ASSESSMENT OF THE IMPACT OF THE NATIONAL POLICY ON DISABILITY IN TANZANIA

Theme: Policies and regulatory mechanisms - National Rehabilitation Plans

By S.SARIA
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Definitions:

• **A policy** is defined as a specific statement of principles or values that provides a basis for consistent decision making and resource allocation.

• **Public Policy**: is a system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic promulgated by a governmental entity or its representatives.
Definitions:

• **Health policy:** is a formal statement, procedure within government which defines priorities and the parameters for action in response to health needs, available resources, and political pressures.

• **Rehabilitation:** refers to a process aimed at enabling disabled persons to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.
Introduction/Background

• Global health policy encompasses the global governance structures that create the policies underlying public health throughout the world.

• Health equity is the ‘absence of unfair and avoidable or remediable differences in health’ among social groups (Solar and Irwin 2007).
Introduction/Background

- Tanzania has adopted a number of Policies, laws, and standards pertaining to disabled people including their right to rehabilitation. Also Quality ISO 9001 for standards.

- The society seems to take little or no clear action to ensuring provision of assistive devices like prosthetics, orthotics, wheelchairs etc.
Objectives:

• Identification of the policy perspectives of various actors in their efforts to implement at facility level the national rehabilitation plans for disabled in Tanzania.

• Specific Objectives;
  ✓ Assess number of users utilizing rehabilitation services at the Centres/facilities
  ✓ Assess the availability of plans of action/budget for rehabilitation services
  ✓ Assess the professionals levels in place for rehabilitation services
  ✓ Assess the tools/machines available at workshops
Methods

- Descriptive/Qualitative study; analysis of the policy, and interview of key persons
- Balanced scored card method of quality analysis was used to measure & evaluate policy impact
FINDINGS

• The Tanzania National Policy on Disability aims at improving life situation of people with disabilities (Policy Analysis)

• Total 56 health facilities were visited during the process of the 5S-Kaizen-TQM evaluation of quality of care, the followings were observed;

  ✔ Out of the 56 facilities visited only 16 (29%) had units for rehabilitation service care delivery integrated within the facilities services offered
FINDINGS------

✓ Out of 16 rehabilitation Units at facilities levels, only 4 (25%) are well equipped in terms of machines, tools, and at least with professional qualified staff in category levels I, II, and III, additional having shoe makers in place (i.e. KCMC, MOI, CCBRT, and Mbeya referral Hospitals)

✓ The 4 centers above were able to offer rehabilitation services ranged from provision of 70 to 300 devices, while other 12 centers out of 16 (75%) were able to offer from 5 to 60 devices per year.
National Policy on Rehabilitation-story

• Legislation; The Constitution of Tanzania (1977) and recognised the rights of persons with disabilities and prohibit all discrimination through PHC.

• Disabled Persons Act (1982) was adopted and seeks integration of disabled persons within every aspect of political, social, economic and cultural lives.

• Tanzania National Policy on Disability (2004),
National Policy -story------

- Policy 2010-ammendment on issues of the vulnerable groups-HIV /AIDS and disability issues
- The Tanzania quality improvement Framework in health care 2011-2016 in place
- 2012 December discussions on issues of disability and actions said to be taken seriously by the policies
- June 2013 re-groups of disabled association/reformed in place, were held countywide
- The Plan of Action -African Decade of Persons with Disabilities 1999-2009, extended to 2019, has been signed by Tanzania.
Discussions/Conclusions

• The current structure of the rehabilitation system is not meeting client needs. Therefore, the rehabilitation professionals have strong reasons for promoting a change in service delivery.

• However, there is a chronic shortage of rehabilitation professionals and poor distribution with respect to needs of client groups.
Discussions/Conclusions

• The facilities/centers in Tanzania which provide rehabilitation services are located on referral and consultant hospitals.

• In this case many patients especially in the rural areas find difficult to access the services and yet denied their rights to care.

• The ideas and concepts of equality and full participation for persons with disabilities have been developed very far on paper, but not in reality.
Discussions/Conclusions-------

• National Strategies for improvement on strengthening of health systems with the goal of rehabilitation, and support services a policy mechanisms to accessibility, education, employment, is not adequately practiced as evidently by the findings, that very few functional rehabilitation centers equipped with required resources to render quality of care these are human and none-human resources
Discussions/Conclusions-------

• Most facilities are not accessible to disabled persons e.g. badly designed buildings

• No operational budget set aside by the facilities-policies implementation on rehabilitation services.

• The Facilities has not addressed fully the needs of the disabled people to alleviate their suffering
References/Bibliography

- Tanzania works to implement Plan: Optional Protocol (2008) - African Decade of Persons with disability
- The African Decade of Persons with Disabilities (2009-2019): Training on disability mainstreaming to stakeholders
- UN (2009) disability rights, and ISO 9001 on quality of health care
THANK YOU FOR YOUR ATTENTION