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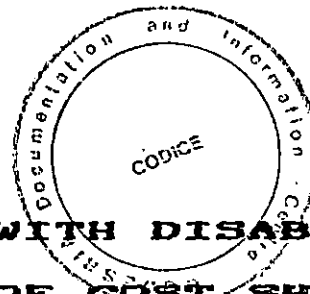
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**State and persons with disability in
Tanzania: impacts of cost sharing in
vocational rehabilitation training**

OCTOBER 1997

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**STATE AND PERSONS WITH DISABILITY IN
TANZANIA: IMPACT OF COST SHARING IN
VOCATIONAL REHABILITATION TRAINING**

BY

HENRY MICHAEL WIMILE

A DISSERTATION

SUBMITTED IN PARTIAL FULFILMENT OF THE

REQUIREMENTS FOR THE DEGREE OF MASTER

OF ARTS (PUBLIC ADMINISTRATION)

OF THE UNIVERSITY OF

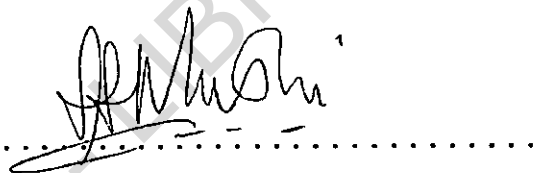
DAR ES SALAAM

OCTOBER 1997

CERTIFICATION

The undersigned certify that they have read and hereby recommend for acceptance by the University of Dar es Salaam dissertation entitled: State and Persons with Disability in Tanzania: Impact of Cost Sharing in Vocational Rehabilitation Training, in partial fulfilment of the requirements for the degree of Master of Arts (Public Administration).

Prof. S.S. Mushi



SUPERVISOR/INTERNAL EXAMINER

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DECLARATION

I, HENRY MICHAEL WIMILE, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

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ACKNOWLEDGEMENT

This dissertation would not have been in its present form without the support, co-operation and help from a number of institutions and individuals to whom I wish to express my acknowledgement. I would, nonetheless, wish to express my gratitude to a few for their special contribution.

I extend my appreciation to my supervisor, Professor S.S. Mushi, for his guidance in the research and writing of this dissertation.

I am also grateful to the academic staff and fellow graduate students in the Department of Political Science and Public Administration for their cooperation and encouragement during the whole period of undertaking this study.

I would like to express my sincere gratitude to the Department of Social Welfare and Principals of Luanzari, Singida, Yombo and Mtapika VRTCs, Bigwa, Arnatoglo and Masasi FDCs, and Tanga and Chang'ombe NVTCs, for their assistance in obtaining data for this study especially in the course of interviews, administration of questionnaires and acquisition of documents.

I am greatly indebted to the Royal Danish Embassy, particularly DANIDA, which offered me a full sponsorship for the coursework. I owe special thanks to Honourable

Jackson Makweta (MP) Minister for Science, Technology and Higher Education, who successfully appealed to the Royal Danish Embassy to sponsor me. I am also grateful to CODESRIA for providing grants to fund my field work and dissertation writing which were not covered by DANIDA.

Finally, I would like to thank the following:-

1. Mrs. Gladness Mrindoko of History Department who did a wonderful job in typing this dissertation.
2. Mr. Mohamed H. Kajembe who provided considerable assistance during my fieldwork and dissertation writing. Being blind, I could hardly complete this work without his generous assistance.
3. My beloved fiancée, Happiness Mbeyela for her word of encouragement all the time that reinvigorated my spirit.

DEDICATION

This dissertation is dedicated to my lovely Mammy (Hellen) and Daddy (Michael) who appreciated the importance of sending me to school. It is further dedicated to the poor needy persons with disability who cannot provide for themselves.

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ABSTRACT

Realizing the importance of vocational (functional) skills for enhancement of independent living for persons with disability in the society, many countries in the world have established vocational rehabilitation training to meet such need. And to ensure access to all eligible persons, many of these countries have been providing the services free of charge.

In Tanzania, also, vocational rehabilitation training for the concerned persons was provided freely from the time of its inception in 1953 up to 1986 when cost sharing was introduced. The giving of free social services was possible because then the economy was doing well. Unfortunately, the period from late 1970s to early 1980s saw Tanzania falling into a stiff socio-economic crisis. As there were no signs of early recovery Tanzania devised various strategies in an attempt to alleviate the crisis. Cutbacks of government allocation on social services like education (including vocational training), health, water, etc, and introduction of cost sharing to the beneficiaries of the services were to prevent the deteriorating service from total collapse.

While such measures were necessary, they had a negative impact on the persons with disability who are perhaps the most marginalized and economically hardest hit

in society. Thus the goal of this study is, first, to find out the extent to which cost sharing has affected access to vocational rehabilitation training and, second, to give suggestions on how to help those who are unable to share the costs and how the programme could be improved.

The study is divided into five chapters. Chapter One deals with the background to the study, including the statement of the problem, purposes, objectives and significance of the study, definition of concepts, hypotheses, methodology and limitations of the study.

Chapter two looks at the literature on disability and cost sharing in vocational rehabilitation training for persons with disability. It also discusses the causes of disability and the difference between disability, impairment and handicap. Furthermore, it situates the persons with disability in the community in which they live. The section also discusses various steps taken at a global level to restore the lost ability or to convert disability to ability. Such efforts relate to rehabilitation services of which vocational rehabilitation training is a part. The last aspect of the chapter deals with the conceptual framework for this study.

Chapter three focuses on vocational rehabilitation training for persons with disability in Tanzania. The chapter tries to trace the history of vocational rehabilitation training for persons with disability in

Tanzania assessing the needs against the available capacity. It also analyses the issue of training policy before and after the introduction of cost sharing.

Chapter four demonstrates the impact of cost sharing on vocational rehabilitation training for persons with disability in Tanzania from the case study of nine governmental vocational rehabilitation colleges and centres. Much of the information in this chapter is generated from questionnaire survey, interviews and, to a less extent, from documents. Generally, the chapter reveals that cost sharing has seriously affected the access of persons with disability to vocational rehabilitation training.

Chapter five concludes the study and gives recommendations. The basic recommendation is that implementation of the cost-sharing policy should take into account the assessment of the individual economic ability so as to ensure that those who can pay actually pay and those who cannot pay do not suffer deprivation of critical services. It emphasizes that government has the responsibility to provide for those who cannot provide for themselves.

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ABBREVIATIONS

1. DHR - Swedish Foundation of the Disabled Persons.
2. ERP - Economic Recovery Programme.
3. FDCC - Folk Development College.
4. HRF - Swedish Association for the Hard Hearing.
5. NAC - National Advisory Council.
6. ILO - International Labour Organization.
7. NESP - National Economic Survival Programme.
8. NGO - Non-Governmental Organization.
9. NVRP - National Vocational Rehabilitation Programme.
10. NVTC - National Vocational Training Centre.
11. NA - Not applicable.
12. SDR - Swedish National Association of the Disabled Persons.
13. SAP - Structural Adjustment Programme
14. SHIA - Swedish Handicapped International Aid Foundation.
15. SRF - Swedish Association for the Visually Impaired.
16. TACPR - Tanzania Association for Cerebral Palsy and Mental Retardation.
17. TAD(1) - Tanzania Association of the Disabled.
18. TAD(2) - Tanzania Association of the Deaf.
19. TAS - Tanzania Albino Society.

20. TLB - Tanzania League of the Blind.
21. VETA - Vocational Education Training Authority.

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CHAPTER 1

BACKGROUND TO THE STUDY

1.1 Genesis of the Problem

Cost sharing in vocational rehabilitation training for persons with disability is a sub-policy of the structural adjustment policies introduced to alleviate the general socio-economic crisis that has faced Tanzania since late 1970s. The assumption under this policy is that government has engaged itself in many functions while its fiscal capacity to carry such activities alone is limited. For example, the real GNP declined from -0.5% in 1979 to -3.2% in 1982 (Wagao, 1992).

Thus structural adjustment is a reform policy to deal with the socio-economic crisis. It calls for the reduction of the government size (retrenchment), cutbacks of government expenditure, privatizing public property and services, including education, water and health, removal of subsidies in agricultural inputs for farmers and subsidies in food and other items for consumers, and introduction of user charges in health and cost sharing in education.

The abandoned policy had been socialistic and emphasized government's role in the provision of free social services, including education, health and water. The new policy is capitalistic and emphasizes the market

forces and demands individual contribution to all services, including water, education, health, etc.

1.2 Statement of the Problem.

It was felt that while cost sharing could be fine for the rich, it would create some problems for disadvantaged groups such as children, the aged, women, workers and persons with disability. The majority of persons with disability are poor, not only themselves but also their families. Therefore, it can be difficulty for them to share the costs. That would mean denying them access to vocational rehabilitation training which is their basic source of functional skills necessary for enhancement of independent living. The denial would make their lives more difficult and push some of them into the streets as beggars. It can further increase the marginalization of such people, making them unnecessarily depend on able-bodied relatives. In most cases poverty is interwoven with disability for many disabilities are caused by poverty.

1.3 Purpose and Objectives of the study.

Given the problem stated above, the study seeks to find out the magnitude of negative impact of cost sharing on vocational rehabilitation training for persons with disability. The study aims also at suggesting some

alternatives that could improve services for such persons.

Specific objectives were as follows:-

1. To find out the extent to which the cutbacks of government expenditure had contributed to the deterioration of vocational rehabilitation training services in Tanzania, i.e. how cutbacks had affected training and learning process, e.g. textbooks, buildings, instructions, etc.
2. To establish the relationship between cost sharing, enrolment and dropouts in order to determine the level of access.
3. To find out in relative terms which category of trainees was most affected, and to see how those with disability fair in comparison with those without disability.

1.4 Significance of the study.

This study has the following usefulness. First, it will appeal on behalf of persons with disabilities for a collective support from the community to ensure their access to vocational rehabilitation training.

Secondly, the study will contribute to the body of knowledge on the ongoing global and national debates about structural adjustment policies and cost sharing in vocational rehabilitation training in particular. Also,

it will be a source of information for academicians and other interested individuals.

Thirdly, it will enlighten policy makers and practitioners on the training needs of persons with disability and help them in making appropriate policies that can accommodate such needs. According to a report from a social Welfare Department under which vocational rehabilitation training operates, there is no policy on the issue of vocational rehabilitation training for persons with disability in particular.

1.5 Definition of Concepts

For the purpose of this study, the following working definitions and terms are given.

- (a) Cost sharing refers to the requirement that trainees with disability receiving vocational rehabilitation training contribute a certain amount of money as may from time to time be determined by the competent authority for the services they receive.
- (b) Vocation refers to various functional skills and techniques which the individual acquires through a training process. Such skills and techniques are a pre-requisite for either self employment or labour market.

- (c) Training refers to the process of imparting skills and techniques to the individual learner. Normally this is done by following a systematic syllabus and curriculum.
- (d) Rehabilitation refers to combined and coordinated measures aimed at reducing the impact of a disability on an individual in order to enable him/her achieve independence, social integration, better quality of life and self actualization. Vocational training is just one of the means towards rehabilitation.
- (e) Braille refers to the special form of an un-ink printed writings used by persons with visual problems. The writings are in protruded dots which can easily be felt by fingers. And that is how one reads.
- (f) Impact refers to the negative effects which burden individuals.
- (g) A person with disability refers to any individual whose ability and capacity to perform activities considered normal for a human being is substantially reduced or limited due to physical or mental disability. Such a person requires vocational rehabilitation services to restore the lost abilities.

