

ORIGINAL RESEARCH

A Comparative Analysis of Institutional Capacities for Implementing Disability Policies in East African Countries: Functions of National Councils for Disability

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ABSTRACT

During the “African Decade of Persons with Disabilities (2000-2009)”, East African countries witnessed significant achievements, especially in the development of law, collection of statistics and in funding. However, many persons with disability are still marginalised from opportunities in education, healthcare and employment.

Purpose: *With the pre-supposition that the lack of institutional capacities for implementing disability policies is the one major stumbling-block which hinders widespread delivery of social services to persons with disabilities in low-income countries, this study makes a comparative analysis of institutional capacities in the disability sectors of Uganda, Kenya and Tanzania.*

Method: *The research methods adopted were a literature survey and a field survey. The framework for analysis consists of: 1) capacities and functions of disability units in central governments, 2) relationships between central and local governments in the disability sector, and 3) relationships between governments and organisations of persons with disability (DPOs). Special attention is paid to the status, roles and functions of national councils for disability (NCDs), the independent statutory bodies recently established in each of the three countries, with clear authority and duties for the implementation of disability policies. The NCDs enable multi-sectoral stakeholders to be involved in the implementation of disability policies; therefore, positive relationships between the governments and DPOs are essential for the smooth functioning of the NCDs.*

Results: *While the result of the field survey in Tanzania reveals several effective approaches for the smooth operation of the NCD, further study is needed to*

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verify whether these approaches would be applicable to other East African countries such as Kenya and Uganda.

Key words: *Persons with disabilities, Disability policy, Institutional capacity, Uganda, Kenya, Tanzania.*

INTRODUCTION

In recent years, disability policies have been formulated in many countries all over the world, both at the national and the regional levels. Several low-income countries have also shown positive attitudes towards the implementation of disability policies. However, due to limited institutional capacities for implementing them, it will be some time before persons with disabilities in low-income countries are benefited. This article starts with the basic pre-supposition that the lack of institutional capacities for implementing disability policies is the one major stumbling block that hinders widespread delivery of social services to persons with disabilities in low-income countries. The focus is on three East African countries (Uganda, Kenya and Tanzania), to examine problems in institutional capacities which have negative impacts in the implementation of disability policies.

Over five decades, the global trend in disability policy has changed its focus from the functional recovery of persons with disabilities to the guarantee of human rights and social participation of this group of persons. Approaches to ensure the human rights and social participation of persons with disabilities have been made since 2000. These include the adoption of the United Nations (UN) Convention on the Rights of Persons with Disabilities, and the launch of the regional Decade of Persons with Disabilities (Nakanishi, 2004). Since the UN Convention on the Rights of Persons with Disabilities was adopted in December 2006, 52% (28 out of 54) of the African countries have ratified it. Five countries in East Africa (Uganda, Kenya, Seychelles, Tanzania and Rwanda) are among them (UN, 2012).

The Organisation of African Unity (OAU) announced the “African Decade of Persons with Disabilities (hereinafter “the African Decade”)” in 1999, to enhance the full participation, equality, and empowerment of Africans with disabilities. On 31st October 2008, the African Union (AU) decided to extend the African Decade up to December 2019. African countries are still in the process of achieving the goals of the African Decade. The East African Community (EAC) organised its first international conference on disability in February 2010 in Kampala. All the

ministers in charge of disability issues in EAC member countries attended the conference. The EAC plans to formulate a disability law and set up an international disability development fund of its own.

In East African countries, there were significant achievements in disability issues during the African Decade, especially in the development of law, collection of statistics and funding. New disability laws were established in Kenya (2003), Uganda (2006), Zanzibar (2006), Rwanda (2007), and the mainland of Tanzania (2010). In accordance with these new laws, the National Councils for Disability (NCDs) were founded in Uganda, Kenya and Tanzania. The national budgets allocated for dealing with disability issues are increasing in those three countries. However, it seems that persons with disabilities in East African countries still do not have easy access to social services such as primary education, employment placement and basic healthcare (see Table 1). Following are brief descriptions of disability policies in three East African countries (Uganda, Kenya and Tanzania).

