

THE UNITED REPUBLIC OF TANZANIA

THE CONTEMPORARY STATE OF PERSONS WITH DISABILITIES IN TANZANIA





The United Republic of Tanzania

THE CONTEMPORARY STATE OF PERSONS **WITH DISABILITIES IN TANZANIA**



National Bureau of Statistics Ministry of Finance Dodoma

and



Office of the Chief Government Statistician Presidents' Office - Finance and Planning Tanzania Zanzibar

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Map 1.1: UNITED REPUBLIC OF TANZANIA, ADMINISTRATIVE BOUNDARIES



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Maps and land area used in this publication are derived from the 2022 Population and Housing Census (PHC) cartographic work; therefore, they are for statistical use only.



The 2022 Population and Housing Census in the United Republic of Tanzania was conducted with the reference date set at the midnight of August 22nd/23rd, 2022. This marked the sixth census and the first digital one since the Union of Tanganyika and



Tanzania Zanzibar in 1964, with previous censuses occurring in 1967, 1978, 1988, 2002, and 2012. The government leadership, under Her Excellency Dr. Samia Suluhu Hassan in Tanzania and His Excellency Dr. Hussein Ali Mwinyi in Tanzania Zanzibar, have successfully conducted this census in accordance with the United Nations Principles and Recommendations. Their commitment and support during the implementation of the census is greatly appreciated.

The findings from the 2022 Population and Housing Census (PHC) and Tanzania Building Census (TBC) will aid in the integrated planning and sustainable development of the nation. They aim to promote transparency and modern resource allocation at all administrative levels based on the actual population. These results will support the government and stakeholders in assessing and monitoring various national and international development frameworks, including the Tanzania Development Vision 2050, Tanzania Zanzibar Development Vision 2050, and the Sustainable Development Goals outlined in the United Nations Agenda 2030. Additionally, the census data will provide a foundation for calculating various indicators like literacy rates, infant and maternal mortality rates, and unemployment figures.

One of the publications resulting from the census is the report on the contemporary State of Persons with disabilities (PWDs) in Tanzania, which is the tenth in a series of reports. Some of the reports already released include the Administrative Units Population Distribution Reports and Age and Sex Reports, among others. The PWDs report aims to deliver accurate statistics regarding the state of PWDs across social and economic dimensions, covering aspects like prevalence, marital status, education, employment, and housing conditions, as well as the use of Information and Communication Technology (ICT).

The success of both the 2022 PHC and the TBC was largely due to the extensive cooperation and contributions from various levels of government. This included numerous Census Committees ranging from the national level down to the local administrative units, such as the National Central Census Committee, National Census Advisory Committee, and National Census Technical Committee, along with regional, district, ward, village/mtaa, and hamlet committees. Additionally, input and collaboration from non-state actors, including the Collaborators Forum, private sector, and various institutions, as well as the general public, played a significant role.

We extend our gratitude to government leaders at every level, especially the Minister for Finance, Minister for Lands, Housing and Human Settlements Development, Minister of State - President's Office, Finance and Planning for Tanzania Zanzibar, Minister for Lands and Housing Development for Tanzania Zanzibar, Members of Parliament, Members of the House of Representatives, Councillors/Shehas, and all members of the Census Committees at the regional and district levels, which were led by Regional and District Commissioners. Recognition also goes to the Census Coordinators, both National and Tanzania Zanzibar, as well as Regional and District Coordinators, Supervisors, Enumerators, local leaders, and all respondents.

We would like to express special thanks to our Development Partners, which include the United Nations Population Fund (UNFPA), World Bank (WB), United Nations Children's Fund (UNICEF), UN-Women, International Organization for Migration (IOM), United States Agency for International Development (USAID), Foreign, Commonwealth and Development Office (FCDO), United States Census Bureau (USCB), the Republic of South Korea, the People's Republic of China, and other partners who provided vital equipment, expertise, training, and financial support that contributed to the success of the 2022 Census. Additionally, we are grateful to religious, traditional and political leaders, NGO leaders, the media, and all citizens and non-citizens for their participation and contributions to the Census.

Special mention is made of Honourable Anne Semamba Makinda, Census Commissar for Mainland Tanzania and Former Speaker of the National Assembly, and Honourable Ambassador Mohamed Haji Hamza, Census Commissar for Tanzania Zanzibar, for their exemplary leadership in educating and encouraging participation in the Census. Their efforts greatly enhanced the quality and execution of the Census. We also thank Dr. Amina Msengwa, Chairperson of the Governing Board of the National Bureau of Statistics (NBS),

and Ambassador Amina Salum Ali, Chairperson of the Statistics Board of Tanzania Zanzibar, for their guidance throughout the Census implementation.

Finally, we acknowledge the exceptional commitment and efforts of the management and staff of the National Bureau of Statistics, under the leadership of Dr. Albina Chuwa, the Statistician General, and the staff of the Office of the Chief Government Statistician, Tanzania Zanzibar, led by Mr. Salum Kassim Ali, as well as other officials from various ministries who worked diligently to ensure the successful implementation of the 2022 Population and Housing Census.

Kassim Majaliwa Majaliwa (MP)
Prime Minister of
The United Republic of Tanzania

Hemed Suleiman Abdulla (MRC) Second Vice President of Zanzibar

Acknowledgement

The National Bureau of Statistics and the Office of the Chief Government Statistician in Tanzania Zanzibar conducted the 2022 Population and Housing Census (PHC) alongside the Tanzania Building Census (TBC) to gather crucial information for policy implementation, planning, monitoring, and evaluation of development processes. This Census collected extensive data on demographic characteristics, disability, migration, national document possession, orphanhood, education, economic activities, land ownership, and ICT ownership and usage. Additional information on fertility, mortality, housing ownership and assets, agriculture, and community facilities was also gathered, including some details on physical addresses.

This report provides a detailed analysis of persons with disabilities, disaggregated by age, sex, and other key variables, from national to regional levels. It highlights various indicators that are vital for making evidence-based decisions pertinent to local populations, including prevalence rates, demographic characteristics, education, and literacy levels, economic activities, housing conditions and amenities, and ICT ownership and use among persons with disabilities.

We would like to express our heartfelt gratitude to all the experts whose dedication and hard work contributed to this report. Special thanks go to Prof. Akim Mturi, Internal Technical Advisor overseeing writing of the monograph and Dr. Joyce Peters Chonjo, the lead author. Additionally, we appreciate the facilitation efforts by Dr. Ruth Davison Minja, Director of Population Census and Demographic Statistics; Fahima Mohamed Issa, Director of the Social Statistics Department at OCGS; Seif Ahmad Kuchengo, Manager for Population Census and Vital Statistics and National Census Coordinator; Abdul-majid Jecha Ramadhan, Tanzania Zanzibar Census Coordinator; Steven Lwendo, IT Expert responsible for data processing and table production; and the entire National Census Technical Team, including statisticians, demographers, IT experts, and GIS officers, for their commitment that ensured the successful completion of this report.