1.6 Hypotheses of the study

This study was guided by three hypotheses. These are:-

1. The cutback of government expenditure on vocational rehabilitation training for persons with disability sets back the expansion and improvement of the programme throughout the country.
2. Due to cost-sharing, the majority of persons with disability are denied access to vocational rehabilitation training which is the source of functional skills for enhancing independent living.
3. Persons with disability are affected more by cost sharing than persons without disability.

1.7 Methodology of the study.

1.7.1 Sampling Techniques and Target Population

Institutions for this study were wholistically selected. It means that they were not a representative sample of the universe to be studied as all nine governmental institutions (which is 100%) were included. Principals of institutions and governmental officials from the social Welfare Department were subjectively selected on the bases of the positions they occupy in their organisations. Initially in the proposal specialist

instructors and trainees with disability were randomly selected. However, it was experienced in the field that some institutions were closed down because of the shortage of funds making it difficult to get trainees as respondents. In such institutions it was only possible to get information from principals, specialist instructors and, in some cases, a few trainees who were unable to go home because of the fare problem. This was observed from the following institutions: Singida VTC, Luanzari VTC, Mtapika VTC and Masasi FDC. Worse still, even those institutions which were in operation some had fewer specialist instructors and trainees with disability than the required number, while Bigwa FDC which is an integrated institution had no trainees with disability at all.

As measures to control getting unrealistic and undependable data for generalization purposes, the researcher decided to change the sampling techniques. Instead of probability sampling for specialist instructors and trainees with disability as suggested in the proposal, a non-probability sampling was adopted. Babbie (1991:23) bearing in mind the occurrence of such cases in a research comments: "There are times when probability sampling would not be appropriate if not impossible to many such situations, non-probability sampling procedures are called for". The specific technique applied by the study as a solution to the problem was purposeful or judgemental

approach. "In such a technique the researcher uses his/her own knowledge of the population, its elements and the nature of the research aim" (Babbie, 1991:23).

Thus, in the final analysis, the respondents for the study turned out to be 183 in total instead of 250 which were proposed before the field work was undertaken. That included 9 principals, one official from the Social Welfare Department, 55 specialist instructors and 118 trainees with disability. However, of the 183 units of observation only 173 were processed and generalised to verify the research hypotheses because 5 of them were discarded as missing data (See table 1).

Table 1: Distribution of respondents from the sampled population.

| Name of institution | Principals | Social Welfare Dept. | Specialist Instructors | Trainee with Disability | Total |
|----------------------|------------|----------------------|------------------------|-------------------------|------------|
| Luanzari VTC | 1 | n.a. | 2 | 2 | 5 |
| Singida VTC | 1 | n.a. | 11 | n.a. | 12 |
| Yombo VTC | 1 | n.a. | 7 | 99 | 107 |
| Mtapika VTC | 1 | n.a. | 4 | 3 | 8 |
| Tanga NVTC | 1 | n.a. | 8 | 5 | 14 |
| Chang'ombe NVTC | 1 | n.a. | 6 | 5 | 12 |
| Arnatoglo FDC | 1 | n.a. | 4 | 4 | 9 |
| Masasi FDC | 1 | n.a. | 7 | 0 | 8 |
| Bigwa FDC | 1 | n.a. | 6 | 0 | 7 |
| Social Welfare Dept. | n.a. | 1 | n.a. | n.a. | 1 |
| Total | 9 | 1 | 55 | 118 | 183 |

Source: Field Data Survey.

1.7.2 Data Instrumentation and Administration.

As it was entirely a primary research, basically it relied on first hand data obtained largely from surveys by questionnaires and interviews and to a less extent based on secondary data from documents through content analysis. Just like for many other social scientific studies, the research adopted a descriptive approach as its major modal although, however, there was a degree of overlapping with the explanation approach. Babbie (1991:91) comments: "The major purpose of social scientific studies is to describe situations and events". In the same manner that was the pre-occupation of the study to describe the extent to which cost sharing had affected persons with disability with regard to the issue of vocational rehabilitation training in the country.

1.7.3 Data Analysis Procedure.

Two methods were used by the study in analysing the data collected, namely qualitative and quantitative methods. However, there was a problem of missing data. Babbie (1991:177), who seems to understand the occurrence of such a problem, argues "regardless of your data collection method, you will frequently face a problem of missing data". He then gives suggestions on how to handle the problem : "If there are relatively few cases with missing data, you may decide to exclude them from the analysis".

Since the study experienced just a few cases of missing data, the option to discard them was resorted to.

For the data from open ended questionnaires and unstructured interviews, coding had to be done first, and then the response rate (frequency) was calculated by tallying completed questionnaires as well as interviews and dividing that figure by the number of potential respondents for each individual attribute. Frequency quantification of response was done by tabulating and converting such responses into percentage, after which the meaning for each statistical element in the configuration was described. Qualitative data were reduced and then displayed (Miles and Huberman, 1984). Reducing data means summarising the collected large passages of information from the field into small or few lines to ease the task of interpretation. And data display refers to the task of computing the summarised or reduced information into figures, charts or tables that have specific meaning or information.

1.7.4 Research Design.

To facilitate the process of measuring, the study adopted a pre-test post-test design. The design helped to compare and score the difference of vocational rehabilitation training situation for persons with disability before the introduction of cost sharing (1967-1986) and after its introduction (1986-1996). The bases

for the comparison were actual institutional capacity, capacity utilization, government budget allocation, entry and dropout, quality training, availability and standard of office equipment, instructional materials and practical appliances. The difference between the two periods helped to describe the extent of impact. Apart from the support of opinions collected from questionnaires administered to specialist teachers and trainees with disability, the concrete data for the comparison were extracted from the registry.

There were two levels of measurement which the study used, i.e. ordinal and ratio. Ordinal measurement revealed in a relative term the degree of impact and difference between the two categories of trainees. Babbie (1991) comments that ordinal measurement is helpful in establishing a relative relationship between variables in mutual exclusiveness. Under ordinal measurement, therefore, two individuals may be either affected equally or one can be more affected or less affected than the other. But, at least, both of them must be in one way or another affected. Ratio measurement was applied in describing the frequency of response for each attribute. The results were quantified and described in terms of percentages i.e. below forty percent unsatisfactory forty to sixty satisfactory and sixty and above percent excellent. However, such statistical information would be

useless if not accompanied with words interpreting their meaning. Hence, each score from every variable was interpreted and given a meaning. Eventually the facts obtained and analysed from the findings were strong enough to disprove any intervening variable in nullifying the research hypotheses.

1.8 Coverage of the study

The study covered all nine governmental institutions providing vocational rehabilitation training in the country, namely Yombo Vocational Centre, Arnatoglo Folk Development College, and Chang'ombe Vocational Training Centre, all of which are located in Dar es Salaam. Others were Tanga Vocational Training Centre, Singida Vocational Rehabilitation Centre for women with visual disabilities, Bigwa Folk Development College in Morogoro, Mtapika Vocational Rehabilitation Centre and Masasi Folk Development College in Mtwara.

1.9 Limitations of the Study.

The study was faced with the problem of missing data, because some respondents did not complete the questionnaires. Also some did not understand what they were supposed to do, hence giving irrelevant information. Likewise, the study did not include religious and other private institutions because the aim was to find out what was happening in governmental training institutions.

CHAPTER TWO**REVIEW OF THE RELEVANT LITERATURE AND A CONCEPTUAL
FRAMEWORK FOR THE STUDY****2.0 Introduction**

This chapter looks at the literature on disability and cost sharing in vocational rehabilitation training for persons with disability. It also discusses the causes of disability, the difference between disability, impairment and handicap. Furthermore, it situates the person with disability in the community in which he lives. The chapter discusses also various steps taken at a global level to restore the lost ability or to convert disability to ability. Such efforts relate to rehabilitation services of which vocational rehabilitation training is a part. The last aspect of the chapter deals with the conceptual framework for this study.

2.1 The Relevant Literature**2.1.1 Causes of Disability**

It is said that about 10 percent of any population is inhabited by persons with disability of one kind or another and of varying degrees of severity. It is estimated that there are about 500 million people who have one or more forms of disability in the world. About 75 percent of such people live in developing countries,

mostly in the rural areas. Seven causes of disability have been identified:

- (i) Non-communicable organic diseases (100 million people).
- (ii) Congenital diseases and defects (100 mil. people).
- (iii) Malnutrition (100 mil. people).
- (iv) Injuries and accidents (78 million people).
- (v) Communicable diseases (56 million people).
- (vi) Chronic alcoholism and drugs (48 million people).
- (vii) Functional mental disorders (40 million people).

Of these causes of disability poverty, malnutrition, congenital disorders and communicable diseases are most prevalent in developing countries including Tanzania, while accidents, functional mental disorders and chronic alcoholism are said to be among the most important causes in industrialized countries (Kalio, 1992).

2.1.2 Classification and Distinction of Disabilities.

The classification of disabilities is based on either physical, sensory or mental defects. Six categories are usually distinguished, namely (1) physically impaired, (2) visually impaired, (3) audially impaired, (4) albinos (5)

mentally impaired, and (6) people with multiple impairments.

There is a tendency to confuse between three related terms, namely impairment, disability and handicap. A brief distinction is made here:-

Impairment refers to any loss of a body organ or the loss of its function. The loss may be permanent or temporary, severe or slight.

Disability refers to any restriction or lack of ability to perform an activity in a manner considered normal for a human being. In other words, it is the effect of impairment on the performance of certain activities regarded as basic to everyday living. It is the reduction of functional ability.

Handicap is closely related to the terms impairment and disability. It refers to the more pronounced impact of impairment and disability affecting the whole person and not just selected capabilities. It is a value judgement applied by society to a person with an impairment and disability on the basis of real or assumed failure to perform customary social roles. A disability becomes a handicap when its presence makes an individual or is perceived by culture or by him/herself as making him/her less able, less adequate or less worth. Thus handicap is the result of a disability, cultural practices or self-imposed feelings.

2.1.3 Social and Economic Status of Persons with Disability.

A person with disability is probably a marginalised citizen in the society. According to Degner and Kooster (1995:9), "for a very long time, persons with disability have been confronted by different kinds of disregard and mistreatment". Socially, they suffer a lot from prejudice while economically they are the most hard hit people. In the past, persons with disability were in most societies executed. This was true in the ancient Greek city states and elsewhere in Europe as well as much of pre-colonial Africa and Asia. Families which had children with disability felt isolated from the community. More often they kept their children indoors. No efforts were made to develop or prepare them for future life. They were left as useless and helpless creatures. In some traditions, there were deliberate actions to terminate their lives. It was believed that having such people in the society signified a curse from the gods. Thus they lacked social, economic and political rights. Unlike to-day the constitution (where they existed) were silent about such people.

However, to say that all societies had a social stigma against persons with disability would be an over-statement, for there were societies whose traditions cared for the disabled. In some societies such people were treated as innocent and holly, leading to overprotection and

humiliating sympathy. Overprotection and humiliating sympathy denied them exposure to challenges which would develop their potentialities and abilities. They therefore remained ignorant and heavily dependent on the able-bodied members of the community for all services.

It was not until after the industrial revolution in Europe that such negative attitudes began to change. The change brought education and rehabilitation services to persons with disability as equal members in the society. Italy is said to be one of the earliest countries in Europe to address the needs of persons with disability in the constitution and other countries followed suit (Choma, 1985).

In Africa and Asia the social stigma against persons with disability changed greatly with the coming of christianity which accompanied or preceded colonialism. Colonial governments and religious institutions established some centres like those of education, rehabilitation and home care to develop their potentialities and take care of them.

Today persons with disability are recognized by governments and societies in which they live. Nevertheless, given their disability, they still have a limitation in utilizing available facilities to earn a living. Due to this, the lives of most of them are insecure. They remain victims of so many activities and

processes occurring in the society: "The handicapped in any ... country are among the poorest and most deprived. They belong to the most exposed marginal and high risk groups" (Curt Krinstensen, 1992: 252).