Table 1: Education, employment and medical care of persons with disabilities in Uganda, Kenya and Tanzania

	Uganda	Kenya	Tanzania
Education	<p>School attendance: Persons with disabilities aged 6 to 24 (persons without disabilities) Out of school: 15.4% (6.2%) Primary: 80.4% (80.9%) Secondary and above: 17.5% (16.1%)</p> <p>Latest academic background: The youth with disabilities aged above 13 (persons without disabilities) Primary: 77.3% (71.1%) Secondary and above: 22.2% (28.5%)</p>	<p>Latest academic background of persons with disabilities: (% of total population) Nursery: 6.42% Primary: 66.04% (70.8%) Graduated from primary/vocational training: 1.08% Secondary/A level: 20.59% (36.8%) College: 5.66% Others: 0.13% N/A: 0.07%</p>	<p>School attendance: Persons with disabilities aged 7 to 13 Out of school: 60% (16% of children with disabilities were denied schooling.) Go to school: 40% (less than 2% attend the special school for children with disabilities)</p> <p>Latest academic background: The youth with disabilities aged above 15 (% of total population) Never went to school: 44% Primary: 50% (97.2%) Secondary: 5% (26.1%) College: less than 1%</p>

Employment	Persons with disabilities aged 14 to 64 (persons without disabilities) Primary industry:78.6% (74.5%) Secondary industry: 4.6% (4.1%) Tertiary industry: 16.8% (21.3%)	Adult with disabilities Not employed: 34.5% Self-employed: 33.3% Work with payment: 16.3% Housekeeper: 10.3% Others: 5.7%	Adult with disabilities No work: 39% Work with no salary: 56% Work with payment: 5% (male 9%, female 3%)
Medical care	60% of persons with disabilities do not receive any rehabilitation. Among 40% who receive rehabilitation, drug therapy: 84.9% traditional therapy: 5.4% surgical operation: 3.7%	Persons with disabilities who know about available medical services: 89.7% Persons with disabilities who have required medical services: 77.9% Persons with disabilities who have ever had medical services: 58.2%	Among the persons who have mobility impairment, 29% have knowledge of the assistive devices. 20% know that there is rehabilitation for persons with disabilities. 17% know that there is counselling service for persons with disabilities.

Source:

Uganda Bureau of Statistics (2006). Uganda National Household Survey 2005/2006. Kampala: Uganda Bureau of Statistics

National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) (2008). Kenya National Survey for Persons with Disabilities - Preliminary Report. Nairobi; NCAPD in Kenya

National Bureau of Statistics (2010). Tanzania 2008 Disability Survey Report. Dar es Salaam; National Bureau of Statistics in Tanzania

Ministry of Education and Vocational Training, the United Republic of Tanzania (2008). Basic Education Statistics in Tanzania (BEST) 2008 National Data. Dodoma: Ministry of Education and Vocational Training, The United Republic of Tanzania

Uganda has a disability law which was enacted in 2006, but there are no regulations and rules to enforce its provisions. Disability statistics are included as a part of the national census, but accurate statistics below district level are not available, which gives rise to difficulties in formulating disability policy at the district and sub-county levels. The disability bodies of the Ugandan government are the National Council for Disability (NCD) and the District Council for Disability. In northern Uganda, restoration work was started after a two-decade-long civil

war ended in 2006. However, persons with disabilities are marginalised from the process of reconstruction assistance. The DFID (United Kingdom Department for International Development) Disability Scoping Study (2009) reported the lack of assistance from the local government to persons with disabilities.