We also extend our gratitude to the many professionals, regional and district supervisors, enumerators, field supervisors, and the media for their dedicated contributions for without their commitment and dedication, the Census would not have reached its successful outcome. We also appreciate the public for their cooperation throughout the Census period.

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Executive Summary

The contemporary state of persons with disabilities in Tanzania monograph provides indepth analysis of the level, trend and pattern of disability in Tanzania. Specifically, the areas covered are prevalence and distribution of persons with disabilities; education and literacy status of the persons with disabilities; economic and demographic characteristics of PWDs; economic activities for PWDs; housing conditions and social amenities among PWDs; and Ownership and use of ICT for PWDs. In many cases, information has been disaggregated by place of residence and where possible comparisons have been made with previous Census (es) to observe the trend over time. Important findings from the report are summarized below.

Chapter One presents introduction on the census background regarding persons with disabilities, importance of disability data, the link between Sustainable Development Goals and Disability; The African Union Agenda 2063; The Tanzania Five Year Development Plan2021/2022-2025/2026; Tanzania Vision 2025; The National Policy on persons with disabilities (2004) and the Act (2010) Other areas include, Disability questions used in the 2022 PHC, Data collection, methodology and quality assurance on PWDs, as well as the structure the of PWDs monograph.

Chapter Two provides an understanding on the prevalence of disability in Tanzania. The results show that 5.3 million persons in Tanzania, which is equivalent to 11.2 percent of the total population aged 7 years and above have some form of disability. There is a slight difference of disability prevalence in rural (11.5%) and in urban areas (10.6%), and between Mainland Tanzania (11.2%) and Tanzania Zanzibar (11.4%). However, across regions highest prevalence of persons with disabilities is observed in Kilimanjaro (15.3%) and the lowest is Shinyanga with 8.8 percent. In addition, Tanzania has a total of 74,273 persons with Albinism equivalent to 0.12 percent of the total population.

Chapter Three presents data on the causes of disability, use of assistive devices, marital status, orphanhood and health insurance to persons with disabilities. In this publication PWDs are those with physical, mental, intellectual or sensory impairment which may hinder or limit their full and effective participation in society on an equal footing with others. The results indicate that 57.6 percent among persons with disabilities reported diseases as the major causes of their disability, followed by inborn with 18.8 percent. The use of assistive devices among PWDs is very low in Tanzania (below two percent), except for persons with Albinism which is 20.2 percent. Moreover, only 2.7 percent out of 5.3 million PWDs in

Tanzania have health insurance from National Health Insurance Fund (NHIF) or Community Health Insurance Fund (CHIF). In addition, the proportion of PWDs who are married is lower (47.5%) than for persons without disabilities (52.1%).

Chapter Four presents information with regard to Total Fertility Rate (TFR) among PWDs. The 2022 PHC results show an insignificant TFR difference among PWDS compared with persons without disabilities. The TFR for persons with disabilities is 4.6 children per woman and 4.7 children per woman for those without disability in Tanzania. Infant Mortality Rate (IMR) for women with disabilities is 38.7 compared with 34.2 for women without disabilities. The Under Five Mortality Rate (U5MR) in Tanzania is 61.1 for PWDs compared with 54.1 for people without disability.

Chapter Five presents information regarding school attendance status, net and gross primary school enrolment, education attained, and literacy status among PWDs aged five years and above. The proportion of PWDs who attended school in Tanzania is 53.3, which is lower than that of persons without disabilities (55.2%). The Net Enrolment Rate (NER) for primary school among PWDs is 79.1 percent which is lower (83.7%) than that of persons without disabilities. The majority (74.7%) of the PWDs aged five years and above attained primary education,17.8 percent attained the ordinary level of education, and 5.9 percent attained university and other related. Moreover, in Tanzania 72.0 percent of the PWDs are literate which is higher among males (75.5%) than females (69.0%).

Chapter Six provide details on employment status of persons with disabilities. The data indicates that 73.0 percent of persons with disabilities in Tanzania were currently employed. The proportion of employed males is a bit high (75.9%) than that of females with 70.6 percent. In Tanzania Zanzibar the proportion of employed PWDs is much lower (67.4%) with 74.1 percent are males and 62.7 are females. It was further found that the sectors which employ most PWDS are agriculture, forestry and fishing (68.1%).

Chapter Seven details information on housing conditions and social amenities among persons with disabilities. The proportion of households headed by males with disability is higher (57.9%) than those headed by females with disability (42.1%). The results show that 70.1 percent of households in Tanzania use improved sources of drinking water. All households headed by PWDs using improved sources of drinking water is 9.6 percent compared with 60.4 percent for those headed by persons without disabilities. About five out of ten of households headed with PWDs had access to an improved toilet facility. The use

of ventilated improved pit latrine (VIP) however, is higher for households headed by persons without disabilities (7.2%) than for households headed by persons with disabilities (6.8%).

Chapter Eight provides information on the ownership and use of ICT facilities by persons with disabilities, types of ICT Facility and number of disabilities in Tanzania, Mainland Tanzania and Tanzania Zanzibar. Individuals with disability who own smart phones in Tanzania account for 13.5 percent, in Mainland Tanzania 13.0 percent while in Tanzania Zanzibar it is 29.1 percent. On the other hand, 84.2 percent of PWDs own mobile phone in Tanzania, 84.1 percent in Mainland Tanzania and 87.0 percent in Tanzania Zanzibar. In addition, 43.8 percent of persons with Albinism use ICT facilities for sending and receiving money while the least user of ICT for sending and receiving money is those with Self-care disability (24.2%). Results further reveal that 4.4 percent of PWDs use ICT Facilities for online business in Tanzania and Mainland Tanzania while in Tanzania Zanzibar it is 4.2 percent.

Chapter Nine presents the Summary, Conclusions, Policy Implications and Policy Recommendations.