Hence appropriate facilities are required to change this sorrowful situation to at least uplift the standard of their lives. Those facilities include rehabilitation services through which a person with disability is developed and equipped with functional skills. It is the absence of such skills that makes a person with disability inferior in the eyes of the society.

2.1.4 Global Perspectives on Vocational Rehabilitation Services for Persons with Disability.

The major landmark in the history of persons with disability at the global level was reached when their rights were articulated in the Universal Declaration of Human Rights which states:-

Every one has the right to the standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (ILO, 1976:8).

The declaration recognizes persons with disability as requiring more than charity from the community. Among other things, the declaration stipulates the right for

disabled persons to receive the basic social services and appropriate training to develop their potentialities. This will give them independence, self-confidence and social recognition. ILO has done a lot in this direction.

One of the strategies developed by ILO as a guideline to alleviate the dependency of persons with disability has been the provision of vocational rehabilitation services. Vocational rehabilitation is defined as a continuous process of rehabilitation which involves the provision of services such as vocational guidance, vocational training and selective placement designed to enable disabled persons to secure and retain suitable employment (ILO 1976: 4). ILO conventions require member states to adopt policies and programmes for empowering disabled persons. For example, section 1 of Article 1 of ILO convention no. 142 of 1975 states:

Each member shall adopt and develop comprehensive and co-ordinated policies and programmes of vocational guidance and vocational training closely linked with employment in particular through public employment services.

Section 2 of Convention No. 159 of ILO (1983) further stipulates: "For purposes of this convention, each member shall consider the purpose of vocational rehabilitation as being to enable disabled persons to secure, retain and advance in suitable employment, and thereby further such person's integration or re-integration into the society". Emphasis is on empowering disabled persons through

functional skills. ILO believes that all disabilities can be ameliorated through appropriate training programmes. Thus part 2, section 2 of ILO recommendation no. 99 of 1955 states:-

Vocational rehabilitation services should be made available to all disabled persons, whatever the origin and nature of their disability, and whatever their age, provided that they can be prepared for, and have reasonable prospects of securing and retaining suitable employment.

Furthermore, ILO emphasizes that training should not be discriminatory and that the interests of the trainees with disability should be taken into account in developing the programmes. To this effect, Article 1, section 5 of convention no. 142 (1975) states:-

The policies and programmes shall encourage and enable all persons on an equal bases and without any discrimination whatsoever, to develop and use their capabilities for work in their own basic interests and in accordance with their own aspirations, account being taken of the needs of the society.

ILO recognizes the problems facing the rural persons with disability. Article 8 of Convention No. 159 (1983) reminds the member countries of the need to extend vocational rehabilitation services to persons with disability in the rural and remote areas: "Measures shall be taken to promote the establishment and development of vocational rehabilitation and employment services for disabled persons in rural areas and remote communities".

The international community stresses that services to disabled persons who have no ability to pay must be provided free, and that the quality of the services should be improved on a continuous basis (ILO recommendation no. 99 of 1955, sections 20,21 and 23).

There is also an economic argument for helping people with disability to become self-supporting. As Anderson puts it, "Both government and individuals ought to realise that unless rehabilitation services are provided, disabled people will become a drain on the country's resources socially and economically" (quoted in Choma, 1985: 86). In other words, it will cost less to train persons with disability than not to do so, because in the long run the state and society will have to support these dependent people. In the same vein, Gan-Ikilama (1992: 305, 300) argues that "if the intellectual potential of the disabled are to be harnessed for national development, educational opportunities must be made freely and fully available", and adds: "to put it positively, finances must be found to develop this potential and to channel it into appropriate spheres of human endeavour".

2.2. A Conceptual Framework for the study.

The conceptual framework guiding the study is to be found in the "redistributive theory". It stresses the importance of reallocating resources in favour of certain

categories of social group(s). In this regard, Hellander (1992:18) states, "In industrial countries, it is common to have systems designed to transfer resources... from one group to another, for example, from employed to unemployed. Normally, disabled people should benefit from such transfers if they do not earn enough to enable them live decent lives".

Alexander (quoted in Komba, (1992) suggests a model for the application of such a theory which has eight components. The fourth component on "corrective educational programme" was considered useful to this study. The component stipulates the need for financing education to meet specific individual needs that require special education as a result of congenital deficiencies. It is felt that trainees with disability are specific category of social groups which has a lot of limitations preventing them from manipulating available resources to acquire vocational rehabilitation training. Alexander's fifth component on remedial educational programme was also found relevant. According to it, financing has to be designed so as to provide measures to offset educational disadvantages caused by socio-economic distortions. The idea here is to alleviate individual deficiencies of the most disadvantaged groups, and clearly trainees with disability belong to the most disadvantaged people in the society. Economically they are the hardest hit and socially they suffer from

prejudice. Hence, they are the victims of socio-economic distortions.

The United Nations (1986:25) supports the redistributive theory and observes that while "in the developed countries there is a social security system to cover all types of socio-economic risks", in many developing countries there is no such security. Similarly, Nyerere (1974:1) subscribes to the theory and emphasizes the state's and society's "obligation to ensure that ... we help the handicapped in their problems".

The citations above suggest that there should be a deliberate endeavour by the government to redistribute (transfer) resources from the better-off social groups to meet the needs of the disadvantaged social groups which include people with disability.

CHAPTER THREE**VOCATIONAL REHABILITATION TRAINING IN TANZANIA****3.0 Introduction.**

The central focus of this chapter is the vocational rehabilitation training for persons with disability in Tanzania. The chapter tries to trace the history of vocational rehabilitation training for persons with disability in Tanzania assessing the needs against the available capacity and discusses the issue of training policy before and after the introduction of cost sharing.

Being an active member of the International Labour Organisation, Tanzania is obliged to observe the recommendations and conventions which she has signed. However, in translating those provisions into action she has to take account of national objectives and interests. Policies and programmes have to be an integral part of the overall national outlook.

3.1 The Evolution of Vocational Rehabilitation Training Centres and Programmes.

Vocational Rehabilitation Training for persons with disability is currently a unit under the Department of Social Welfare of the Ministry of Labour and Youth Development. The history takes us back to 1953 when the first vocational rehabilitation centre for the blind was

opened. It was situated about 8 kilometres from Tabora town, at a village called Manoleo. The founder of the institution was the Tanganyika Society for the Blind (TSB), in collaboration with the Royal Commonwealth Society for the Blind (RCSB). After union with Zanzibar, the Tanganyika Society for the Blind changed its name to Tanzania Society for the Blind. In 1994, the Manoleo Vocational Rehabilitation Training Centre was moved to Luanzari, about 3 kilometres from Tabora town, and became known as Luanzari Vocational Rehabilitation Training Centre.

During those days trainees were recruited directly by the centre itself. After completion the centre used to give the leavers some technical aids to assist them in resettlement. Some of the leavers could find gainful employment in the industrial and agricultural sectors while others joined the informal sector. In 1966 the Manoleo Vocational Rehabilitation Centre was handed over to the government. Henceforth Trainees were supposed to apply to the institution through regional or district social welfare departments, and it became the responsibility of the government to provide for the technical assistance. As time went on, however, the government was unable to provide the assistance due to financial problems and, probably, change in priorities as well.

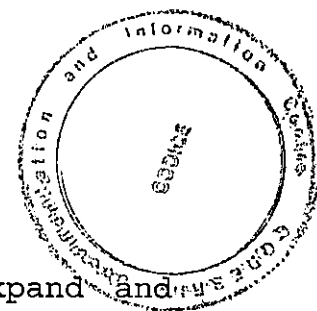
In 1969, another centre for the blind was opened at a place called Mtapika in Masasi District, Mtwara region. Then the country was divided into two zones, northern and southern. The northern zone was served by the Manoleo Vocational Rehabilitation Training Centre. It covered 15 regions of Tanzania Mainland: Tabora, Kagera, Mwanza, Shinyanga, Rukwa, Coast, Morogoro, Dodoma, Dar es Salaam, Kigoma, Mara, Arusha, Singida Tanga and Kilimanjaro. The southern zone was served by Mtapika Vocational Rehabilitation Centre and covered five regions, namely Mbeya, Iringa, Ruvuma, Lindi and Mtwara. That remained the case until 1991 when a new system of integrating persons with disability into the mainstream of vocational training was introduced.

Until 1973, the existing facilities catered only for the visually impaired males. However, in 1973 Yombo Vocational Centre for trainees with physical impairments, deaf and albinos, was opened as the only government institution addressing the training needs of such people. It is a co-education centre. This has been possible because the nature of their disabilities does not require availability of special instructions, textbooks or technical facilities.

The only centre for female trainees with visual impairment was opened in 1976 around Singida town. It is called Singida Vocational Rehabilitation Centre for the

Blind women. It enrolls trainees from all over the country through regional and district Social Welfare Departments.

A significant landmark in the development of vocational rehabilitation training for persons with disability came in 1991 when the National Vocational Rehabilitation Programme (NVRP) was launched. It is run jointly by three government Ministries, namely the Ministry of Community Development, Women Affairs and Children, the Ministry of Labour and Youth Development and the Ministry of Education, Culture and Sports. The Vocational Education Training Authority (VETA) and the National Advisory Council (NAC) are also involved, and so are five organisations of persons with disability in Tanzania, namely the Tanzania Association of the Disabled (TAD), the Tanzania Association of the Deaf (TAD), the Tanzania Albino Society (TAS), the Tanzania League of the Blind (TLB), and the Tanzania Association for Cerebral Palsy and Mental Retardation (TACPR). Several Swedish NGOs are involved in the programme, including the Swedish Association for the Hard hearing (HRF), the Swedish Association for the visually impaired (SRF), the Swedish National Association for the Deaf (SDR), and the Swedish Foundation of the Disabled Persons (DHR), all of which are coordinated by the Swedish Organisation of the Handicapped International Aid Foundation (SHIA).



The objective of the programmes is to expand and strengthen vocational rehabilitation services and facilities. To achieve this, the project has renovated and rehabilitated the existing four special institutions, namely Luanzari, Mtapika, Yombo and Singida Vocational Rehabilitation Centres to provide access for persons with different disabilities instead of accommodating only specific category of people. Now even those persons with cerebral palsy and mental retardation who were not catered for before are currently being enrolled in the same institutions. However, the training needs of persons with audiovisual impairments are yet to be articulated. The project has succeeded to integrate trainees with cross disabilities into the mainstream of vocational training. The following colleges and centres have been renovated and rehabilitated to save this purpose: Chang'ombe National Vocational Training Centre in Dar es Salaam, Tanga National Vocational Training Centre, Masasi Folk Development College in Mtwara, Arnatoglo Folk Development College in Dar es Salaam and Bigwa Folk Development College in Morogoro.

Likewise, depending on the availability of funds, the project does sometimes offer loans of low interest rates to some leavers in support of smallscale income generating projects.

The menu of courses include Masonry, plumbing, welding, carpentry, radio technology, electronics, agriculture, tailoring, painting, typing, weaving, kneating, domestic science and office management. Apart from those vocational subjects, trainees learn mathematics, accounting, book-keeping, English, civic education, etc, as academic subjects. For the case of trainees with visual impairment who do not know how to read and write in braille, they are taught how to read and write in braille as well as morbidity. Normally, training courses last between two to three years.

3.2 Training Needs Versus Training Capacity.

Tanzania has a population of about 28 million people (Farmighett, 1995). As already discussed elsewhere in this chapter, in every population group about 10 percent is estimated to be persons with disability (O'toole, 1992) and that means 2.8 million people in the case of Tanzania. According to Kalio (1992), only 2 percent of such persons in developing countries receive rehabilitation services of any sort. Going by that formula, out of Tanzania's 2.8 million disabled persons only about 56,000 receive rehabilitation services of one kind or another.

