table XXIV: Kind of disability \* Difficulties on applying the knowledge in good agricultural practices (GAPs) Cross tabulation**

Kind of disability		Difficulties on applying the knowledge in good agriculture practices			Total
		Lack of financial resources	Lack of commitment	Mismanagement of resources	
Physical disability	Count	41	2	0	43
	Expected Count	40.4	1.7	.9	43.0
	% within Kind of disability	95.3%	4.7%	.0%	100.0%
	% within Difficulties on applying the knowledge in GAPs	87.2%	100.0%	.0%	86.0%
Eye disability	Count	1	0	0	1
	Expected Count	.9	.0	.0	1.0
	% within Kind of disability	100.0%	.0%	.0%	100.0%
	% within Difficulties on applying the knowledge in GAPs	2.1%	.0%	.0%	2.0%
Mixed disability	Count	5	0	1	6
	Expected Count	5.6	.2	.1	6.0
	% within Kind of disability	83.3%	.0%	16.7%	100.0%
	% within Difficulties on applying the knowledge in GAPs	10.6%	.0%	100.0%	12.0%
Total	Count	47	2	1	50
	Expected Count	47.0	2.0	1.0	50.0
	% within Kind of disability	94.0%	4.0%	2.0%	100.0%
	% within Difficulties on applying the knowledge in GAPs	100%	100%	100%	100%

### Question 5

The majority of the CBO members were able to plant only one hectare that is 68.0%. However, only people with physical disabilities were able to plant more than one hectare. (See table XXV).

**Table XXV: Kind of disability \* Number of hectare(s) planted cassava Cross tabulation**

Kind of disability		Number of hectare(s) planted cassava				Total
		One	Two	Three	Four	
Physical disability	Count	27	10	4	2	43
	Expected Count	29.2	8.6	3.4	1.7	43.0
	% within Kind of disability	62.8%	23.3%	9.3%	4.7%	100.0%
	% within Number of hectors planted cassava	79.4%	100.0%	100.0%	100.0 %	86.0%
Eye disability	Count	1	0	0	0	1
	Expected Count	.7	.2	.1	.0	1.0
	% within Kind of disability	100.0%	.0%	.0%	.0%	100.0%
	% within Number of hectors planted cassava	2.9%	.0%	.0%	.0%	2.0%
Mixed disability	Count	6	0	0	0	6
	Expected Count	4.1	1.2	.5	.2	6.0
	% within Kind of disability	100.0%	.0%	.0%	.0%	100.0%
	% within Number of hectors planted cassava	17.6%	.0%	.0%	.0%	12.0%
Total	Count	34	10	4	2	50
	Expected Count	34.0	10.0	4.0	2.0	50.0
	% within Kind of disability	68.0%	20.0%	8.0%	4.0%	100.0%
	% within Number of hectors planted cassava	100.0%	100.0%	100.0%	100.0 %	100.0%

### Question 6

The general total production cost per hectare from land preparation to harvesting of cassava ranged between Tsh 500,001 and Tsh 1,000,000. However, the proportion of

people with physical disabilities was 85.4% greater than 2.1% and 12.5% for people with Eye and mixed disabilities respectively (See table XXVI).

**Table XXVI: Kind of disability \* Expenditures per hectare Cross tabulation**

Kind of disability		Expenditures per hectare		Total
		Tsh 1-Tsh 500,000	Tsh 500,001-Tsh 1,000,000	
Physical disability	Count	2	41	43
	Expected Count	1.7	41.3	43.0
	% within Kind of disability	4.7%	95.3%	100.0%
	% within Expenditures per hectare	100.0%	85.4%	86.0%
Eye disability	Count	0	1	1
	Expected Count	.0	1.0	1.0
	% within Kind of disability	.0%	100.0%	100.0%
	% within Expenditures per hectare	.0%	2.1%	2.0%
Mixed disability	Count	0	6	6
	Expected Count	.2	5.8	6.0
	% within Kind of disability	.0%	100.0%	100.0%
	% within Expenditures per hectare	.0%	12.5%	12.0%
Total	Count	2	48	50
	Expected Count	2.0	48.0	50.0
	% within Kind of disability	4.0%	96.0%	100.0%
	% within Expenditures per hectare	100.0%	100.0%	100.0%