Census Results Brief - Disability Indicators

Indicator	Tanz	ania		d Tanzania	Tanzania	
mulcat01	Number	Percentage	Number	Percentage	Number	Percentage
Prevalence on Disability						
Both Sexes	5,347,397	11.2	5,180,095	11.2	167,302	11.0
Male	2,483,510	10.9	2,411,291	10.9	72,219	10.3
Female	2,863,887	11.6	2,768,804	11.5	95,083	12.3
Albinism						
Both Sexes	74,273	0.12	71,631	0.12	2,642	0.14
Male	42,686	0.15	41,203	0.14	1,483	0.17
Female	31,587	0.10	30,428	0.10	1,159	0.12
Types of Disability						
Seeing	1,447,853	27.1	1,394,512	26.9	53,341	31.9
Hearing	539,186	10.1	518,846	10.0	20,340	12.2
Walking	876,290	16.4	856,476	16.5	19,814	11.8
Remembering	301,663	5.6	294,133	5.7	7,530	4.5
Self- Care	135,511	2.5	132,531	2.6	2,980	1.8
Communicating	291,185	5.4	285,877	5.5	5,308	3.2
Other Disability	1,755,709	32.8	1,697,720	32.8	57,989	34.7
Disability by Severity	1,700,700	02.0	1,007,720	02.0	01,000	04.7
Some Difficulty	6,091,350	80.6	9,207,432	15.4	276,739	14.6
A lot of Difficulty	1,162,541	15.4	4,584,972	15.7	138,387	15.1
Unable	300,159	4.0	4,304,372	15.7	130,307	13.1
Marital Status	300,139	4.0				
Never Married	1 170 071	27.0	1 122 562	27.0	20.200	29.8
Never Married	1,172,871	27.9	1,133,563	27.8	39,308	29.0
Married	1,996,529	47.5	1,927,362	47.3	69,167	52.5
Living Together	209,463	5.0	208,804	5.1	615	0.5
Separated	106,314	2.5	105,415	2.6	899	0.7
Divorced	220,945	5.3	209,573	5.1	11,372	8.6
Widowed	501,284	11.9	490,944	12.0	10,340	7.9
PWDS With Health Insurance	001,201	11.0	100,011	12.0	10,010	1.0
rwb3 With riealth insurance	146,058	2.7	142,735	2.8	3,323	2.0
National Health Insurance or Community Health (NHIF or CHF)	140,036	2.1	142,733	2.0	3,323	2.0
Other Health Insurance	27,202	0.5	25,919	0.5	1,283	0.8
Total Fertility Rates						
Per woman for PWDS		4.6		4.6		3.6
Infant Mortality Rate (IMR)		34.3		34.3		34.7
Under-Five Mortality Rate (U5IMR)		54.3		54.3		54.9
Officer-1 ive mortality frate (Commit)		J4.J		34.0		04.0
Education Attained						
Pre-Primary	1,385	0.07	1,337	0.06	48	0.09
Primary	1,590,212	74.73	1,508,000	76.34	8,211	14.78
Training after Primary	8,512	0.40	8,442	0.41	70	0.13
Secondary	379,447	17.83	339,320	16.37	40,127	72.24
Training after secondary	22,694	1.07	22,309	1.08	385	0.69
University and other Related	125,340	5.89	118,639	5.72	6701	12.06
Special education	333	0.02	325	0.02	8	0.01
Current Economics Activities						
Employed	3,071,381	73.0	2,982,677	76.7	88,704	67.4
Unemployed	172,335	4.1	65,121	1.5	107,214	2.5
Inactive	963,690	22.9	393,126	9.3	570,564	13.6
Household Headship for PWDS	,,,,				,	
Male Headed household	1,162,409	57.9	1,131,484	57.9	30,925	58.0
Female Headed Household	846,594	42.1	824,198	42.1	22,396	42.0
Household Amenities (Main source of Energy for Lighting)	313,004	74.1	JZ 1,100	72.1	22,000	72.0
Electricity (TANESCO/ZECO)	649,491	32.3	615,975	31.5	33,516	62.9
Solar	639,179	31.8	636,467	32.5	2,712	5.1
Oulai	003,179	31.0	050,407			ე. I
Kerosene	104,859	5.2	91,594	4.7	13,265	24.9

Indicator	Tanzania		Mainland Tanzania		Tanzania Zanzibar	
indicator	Number	Percentage	Number	Percentage	Number	Percentage
Main Source of Drinking Water						
Improved Source (Household Headed by Persons with disabilities)	1,365,360	68.0	1,316,123	67.3	49,237	92.3
Unimproved Source (Household Headed by Persons with disabilities)	643,643	32.0	639,559	32.7	4,084	7.7
Type of Toilet Facility						
Improved Toilet (Household Headed by Persons with disabilities)	1,134,357	56.5	1,087,243	55.6	47,114	88.4
Unimproved Toilet (Household Headed by Persons without disabilities)	874,646	43.5	868,439	44.4	6,207	11.6
Individual Disability ownership ICT facility						
Mobile phone	2,777,390	84.2	2,684,678	84.1	92,712	87.0
Smartphone	446,122	13.5	415,108	13.0	31,014	29.1
Individual Disability ownership of Computer						
Desktops	73,744	2.4	77,108	2.4	1,260	1.2
Laptops	73,744	2.2	69,917	2.2	3,827	3.6
Individual Disability use of ICT						
Communication	3,370,292	80.1	3,258,059	79.9	112,233	85.2
Search/receive information	1,345,877	32.0	1,288,656	31.6	57,221	43.4
Online business	184,302	4.4	178,792	4.4	5,510	4.2
Sending and receiving money	2,110,682	50.2	2,051,475	50.3	59,207	45.0

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Abbreviations and Acronyms

AU African Union

ARI African Rehabilitation Institute

APET African Union High-Level Panel on Innovation and Emerging Technologies

CAPI Computer Assisted Personal Interviews
CHIF Community Health Insurance Fund

EAC East African Community

ESCAP Economic and Social Council Commission for Asia and Pacific

FCDO Foreign, Commonwealth and Development Office

FYDP Five Year Development Plan

GER Gross Enrolment Rate

GIS Geographical Information System

ICT Information and Communication Technology

ILO International Labour Organization

IMR Infant Mortality Rate

IOM International Organization for Migration

ISIC International Standard Industrial Classification of All Economic Activities

LFPR Labour Force Participation Rate
NBS National Bureau of Statistics

NER Net Enrolment Rate

NHIF National Health Insurance Fund

OCGS Office of Chief Government Statistician PHC Population and Housing Censuses

PWDs Persons with Disabilities

SADC Southern Africa Development Community

SGDs Sustainable Development Goals

SHIVYAWATA Shirika la Vyama vya Watu Wenye Ulemavu

TDV Tanzania Development Vision

TFR Total Fertility Rate

TANESCO Tanzania Electric Supply Company

UN United Nations

U5MR Under Five-Mortality Rate

UNIFPA United Nations Population Fund UNICEF United Nations Children's Fund

USAID United States Agency for International Development

USCB United State Census Bureau
VIP Ventilated Improved Pit latrine

WB World Bank

WHO World Health Organization
WASH Water, Sanitation and Hygiene

Concepts and Definitions

Albinism is a rare genetic condition caused by mutations, or changes, of certain genes that affect the amount of melanin your body produces. Melanin controls the pigmentation (colour) of skin, eyes and hair. People with albinism have extremely pale skin, eyes and hair. They're at an increased risk of vision, skin and social issues.