It is further established that 34.8 percent or 9,700,000 persons of Tanzania's population are 15-39 years old (Ngallaba, et. al, 1993). Using the criteria of 10

percent there would be 974,000 persons of the same age with disability. These are the eligible persons for vocational training in the country. And hence training capacity has to match this big number. However, the study found that the existing governmental training capacity is only for 472 trainees per year if the institutional capacity is utilized to the full. Due to various problems, including the cost-sharing problem, there is capacity underutilization. Currently (1996) there are only 176 trainees attending vocational rehabilitation training in the 9 government institutions. This is equal to 0.02 percent of the 974,000 persons with disability who are eligible for vocational rehabilitation training in Tanzania. (See table 2).

Table 2: Actual Government Capacity versus Capacity Utilization of the 9 Government Training Institutions for Persons with Disability in 1995/96 Academic Year.

| Name of Institutions | Able to admit | Has admitted | Capacity utilization (percent) |
|----------------------|---------------|--------------|--------------------------------|
| Luanzari VRTC | 48 | 8 | 16.7% |
| Singida VRTC | 56 | 12 | 21.5% |
| Yombo VRTC | 150 | 121 | 80.7% |
| Mtapika VRTC | 72 | 13 | 18.0% |
| Chang'ombe NTC | 45 | 8 | 18.9% |
| Tanga VTC | 45 | 6 | 13.3% |
| Arnatoglo FDC | 10 | 7 | 7.0% |
| Bigwa FDC | 36 | 0 | 0% |
| Masasi FDC | 10 | 0 | 0% |
| Total | 472 | 176 | 37.1% |

Source: Field Survey.

Key: VRTC = Vocational Rehabilitation Training Centre.
VTC = Vocational Training Centre.
FDC = Folk Development College.

3.3. Vocational Rehabilitation Training Policy Before the Cost Sharing Era.

The period between independence and 1967 saw Tanzania facing unclear direction not only for vocational rehabilitation training but also for most of its other policies. This was so because Tanzania was still in transition towards a national ideology that would lay the

foundation for the vision of the new society. It was not until 1967 that Tanzania declared a clear policy direction, namely socialism and self reliance.

Although post-Arusha policies were sympathetic to disabled persons, no effort was made to make their problem a constitutional or human rights issue. The only legal appreciation of matters affecting persons with disabilities is act no 3 of 1982 which provides the right of persons with disability to employment, and act no. 2 of the same year which establishes the home care centres. Although both acts address aspects of rehabilitation, they do not touch the fundamental issue of vocational guidance and vocational training which are the central aspects for a meaningful rehabilitation.

The issue of vocational rehabilitation training for persons with disability as an independent policy or even a sub-policy has never been developed in Tanzania. As it is the case for many disability issues which require a policy statement, vocational rehabilitation training is just implied in many legal and official documents of the principle or general provisions subject to the specification of the provision. Apart from legal and official documents, disability issues are also implied in speeches delivered by the former president J.K. Nyerere and other party and government leaders (Choma, 1985).

The most important official documents with relevant policy statements are the Arusha Declaration of 1967 and the five-year plan of 1969-1974. The Arusha Declaration states: "In a true socialist state, it is only the following categories of people who can live on other people's labour: Children, the aged, cripples...", etc. (Nyerere, 1967). This quotation singles out children, persons with disability and the old as people who may justifiably live on the sweat of others.

Side by side with the Arusha Declaration, planners in the educational sector were encouraged to set up programmes that would develop the potential of persons with disability. This was also stipulated in the 1969-74, five-year plan which emphasises the development of human beings. Section 56 (1) of the educational act no 25 of 1978 states:-

"Subject to the national policy or national education and other national plans and priorities appropriately specified from time to time, every citizen of the United Republic shall be entitled to receive such category, nature and level of education as his ability may permit him".

As a result of the primary policy of socialism and self-reliance which urged the government to provide free social services, vocational rehabilitation training was provided freely to all eligible persons with disability from 1967 (Arusha Declaration) to 1986 (launching of the IMF inspired ERP). The government, through its Department

of Social Welfare, recruited the eligible trainees and was responsible for their transport to and from the training centres, food, accommodation and monthly allowance. The government also gave the graduands appropriate technical equipment. With such assistance, the graduands could either fetch employment in the labour market or engage themselves in small-income generating projects.

3.4 Vocational Rehabilitation Training Policy After the Introduction of Cost sharing - 1986 to date.

As already discussed in the preceding section, vocational rehabilitation training before 1986 was freely provided to persons with disability. This was a result of socialistic policies as well as a sound economy until mid-1970s. From 1970s Tanzania saw her economy falling into serious crisis, and government fiscal capacity was eroded. This had negative implications for the social services, including vocational rehabilitation training. The government could no longer provide adequate, let alone free services. Since there were no signs of immediate economic recovery, and since various national initiatives (NESP, SAP, etc) did not work, Tanzania had to accept a liberal economic recovery programme sponsored by the IMF and the World Bank in 1986 (Wagao, 1992).

One of the many items of the ERP (Phase II) package was to reform the social sector, namely education, health

and water. With regard to the educational sector, the government was supposed to reduce its expenditure and request the community, parents and end-users to share the cost of education, including vocational rehabilitation training. Cost sharing marked the death of the policy of free services under Nyerere's ujamaa ideology. The new (liberal) policies followed by President Mwinyi under IMF pressure were capitalistic and emphasized individual acquisitiveness. Indeed, the 1995 educational policy reflects the neoliberal, capitalistic inclinations. It states:-

For the last three decades, central government planning has guided the provision of public social services, including education. This also meant that policies that guaranteed access to education without regard to sex, colour, ethnicity, creed or economic status were enforced fairly and effectively. The current trend is the central government planning to accommodate the liberalization and privatization of the provision of public services, including education, this in turn may result in the denial of the right to basic education to some citizens. (Ministry of Education and Culture, 1993, pp. 17-18).

The long citation of the policy above shows vividly that the educational sector is itself liberalised and privatized. Emphasis has passed from the redistributive justice of ujamaa to the market forces of neoliberalism. Thus the cost of education will depend on the economic laws of demand and supply rather than social and ethical laws. It has been stated that the analysis is based on the imperatives of redistribution where marginalised groups are

concerned. Even the 1995 education policy finds it difficult to run away from this concern. Note, for example, the dilemma and contradiction involved in the following two extracts from the policy. On the one hand, the policy pleads for the marginalised:-

Certain groups of individuals and communities in society have not had equitable access to education. Some have not had access to this right on account of their physical and mental disability such as the blind, the deaf, the crippled and mentally retarded. Therefore, government shall promote and facilitate access to education to disadvantaged social and cultural groups (The Ministry of Education, 1995: 18).

On the other hand, the same policy underscores the economic imperatives of cost sharing:-

However, it increasingly became apparent that the government did not have enough resources to continue financing free education, hence, the re-introduction of school fees and direct costs. This situation calls for a more effective financing plan in which emphasis is re-directed more at cost sharing and cost recovery measures with NGOs, private organisations, individuals and communities (Ministry of Education, 1995:90).

In the former statement it seems as though the government was prepared to protect the educational rights of the most vulnerable social groups in the society, including persons with disability. But, in the latter, the government complains of the lack of resources to meet the educational demands of its citizens. The means through which the commitment to promote and facilitate education for the disadvantaged are not specified anywhere in the

policy. Such commitment is more theoretical than practical, as our data will reveal.

By and large, in the whole policy statement, vocational rehabilitation training is not stipulated per se. What prevails is training in vocational education in general. When the term vocational training is used without including the term rehabilitation, it means that such training lacks facilities to accommodate the needs of persons with disability.

Furthermore, the social welfare Department, which is the only organ of the government through which vocational rehabilitation training is provided, was not involved in the drafting of the policy. This accounts for the fact that nothing is mentioned concerning vocational rehabilitation training. The study also found that implementation of the policy causes a lot of inconveniences to persons with disability, with many of them being denied access due to cost sharing. And, as we shall see later, some of the vocational rehabilitation institutions at the time of this research were closed due to lack of funding from the government budget.

CHAPTER FOUR

IMPACT OF COST-SHARING ON TRAINING OF PERSONS WITH
DISABILITY

4.0 Introduction.

The impact of cost sharing on vocational rehabilitation training for persons with disability is not isolated from the impact caused by the reduction of government expenditure on social services in general. It was the economic crises which caused the reduction of government expenditure on social services including vocational rehabilitation training.

Given the economic status of persons with disability themselves and their families, cost sharing will certainly have negative impact on their chances for vocational rehabilitation training. Kiondo (1990:40) says: "The cutbacks of public expenditure present another area where the underprivileged suffer more than the resourceful classes", and adds: "The re-introduction of fees in social services such as education means diminishing educational prospects for the ... poor". So, while the rich can afford private alternatives, the "poor are left in the cold". The result of cost sharing in vocational rehabilitation training is like what Musoke (1993) once said: "give a rich man less food and he becomes thin; give a poor man less food and he dies".

4.1 Data from the Questionnaire.

The data reported here come from the questionnaire. The questionnaire method enabled the researcher to collect information to test hypotheses 2 and 3. There was a total of 168 respondents including 118 trainees and 50 instructors in the 9 institutions, as shown in table 3. The questionnaire for trainees with disability was divided into four sections, namely personal particulars, family background, sources of funds for training and opinions on the desirability of the cost-sharing policy. And the questionnaire for specialist instructors had only one section, that is, the desirability of the cost-sharing policy in vocational rehabilitation training for persons with disability.

Table 3: Distribution of Respondents in the Questionnaire Survey.

| Name of Institution | No. of respondents representing specialist instructors | No. of respondents representing trainees with disability | Total |
|---------------------|--|--|-------|
| Singida VRTC | 10 | - | 10 |
| Yombo VRTD | 6 | 99 | 105 |
| Mtapika VRTC | 4 | 3 | 7 |
| Luanzari VRTC | 2 | 2 | 4 |
| Tanga NVTC | 7 | 5 | 12 |
| Chang'ombe NVTC | 6 | 5 | 11 |
| Arnatoglo FDC | 4 | 4 | 8 |
| Masasi FDC | 6 | - | 6 |
| Bigwa FDC | 5 | - | 5 |
| Total | 50 | 118 | 168 |

Source: Questionnaire Survey.

4.1.1 Personal Particulars of Respondents with disability.

To begin with, the study was interested in finding out the educational and economic status of the families of the trainees. This has relevance for determining implementability of the cost sharing policy. This information is given in table 4.

Table 4: Distribution of Educational Status for the Male Parents of the Trainees with Disability.

| Level of Education | No. of parents/ guardians | Percentages |
|---|------------------------------|--------------|
| a) Islamic/madras education | 7 | 5.9 |
| b) Adult Education (without formal education) | 28 | 23.7 |
| c) Primary education (without further training) | 18 | 15.3 |
| d) Primary education (with technical/vocational training) | 23 | 19.5 |
| e) Secondary Education without technical/vocational training | 4 | 3.4 |
| f) Secondary education with technical/vocational training | 15 | 12.7 |
| g) Post secondary education (various colleges of professional training) | 6 | 5.1 |
| h) Don't know | 17 | 14.4 |
| Total | 118 | 100.0 |

Source: Questionnaire Survey.

It can be seen from table 4 that 76 of the male parents/guardians (64.4 percent) have either not received or are limited to primary school education. One of the contributing factors is poverty.