### Question 7

The majority of CBO members acquired knowledge in entrepreneurship. However, the proportion of people with physical disability was 90.7% greater than 2.3% and 7.0% for people with Eye and mixed disabilities respectively (See table XXVII)

**Table XXVII: Kind of disability \* Acquired knowledge in entrepreneurship Cross tabulation**

Kind of disability		Acquired knowledge in entrepreneurship		Total
		Yes	No	
Physical disability	Count	39	4	43
	Expected Count	37.0	6.0	43.0
	% within Kind of disability	90.7%	9.3%	100.0%
	% within Acquired knowledge in entrepreneurship	90.7%	57.1%	86.0%
Eye disability	Count	1	0	1
	Expected Count	.9	.1	1.0
	% within Kind of disability	100.0%	.0%	100.0%
	% within Acquired knowledge in entrepreneurship	2.3%	.0%	2.0%
Mixed disability	Count	3	3	6
	Expected Count	5.2	.8	6.0
	% within Kind of disability	50.0%	50.0%	100.0%
	% within Acquired knowledge in entrepreneurship	7.0%	42.9%	12.0%
Total	Count	43	7	50
	Expected Count	43.0	7.0	50.0
	% within Kind of disability	86.0%	14.0%	100.0%
	% within Acquired knowledge in entrepreneurship	100.0%	100.0%	100.0%

### Question 8

Generally, the acquired knowledge in entrepreneurship was applied in selling of cassava and in running of small business. Nonetheless, the proportion of people with physical disabilities was 87.2% greater than 2.6% and 10.3% for people with Eye and mixed disabilities respectively (See table XXVIII).

**Table XXVIII: Kind of disability \* Application of entrepreneurial knowledge Cross tabulation**

Kind of disability		Application of entrepreneurial knowledge			Total
		On selling of cassava	On my small business	Both on selling cassava & on small business	
Physical disability	Count	5	4	34	43
	Expected Count	4.3	5.2	33.5	43.0
	% within Kind of disability	11.6%	9.3%	79.1%	100.0%
	% within Application of entrepreneurial knowledge	100.0%	66.7%	87.2%	86.0%
Eye disability	Count	0	0	1	1
	Expected Count	.1	.1	.8	1.0
	% within Kind of disability	.0%	.0%	100.0%	100.0%
	% within Application of entrepreneurial knowledge	.0%	.0%	2.6%	2.0%
Mixed disability	Count	0	2	4	6
	Expected Count	.6	.7	4.7	6.0
	% within Kind of disability	.0%	33.3%	66.7%	100.0%
	% within Application of entrepreneurial knowledge	.0%	33.3%	10.3%	12.0%
Total	Count	5	6	39	50
	Expected Count	5.0	6.0	39.0	50.0
	% within Kind of disability	10.0%	12.0%	78.0%	100.0%
	% within Application of entrepreneurial knowledge	100.0%	100.0%	100.0%	100.0%

### Question 9

The majority of CBO members seemed to have not completed to sell their cassava by the time monitoring was been conducted. However, the proportion of people with physical disabilities was 93.1% greater than 3.4% for both people with Eye and mixed disabilities were (Table XXIX)

**Table XXIX: Kind of disability \* Sold cassava Cross tabulation**

Kind of disability		Sold cassava			Total
		Yes but not all of them	Yes, all of them	Not yet	
Physical disability	Count	27	12	4	43
	Expected Count	24.9	12.9	5.2	43.0
	% within Kind of disability	62.8%	27.9%	9.3%	100.0%
	% within Sold cassava	93.1%	80.0%	66.7%	86.0%
Eye disability	Count	1	0	0	1
	Expected Count	.6	.3	.1	1.0
	% within Kind of disability	100.0%	.0%	.0%	100.0%
	% within Sold cassava	3.4%	.0%	.0%	2.0%
Mixed disability	Count	1	3	2	6
	Expected Count	3.5	1.8	.7	6.0
	% within Kind of disability	16.7%	50.0%	33.3%	100.0%
	% within Sold cassava	3.4%	20.0%	33.3%	12.0%
Total	Count	29	15	6	50
	Expected Count	29.0	15.0	6.0	50.0
	% within Kind of disability	58.0%	30.0%	12.0%	100.0%
	% within Sold cassava	100.0%	100.0%	100.0%	100.0%

**Question 10**

Overall, the majority of the CBO members sold cassava in a form of sun dried cassava chips. However, the proportion of people with physical disabilities who sold sun dried cassava chips was 86.1% greater than 2.8% and 11.1% for people with Eye and mixed disabilities respectively (See table XXX).