Autism refers to an entire spectrum of disorders that typically appear at an age of 3 years and impact on social and communication skills. However, scientists do not yet understand what exactly causes autism, but they suspect that genetics and environmental conditions are probably responsible for this ill health condition that is made severe by irregularities in some areas of the brain.

Cleft palate Cleft lip and cleft palate are openings or splits in the upper lip, the roof of the mouth (palate) or both. Cleft lip and cleft palate result when facial structures that are developing in an unborn baby don't close completely. Cleft lip and cleft palate are among the most common birth defects. They most commonly occur as isolated birth defects but are also associated with many inherited genetic conditions or syndromes.

Disability is a broad term with various definitions depending on different aspects at international, regional and national levels. For instance; the Washington Group on disability statistics defines Persons with disabilities (PWDS) as "all those persons who are at greater risk than the general population in experiencing restrictions in completing specific tasks or activities due to limitations in their basic functioning such as walking, seeing, hearing or memory – even if such limitations are ameliorated by use of assistive devices, a supportive environment or plentiful resources" (United Nations, 2001).

Epilepsy is a chronic (long-term) brain condition where a person has repeated seizures. Having just one seizure does not mean that you have epilepsy — about 1 in every 2 people who have a single seizure never have another seizure. Epilepsy is not a single condition. The key symptom of epilepsy is seizures. Seizures are episodes of changed electrical activity in the brain and can vary a lot depending on the part of the brain involved. **Seizures** can cause symptoms such as loss of consciousness (passing out), unusual jerking movements (convulsions) as well as other unusual feelings, sensations and behaviours. There are many different types of seizures.

Hydrocephalus is an abnormal build-up of cerebrospinal fluid in the ventricles of the brain. This can arise before birth or at any time afterward. In infants the most obvious sign is usually an abnormally large head.

Leprosy is a chronic infectious disease caused by a type of bacteria, Mycobacterium leprae. The disease predominantly affects the skin and peripheral nerves. Left untreated, the disease may cause progressive and permanent disability.

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Mental disorder is a generic term that includes the very different conditions of mental illness and mental handicap also called learning disability.

Persons with short stature is a general term for people whose height is considerably below average compared to the height of their peers. While it can apply to adults, the term is more commonly used to refer to children. A child can be significantly shorter than their friends and still be perfectly healthy. This is particularly true if both parents are also shorter than average.

Persons with hunchback- Hunchback or Hunched back is a condition where there is exaggerated forward rounding of the upper back. Hunchback can occur at any age; however, it commonly affects older women, where this deformity is termed as a dowager's hump. Patients having osteoporosis develop age-related hunchback.

Psoriasis is a reddish, scaly rash often located over the surface of the elbow, knees, scalp and around or in the ear, genitals or buttocks.

Spina bifida is a condition that affects the spine and is present at birth. The term literally means "split spine" in Latin. The condition develops before birth when the neural tube (a group of cells that form the brain and the spinal cord) doesn't close all the way. When that happens, the backbone that protects the spine doesn't form completely. This can cause physical issues and, in some cases, lead to problems with the brain and learning.

Spinal cord injuries- A spinal cord injury involves damage to any part of the spinal cord. It also can include damage to nerves at the end of the spinal cord, known as the cauda equina. The spinal cord sends and receives signals between the brain and the rest of the body. A spinal cord injury often causes permanent changes in strength, feeling and other body functions below the site of the injury. People who have had a spinal cord injury also may experience mental, emotional and social side effects.

Storiasis is a common chronic inflammatory skin disease, associated with significant morbidity and a considerable negative impact on the patients' quality of life.

Chapter One

Introduction

1.1 Background on 2022 Population and Housing Census

The 2022 Population and Housing Census (PHC) was conducted in accordance with the Statistics Act CAP 351, which mandates the National Bureau of Statistics (NBS), in collaboration with Office of the Chief Government Statistician (OCGS) Tanzania Zanzibar, to carry out population and housing censuses within the United Republic of Tanzania every ten years. This was the sixth Census since the Union of Tanganyika and Tanzania Zanzibar in 1964, and it adhered to the United Nations Principles and Recommendations for population and Housing Censuses. The previous five censuses were conducted in 1967, 1978, 1988, 2002, and 2012.

The 2022 PHC was undertaken on a de facto basis, with the reference night being 22nd/23rd August 2022. As in previous censuses, the 2022 PHC enumerated people by the place of residence on the census night. All persons present in the country were counted, irrespective of their nationality or citizenship. Although enumeration was initially planned to last seven days, it was completed within nine days. Unlike its predecessors, the 2022 PHC was Tanzania's first fully digital census, employing mobile technology for data and information collection.

Census reveal that Tanzania's population has grown from 12.3 million in 1967 to 61.7 million persons in 2022 (Figure 1.1). The average annual population growth rate rose from 2.7 percent between 2002 and 2012 to 3.2 percent between 2012 and 2022.

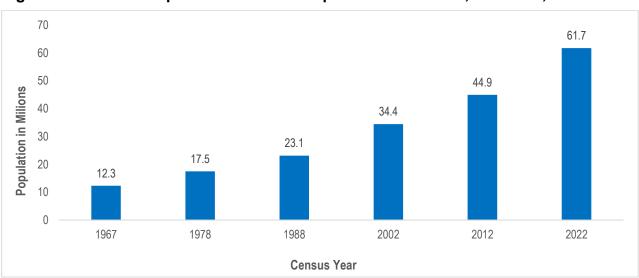


Figure 1.1: Official Population Count in Population Censuses, Tanzania, 1967 - 2022

1.2 Objectives of the 2022 Population and Housing Census

The main objective of conducting the 2022 PHC was to provide the Government with information on the size, distribution, composition and other social economic characteristics of the population as well as information on housing conditions. This information will contribute to the improvement of quality of life for Tanzanians through provision of current and reliable data for policy formulation, development planning, evidence-based decision making and service delivery as well as for monitoring and evaluating population and socio-economic programmes in the country.

The specific objectives of the 2022 PHC were to:

- a) Increase availability and accessibility of accurate, timely and reliable data on demographic, socio-economic characteristics and environment;
- b) Enhance knowledge of stakeholders on socio-economic and demographic characteristics and environment of the Tanzanian population as well as patterns and trends of population growth;
- c) Increase utilization of socio-economic, and demographic data disaggregated to lower administrative levels;
- d) Strengthen capacity of NBS and OCGS in carrying out population and housing censuses, in areas of planning, collecting, processing, analysing, disseminating, utilizing and archiving population and housing census and other statistical data; and
- e) Establish a comprehensive buildings and National Physical Addresses database to facilitate making evidence-based decisions towards improving provision of social services, expansion of tax base and to inform development programmes in general.