Table 5: Distribution of Educational status for the female Parents/Guardians of the Trainees with Disability.

| Level of Education | No. of parents/guardians | Percentages |
|--|--------------------------|-------------|
| a) Islamic/madras education | 10 | 8.5 |
| b) Adult Education (without formal education) | 30 | 25.4 |
| c) Primary education (without further training) | 27 | 22.9 |
| d) Primary education (with technical/vocational training) | 12 | 10.2 |
| e) Secondary Education without vocational training | 4 | 3.4 |
| f) Secondary education with vocational training | 1115 | 9.3 |
| g) Post secondary education (various professional institutions/colleges) | 2 | 1.7 |
| h) Don't know | 22 | 18.6 |

Source: Questionnaire Survey.

Comparison of tables 4 and 5 reveals that female parents/guardians are behind their male counterparts in education. Thus more female parents/guardians (67%) than males (64.4%) had either not received or were limited to primary school education. Again, the level of education of 18.6% of the female parents/guardians was not known as compared to 14.4% of their male counterparts. Furthermore whereas only 14.4% of the female parents/guardians had

attended either secondary schools or post-secondary institutions, 21.2% of their male counterparts had. Eleven (9.3%) of the trainees respondents said they had no male parents/guardians, 7 (5.9%) said they did not know the activities of their male parents/guardians, 8 (6.8%) said they had no female parents/guardians and 16 or (8.5%) said they did not know the occupation of their female parents/guardians.

Table 6: The Main Economic Activities of Male Parents/Guardians of the Surveyed Trainees with Disability.

| Activity | No. of Parents/Guardians | Percentage |
|---------------------------------|--------------------------|------------|
| a) Employed | 22 | 18.6 |
| b) Self-employed (not business) | 7 | 5.9 |
| c) Businessman | | |
| i. small scale | 7 | 5.9 |
| ii. large scale | 0 | 0.0 |
| d) Farmer | | |
| i. small scale | 53 | 44.9 |
| ii. large scale | 0 | 0.0 |
| e) No job | 10 | 8.5 |
| f) Others | 19 | 16.1 |

Source: Questionnaire Survey.

Table 7: The Main Activities of Female Parents/Guardians of the Surveyed Trainees with Disabilities.

| Activity | No. of Parents/Guardians | Percentage |
|-------------------------------------|--------------------------|------------|
| a) Employed | 16 | 13.6 |
| b) Self-employed (but not business) | 3 | 2.5 |
| c) Business woman | | |
| i. small scale | 6 | 5.1 |
| ii. large scale | 0 | 0.0 |
| d) Farmer | | |
| i. small scale | 57 | 48.3 |
| ii. large scale | 0 | 0.0 |
| e) No job | 12 | 10.2 |
| f) Others | 24 | 20.3 |

Source: Questionnaire Survey.

Tables 6 and 7 show the main economic activities of the households of the surveyed trainees. Most of these parents/guardians are engaged in subsistence economy or hand-to-mouth activities. Thus 53 or 44.9% of the male and 57 or 48.3% of the female parents/guardians are small-scale farmers, most of whom use hand hoes in agriculture; 7 or 5.9% of the male and 6 or 5.1% of the female parents/guardians are engaged in petty businesses like selling food, popularly known as 'Mama Ntilie' selling oranges in the streets, running small markets known as 'magenge', etc. Worse still 10 or 8.5% of the male and 12 or 10.2% of the female parents/guardians were reported to have no jobs.

On the other hand, 32 or 18.6% of the male and 15 or 13.6% of the female parents/guardians were found to be employed by different governmental or non-governmental institutions. At least this group has a reliable source of income. However, given the level of education revealed in tables 4 and 5, most of them will be manning those less paying jobs. The only groups which were difficult to know their financial ability are the self-employed.

However, what appears to be true from these tables is that 92 or 77.9% of the male and 91 or 77.2% of the female parents/guardians (including employed, petty business people, small-scale farmers and the jobless) are either earning nothing at all or just enough for survival. Since they do not save much they face great problems in securing the basic needs for their children, including vocational training.

4.1.2 Sources of Funds for Training.

The study next tried to find out the various sources of funds for training. This information is given in table 8 which requires only a few clarification notes here.

Table 8: Sources of Funds for Training.

| Kind of cost | Sources of funds | No. of Trainees | Percentages |
|--------------------------|-----------------------------------|-----------------|-------------|
| a) Tuition fee | i. self-sponsored | 1 | 0.8 |
| | ii. Parents/guardians | 11 | 9.3 |
| | iii. Other people | 1 | 0.8 |
| | iv. Government | 10.3 | 87.3 |
| | v. Non governmental organisation | 1 | 0.8 |
| | vi. Did not indicate the source | 1 | 0.8 |
| Total | | 118 | 100.0 |
| b) Examination fee | i. Self-sponsored | 3 | 2.5 |
| | ii. Parents/guardian | 4 | 3.4 |
| | iii. Other people | 9 | 7.6 |
| | iv. Government | 98 | 83.1 |
| | v. Non-governmental organisation. | 3 | 2.5 |
| | vi. Did not indicate the source | 1 | 0.8 |
| Total | | 118 | 100.0 |
| c) Transport to and fro. | i. Self-sponsored | 26 | 22.0 |
| | ii. Parents/guardian | 58 | 49.2 |
| | iii. Other people | 11 | 9.3 |
| | iv. Government | 6 | 5.1 |
| | v. Non-governmental organization | 8 | 6.8 |
| | vi. Did not indicate the source | 9 | 7.6 |
| Total | | 118 | 100.0 |

| | | | |
|---|-----------------------------------|-----|-------|
| d) Training materials for theory and practicals | i. Self-sponsored | i | 0.8 |
| | ii. Parent/guardian | 11 | 9.3 |
| | iii. Other people | 1 | 0.8 |
| | iv. Government | 104 | 88.1 |
| | v. Non-governmental organizations | 0 | 0.0 |
| | vi. Did not indicate the source | 1 | 0.8 |
| e) Other expenses | i. Self-sponsored | 22 | 18.6 |
| | ii. Parent/guardian | 62 | 52.5 |
| | iii. Other people | 10 | 8.4 |
| | iv. Government | 0 | 0.0 |
| | v. Non-Governmental organization | 19 | 16.1 |
| | vi. Did not indicate the source | 5 | 4.2 |
| Total | | 118 | 100.0 |

Source: Questionnaire Survey.

Note: Others in table 8 includes the group of blood related people like sisters, brothers, aunts, uncles, etc. and non-blood related people like friends, neighbours and any other good samaritan. "Government" represents the Department of Social Welfare which coordinates and runs Vocational Rehabilitation training for persons with Disability in all 9 governmental institutions. Non governmental organization represents organizations like Swedish Federation of the Handicapped International Aid Foundation (SHIA), Tanzania League of the Blind (TLB), Industrial Product Promotion (IPP) and Salvatorian Sisters which were found giving support of one kind or another to trainees with disability during this research.

Tuition fee: 87.3% of the trainees with disability have their tuition fee paid by the government. Those are trainees from the special institutions of Yombo, Luanzari, Singida and Mtapika URTCs. In these institutions trainees pay no tuition fee. Tuition fee is charged on trainees enrolled in the integrated institutions, namely Chang'ombe and Tanga NVTC and Bigwa, Masasi, Arnatoglo FDCs. These had a total of 14 respondents in this study. Of these, 1 trainee (0.8%) was self-sponsored, 11 (9.3%) were sponsored by a non-government organisation and 1 (0.8%) did not indicate the source of funds for tuition fee.

Examination fee: In respect of examination fee it was found that 98 trainees (83.1%) were sponsored by the government, four (3.4%) were sponsored by their parents, 3 (2.5%) were self-sponsored, 9 (7.0%) were sponsored by other people, 3 (2.5%) were sponsored by non-governmental organizations and 1 (0.8%) did not indicate the source of funds for examination fee.

Transport to and fro: All trainees had to device their own means to secure transport. The distribution in table 8 reveals that 26 trainees (22.0%) were self-sponsored, 58 (49.2%) were sponsored by their parents/ guardians, 6 (5.1%) managed to get government funds for transport, 11 (9.3%) were sponsored by other people, 8 (6.8%) were sponsored by non-

governmental organizations and 9 (7.6%) did not indicate the source of funds for transport.

Accommodation: The issue of accommodation did not affect the Dar es Salaam day based institutions which are Chang'ombe NVTC and Arnatoglo FDC. The table shows that 5 trainees (4.2%) were sponsored by their parents/ guardians, 104 (88.1%) were sponsored by the government, and 9 (7.6%) did not indicate the source of funds for accommodation. (These are trainees of Chang'ombe and Arnatoglo).

Food: The distribution of funds for food was the same as that of accommodation.

Training materials: The issue of training materials for theory and practicals is of peculiar significance in vocational rehabilitation training. Without such materials learning becomes impossible. Trainees need text books, gadgets, tool-boxes, wood, chemicals, and so many other workshop equipment and tools. Such materials are expensive. Table 8 shows that 1 trainee (0.8%) was self-sponsored, 11 (9.3%) were sponsored by their parents/guardians, 1 (0.8%) was sponsored by other people, 104 (88.1%) were sponsored by the government and 1 (0.86%) did not indicate the source of funds for training materials. The 104 trainees sponsored by the government are from the four special institutions.

Other expenses include pocket money and caution money. It was found that 22 trainees (18.6%) were self-sponsored, 62 (52.5%) were sponsored by their parents/ guardians, 10 (8.4%) were sponsored by other people, 19 (16.1%) were sponsored by non-governmental organizations and 5 (4.2%) did not indicate the source of funds for miscellaneous needs.

Sharing the cost in the provision of vocational rehabilitation training for persons with disability was found to be not uniform in all institutions. In integrated institutions parents/guardians had to meet the training expenses of their youngsters with disability in all items, namely tuition fee, examination fee, transport, accommodation, food, learning materials and other expenses. On the other hand, in the special institutions parents/guardians have to pay only for transport, examination fees and other expenses. The trend shows little involvement of non-governmental organizations and people other than parents/guardians in supporting trainees with disability. For the integrated institutions, the burden is shouldered by the parents/guardians mainly, while in the special institutions the burden is heavier on the government than on the parents/guardians side.

Encouragingly, it was found that some trainees with disability were able to meet some of the training expenses on their own. Thus 1 (0.8%) paid for tuition fee, 3 (3.4%) paid for examination fee, 26 (22.0%) paid for their transport and 22 (18.6%) were able to meet other expenses on their own. This is no mean achievement for people with disability.

4.1.3 Views on Desirability of the Cost-sharing policy.

The study next enquired about the desirability of the cost-sharing policy in vocational rehabilitation training for people with disability. The views collected would be useful in accessing whether or not the policy was feasible and in seeing whether there was a difference in the way the policy was affecting trainees with disability and those without. The views were collected from 118 trainees with disability and 50 specialist instructors. Tables 9 and 10 summarize the views of the respondents.

Qn 1: What are your views on the cost sharing policy in the provision of vocational rehabilitation for persons with disability?

Table 9: Respondents' views on the Desirability of the Cost-sharing policy.

| Value label | No. of respondents | Percentage |
|---|--------------------|------------|
| a) It is feasible and therefore should be continued | 29 | 17.3 |
| b) It is feasible but should be modified | 21 | 12.5 |
| e) It is not feasible and therefore should be abandoned | 93 | 55.3 |
| d) Other | 9 | 5.4 |
| e) Don't know | 16 | 9.5 |
| Total | 168 | 100.0 |

Source: Questionnaire Survey.

Note: "Others" in this table refers to the views not represented by value labels a, b and c.

As can be seen from table 9, 29 respondents (17.3%) were of the opinion that since the government was increasingly facing economic shocks which undermined its ability to provide free social services, one of the alternatives was the cost sharing policy. They argued that some trainees with disability were coming from well-to-do families and there was no reason why they should not meet part of the costs. They also argued that economic hardships affect all families whether or not they have dependents with disability.