**Table XXX: Kind of disability \* Kind of cassava sold Cross tabulation**

Kind of disability		Kind of cassava sold			Total
		Fresh cassava	Sun dried	Fresh cassava and sun dried	
Physical disability	Count	4	31	6	41
	Expected Count	3.6	32.1	5.3	41.0
	% within Kind of disability	9.8%	75.6%	14.6%	100.0%
	% within kind of cassava sold	100.0%	86.1%	100.0%	89.1%
Eye disability	Count	0	1	0	1
	Expected Count	.1	.8	.1	1.0
	% within Kind of disability	.0%	100.0%	.0%	100.0%
	% within kind of cassava sold	.0%	2.8%	.0%	2.2%
Mixed disability	Count	0	4	0	4
	Expected Count	.3	3.1	.5	4.0
	% within Kind of disability	.0%	100.0%	.0%	100.0%
	% within kind of cassava sold	.0%	11.1%	.0%	8.7%
Total	Count	4	36	6	46
	Expected Count	4.0	36.0	6.0	46.0
	% within Kind of disability	8.7%	78.3%	13.0%	100.0%
	% within kind of cassava sold	100.0%	100.0%	100.0%	100.0%

**Table XXXI: Summary of Monitoring Process.**

Goal	Objective of the study	Indicators	Tools and methods	Person responsible	Time frame	
					Planned	Actual
Build capacities of people with disabilities in Ilala ward that can live economically independent lives by 2007.	To assess the impact of capacity building among people with disabilities in Ilala ward.	i) Application of knowledge in good agricultural practices ii) Acquired knowledge in entrepreneurship iii) Application of knowledge in entrepreneurship iv) Failure to apply the knowledge in good agricultural practices v) Number of hectares planted cassava vi) Reliability of financial resources vii) Amount of money spent viii) Nature of cassava sold	i)Farmer's own records ii) CBO financial records iii)Focus group discussion	i) CBO members ii) CED student iii) Local Government leaders	April,2006 to July,2006	April,2006 to Decembr,2006



## **5.2 Participatory Evaluation**

In assessing the impact and accomplishment of the project, evaluation was both summative and formative. Formative evaluation looked at the guidance and social circumstances that aimed to improve the project and make it sustainable. Summative evaluation looked at measurable CED outcomes for each objective and goal.

### *5.2.1 Formative Evaluation*

Under formative evaluation, the National Disability Policy (2003) whose overall focus is equalization of opportunities for people with disabilities was adhered by both outsiders and insiders. The key words in this policy are “development” of people with disabilities and “quality services” equitably provided. With respect to poverty the policy alludes to the participation of people with disabilities in income generating activities and more so their inclusion in poverty reduction initiatives taken at different levels.

During project designing, important elements of the project, as stipulated in the CEDPA training manual, series volume II was followed. However, during project implementation principles of good agricultural practices were adhered to increase production this included, timely weeding, proper spacing, use of fertilizers, timely planting, and use of pesticides. In addition, principles of financial management, accounting, keeping farmer’s records and organizational management were applied as well.

### 5.2.2 Summative Evaluation

Both outsiders and insiders participated in planning what could be evaluated, how the evaluation would be conducted, how the evaluation would be carried out and how results would be analyzed and presented. Nevertheless, the insiders took responsibility and control of the whole process supported by outsiders. The following steps were used during *summative* evaluation;

#### **Step 1: Review of objectives and activities**

Both insiders and outsiders reviewed the project objectives and activities.