Kenya established a disability law in 2003, but it was only in January 2010 that parts of the provisions were finally enforced. The reason for this is the huge gap between what is written in the law and what exists in society. Disability statistics in Kenya are available from the Kenya National Survey for Persons with Disabilities published in March 2008. However, it is said that the population of Kenyan persons with disabilities which is shown in the national survey is smaller than the actual figure (Masakhwe, 2009). Underestimation of the number of Kenyan persons with disabilities causes them to be neglected in policy making and resource allocation. The disability body of the central government in Kenya is the National Council for Persons with Disabilities (NCPWD). The NCPWD operates the “National Development Fund for Persons with Disabilities” to secure budgetary allocations in the disability sector.

In the mainland of Tanzania the new disability law, enacted in 2010, established the National Advisory Council for Persons with Disabilities. Under the previous disability law, one of the sections under the Ministry of Health and Social Welfare (MOHSW) worked as the disability unit of the central government, whereas in the past, the disability unit had belonged to different ministries, such as the Ministry of Labour, Youth Development and Sport, the Ministry of Social Development (present day Ministry of Community Development, Gender and Children) and the Prime Minister’s office.

In Zanzibar, though the new disability law was established in March 2008, the disability council has worked to prepare regulations which have not yet been finalised. Due to its limited budget, currently the only activities performed by the council are quarterly meetings and occasional site visits. The council cannot engage in educational activities for mainstreaming disability issues as these activities are implemented by the Department of Disability Affairs. Though the Zanzibar disability council plays a very limited role, it tries to work alongside the Department of Disability Affairs.

Uganda, Kenya and Tanzania have already developed disability laws and manage the collection of statistics at the central level. These laws and statistics will soon be transformed into concrete actions.

OBJECTIVES

The objective of this research is to analyse the problems involved in dealing with disability issues, by comparing institutional capacities for implementing disability policies in Uganda, Kenya and Tanzania. There is special focus on the functions of the National Councils for Disability. A comparison of the way these function in the three countries will clarify the problems of the central disability unit.

There are three reasons for the choice of three East African countries as the area of research. The first is that African countries fall far behind other nations in addressing disability issues (Hayashi, 2007). 33 out of 53 African countries are categorised as least-developed nations, and 16 countries in Africa are in conflict or post-conflict situations (Ministry of Foreign Affairs of Japan, 2008). There is a lack of social services such as education, health and employment in countries suffering from poverty and conflicts, and East African countries are no exception. The second reason is that East African countries show positive attitudes toward the implementation of disability policy. For example, Uganda, Kenya and Tanzania have already adopted the UN Convention on the Rights of Persons with Disabilities and are trying to formulate a disability law for the EAC. The third reason is that the three aforementioned countries (Uganda, Kenya and Tanzania) have similar social and cultural backgrounds.

METHOD

The research methods adopted for this paper were a literature survey and a field survey. The literature survey involved data collection about the 3 countries from statistical reports, legal reports, journals, books, websites, mail magazines, etc. The data collection was done in Japan, mainly from January to December 2010. The author conducted the field survey in Tanzania, from 8th August to 14th August 2010, in Dar es Salaam and Zanzibar. The organisations and bodies visited during the field survey are listed below:

- National Bureau of Statistics (Tanzania mainland)
- Department of Social Welfare, Ministry of Health and Social Welfare (Tanzania mainland)
- Kinondoni Municipal Social Welfare Office (Tanzania mainland)
- DOLASED: Disabled Organisation for Legal Affairs and Social Economic Development (Tanzania mainland)

- Department of Disability Affairs, First Vice President Office (Zanzibar)
- UWZ: Organisation of People with Disabilities in Zanzibar (Zanzibar)
- Yombo Vocational Training School (Tanzania mainland)
- CHAWATA: Tanzania Association of the Disabled (Tanzania mainland)

The data collected during the field survey in Tanzania included valuable documents such as unpublished disability statistics, the full text of the new disability law, and a list of Zanzibar disability council members. Twelve persons were interviewed, and the oral information obtained ranged from the history of disability units in the central government to current disability issues. However, there was little information on the disability policies of the local government in comparison to the central government. Hence, it was impossible to compare the functions and capacities of local disability units among the three countries. To identify the problems of institutional capacities for implementing disability policies, the author posed the same question to the different stakeholders (the central and local governments, non-governmental organisations and DPOs) and examined the situation objectively. Additional data collection took place through e-mails when the author needed further clarifications on the information gained from the interviews.