Twenty one respondents (12.5%) said that cost-sharing was feasible but needed some modifications. Their argument was that given the current economic hardships, most parents of trainees with disability could not afford the rates charged, especially tuition fees. They were of the view that the amount charged should be reduced to 50 percent of the current level.

On the other hand, 93 respondents (55.4%) were convinced that cost-sharing in vocational rehabilitation training for persons with disability was neither feasible nor desirable. They argued that most of the parents/ guardians of the trainees were poor and could not afford to meet the training costs for their disabled youngsters. As a result most of those youngsters would be denied training opportunity making them permanently dependent on others. They suggested that training of persons with disability should be a public responsibility.

Nine respondents (5.4%) in the group of "other" (in table 9) suggested that the government should set up a machinery for ensuring that those who could not afford to share the costs are exempted and those who could afford are obliged to pay. They pointed out that although the government had from time to time announced publicly that those who were unable to pay would not be expelled,

expulsions and voluntary dropouts have unfortunately occurred in some training centres for failure to meet essential costs. A significant 9.5% of the respondents was either undecided, did not care or did not know about the feasibility or otherwise of the cost-sharing policy.

The study then sought views on how the cost sharing policy was affecting trainees with disability and those without disability. In particular, the study wanted to know which group had been affected more negatively.

Qn 2: In your view, who have been affected more negatively by the policy of cost-sharing, those with or those without disability?

Table 10: How the cost sharing policy affected trainees with and without disability.

| Value label | No. of respondents | Percentage |
|---|--------------------|------------|
| a) Trainees with disability affected more negatively | 105 | 62.5 |
| b) Trainees without disability affected more negatively | 0 | 0.0 |
| c) All affected equally | 24 | 14.3 |
| d) Don't know | 0 | 0.0 |
| e) None affected negatively | 39 | 23.2 |
| Total | 168 | 100.0 |

Source: Questionnaire Survey.

Most of the respondents, 105 or 62.5% were of the view that cost-sharing was affecting trainees with disability more than those without. Their arguments were that families of trainees with disability were in most cases poor and therefore sharing the cost was a big problem to them. There was also a degree of ignorance about the potentialities of persons with disability. Most families did not know what to do in order to help them. Furthermore, the persons with disability tend to be viewed negatively by the society. Some people do not appreciate the need to spend resources on the training of the persons with disability.

Another 24 respondents (14.3%) had the opinion that the policy was affecting both sets of trainees in the same way. They argued that the majority of Tanzanians, irrespective of whether they had disability or not, were poor.

4.2 Data from the Interview.

4.2.1 Budgetary Cutbacks and Institutional Decay.

The researcher conducted in-depth interview with nine principals of vocational training centres/colleges and an official from the Social Welfare Department. Much of the information reported in this section comes from the extended discussions with these people and examination of some of the records which they were able to share with the researcher.

The budgetary cutbacks were considered one of the major constraints facing the vocational rehabilitation training services. At the time of the study, three out of four special vocational rehabilitation training centres were closed down due to lack of funds and the one which remained (Yombo Centre) has also been closed down recently for the same reason. Furthermore, of the five integrated institutions, one (Masasi FDC) had also been closed down on the same grounds.

The principals lamented that the training had suffered a lot from shortage or sometimes total absence of training materials like technical appliances, gadgets and textbooks. There was a shortage of office equipment and even that which was available was in most cases obsolete. Things like vehicles and telephones were either not available or out of order. That had seriously affected the process of communication. Likewise, in some institutions, there was a shortage of envelopes, papers, files, tables, and desks for office use. It was sometimes difficult to give trainees regular assignments or examinations. In their evaluation of the vocational rehabilitation training programme, SHIA (1994:15) observed:

"There were general problems related to lack of technical aids for the deaf, albinos and blind trainees. Lack of hearing aids for the deaf, large

prints or magnifiers for albinos and writing frames for the visually impaired affected their learning".

Because of the lack of the materials and equipment for practicals, many institutions tended to focus on theory which did not improve capacity of the trainees with disability. In that regard, cutbacks seriously affected the standard of training, expansion and improvement of the vocational rehabilitation programme in the country. The cutbacks had also caused shortage of food and accommodation facilities. Trainees in some institutions had to take just one meal per day. In the special institutions, for example, some of the trainees had to supply their own mattresses, food utensils, buckets, etc.

The principals said that the situation of vocational rehabilitation training was much better in the pre-1986 (ERP) period. They said that inspite of financial problems from time to time, the institutions were never closed down and students never missed practical training and examinations. Trainees used to get their full meals, mattresses, food utensils and monthly allowances. Moreover, graduands were also given some technical equipment to facilitate utilization of the skills gained from the training. This had encouraged more trainees to join.

One of the measures taken by the government to arrest further deterioration of the vocational rehabilitation services was to introduce the cost-sharing system. Cost-sharing was expected to supplement the government allocation to those institutions. It was learnt from the principals and officials of Social Welfare Department that cost sharing for these institutions was introduced in 1992/93 academic year. They said this has a big negative impact on access to the training facilities.

The researcher wanted to know if the officials from the Social Welfare Department were involved in the formulation of the policy. The officials of the department said they were not involved, even though vocational rehabilitation training for persons with disability was their responsibility. This means that the training needs of these persons were not considered fully in policy formulation, and this partly explains why there were no firm provisions for assisting those trainees who proved to be unable to share the costs. Table 11 gives a summary of the answers of 10 respondents on this issue.

Qn 3: What has been the impact of the cost sharing policy on the training of persons with disability? What measures have been taken to help those who fail to share the costs?

Table 11: Distribution of Answers from Institutional Principals and Social Welfare Officials about the Measures taken to Assist those who were unable to Share the Costs.

| Institution | Answer |
|----------------|---|
| Bigwa FDC | Those who cannot afford to share the costs are told to remain at home because they will not have food to eat. |
| Arnatoglo DFC | No trainee has failed to pay and no one has dropped out. |
| Masasi FDC | A trainee who fails to share the costs should not come to the college. |
| Chang'ombe VTC | Those who fail to share the cost are discontinued from the course. |
| Tanga NVTC | Those who fail to share the costs are not enrolled and if they are enrolled they are expelled. |
| Mtapika VRTC | For those who have no fare to go back home, the centre seeks transport support from good samaritans but the students are instructed that they should not come to the centre if their parents do not give them enough money for their return fare, and many of them never come back. |
| Yombo VRTC | The trainees themselves go out to look for donors to help them. Some succeed and some fail. |
| Luanzari VRTC | Those who fail to find the fare back home always remain at the centre waiting for their parents to send them fare. And if they fail completely, the centre devices some means to support them for a single journey. In most cases those trainees fail to continue with their courses. |
| Singida VRTC | The trainees have to look for their own transport back to the centre. But if they cannot go back home, the centre makes some arrangements to ensure that they go back home. However, many of these trainees never return to the centre. |

Source: Interview with Principals of colleges/centres and officials of the Social Welfare Department.

The responses in table 11 suggest that trainees from poor families were denied access to vocational rehabilitation training, for those who could not afford were either not

enrolled or were expelled. This increased their problems, pushing some of them to the streets as beggars. It also meant a denial of their fundamental human rights of which vocational training is a part.

Table 12 compares capacity utilization for trainees with and trainees without disability. While there is a high capacity utilization for trainees without disability (coverage of 85.5%) capacity utilization for trainees with disability is relatively low (coverage of 36.9%). Part of the explanation is that those with disability are less likely to afford the costs than those without. Although trainees of the closed Masasi FDC seem to be equally affected, in reality trainees without disability get training through an 'outreach' programme. According to the Masasi FDC principal, the college was already running an outreach programme whereby instructors moved from one village to another to provide training. He said that the programme was very successful and the college was about to reach more trainees in the villages. However, the outreach training programme does not include persons with disability because they require special facilities. Thus, the closure of Masasi FDC which resulted from budgetary cutbacks diminished the chances of training for persons with disability more than their counterparts without disability.

Table 12: Institutional Capacity versus Capacity Utilization in five Integrated and four special Vocational Rehabilitation Centres/Colleges during 1995/96 Academic Year.

| Name of Institution | Institutional capacity | | Capacity utilization | | | |
|---------------------|--------------------------|-----------------------------|--------------------------|------------|-----------------------------|------------|
| | Trainees with disability | Trainees without disability | Trainees with disability | Percentage | Trainees without disability | Percentage |
| Bigwa FDC | 36 | 120 | 0 | 0.0 | 118 | 98.3 |
| Chang'ombe NVTC | 45 | 600 | 8 | 17.7 | 560 | 93.3 |
| Tanga NVTC | 45 | 320 | 6 | 13.3 | 320 | 100.0 |
| Arnatoglo FDC | 10 | 30 | 7 | 70.0 | 20 | 66.7 |
| Masasi FDC | 15 | 120 | 0 | 0.0 | 0 | 0.0 |
| Luanzari VRTC | 48 | n/a | 8 | 16.7 | n/a | n/a |
| Singida VRTC | 56 | n/a | 13 | 23.2 | n/a | n/a |
| Yombo VRTC | 150 | n/a | 121 | 80.7 | n/a | n/a |
| Mtapika VRTC | 72 | n/a | 13 | 18.1 | n/a | n/a |
| Total | 477 | 1196 | 176 | 36.9 | 1018 | 85.5 |

Source: Documentary Survey.

Note: N/A means not applicable because these are special institutions for trainees with disability.

In integrated institutions, trainees are required to pay for food, accommodation (if boarding), tuition and examination fees. The amount charged is subject to be reviewed from time to time. During the 1995/96 academic year it was 60,000/= for Tanga which is a boarding institution, and 30,000/= for Chang'ombe NVTC which is a day institution. For Masasi, Bigwa and Arnatoglo FDCs, trainees are required to pay 25,000/= for food. Unlike in other institutions where trainees with and without disability were charged the same amount, trainees with disability of Arnatoglo FDC had been

given special consideration to pay 10,000/= instead of 25,000/=. This may explain the 70 percent capacity utilization there (table 12). Likewise, the study found that the trainees of Yombo VRTC were regularly receiving support from individual and institutional donors. This partly explains high capacity utilization of 80.7%. Being located in Dar es Salaam, this institution was able to attract support from many national and international humanitarian organizations.

In the special centres of Singida, Luanzari, Yombo and Mtapika, trainees with disability had to share the cost of transport and examination fees. The burden is heavy for most of them. For example, a trainee with visual problems needs an escort to and from the college/centre, and a trainee with physical impairment who moves by crawling requires some one to take care of him in the journey. Most of the trainees come from distant regions which makes transport costs unaffordable for most of them. For example, going by the official fare rates of 1995/96, a person with disability hailing from Ruvuma and taking a course at Luanzari VRTC in Tabora requires a total of Tshs. 230,000/= to cover his and his escort's transport costs to and from the centre for the two semesters of the academic year. Then he would be required to make a contribution to examination fees and meet

many personal incidental costs. This is too much for a poor family of four to six children.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary.

Cost sharing in vocational rehabilitation training in Tanzania, is a sub-policy of the structural adjustment policies. It refers to the requirement that trainees with disability receiving vocational rehabilitation training contribute a certain amount of money as may from time to time be determined by the competent authority.

There have been complaints in many countries that structural adjustment causes problems to the poor or resourceless people. Many of these SAPs are geared towards economic growth and pay very little attention to the vulnerable groups. In Tanzania, the withdrawal of the government from the provision of goods and services for public consumption had increased individualism and concern with private interests. Persons with disability have suffered more than any other group due to this change of policy. In summary, the study tested the following hypotheses.