#### **Step 2: Review of reasons for evaluation**

Both insiders and outsiders discussed the reasons for evaluation. The main reason of summative evaluation was to see whether the CED outcomes from each goal were measurable and concrete.

#### **Step 3: Evaluation questions**

##### Question 1

What is your gender?

i) Male ii) Female

##### Question 2

What kind of disability do you have?

i) Physical disability ii) Eye disability iii) Mixed disability

##### Question 3

How many kilograms of sun dried cassava chips on average did you manage to sell per hectare?

- i) 1kg-500kgs ii) 501kgs-1000kgs iii) 1001kgs-1500kgs iv) 1501kgs-2000kgs v) 2001kgs-2500kgs vi) 2501kgs-3000kgs vii) 3001kgs-3500kgs viii) 3501 kgs and above

#### Question 4

How much money (Tsh) on average have you obtained from selling of either fresh, sun dried cassava chips or both per hectare?

- i) 1-500,000 ii) 500,001-1,000,000 iii) 1,000,001-1,500,000 iv) 1,500,001-2,000,000 v) 2,000,001-2,500,000 vi) 2,500,001-3,000,000 vii) 3,000,001-4,000,000 viii) 4, 00,001 and above

#### Question 5

How many training session(s) in good agricultural practices have you received up to now?

- i) One ii) Two iii) Three iv) Four v) Five vi) Six

#### Question 6

How many training session(s) in entrepreneurship have you received up to now?

- i) One ii) Two iii) Three iv) Four v) Five vi) Six

#### **Step 4: Who did the evaluation?**

The following people participated in carrying out the evaluation process;

- CBO leaders and Advisor
- Technical Advisor and Local Government Officials

#### **Step 5 Direct and indirect indicators**

The following were either direct or indirect indicators for each question during the participatory evaluation process;

**Table XXXII: Direct and indirect indicators**

<b>Question number</b>	<b>Indicators</b>
1	Gender distribution
2	Kind of disability
3	Number of kilograms of sun-dried cassava chips
4	Amount of money earned
5	Number of training session(s)
6	Number of training session(s)

**Step 6: Information gathering tools**

Information gathering tools, which were used during the participatory evaluation and their respective results, are summarized in step 10.

**(i) Structured interview**

During information gathering, evaluation questions number 1 and 2 in step 3 were used to guide the interviewing process. The tools intended to gather information on gender of disabled people and kind of disabilities.

**(ii) Focus group discussion**

A two-way communication that was between insiders and outsiders facilitated by the Technical Advisor. Evaluation questions number 3, 4, 5 and 6 in step 3 were used during the discussion. The reason for focus group discussion was to gather information on number of kilograms of sun-dried cassava sold, amount of money earned, number of training session(s) on entrepreneurship and good agricultural practices.

### **(iii) Farmer's own record**

A farm record note book, which was designed by the insiders and outsiders to gather information of individual farmer's records, during the evaluation process records obtained from evaluation questions number 3, 4, 5 and 6 in step 3 were used as means of verification during the focus group discussion.

### **Step 7 Skills used were;**

Skills that were used during the participatory evaluation are interviewing and mathematical skills

### **Step 8: Information gathering and analysis time frame**

The evaluation team gathered information as planned before and at the end of the life span of the project.

### **Step 9: Who gathered information?**

The following people /or group of people were responsible with gathering of information;

- CBO leaders and Advisor
- Technical advisor and Local government officials

### **Step 10: Presentation of the results**

#### **Question 3**

Overall, the quantity of sun-dried cassava sold ranged between 3001Kgs-3500Kgs per hectare. Nevertheless, the proportion of people with physical disabilities was 86.5% greater than 0% and 13.5% for people with Eye and mixed disabilities respectively (See table XXXIII).