There are some studies that have focused on the comparative analysis of institutional capacities of governmental organisations engaged in social development. This study referred to two earlier works of Nagamine (1985) and Cheema (1981) respectively, to develop the framework for analysis. Both studies focused on the relationship between central and local governments. The unique feature of Nagamine's research is the focus on the coordinating bodies and examination of their functionality by analysing them using more well-defined categories, such as how much their voice is heard, their negotiating ability, and the staff's expertise (Nagamine, 1985). On the other hand, the characteristic of Cheema's study is the consideration of the partnership between the government and the NGOs or civil society organisations (Cheema, 1981). Based on these two studies, the framework for analysis of this research was developed. It consists of: 1) capacities and functions of disability units in central governments, 2) relationships between central and local governments in the disability sector, and 3) relationships between governments and organisations of persons with disability (DPOs).

RESULTS

Following are the results of surveys which were conducted on the basis of the framework of analysis mentioned earlier.

Capacities and Functions of Disability Units in Central Governments

1) Functions

Disability units in central governments are of two types. The first type is an independent statutory body like the National Councils for Disability (NCDs) in Uganda, Kenya and Zanzibar. The second type is a person or a division with authority and responsibility for disability issues within a government ministry. For example, the mainland of Tanzania has the Assistant Commissioner for Services to People with Disabilities and the Elderly, in the Department of Social Welfare within the Ministry of Health and Social Welfare. There are three major differences between the two types of disability units. First, the functions of statutory bodies are clearly defined by law, while those of disability divisions within government ministries are not, which makes the latter's roles and responsibilities indistinct. Secondly, different ministries may be required by law to take part in an NCD, which enables the promotion and the development of disability laws and regulations across the different ministries. However, the disability division within a ministry does not have any influence over other ministries on the development of disability laws and regulations. Thirdly, an NCD can fulfil its functions by using the network of those members who are representatives from ministries and DPOs. On the other hand, disability divisions within a ministry can only fulfil functions as a disability unit within the institutions in the same ministry.

2) Membership

In East African countries, NCDs are composed of representatives from DPOs and ministries (see Table 2). However, the NCD of Uganda does not have any representatives from DPOs. It has only representatives of persons with disabilities from five regions (Central, East, West, South and North). The reason is that there is discord between the government and DPOs in Uganda (DFID, 2009). As of August 2008, the chairperson of the NCD had not yet been nominated. In contrast, the National Council for Persons with Disabilities (NCPWD) in Kenya is chaired by Mr. Kibaya Imaana Laibuta from Kenya Society for the Blind, and the Zanzibar National Council for Persons with Disabilities has Mr. Abdul-Wakil H Hafidh (the managing director of Zanzibar Social Security Fund, Department

Table 2: Members of National Council for Disability in Uganda, Kenya and Tanzania (sorted by the representing organisations)

Representing organisation	Kenya	Uganda	Mainland Tanzania	Zanzibar
Persons With Disabilities or DPO	13 members	7 members (Representatives of persons with disabilities in five regions; Central, East, West, South and North.)	6 members	7 members
Government	9 members (including one Member of Parliament who represents persons with disabilities)	6 members	8 members	4 members
NGO	0 member	0 member	0 member	2 members
Private sector	1 member	4 members	1 member	0 member
School or university	0 member	2 members	0 member	0 member
Other	1 member (one expert in disability sector)	2 members (One is not available. The other is a staff of NCPWD)	1 member (a chairperson appointed by the Prime Minister)	0 member
Total	24 members	21 members	16 members	13 members