1.3 Census Publicity and Advocacy Campaign

The 2022 PHC used intensive and extensive publicity and advocacy programmes to educate, sensitise and mobilise the public to participate in the Census process. There were two Census Commissars, one for Mainland Tanzania and the other for Tanzania Zanzibar. The main function of the Commissars was to publicise the implementation of the Population and Housing Census and Advocacy activities. Other functions were to collaborate with committees at all administrative levels to motivate community participation and ensure timely and sufficient availability of human and financial resources as well as equipment.

To standardise publicity and advocacy campaigns throughout the country, NBS and OCGS developed publicity guidelines that were used during the Census publicity and advocacy operations. The guidelines explained in brief, the meaning and purpose of the Census as

well as broad topics covered. Given the importance of Census publicity, resources were availed to regional authorities for the purpose of educating, sensitising and mobilising the public to participate in the census in their respective areas.



Image 1.1: Hon. Anne Semamba Makinda, Census Commissar for Mainland Tanzania, addressing citizens residing along the Tanzania and Rwanda border at Rusumo during the 2022 census publicity campaign on 14th June, 2022.

1.4 The Census Background on Persons with disabilities

Persons with disabilities (PWDs) are defined as "all those persons who are at greater risk than the general population in experiencing restrictions in carrying out specific tasks or activities due to limitations in their basic functioning, such as hearing or remembering even when such limitations may be mitigated by assistive devices, a supportive environment, or adequate resources" (United Nations, 2001). PWDs exist in all parts of the world, and every level of society, with their numbers increasing over time. Globally, approximately 1.3 billion people, or 16.0 percent of the population, live with some form of disability. This figure is rising due to factors such as population ageing, the prevalence of non-communicable diseases, conflicts, and the impact of climate change (WHO, 2023). Notably, there is a lack of comprehensive evidence on disability prevalence, with global estimates varying depending on definitions and data sources.

The rights of PWDs have been a central focus for civil society and international organisations. In 1993, the United Nations adopted the "22 Standard Rules on the Equalisation of Opportunities for Persons with Disabilities", followed by the "UN Convention on the Rights of Persons with Disabilities" in 2006. These instruments aim to ensure that all individuals with disabilities, regardless of age or gender, enjoy the same rights and responsibilities as other members of society. Furthermore, there is a need to harmonise disability data collection and promote comprehensive research to better understand, the barriers affecting the lives of PWDs.

Tanzania started to collect data on disability during the 2002 PHC whereby the definition of disability was based on impairment rather than activity limitation. By contrast, the 2012 and 2022 PHCs adopted the Washington Group on Disability Statistics covering the broad definition of disability that is based on activity limitation rather than impairment to collect data on PWDs. More specifically, the 2022 PHC considered PWDs as any individual with physical, mental, intellectual or sensory impairment that may hinder or limit their full and effective participation in society on an equal footing with others.

The 2022 PHC covered the following main domains of disability: visual, hearing, communication, mental, physical and self-care. In addition, the census collected information on "other" types of disabilities including albinism, cleft palate, hydrocephalus, spinal bifida, spinal cord injuries, epilepsy, psoriasis and storiasis. It also included autism, mental health conditions, mental disorders, persons with short stature, leprosy and persons with hunchback. Image 1.2 presents photographs of individuals with some of these "other" types of Disability.

The main objective of this disability monograph is to produce detailed disability statistics that will facilitate implementation of programmes and policies as well as monitoring and evaluating achievements toward realization of equal rights, opportunities and participation for persons with disabilities.

Image 1.2: Presents photographs of some of the persons with "other" disabilities



Source: Shirika la Vyama vya Watu Wenye Ulemavu Tanzania (SHIVYAWATA).

Note: Permission for using the pictures was obtained from SHIVYAWATA

1.5 The Importance of Disability Data

The Washington Group on Disability Statistics 2018 unfold that, "the need for relevant data on PWDs is important from the human rights point of view because it assists in meeting the non-discrimination obligations and equality in availed opportunities". The information also enables policy makers and other stakeholders in policy formulation, implementation, monitoring and evaluation of the progress on implementation of the 2030 Agenda for Sustainable Development Goals (SDGs) of *leaving no one behind*. It also facilitates social inclusion of PWDs by removing all kinds of barriers and improve their quality of life in the society.

Inclusion of disability in a development programme of any nation at all stages of development requires all PWDs be afforded equal access to education, health care services, work and employment opportunities, social protection, transport as well as information. On the other hand, across the world, PWDs are more likely to experience poverty and exclusion

than persons without disabilities because disability is a development issue (World Bank, 2013). Furthermore, due to the attitude and environmental barriers which limit full participation in economic, social and cultural endeavour, some PWDs are excluded from participating in public dialogue or in development decision-making. As a result, the needs and challenges faced by PWDs are often neglected by the society whereas women and children are the most vulnerable in this group. To address this challenge, the government is actively advancing the implementation of National Disability Policy and the Act in alignment with Tanzania Vision 2025 and the 2030 Agenda for Sustainable Development Goals (SDGs).

Comprehensive disability data is crucial for promoting the rights, inclusion, and well-being of PWDs. This monograph, based on the 2022 PHC, provides essential insights into the prevalence, types, and distribution of disability in Tanzania. It supports the development of inclusive policies and programmes aligned with the SDGs and Tanzania's Vision 2025. By identifying gaps in access to education, healthcare, employment, and public participation, the findings enable targeted interventions. Ultimately, the monograph strengthens efforts to ensure that PWDs are not left behind in national development.

1.6 The Link between Global, Regional and National Policies and Frameworks on Disability

The integration of rights of PWDs into global and national frameworks, such as the Sustainable Development Goals (SDGs), the African Union Agenda 2063, The National Five-Year Development Plan 2021/22-2025/26, Tanzania Vision 2025 on Disability and the National Policy on PWDs underscores the importance of creating inclusive and equitable societies. The intersection of these policies and frameworks is the pathways to achieve disability-inclusive sustainable development.

1.6.1 Sustainable Development Goals and Disability

The guiding principles of 2030 Agenda for Sustainable Development Goals which includes the pledge *to leave no one behind*, suggest the need to establish a just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable group are met. This commitment of inclusion specifically addresses PWDs, highlights the necessity of including PWDs in the national development agenda. Among the 17 SDGs, more than five goals specifically address disability and the needs of PWDs. These goals concentrate on crucial areas such as governance, inclusion, participation, right and equal access to justice,

alongside with ensuring inclusive and participatory decision-making at all levels. Importantly, the SGDs focus on the following but not limited to:

Access to Education: Ensuring that educational systems are accessible and inclusive for all students, including those with Disability (SGD 4). This includes training teachers to support diverse learning needs and providing necessary accommodations.

Employment Opportunities: Promoting inclusive workplaces through policies that encourage the hiring of persons with disabilities is essential for achieving economic growth (SDG 8).

Healthcare Access: Ensuring that healthcare systems are accessible and responsive to the needs of individuals with Disability (SDG 3). This involves training healthcare providers and implementing policies that reduce barriers to access health related facilities.