The first hypothesis was that: "the cuts in government expenditure on vocational rehabilitation training for persons with disability sets back the expansion and improvement of the programme throughout the country". The findings revealed

that of the 9 colleges and centres, five were closed down because of lack of funds to run them. Such a situation never existed before. Moreover, there was a serious shortage of training materials which made it difficult for the trainees to get regular assignments and practicals.

The second hypothesis was that: "Due to cost sharing a majority of persons with disability are denied access to vocational rehabilitation training which is the source of functional skills for enhancing independent living". The issue of cutbacks or cost sharing is similar to that of a mother and a child. Cost sharing is a baby of the government cutbacks. That is to say, the government cutbacks led to the introduction of cost sharing to offset the budget deficit. The study revealed that due to cost sharing some trainees with disability were unable to join and even some of those who joined suffered from expulsion and voluntary dropout.

The third hypothesis was that: "Persons with disability are more affected by cost sharing than persons without disability". In relative terms the study demonstrated that trainees with disability were less able to share the costs than those without disability.

5.2 Conclusion and Recommendations.

Cost-sharing is a multi-sectoral policy which cuts across three Ministries, namely Ministry of Education and Culture which runs various technical secondary schools and colleges, Ministry of Community Development, Women Affairs and children which runs Folk Development Colleges, and Ministry of Labour and Youth Development which runs vocational training centres and national vocational training centres. Currently, national vocational training centres are being run by an authority known as Vocational Education Training Authority (VETA) which has just been established. Hence, formulation of the cost sharing policy was supposed to involve all three stake holders. However, it was found that the Ministry of Education and Culture drafted the policy with very little participation of the other Ministries, and the policy was to a large extent influenced by International donors, particularly the IMF and World Bank.

Moreover, the training needs of persons with disability were not fully analysed in the policy. This partly explains why there are no arrangements to help those who are unable to share the costs.

One of the reasons for introducing cost-sharing was to improve service which would hopefully attract more users. However, with regard to vocational rehabilitation training,

the opposite was the outcome. There was a decline of both the quantity and quality of the service. Five specific recommendations are given here:-

1. The state should take the responsibility to provide for those who cannot provide for themselves. Most capitalist countries do so.
2. The policy should be based on a more sound analysis of the needs of different categories of persons with disability, such as those with visual impairment, physical impairment, audio impairment, mental retardation, cerebral palsy, albinos and multiple impairments. We cannot lump all of them together.
3. The government, NGOs and other institutions should try to sensitize the society in general so as to promote a positive attitude towards persons with disability.
4. More specifically, the cost-sharing policy should be reviewed so as to ensure that those who can pay actually pay and those who cannot pay do not suffer deprivation of critical services. Given the trend shown by the study, this should be treated as an urgent matter.

5. More vocational rehabilitation training institutions should be opened so that many trainees with disability can have room because the existing capacity is only for 472 trainee (if fully utilized) as compared to actual need for about 974,000 trainee (See table 2).

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DODOSO YA WAKUFUNZI WA ELIMU MAALUM YA UFUNDI KUHUSU
UCHANGIAJI WA GHARAMA YA MAFUNZO KWA WENYE ULEMAVU.

1. Nini maoni yako kuhusu sera ya uchangiaji gharama katika mafunzo yaufundi kwa wenye ulemavu:

(a) Inafaa kwa hiyo iendelezwe (Kwa nini).

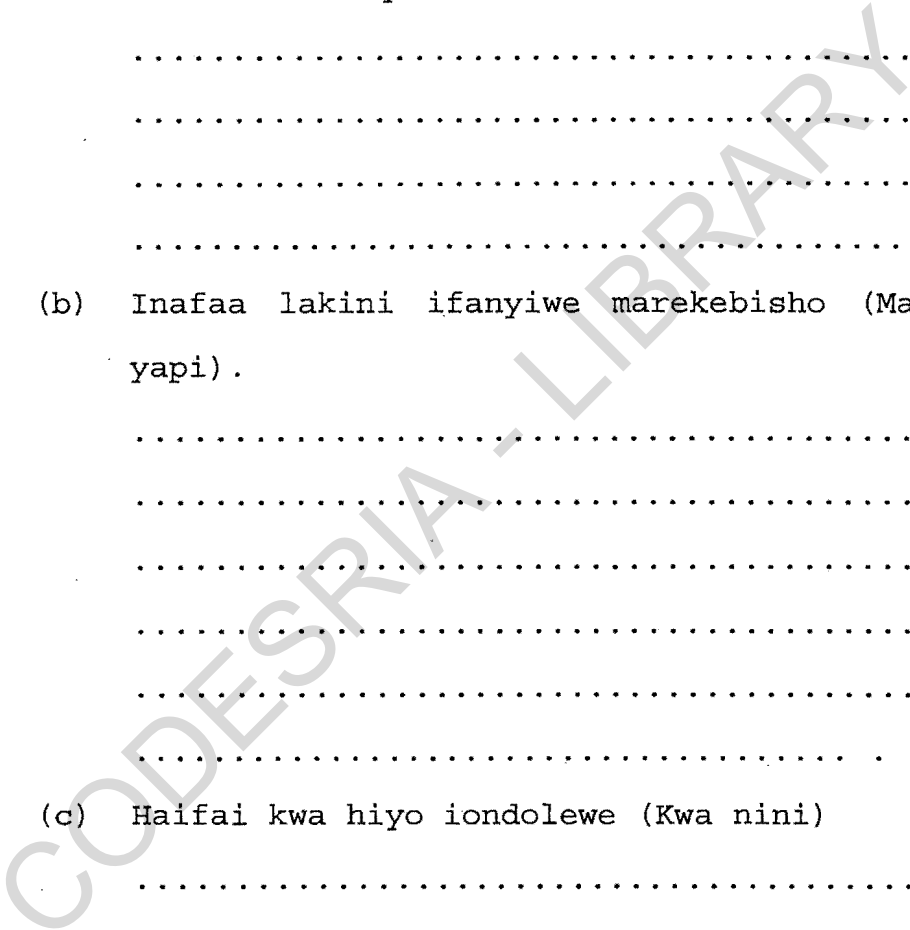
.....
.....
.....
.....

(b) Inafaa lakini ifanyiwe marekebisho (Marekebisho yapi).

.....
.....
.....
.....
.....
.....

(c) Haifai kwa hiyo iondolewe (Kwa nini)

.....
.....
.....
.....
.....



(d) Mengineyo

.....
.....

(e) Sijui.

2. Je, unafikiri kuna wowote wanaoathirika zaidi kutokana na sera ya uchangiaji wa mafunzo ya ufundi:

(a) Ndiyo

(b) Hapana

(c) Sijui

3. Kama jibu ni ndio unadhani ni gani wanaoathirika zaidi:

(a) Wenye ulemavu (kwa nini)

.....
.....
.....
.....

(b) Wasio na ulemavu (kwa nini)

.....
.....
.....
.....

(c) Wote kwa nini

.....
.....
.....

(d) Sijui

.....

4. Unadhani ni njia zipi zichukuliwe na jamii pamoja na serikali katika kutaua suala la uchangiaji gharama katika elimu ya ufundi kwa wenye ulemavu nchini na hasa wanawake?

USAHILI KWA MAAFISA WAIDARA YA USTAWI WA JAMII KUHUSIANA NA MPANGO WA ELIMU YA MAFUNZO KWA WENYE ULEMAVU

1. Mpango wa mafunzo ya elimu ya kufundisha wenye ulemavu hapa nchini ulianza mwaka gani?
2. (a) Nini madhumuni ya kuanzishwa mafunzo hayo?
 (b) Ni kwa kiwagogani madhumuni hayo yamefikiwa?
3. Serikali inawasaidia vipi wale wanaomaliza mafunzo?
4. Kuanzia mwaka 1986 serikali ililazimika kubana matumizi katika huduma ya elimu ikaanzisha utaratibu wa uchangiaji.
 - 4.1. Je utaratibu huu una athari zozote katika utoaji wa elimu ya ufundi kwa wenye ulemavu?
 - 4.2. Endapo mwanafunzi anashindwa kuchangia kwa sababu zilizohibitishwa kuwa ni za kweli, je serikali inamsaidia vipi.

5. (a) Hadi sasa kuna vyuo vingapi vya ufundi vinavyoendeshwa na serikali hapa nchini?
(b) Kati ya hivyo vingapi ni maalumu kwa wanawake tu, wanaume tu, na vingapi ni vya mchanganyiko
6. Kati ya hivyo vingapi vimeanzishwa baada ya mwaka 1986?
7. Kuna wenye ulemavu wangapi katika Tanzania mpaka sasa?
8. Kutokana na idadi hiyo uliyotaja:
 - (a) Wenye ulemavu wa kutoona wangapi?
 - (b) Wenye ulemavu wa viungo wangapi?
 - (c) Albino wangapi?
 - (d) Wenye matatizo ya kusikia na kusema wangapi?
 - (e) Wenye taahira ya akili na mtindio wa ubongo wangapi
 - (f) Wengineo.
9. Kulingana na idadi hiyo ya wenye ulemavu Tanzania, vyuo vilivyopo vinatosha kukidhi mahitaji ya utoaji wa mafunzo ya elimu ya ufundi?
10. Ni vifaa gani vinavyotumika katika utoaji wa elimu ya ufundi kwa wenye ulemavu?
11. Je, vifaa hivyo vinatosheleza mahitaji kwa kiwango gani?
12. Ni matatizo yapi yanayosababisha upungufu wa vifaa vya mafunzo?
13. Nini matarajio ya Idara hapo baadaye katika upanuzi, uimarishaji na uboreshaji waelimu ya ufundi kwa wenye ulemavu?

USAHILI KWA WAKUU WA VYUO KUHUSIANA NA ATHARI ZINAZOTOKANA
SERIKALI KUBANA MATUMIZI NA UCHANGIAJI WA GHARAMA ZA UTOAJI
WA ELIMU YA UFUNDI KWA WENYE ULEMAMU

1. Chuo kilianzishwa lini na kilianzishwa na nani.
2. Mafunzo ya ufundi kwa wenyeulemavu yalianzishwa lini hapa Chuoni.
3. Kina uwezo wa kuchukua wanafunzi wangapi wenye ulemavu kwa mwaka.
 - (a) Wanaume
 - (b) Wanawake.
4. Kwa sasa wako wangapi?
5. Ni wanafunzi wenye ulemavu wa aina gani wanaochukuliwa na chuo hiki.
 - (a) Wanaume
 - (b) Wanawake.
6. Ni mafunzo ya aina ipi yanayotolewa kwa wenye ulemavu.
7. Je katika Chuo hiki kuna uchangiaji wa gharama za mafunzo ya ufundi kwa wenye ulemavu?
8. Kama upo ulianza lini?
9. Wanafunzi wanapaswa kuchangia katika nyanja zipi?
10. Ni kiasi gani cha fedha kila mwanafunzi anapaswa kuchangia kwa mwaka.
11. Fedha zinazokusanywa zinatumika vipi.
12. Kutokana na uchangiaji wa gharama kuna athari zozote zilizojitokeza kwa wanafunzi wenye ulemavu?
13. Kama zipo ni zipi na zimeathiri vipi.

14. Kutokana na takwimu za uandikishaji wa wanafunzi wenye ulemavu wanaojiunga na Chuo: Je kuna tofauti yoyote ya idadi ya wanafunzi wenye ulemavu wanaojiunga na Chuo, kabla na baada ya sera ya uchangiaji (Miaka 10 kabla na miaka 10 baada ya sera ya uchangiaji).
15. Kutokana na takwimu hizo ni wanafunzi wa jinsia ipi wanaoathirika zaidi.
16. Ni wanafunzi wangapi wameacha masomo katika kipindi hicho. Miaka 10 kabla namiaka 10 baada ya sera ya uchangiaji.
17. Kwa ujumla ni sababu zipi zilizosababisha hali hiyo katika kipindi hicho, miaka 10 kabla na miaka 10 baada ya uchangiaji.
18. Ukilinganisha kipindi cha miaka 10 kabla na miaka 10 baada ya sera ya ubanaji watumizi kuanzishwa, unaweza kueleza vipi hali ya ufanisi katika chuo hiki.