Source:

Parliament of Uganda (2003). National Council for Disability Act 2003, the Uganda Gazette No.51 Volume XCVI. Kampala: UPPC, Entebbe by order of the government

National Council for Persons with Disabilities in Kenya 2010. <http://ncpwd.go.ke/aboutncpwd/board-members/> [Accessed August 7, 2010]

Parliament of the United Republic of Tanzania (2010). The Persons with Disabilities Act 2010, Dodoma: the government of the United Republic of Tanzania

Department of disability affairs in Zanzibar (2010), KUMBUKUMBU YA KIKAO CHA NANE CHA WAJUMBE WA BARAZA LA TAIFA LA WATU WENYE ULEMAVU ZANZIBAR TAREHE 29/05/2010, KILICHOFANYIKA UKUMBI WA MIGOMBANI (in Swahili) [Minutes of 8th Meeting for Members of the Zanzibar National Council for Persons with Disabilities, held on 29 May 2010 in Migombani Hall] Zanzibar: The Government of Zanzibar.

of Social Security Fund) as the chairperson and Ms. Abeida Rashid Abdallah (the director of Department of Disability Affairs) as the secretary. Ms. Rashid, who has a physical disability and used to work at UWZ, is the representative of the government and hence, fosters a feeling of trust between DPOs and the government. In Kenya, persons with disability also work as representatives of the government, rather than DPOs.

3) Funding

The operational costs of NCDs are reimbursed from the respective national budgets. The proportion of the national budgets allocated to NCDs is small. Apart from the national budget, the NCPWD in Kenya has some financial support from international aid agencies. In most cases, however, donor agencies prefer to provide financial support directly to the local government or to DPOs, rather than to central disability units such as NCDs (Ministry of Foreign Affairs, 2002). There are not many cases where an NCD has direct financial support from international donors. Kenya and Zanzibar are trying to secure funding for NCDs by establishing the National Disability Fund under the initiative of their respective NCDs. Two hundred million Kenya shillings (about 2.37 million USD) were allocated to the funds in 2010 (Catholic Information Service for Africa, 2010).

In the mainland of Tanzania, parliament has allocated part of the national budget to the disability unit in the Department of Social Welfare. However, the budget for disability is small compared to that for children and the youth. Also, the disability unit of the Tanzanian central government has been transferred to three different ministries in the past twenty years, and its uncertain long-term status has made it hard to secure adequate funding. In contrast, one of the advantages of an NCD is that it can secure stable funding from the national budget.

Relationships between Central and Local Governments in the Disability Sector

1) Authority and duty of the disability unit in local governments

In Uganda and the mainland of Tanzania, the establishment of a disability unit at the local level is prescribed by law. These units in local governments have a certain level of authority and duty in the implementation of disability policies. On the other hand, Kenya does not have a specialised local government unit in the disability sector. In Kenya, the local government units dealing with disability issues are the District Gender and Social Development Office (DGSDO) and the

Provincial Administration. DPOs and persons with disabilities are supposed to submit proposals to these two organisations in order to apply to the “National Development Fund for Persons with Disabilities”. However, the final decisions for funding persons with disabilities and DPOs are not made at the provincial or district levels, as it is the NCPWD’s responsibility. While Kenya has built a centralised system for funding projects for persons with disabilities, Tanzania funds projects for persons with disabilities at the local government’s initiative. Each district social welfare office is allocated a budget for disability issues by the district government, and has the authority to implement projects for persons with disabilities.

2) Communication between central and local disability units

In Uganda, collaboration between central and local disability units is prescribed by law, but in fact this does not take place adequately. Twice a year, the NCD is supposed to receive situation reports on persons with disabilities from the district disability councils, but since this does not always happen, it is unaware of the exact position at the district level. In addition, the NCD is legally required to work closely with local governments at sub-county and district levels in order to address the problems which threaten the rights of persons with disabilities. However, as seen in the case of landmine survivors and persons with disabilities in the Northern Region of Uganda, it is not clear whether the central and local governments themselves work together in handling disability issues.