The global community formulated all these goals for respective nations to address the needs of PWDs in various sectors because PWDs are facing barriers to full participation in society due to negative attitudes and un-favourable environment. Further, PWDs are often denied equal opportunity to access education and training, sports and recreation, employment and other social activities. The fulfillment of the *leaving no one behind* principal as stipulated in the 2030 Agenda for SDGs call for Inclusion of PWDs and advancement of their rights in all national programmes. However, the success of these goals relies heavily on the active participation of persons with disabilities.

1.6.2 The African Union Agenda 2063 on Persons with Disabilities

The Development of African Union Agenda 2063 aimed at ensuring high standard of living, quality of life, and wellbeing for all citizens, provision of social security and protection for all including persons with disabilities. One of AU aspirations is to develop inclusive strategies for socio-economic growth that comprehensively includes persons with disabilities. In order to implement this, a number of guidelines and strategies have been developed which include among others inclusion guidelines and disability strategic framework that provide policy directions. A number of initiatives are being implemented by the AU through some organisations in African countries that are helping PWDs to cope with this situation such as Able Child Africa which is working with local partners to help children with Disability in Kenya, Rwanda, Tanzania, and Uganda. Despite these success stories, there is still more work to be done to balance inequalities manifested in the quality of life of Africans living with Disability.

Generally, Africa has experienced considerable growth in the development and utilisation of technologies. However, there has been a considerable lack of appropriate technologies that can be fully adapted for assisting PWDs. Consequently, most digital technologies remain inaccessible to some or all users with disability. Therefore, the African Union High Level Panel on Innovation and Emerging Technologies (APET) is calling for African countries to consider investing more in assistive emerging technologies that can address challenges affecting persons with disabilities.

1.6.3 The National Five-Year Development, Plan 2021/22-2025/26: Tanzania Vision 2025 on Disability

The principal objective of the Tanzania Vision 2025 is to ensure that all Tanzanians enjoy a high quality of life by year 2025. The Vision comprises several pillars but the one which is directly addressing the welfare of PWDs is on "high quality livelihood". In the efforts to ensure quality and good life for all Tanzanians, the focus is on creation of opportunities for generating wealth that should be distributed fairly to the society and free from predicaments caused by inequalities. This suggests, elimination of all forms of social and political relations which inhibit empowerment and effective participation of all social groups (men and women, boys and girls, young and old, the able-bodied and disabled persons) in the society. It is from this common understanding shared by various groups in civil societies, more efforts are required in order to achieve high standard of living, quality of life and well-being for all and ultimately the needs for PWDs are addressed effectively. In view of this, the Government prepared a National Plan of Action for PWDs by aligning it with African Decade of persons with disabilities.

1.6.4 The National Policy on Persons with Disabilities

Tanzania is a signatory to various organs that address issues of disability. This includes among others, Plan of Action for the African decade of persons with disabilities, a member of African Rehabilitation Institute (ARI), the United Nations instruments which include the declaration on the Rights of persons with disabilities (1975), and ratified the Standard Rules on the Equalization of Opportunities for persons with disabilities (1993) and its Optional Protocol and proceeded to put in place the National Disability Policy (2004) and the persons with disabilities Act (2010). Furthermore, the constitution of the United Republic of Tanzania firmly states that "All human beings are equal and are entitled to equal rights irrespective of colour, tribe, gender and religion."

The key recommendations of the National Policy on persons with disabilities among others include:

- Provision for conducive environment for PWDs to engage in productive work for their development including provision for working tools;
- ii. To put in place a mechanism for creating public awareness on the needs, rights, abilities and contribution of persons with disabilities in the society;
- iii. To provide a conducive environment for the practice of inclusive education that takes care of special needs of disabled children;
- iv. To take concrete measures to ensure that public and private buildings and facilities are accessible; and
- v. To ensure that PWDs participate effectively in sports activities hence sports associations and stakeholders to include persons with disabilities in their development programmes.

In order to improve the socio-economic and environmental status of PWDs, the Government of Tanzania has laid down legal frameworks and policies to oversee social protection and development programmes. The findings presented in the analytical chapters of this volume provide an assessment on how far the country has gone on implementing the National Policy on persons with disabilities

1.7 Disability Questions Used in the 2022 Census

The 2022 PHC included ten carefully worded questions on disability, based on the Washington Group on Disability Statistics, covering domains such as seeing, hearing, walking, remembering, self-care, communication, albinism, and other disabilities. Questions were designed to avoid stigma by not directly using the term "disability." Response categories ranged from "no difficulty" to "unable," with some using simple 'YES'/'NO' options. This inclusive approach aimed to capture activity limitations rather than impairments, promoting more accurate, comparable, and stigma-free data to inform inclusive policy and service delivery. See Appendix 2 (Census Questionnaire) for more details.

1.8 Data Collection and Quality Assurance on Persons with Disabilities

1.8.1 Methodology

Unlike previous censuses, Tanzania adopted, mobile technology to collect data during 2022 PHC. This is in conformity with recommendation made by the UN for the 2020 round of censuses. This was the first census in history of Tanzania to use mobile technology in the collection and transmission of data for both cartographic mapping and enumeration.

Implementation was carried out in phases whereby during the first phase, mobile GIS technology was used to facilitate demarcation of enumeration areas and transmission of census cartographic information to the servers located at NBS/OCGS Headquarters. This was subsequently followed by the second phase; Computer Assisted Personal Interviews (CAPI) technology was used for data capture and transmission of information from the field to the servers during enumeration. Mobile devices (tablets) were programmed with a data capture system developed using CS Entry (CS Pro tool for Data Capture) that runs on Android Operating System.

More importantly, all major digital operations such as development of the applications and programming of the devices were done by Tanzanian experts. The third phase of Census was implementation which includes data processing, analysis and dissemination based on the use of more advanced technologies such as mobile phones for broadcasting census results and more iterative dashboards for data sharing. The quality of data collected depends on the process that control the occurrence of errors namely; human, instrumental, among others at all stages of the Census implementation. This process ultimately led to improvement of the 2022 PHC data quality.

This initiative responds well to Strategic Themes of Strategy for the Harmonization of Statistics in Africa (2017-2026) or (SHaSA2) that focus on Production of Quality Statistics for Africa and Coordinate Production of Quality Statistics for Africa among other important themes. This is within the Vision of the African Statistical System (ASS) that envisages for establishing and strengthening an efficient ASS that generates reliable, harmonized and timely statistical information covering dimensions of political, economic, social, environmental, cultural development and integration of Africa.