**Table XXXIII: Kind of disability \* Quantity of sun-dried cassava chips sold per hectare Cross tabulation**

Kind of disability		Quantity of sun dried cassava chips sold per hectare				Total
		1501kgs-2000kgs	2001kgs-2500kgs	2501kgs-3000kgs	3001kgs-3500kgs	
Physical disability	Count	4	4	3	32	43
	Expected Count	4.3	3.4	3.4	31.8	43.0
	% within Kind of disability	9.3%	9.3%	7.0%	74.4%	100.0%
	% within Quantity of sun-dried cassava chips sold	80.0%	100.0%	75.0%	86.5%	86.0%
Eye disability	Count	1	0	0	0	1
	Expected Count	.1	.1	.1	.7	1.0
	% within Kind of disability	100.0%	.0%	.0%	.0%	100.0%
	% within Quantity of sun-dried cassava chips sold	20.0%	.0%	.0%	.0%	2.0%
Mixed disability	Count	0	0	1	5	6
	Expected Count	.6	.5	.5	4.4	6.0
	% within Kind of disability	.0%	.0%	16.7%	83.3%	100.0%
	% within Quantity of sun-dried cassava chips sold	.0%	.0%	25.0%	13.5%	12.0%
Total	Count	5	4	4	37	50
	Expected Count	5.0	4.0	4.0	37.0	50.0
	% within Kind of disability	10.0%	8.0%	8.0%	74.0%	100.0%
	% within Quantity of sun-dried cassava chips sold	100.0%	100.0%	100.0%	100.0%	100.0%

#### Question 4

Overall, all people with disabilities received training in entrepreneurship, but the number of training sessions differed. The majority were those who received six training sessions unlike those who received less than six training sessions. Nonetheless, the proportion of people with physical disabilities received six training sessions was 85.7% greater than 2.4% and 11.9% for people with Eye and mixed disabilities respectively (See table XXXIV).

**Table XXXIV: Kind of disability \* Number of training session(s) in entrepreneurship Cross tabulation**

Kind of disability		Number of training package (s) in entrepreneurship				Total
		Two	Three	Five	Six	
Physical disability	Count	3	1	3	36	43
	Expected Count	2.6	.9	3.4	36.1	43.0
	% within Kind of disability	7.0%	2.3%	7.0%	83.7%	100.0%
	% within Number of training package in entrepreneurship	100.0%	100.0%	75.0%	85.7%	86.0%
Eye disability	Count	0	0	0	1	1
	Expected Count	.1	.0	.1	.8	1.0
	% within Kind of disability	.0%	.0%	.0%	100.0%	100.0%
	% within Number of training package in entrepreneurship	.0%	.0%	.0%	2.4%	2.0%
Mixed disability	Count	0	0	1	5	6
	Expected Count	.4	.1	.5	5.0	6.0
	% within Kind of disability	.0%	.0%	16.7%	83.3%	100.0%
	% within Number of training package in entrepreneurship	.0%	.0%	25.0%	11.9%	12.0%
Total	Count	3	1	4	42	50
	Expected Count	3.0	1.0	4.0	42.0	50.0
	% within Kind of disability	6.0%	2.0%	8.0%	84.0%	100.0%
	% within Number of training package in entrepreneurship	100.0%	100.0%	100.0%	100.0%	100.0%

### Question 5

Generally, all the fifty CBO members received training in good agricultural practices (GAPs), but the number of training session differed. The majority received six training sessions. However, the proportion of people with physical disabilities received six training sessions was 85.4% greater than 2.4% and 12.2% for people with Eye and mixed disabilities respectively (See table XXXV).

**Table XXXV: Kind of disability \* Number of training session(s) in good agricultural practices (GAPs) Cross tabulation**