Kenya is a good example of the partnership between central and local disability units. According to the guidelines set by the NCPWD which is part of the Ministry of Gender, Children and Social Development, the DGSDO and the Provincial Administration work with the NCPWD to operate the “National Development Fund for Persons with Disabilities”. The DGSDO plays the role of coordinator between the NCPWD and the Provincial Administration, and thus manages the collaboration between the central and local governments well.

The disability unit of the central government in Tanzania is part of the Ministry of Health and Social Welfare, while the unit of the local government is under the control of the Ministry of Regional Administration and Local Government. Compared to Uganda and Kenya, there is less communication between central and local disability units in Tanzania as they belong to different ministries. Central and local disability units collaborate occasionally to organise events on the International Disability Day or to recruit students for the national vocational training school for persons with disabilities.

3) Budget allocation

The NCD of Uganda was allocated 96 million Uganda Shillings (about 37,200 USD) as its annual budget in 2007. However, from 2009 onwards each district was allotted 30 million Uganda Shillings (about 11,600 USD) per year to run income generating projects for persons with disabilities. The total budget for the districts was 2 billion Uganda Shillings (about 77,500 USD), which indicates that in terms of the budgetary allocation for the disability sector, Uganda has more value for the local government than the central government.

Unlike Uganda, Kenya allocates a higher budget to the central government than to the local government. In 2010, the government of Kenya secured 200 million Kenya Shillings (about 2.37 million USD) for the “National Development Fund for Persons with Disabilities” which is operated by the NCPWD. Funding applications are received by local government organisations, but the national government has the authority to manage the funds and to take final decisions about disbursement.

Tanzania, unlike Uganda and Kenya, does not have a sufficient budget for disability issues for either the central or the local governments. The National Fund for Persons with Disabilities was established only with the enactment of a new disability law in 2010. At the district level, the district government decides the proportion of budgetary allocation according to the issues prioritised by local citizens. In most cases, these are issues of education and healthcare, not disability. Therefore, many districts or cities do not have a sufficient budget for disability issues.

Relationships between Governments and DPOs

1) Authority and duty of DPOs

In Uganda, Kenya and Tanzania, government assistance to persons with disabilities at the district level is still limited. Persons with disabilities are generally excluded from the provision of development assistance. DPOs and NGOs, in collaboration with local governments, play the main role in providing them social services at community level.

In Uganda, some NGOs and DPOs work along with the local government in advocacy for and capacity building of landmine survivors. In Kenya, the United Disabled Persons of Kenya (UDPK) is commissioned by the NCPWD to assess applications to the National Development Fund for Persons with Disabilities.

This collaboration with the UDPK is prescribed in the guidelines developed by the NCPWD. In the mainland of Tanzania, DOLASED implements United Nations Development Programme (UNDP) projects for the improvement of administrative services, and Swedish International Development Agency (SIDA) projects on HIV/AIDS awareness and disability rights. DOLASED works closely with the district social welfare offices when they conduct project activities at the district level.

Of the three countries, DPOs in Kenya play a greater role in the implementation of the government's disability policy. The Kenyan government utilises the network of DPOs to operate government funding for persons with disabilities. The authority and duty of DPOs are recognised by the guideline, which has legal force.

2) Communication between governments and DPOs

East African countries have this in common, namely, that advocacy by the DPOs has influenced government policy on disability issues. When government ministries of Uganda drew up the Comprehensive Plan for Landmine Victims Assistance in June 2009, the local DPO "Gulu Amuru Landmine Survivors Group (GALMSG)" participated in its launch (Uganda Landmine Survivors Association [ULSA], 2009). In Kenya, when the constitution was revised in 2010, the associations for the blind and other DPOs tried hard to convince the government to adopt sign language as an official language. The NCPWD prepared the appropriation guidelines for the fund and established the system of operation with UDPK. Some training programmes were organised by the NCPWD to strengthen the capacity of DPOs in Kenya. In Tanzania, the new disability law was initially drafted by the Executive Director of DOLASED. Thereafter, the government and some DPOs organised several meetings to modify and finalise its contents. Thus it can be seen that governments and DPOs in East African countries have worked together, and DPOs have influenced policies in spite of strains in the relationship.