1.8.2 Quality Assurance

Quality assurance was integrated at all stages of the census planning and implementation processes. This included, among others, having clear questionnaires, guidelines, field supervision, giving feedback regularly and addressing any emerging issue on time. In addition, there was regular monitoring team which oversaw technical, logistic and administrative aspects of enumeration in every region. Furthermore, observers from international community and development partners monitored before, during and even after census and provided technical advice. Consequently, remedial steps were taken where necessary if there was a considerable deviation between what was planned and what was happening on the ground.

Some limitations that may affect quality of data include differences in the definition of disability, different methods of data collection, poor infrastructure and attitudes of respondents and knowledge of enumerators. Poor infrastructure is also another area that may affect data collection/quality as some remote areas could not be reached easily. Use of mobile Technology (i.e. Tablets) to collect data as recommended by the United Nations (UN) for the 2020 round of censuses, and intensive training of enumerators and supervisors contributed to a better performance. It is important to note that the 2022 PHC questions asked about the causes of disability, and this added value to the data collected more than all other previous censuses. On the other hand, data for children with disability aged under seven (7) years was not availed in all indicators except for education enrollment because according to Washington Group on Disability Statistics this age group cannot fully explain the difficulties in the substantive domains.

1.9 Organization of the Disability Monograph

This monograph is structured into nine chapters. Chapter One serves as an introduction, providing a comprehensive overview of the context, along with the techniques employed to gather and analyse the data, thereby setting the stage for the subsequent chapters. It covers the background of disability; plan and polices in favour of PWDs, the disability-related questions used, data collection procedures, and quality assurance measures. Chapter Two presents prevalence and distribution of PWDs whereas, Chapter Three examines the socioeconomic and demographic characteristics of PWDs. Chapter Four describes fertility, nuptiality and mortality among PWDs. Chapter Five is about education and literacy among PWDs. Chapter Six presents the economic activities of PWDs. Chapter Seven presents information on housing conditions and social amenities among PWDs and Chapter Eight presents disability and use of Information and Communication Technology. Chapter Nine presents the summary, along with conclusions, policy implications, and recommendations.

Chapter Two

Prevalence and Distribution of Persons with disabilities

Key Points

- There are 5,347,397 persons in the country aged 7 years and above living with some form of disability, equivalent to 11.2% of the total population.
- The prevalence of persons with disabilities in 2022 PHC is 11.2 percent; having increased from 9.3 percent in 2012 PHC.
- The most common type of disability is 'Seeing' (3.0%) followed by 'Walking' (1.7%).
- The regions with highest prevalence of disability are Kilimanjaro (15.3%), Mtwara (14.5%) and Lindi (14.4%).

2.1 Introduction

This Chapter provides information on the prevalence and distribution of persons with disabilities. The prevalence is computed by dividing PWDs (numerator) by the total population in that category (denominator). The computations were restricted to those aged seven years and above. The chapter also presents types of severity of PWDs in the country. In all cases, indicators were computed for Tanzania, Mainland Tanzania, and Tanzania Zanzibar. In some cases, age—sex differentials and rural—urban classifications are presented. Finally, the analysis of regional differentials is also presented.

2.2 Prevalence of Disability

Prevalence of disability is the number or percentages of adults with any type of disability (hearing, vision, cognition, mobility, self-care, etc.). They might have been born with disability or become disabled after being born due to various causes. In the 2022 PHC, the cut-off age for the prevalence of PWDs is seven (7) years. This age is internationally comparable, and it is according to Washington Group on Disability Statistics. On the other hand, this is attributed by the fact that children under seven years old are young to respond adequately to census questions that focus on measuring the level of disability that are directly linked to other physiological as well as physical limitations. This is particularly applicable to invisible types of disabilities that cannot be seen by naked eyes such as experiencing limitations in hearing, seeing, tasting, touching among others. However, this report also considers children aged 4 to 17 years in some indicators in education where school attendance starts at age four.

The 2022 PHC results reveal that, 5,347,397 persons (11.2%) out of 47,663,727 persons aged 7 years and above in private households, have some form of disability. This marks a significant rise from 2.2 percent in 2002 PHC to 9.3 percent in 2012 PHC, and now to 11.2 percent in 2022, as illustrated in Figure 2.1. The 2008 Tanzania Disability Survey had earlier reported a prevalence of 7.8 percent. Although the current figure remains slightly below the global average of 15.0 percent (WHO Fact Sheet on Persons with disabilities), it reflects an upward trend.

International comparison (Table 2.1) show that many developing countries continue to report lower prevalence rates than developed countries. In most developing countries statistical reports indicate lower percentages of PWDs compared with developed countries.

The reasons for the increase in the prevalence of PWDs in Tanzania could be due to more awareness on the rights of PWDs, publicity and advocacy on equal access to facilities, improved health and education facilities to accommodate PWDs, conducive environment that made parents not to hide their disabled children. In addition, factors such as an ageing population, a rise in chronic illnesses, and the adoption of improved data collection tools and methodologies, including the broader definition of disability aligned with international standards, have contributed to more accurate and inclusive reporting.

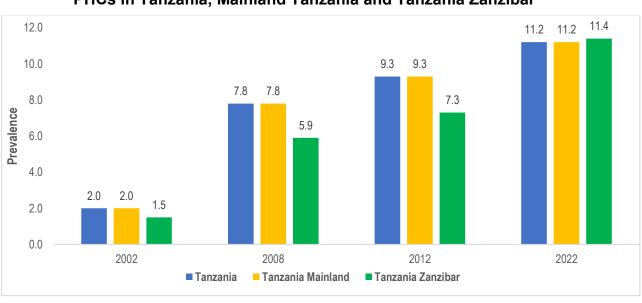


Figure 2.1: Trend on Prevalence of Persons with Disabilities from 2008, 2012 and 2022 PHCs in Tanzania, Mainland Tanzania and Tanzania Zanzibar

Table 2.1: The Prevalence of Persons with Disabilities for Selected Countries; Tanzania, 2022 PHC

Country Censuses	Year	Prevalence
Tanzania	2022	11.2
Ghana	2022	8.0
Rwanda	2022	3.4
Kenya	2019	2.2
Surveys		
Tanzania	2008	7.8
South Africa	2023	22.4
Senegal	2023	14.5
Mauritania	2023	24.8
Nigeria	2023	11.4
Uganda	2023	32.8
Rwanda	2023	25.2
Mali	2023	19.3
Somalia	2024	11.7
Cambodia	2023	12.1
Haiti	2023	24.9
USA	2022	13.9

Sources: Census Reports for Ghana (2022), Tanzania (2022), Rwanda (2022), Kenya (2019) Surveys and Annual Reports for; America (US 2022 Annual Report), Disability Survey Tanzania (2008) Tanzania 2022 PHC. The Disability Report for South Africa (2023), Senegal (2023), Mauritania (2023) Nigeria (2023), Rwanda (2023), Uganda (2023), Mali (2023), Somalia (2024), Haiti (2023), Cambodia (2023) and Annual Report on People with Disabilities in America, 2024

2.3 Prevalence of Persons with Disabilities by Place of Residence and Regions

The prevalence of persons with disabilities is not very much different when comparing Mainland Tanzania (11.2%) and Tanzania Zanzibar (11.4%). Map 2.1 shows that the prevalence of PWDs varies across regions. The highest prevalence of PWDs was recorded in Kilimanjaro (15.3%) followed by Mtwara (14.5%) and Lindi (14.4%). On the other hand, the lowest disability prevalence was recorded in Shinyanga (8.8%) followed by Tabora (9.0%) and Simiyu Regions (9.1%). Fourteen regions have proportion of PWDs above the national average of 11.2 percent. The results in Table 2.2 show that in the rural areas of Tanzania have disability prevalence of 11.5% whereas in urban areas it was 10.6%. It is also noted that sex differentials of PWDs is not very much noticeable.