Kind of disability		Number of training package in good agricultural practices(GAPs)						Total
		One	Two	Three	Four	Five	Six	
Physical disability	Count	2	2	1	0	3	35	43
	Expected Count	1.7	1.7	.9	.9	2.6	35.3	43.0
	% within Kind of disability	4.7%	4.7%	2.3%	.0%	7.0%	81.4%	100.0 %
	% within Number of training package in GAPs	100.0%	100.0 %	100.0 %	.0%	100.0%	85.4%	86.0%
Eye disability	Count	0	0	0	0	0	1	1
	Expected Count	.0	.0	.0	.0	.1	.8	1.0
	% within Kind of disability	.0%	.0%	.0%	.0%	.0%	100.0 %	100.0 %
	% within Number of training package in GAPs	.0%	.0%	.0%	.0%	.0%	2.4%	2.0%
Mixed disability	Count	0	0	0	1	0	5	6
	Expected Count	.2	.2	.1	.1	.4	4.9	6.0
	% within Kind of disability	.0%	.0%	.0%	16.7%	.0%	83.3%	100.0 %
	% within Number of training package in GAPs	.0%	.0%	.0%	100.0 %	.0%	12.2%	12.0%
Total	Count	2	2	1	1	3	41	50
	Expected Count	2.0	2.0	1.0	1.0	3.0	41.0	50.0
	% within Kind of disability	4.0%	4.0%	2.0%	2.0%	6.0%	82.0%	100.0 %
	% within Number of training package in GAPs	100.0%	100.0 %	100.0 %	100.0 %	100.0%	100.0 %	100.0 %



**Question 6**

At least every participant earned more money from the selling of fresh cassava, sun-dried cassava chips or both. The proportion of people with physical disabilities earned between Tsh 1,500,001-2,000,000 per hectare was 82.1% greater than 15.4% and 2.6% for people with mixed and Eye disabilities respectively (See table XXXVI). It should be noted that during monitoring process it was revealed that the average cost during land preparation ranged between Tsh 500,001-Tsh 1,000,000. Therefore, this implies that the project seemed to be economically viable because people with disabilities were able to realize profit in selling of fresh cassava, sun-dried cassava or both.

**Table XXXVI: Kind of disability \* Amount of money earned from selling of fresh cassava, sun-dried cassava chips or both per hectare Cross tabulation**

Kind of disability		Amount of money in Tsh earned from selling of fresh cassava, sun-dried cassava chips or both per hectare				Total
		500,001-1,000,000	1,000,001-1,500,000	1,500,001-2,000,000	2,000,001-2,500,000	
Physical disability	Count	5	5	32	1	43
	Expected Count	4.3	4.3	33.5	.9	43.0
	% within Kind of disability	11.6%	11.6%	74.4%	2.3%	100.0%
	% within Amount of money obtained from selling of fresh cassava, sun-dried cassava chips or both	100.0%	100.0%	82.1%	100.0%	86.0%
Eye disability	Count	0	0	1	0	1
	Expected Count	.1	.1	.8	.0	1.0
	% within Kind of disability	.0%	.0%	100.0%	.0%	100.0%
	% within Amount of money obtained from selling of fresh cassava, sun-dried cassava chips or both	.0%	.0%	2.6%	.0%	2.0%
Mixed disability	Count	0	0	6	0	6
	Expected Count	.6	.6	4.7	.1	6.0
	% within Kind of disability	.0%	.0%	100.0%	.0%	100.0%
	% within Amount of money obtained from selling of fresh cassava, sun-dried cassava chips or both	.0%	.0%	15.4%	.0%	12.0%
Total	Count	5	5	39	1	50
	Expected Count	5.0	5.0	39.0	1.0	50.0
	% within Kind of disability	10.0%	10.0%	78.0%	2.0%	100.0%
	% within Amount of money obtained from selling of fresh cassava, sun dried cassava chips or both	100.0%	100.0%	100.0%	100.0%	100.0%

**Table XXXVII: Summary of Evaluation Process**

Goal	Objective of the study	Indicators	Tools and methods	Person responsible	Time frame	
					Planned	Actual
Build capacities of people with disabilities in Ilala ward that can live economically independent lives by 2007.	To assess the impact of capacity building among people with disabilities in Ilala ward.	i) Number of kilograms of sun-dried cassava chips ii) Amount of money obtained iii) Number of training packages in good agricultural practices and entrepreneurship	i) Farmer's own records ii) CBO financial records iii) Participatory monitoring	i) CBO members ii) CED student iii) Local Government leaders	December, 2006 to July, 2007	December, 2006 to January, 2007

### **5.3 Sustainability**

Sustainability elements that were identified which may affect “JUMAWATA” and feasibility of the Project are; inadequacy of financial resources and persistence of negative perception toward people with disabilities as people who cannot live economically independent lives as the result disabled people will continue to be socially excluded and denied their rights.