However, it is important to note that the relationship between the government and DPOs is affected by the disability policy of the ruling party. For example, in Tanzania, "Chama Cha Mapinduzi", to which the present and former presidents have belonged, has adopted a friendly policy towards persons with disabilities. The heads of DPOs are therefore in a position to meet the president whenever they need to, and this has enabled DPOs in Tanzania to make effective policy recommendations to the government.

3) Funds transfer

Money flow from the government to DPOs is of two types - “aid” and “sub-contracting”. While this study was not able to gather information on money flows in Uganda, a brief explanation of the situation in Kenya and Tanzania follows.

The government of Kenya gives only a small financial grant to DPOs. According to the vice president of the Kenya Society for the Mentally Handicapped (KSMH), the amount of grant money is not sufficient for DPOs (Kamadi, 2010). The government of Kenya seems to pay some commission fees to UDPK to conduct assessment activities for the “National Development Fund for Persons with Disabilities”.

The disability unit in the central government of Tanzania provided a grant of 2.5 million Tanzania Shillings (about 1,500 USD) to each of the 8 DPOs in the fiscal year 2010/2011. When the government of Tanzania commissioned the draft of a new disability law from the Executive Director of DOLASED, a consultation fee was paid to DOLASED. In Zanzibar, the government gives DPOs some funds to organise international events or conferences on disability, but currently there are no cases of sub-contracting to DPOs.

Both “aid” and “sub-contracting” are seen in Kenya and Tanzania. Except for the case of sub-contracting in Kenya, the amount of aid or consultation fees appears to be small.

DISCUSSION

This research highlighted some policy and social problems which need to be dealt with if East African countries are to achieve the goals of the African Decade. The policy problems are the lack of accurate disability statistics at the district level, and the lack of guidelines which would promote the mainstreaming of disability issues among ministries. The social problems are the exclusion of persons with disabilities from social development projects for HIV/AIDS, post-war reconstruction projects, etc. It is obvious that persons with disabilities have limited access to basic social services in the fields of education, health and employment. This study started with the basic pre-supposition that policy and social problems were closely linked to the weakness of institutional capacities for implementing disability policies. In this connection, the institutional capacities for implementing disability policies in Uganda, Kenya and Tanzania were carefully researched. This was followed by a comparative analysis between the

three countries, in line with the framework set by the author. Three points of discussion which were raised as a result of the analysis are given below:

1. Capacities and functions of a disability unit in central government

Compared to a disability division under a government ministry, an independent statutory body such as an NCD has clear roles and responsibilities defined by law. The National Disability Council is composed of representatives from governments, DPOs, universities and private organisations. An advantage of NCDs is that they can obtain the participation of different stakeholders. They play an important role in the planning, as well as the implementation of policies concerning disability issues in the country. However, a good relationship between the government and DPOs is crucial to the smooth management of the National Disability Council.

The result of field survey in Tanzania shows that the following three approaches are effective for the smooth operation of the NCD:

- To assign representatives of government who can smooth communication between the government and DPOs and who are also highly trusted by DPOs.
- To enhance DPOs so that they are deeply involved in the policy-making process of the government, and to create sufficient opportunities for the government and DPOs to work together.
- To approach the ruling party and gain their political commitment in support of persons with disabilities.

The first two approaches are practised not only in Tanzania, but also in Kenya.