FOCUS GROUP DISCUSSION

Our intention for the focus group discussion is to obtain views of the respondents concerning their exposure to the functional skills and the way these skills have helped them to earn their living. Since the researcher is passive there are no guiding questions or questionnaires. His task will only be facilitate the discussion and record their views. The information obtained will help to answer objective No IV and hypothesis no IV respectively.

The following are the Terms of reference for Focused Group Discussion. In other words they are the gaps of information to be covered.

1. Between women and men who are the most hardest hit by the socio-economic crisis?
Why is it so?
2. How is the general situation of persons with disabilities who are not either employed or running small income generating activities economically and socially?
3. To what extent persons with disabilities have been exposed to vocational rehabilitation training.
4. To what extent such skills have been useful in earning their daily living?
5. For these who are not exposed to vocational rehabilitation training how do they earn their living?
6. What problems are they facing in earning their living?
7. Do jobless persons with disabilities earn enough to do some servings to solve various problems facing them?
8. Are they able to afford paying for services (such as treatment, education) their children receive?

9. For those who are not able to afford the expenses how do they solve such problems of getting treatment education including vocational education?
10. What should be done by the community and the government at large for those who proved unable to share the cost of social services?

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DODOSO YA WANAFUNZI KUHUSU UCHANGIAJI WA GHARAMA
KATIKA
UTOAJI MAFUNZO YA UFUNDI KWA WENYE ULEMAVU

1. Shughuli
 - (a) Mwanafunzi, mwaka.....
2. Jinsia
 - (a) Mwanamke
 - (b) Mwanaume
3. Una umri gani
 - (a) Chini ya miaka 15
 - (b) Miaka 15-20
 - (c) Miaka 21-25
 - (d) Miaka 26-30
 - (e) Miaka 31-35
 - (f) Miaka 36-40
 - (g) Miaka 41-45
 - (h) Miaka 46-50
 - (i) Miaka 51 na zaidi.
4. Je, uliishia darasa gani?
 - (a) Sikwenda shule
 - (b) Elimu ya msingi

- (c) Elimu ya sekondari
 - (d) Elimu ya juu.
5. Je, unatokea mkoa gani

HISTORIA YA FAMILIA

6. Taja kiwango cha elimu cha mzazi/mlezi wa kiume
- (a) Madrasa (bila shuleza kisasa)
 - (b) Kisomo cha watu wazima (bila shule za kisasa)
 - (c) Elimu ya Msingi bila kozi/mafunzo ya kazi
 - (d) Elimu ya Msingi na mafunzo ya kazi
 - (e) Elimu ya Sekondari bila mafunzo ya kazi
 - (f) Elimu ya Sekondari na mafunzo ya kazi
 - (g) Elimu ya juu (Vyuho mbalimbali)
 - (h) Sijui
7. Taja kiwango cha elimu cha mzazi/mlezi wa kike
- (a) Madrasa (bila shule za kisasa)
 - (b) Kisomo cha watu wazima (bila shule za kisasa)
 - (c) Elimu ya Msingi bila kozi/mafunzo ya kazi
 - (d) Elimu ya Msingi na mafunzo ya kazi
 - (e) Elimu ya Sekondari bila mafunzo ya kazi
 - (f) Elimu ya Sekondari na mafunzo ya kazi

- (g) Elimu ya juu (Vyuho mbalimbali)
 - (h) Sijui
8. Taja kazi kuu anayofanya mzazi/mlezi wa kiume
- (a) Mfanyakazi wa kuajiriwa
 - (b) Mfanyakazi wa kujiajiri mwenyewe (lakini si biashara)
 - (c) Mfanyabiashara
 - (i) biashara ndogondogo
 - (ii) biashara kubwa
 - (d) Mkulima.
 - (i) mdogo/wa kawaida
 - (ii) mkubwa.
 - (e) Hana kazi
 - (f) Sina mzazi/mlezi
 - (g) Nyinginezo (Taja)
 - (h) Sijui
9. Taja kazi kuu anayofanya Mzazi/mlezi wa kike
- (a) Mfanyakazi wa kuajiriwa
 - (b) Mfanyakazi wa kujiajiri mwenyewe (lakini si biashara)
 - (c) Mfanyabiashara
 - (i) biashara ndogondogo
 - (ii) biashara kubwa

- (d) Mkulima.
 - (i) mdogo
 - (ii) mkubwa.
- (e) Hana kazi
- (f) Sina mzazi/mlezi
- (g) Nyinginezo (Taja)
- (h) Sijui

CHANZO CHA FEDHA YA KUGHARAMIA MAFUNZO YA UFUNDI

10. Je, fedha za kugharamia mambo mbalimbali katika mafunzo yako unazipataje.

- (a) Ada ya mafunzo:
 - i) Si saidiwi, namudu mwenyewe
 - ii) Mzazi/mlezi
 - iii) Watu wengine (taja uhusiano)
 - iv) Taasisi (itaje)
- (b) Ada ya mitihani:
 - i) Hakuna ada
 - ii) Sisaidiwi, namudu mwenyewe
 - iii) Mzazi/mlezi
 - iv) Watu wengine (taja uhusiano)
 - v) Taasisi (itaje)

- (c) Usafiri kwenda na kurudi chuoni:
- i) Sisaidiwi, namudu mwenyewe
 - ii) Mzazi/mlezi
 - iii) Watu wengine (taja uhusiano)
 - iv) Taasisi (itaje)
- (d) Gharama za malazi
- i) Sisaidiwi, namudu mwenyewe
 - ii) Mzazi/mlezi
 - iii) Watu wengine (taja uhusiano)
 - iv) Taasisi (itaje)
- (e) Vifaa vya mafunzo (pamoja na vitabu, kalamu, nk.)
- i) Sisaidiwi, namudu mwenyewe
 - ii) Mzazi/mlezi
 - iii) Watu wengine (taja uhusiano)
 - iv) Taasisi (itaje)
- (f) Gharama nyinginezo -> (matibabu)
- i) Sisaidiwi, namudu mwenyewe
 - ii) Mzazi/mlezi
 - iii) Watu wengine (taja uhusiano)

**MAONI KUHUSU SERA YA UCHANGIAJI WA GHARAMA KATIKA UTOAJI
WA MAFUNZO YA UFUNDI KWA WENYE ULEMAVU**

11. Nini maoni yako kuhusu sera ya uchangiaji gharama katika mafunzo ya ufundi
kwa wenye ulemavu:

(a) Inafaa kwa hiyo iendelezwe (kwa nini)

.....
.....

(b) Inafaa lakini ifanyiwe marekebisho (marekebisho yapi)

.....
.....
.....

(c) Haifai kwa hiyo iondolewe (kwa nini)

.....
.....
.....

(d) Mengineyo

.....
.....
.....

**MAONI KUHUSU SERA YA UCHANGIAJI WA GHARAMA KATIKA UTOAJI
WA MAFUNZO YA UFUNDI KWA WENYE ULEMAVU**

11. Nini maoni yako kuhusu sera ya uchangiaji gharama katika mafunzo ya ufundi
kwa wenye ulemavu:

(a) Inafaa kwa hiyo iendelezwe (kwa nini)

.....
.....

(b) Inafaa lakini ifanyiwe marekebisho (marekebisho yapi)

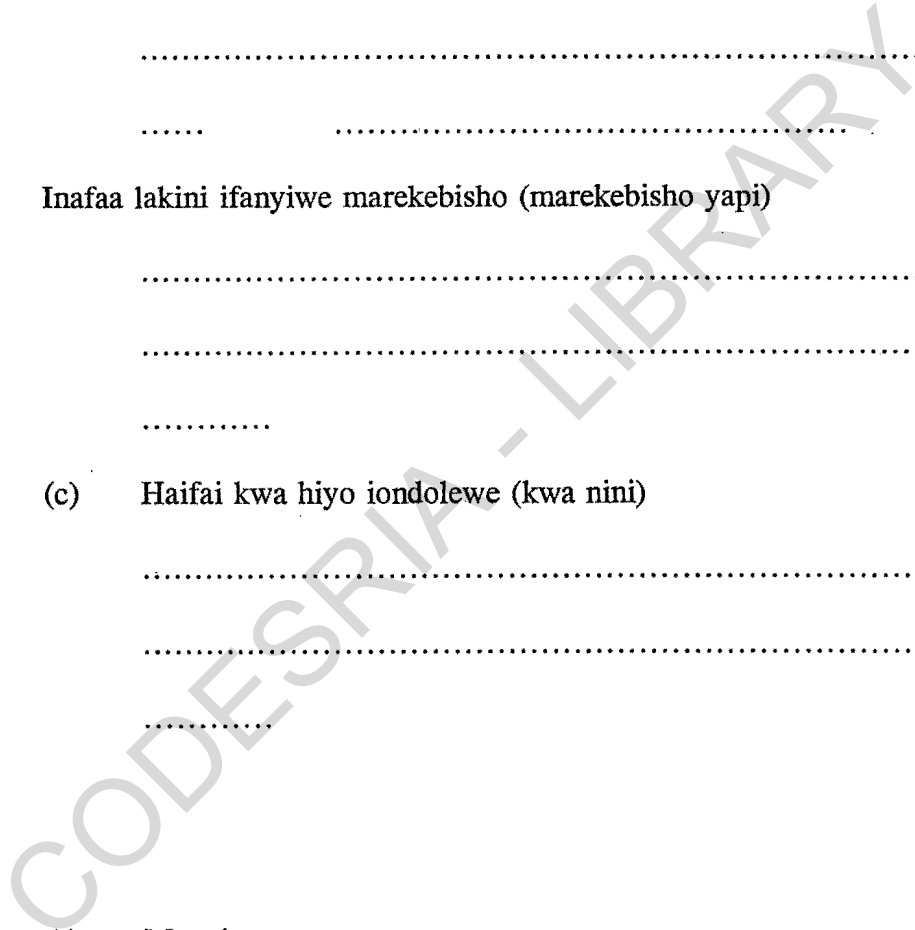
.....
.....
.....

(c) Haifai kwa hiyo iondolewe (kwa nini)

.....
.....
.....

(d) Mengineyo

.....
.....
.....



(e) Sijui

.....
.....
.....
.....

12. Je, unafikiri kuna wowote wanoathirika zaidi kutokana na sera ya uchangiaji wa mafunzo ya ufundi:

- (a) Ndiyo
- (b) Hapana
- (c) Sijui

13. Kutokana na jibu lako la hapo juu unadhani ni watu gani wanaoathirika zaidi:

(a) Wenye ulemavu (kwa nini)

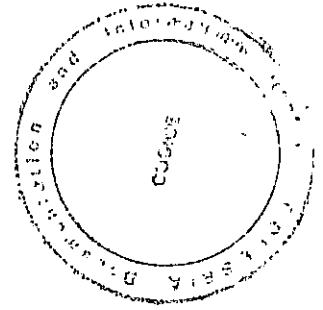
.....
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(b) Wasio na ulemavu (kwa nini)

.....
.....
.....

(c) Wote (kwa nini)

.....



(d) Sijui

.....

.....

14. Unadhani ni njia zipi zichukuliwe na jamii pamoja na serikali katika kutaua suala la uchangiaji gharama katika elimu ya ufundi kwa wenye ulemevu nchini na hasa wanawake?

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