However, for a Project to be sustainable there is a need of mobilizing financial resources from various donors for buying modern farm equipments, which will be used for farming activities. In addition mainstreaming people with disabilities into Microfinance Institutions for easy access of loans and continue lobbying the Government, development partners and Civil Society Organizations to include the disabled people in their development agendas.

Meanwhile “JUMAWATA” has approached the National Microfinance Bank (NMB), which has agreed to provide a loan of Tsh 10,000,000 to the organization before the end of the year 2007. In addition, the Tanzania Social Action Fund (TASAF) in its 2007/2008 action plan has identified some disabled people’s Civil Society Organizations, JUMAWATA being one of them that will receive grants by the year 2008.

The project seems to be sustainable because trainings in entrepreneurship and good agricultural practices conducted among people with disabilities, availability of a land of about 910 hectares in Mtamba village-Kisarawe district, whereby each CBO member was given five hectares as well as commitment and readiness shown by people with

disabilities. In addition, the presence of the National Disability Policy (2003) will facilitate the sustainability of the project because the overall focus is equalization of opportunities for people with disabilities in national development agendas will facilitate the sustainability of the project. The key words in this policy are “development” of people with disabilities and “quality services” equitably provided. With regard to poverty the policy, emphasizes the participation of people with disabilities in income generating activities.

Furthermore, the amount of money which was generated from selling of cassava produce has motivated people with disabilities to continue engaging in agricultural activities.

JUMAWATA will continue to raise funds from various donors, training organization members on all aspects of good agricultural practises and entrepreneurship, participate actively in policy forums so that to effect changes in policies which affects them.

## **CHAPTER SIX**

### **CONCLUSION**

This chapter presents a review of project outputs and outcomes, project goals and objectives, details of project objectives that were achieved either fully or partially. Also, factors and conditions, which have enhanced the accomplishment of all elements of the project.

#### **6.1 Conclusion**

Overall, the project has managed to achieve its objectives. The majority of the members who participated in the project were able to plant more than one hectare of cassava and apply the knowledge in good agricultural activities and entrepreneurship. However, the second objective, which aimed to establish a reliable market place for selling of raw and sun-dried cassava, was partially achieved because there was no any reliable market place that was established instead cassava produce were sold either at individual farmer's home or farm. In order to overcome this situation there is a need to continue searching for a reliable market place for selling of cassava produce by involving different professional marketers. Therefore, availability of adequate financial resources would have enabled people with disabilities to increase production of cassava and search for reliable market place.

If there were adequate financial resources, the project would have fully managed to achieve all its objectives by 2007 that is;

- i) Increase Agricultural production at Mtamba village farm from an average of one and a half tones to three tones of sun dried cassava chips per hectare,
- ii) Establish a reliable market place for selling of raw and sun dried cassava chips,
- iii) and increase number of training sessions in good agricultural practices on cassava growing and entrepreneurship from one training sessions per year to six each.

Nonetheless, the amount of money generated from selling of cassava produce ranged between Tsh 1,500,001-2,000,000 per hectare regardless of the absence of reliable market whereas the total production cost ranged between Tsh 500,000-Tsh1, 000,000, this experience gained from this project proves that, people with disabilities can live economically independent lives once provided with opportunities and resources.

## **6.2 Recommendations**

For sometimes now development, organizations and communities at large have been looking at disabled people as individual who cannot live economically independent lives. This perception has remained in people mindset for generations now. Ignorance, misconceptions and traditional beliefs often lead to negative attitudes and the marginalisation of disabled people and their family within communities, as the result they are not actively participating in economic activities.

Therefore, Development organizations, government and communities should;

- i) perceive people with disabilities as people who can live economically independent lives once provided with opportunities & reliable resources.

- ii) note that mainstreaming of people with disabilities into development programmes that lead to their empowerment requires strategic and flexible entrepreneurship trainings and financial products development activities.
- iii) continue mainstreaming people with disabilities into development agendas.
- iv) and for a country like Tanzania there is a need of amending the constitutional so that people with disabilities can have representatives at all levels ranging from hamlet to national and also having a minister who will dealing only with people with disabilities only because their number is growing very fast.



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