2) Relationship between central government and local government concerning disability issues

The rights of persons with disabilities as stipulated in the new disability laws are not fully realised in East African countries such as Uganda, Kenya and Tanzania, because the systems or capacities to implement disability policies are not yet enhanced. As the decentralisation of government continues in East African countries, local governments will have their own development plans and budgets. There are a few joint projects and information sharing between central and local governments, but the administrative links between them are not yet standardised. A command structure from the central disability unit to the local disability unit cannot work when they both belong to different ministries.

From the good example in Kenya, can be seen the importance of developing guidelines for local government officers so that they put into practice national disability policies, especially the provisions of disability law. During the field survey in Tanzania, government officials at the central disability unit and DPO representatives insisted that it was necessary to develop guidelines for local authorities to follow the provisions of disability law. They also mentioned that the implementation of monitoring and evaluation should be included in such guidelines, to strengthen cooperation between central and local governments.

3) Relationships between governments and organisations of persons with disability (DPOs)

In East African countries, the institutional capacities of disability units in local governments are very limited because of the lack of disability statistics at the local level, the small budget for disability issues, and the poor partnership between central and local governments. Many international donors prefer to invest in DPOs and NGOs rather than in the governments of these countries, to benefit persons with disabilities. It is true that DPOs and NGOs in East African countries play a big role in the provision of social services to persons with disabilities in the fields of education, health and employment. Although the government tries to support DPOs financially, this support is not enough. The services provided by NGOs are not stable or permanent since they can be affected by policy changes or the economic status of donors.

Limitations

The results of analysis show that a significant factor which hampers the fulfilment of disability policy is a lack of institutional capacities for its implementation. However, there were a few restrictions on analysing the results of research. Due to time constraints, the field survey was conducted only in Tanzania, not in Uganda and Kenya. Information on Uganda and Kenya was obtained from secondary source materials compiled by the government, aid agencies, NGOs and DPOs. Collected data was not adequately verified for Uganda and Kenya, compared to Tanzania. In other words, the quality and quantity of secondary source materials gathered through a literature survey is very limited when compared to primary source materials which can be obtained from a field survey.

Thus, while most of the information related to disability issues in Tanzania was collected during the field survey, it should be noted that the analysis of disability

issues in Uganda and Kenya was based on the limited information which was available from a literature survey.

CONCLUSION

This article starts with the basic pre-supposition that one major stumbling block that hinders widespread delivery of social services to persons with disabilities in low-income countries is the lack of institutional capacities for implementing disability policies. The focus was on three East African countries (Uganda, Kenya and Tanzania). A series of analyses, based on the framework set by the author, revealed the problems of the disability units in the central governments, and showed corresponding effects among stakeholders dealing with disability issues. The problems of institutional functions, membership, funding and communications are intricately intertwined, and hinder the widespread delivery of social services to persons with disabilities in these three East African countries.

In all the three countries, NGOs and DPOs are the main service providers for persons with disabilities. These organisations have more experience than the governments in the provision of supports for persons with disabilities. In the short term, government disability units will be able to enhance their institutional capacity by conducting joint projects with DPOs and NGOs. In the long term, the government disability units should manage services for persons with disabilities, delegating them to DPOs and NGOs only when necessary. To become a main service provider, the disability units of central and local governments should try to enhance their institutional capacity by developing statistics, providing information on persons with disabilities, allocating a budget for disability issues, and introducing monitoring and evaluation. Assigning an expert on disability issues to the disability unit at the local level might be effective in enhancing its institutional capacity.

Currently five African countries - Rwanda, Kenya, Tanzania, South Africa and Senegal - are preparing to gain the status of "Ambassador" under the initiative of the Secretariat of African Decade of Persons with Disabilities (SADPD) (SADPD, 2010). The fulfilment of the goals of the African Decade of Persons with Disabilities will require not only institutional capacities, but also changes in people's attitudes and in social structures. There is a long way to go but, as far as East African countries are concerned, it is to be hoped that the enhancement of institutional capacities for implementing disability policies will encourage the activities and contribute to the achievement of the goals of the new African Decade by the end of 2019.

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