Map 2.1: Prevalence of Disability for Persons Aged 7 Years and Above by Region; Tanzania, 2022 PHC

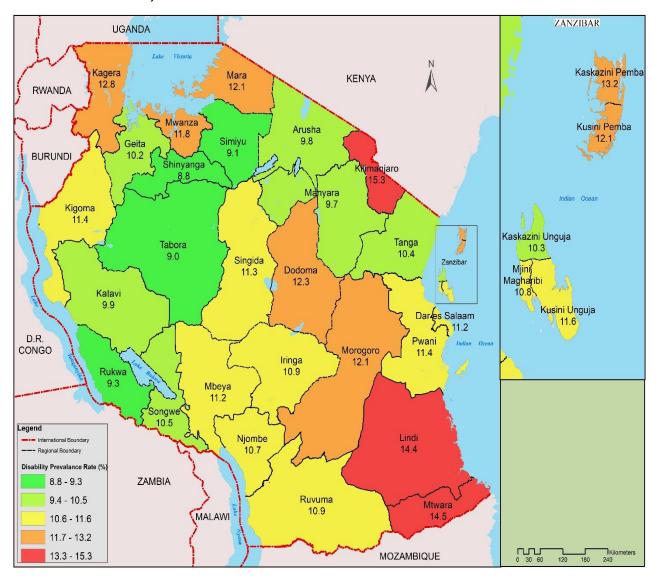


Table 2.2: Disability Prevalence Among Persons Aged 7 Years and Above by Sex, Place of Residence and Region; Tanzania, 2022 PHC

Place of Residence	Prevalence of Disability by Sex									
	Both Sexes	Male	Female							
Tanzania	11.2	10.9	11.6							
Rural	11.5	11.2	11.9							
Urban	10.6	10.2	11.0							
Mainland Tanzania	11.2	10.9	11.5							
Dodoma	12.3	11.7	13.0							
Arusha	9.8	9.8	9.9							
Kilimanjaro	15.3	14.3	16.3							
Tanga	10.4	10.1	10.6							
Morogoro	12.1	11.7	12.6							
Pwani	11.4	11.0	11.8							
Dar es Salaam	11.2	10.5	11.9							
Lindi	14.4	13.5	15.2							
Mtwara	14.5	13.6	15.3							
Ruvuma	10.9	11.1	10.8							
Iringa	10.9	10.5	11.2							
Mbeya	11.2	10.8	11.5							
Singida	11.3	10.9	11.7							
Tabora	9.0	8.8	9.3							
Rukwa	9.3	9.4	9.2							
Kigoma	11.4	11.1	11.6							
Shinyanga	8.8	8.6	9.1							
Kagera	12.8	12.9	12.7							
Mwanza	11.8	11.3	12.3							
Mara	12.1	11.8	12.3							
Manyara	9.7	9.9	9.6							
Njombe	10.7	10.6	10.9							
Katavi	9.9	9.9	9.9							
Simiyu	9.1	8.9	9.2							
Geita	10.2	10.2	10.2							
Songwe	10.5	10.4	10.6							
Tanzania Zanzibar	11.4	10.3	12.3							
Kaskazini Unguja	10.3	9.5	11.2							
Kusini Unguja	11.6	10.7	12.4							
Mjini Magharibi	10.8	9.6	12.0							
Kaskazini Pemba	13.2	12.2	14.1							
Kusini Pemba	12.1	11.3	12.8							

2.4 Prevalence of Persons with Disabilities by Age, Sex

Tables 2.3 to 2.5 present the prevalence of PWDs by age and sex in Tanzania, Mainland Tanzania and Tanzania Zanzibar for the population aged 7 years and above. The results show that disability prevalence increases with age and ranges from 8.4 percent for those aged between 7-11 years to 52.1 percent for those aged 82 years and above (Table 2.3). Furthermore, the higher proportion of persons with disabilities are found among persons aged 62 years and above. A similar pattern is observed in Mainland Tanzania as presented in Table 2.4. The table reveals a slight difference in Tanzania Zanzibar where the prevalence ranges from 8.8 percent for age group 7-11 to 51.8 percent for those aged 82 years and above (Table 2.5). In almost all age groups, the percentage of females with disability is higher than that of males. The higher prevalence among elderly persons might be contributed by age, accumulation of health risks across a life span of diseases - injury and chronic illness (UN Disability Report, 2011).

Table 2.3: Disability Prevalence Among Persons Aged 7 Years and Above by Age and Sex; Tanzania, 2022 PHC

A O		Prevalence	
Age Group	Both Sexes	Male	Female
Total	11.2	10.9	11.6
07 - 11	8.4	8.7	8.2
12 - 16	9.1	9.1	9.0
17 - 21	7.8	7.9	7.7
22 – 26	9.0	9.3	8.8
27 – 31	9.6	9.8	9.4
32 - 36	10.7	10.8	10.6
37 - 41	11.4	11.2	11.6
42 - 46	12.0	11.1	12.9
47 - 51	14.1	12.6	15.5
52 - 56	15.0	13.3	16.7
57 - 61	16.3	14.4	18.1
62 - 66	20.3	18.0	22.4
67 - 71	25.4	22.8	27.6
72 - 76	32.2	29.9	34.2
77 - 81	42.4	40.8	43.5
82+	52.1	51.0	52.7

Table 2.4: Disability Prevalence Among Persons Aged 7 Years and Above with Disability by Age and Sex; Mainland Tanzania, 2022 PHC

Age Group	Prevalence							
	Both Sexes	Male	Female					
Total	11.2	10.9	11.5					
07 - 11	8.4	8.7	8.2					
12 - 16	9.0	9.1	9.0					
17 - 21	7.8	7.9	7.7					
22 – 26	9.0	9.4	8.8					
27 – 31	9.6	9.9	9.4					
32 - 36	10.7	10.8	10.6					
37 - 41	11.4	11.2	11.6					
42 - 46	12.0	11.1	12.8					
47 - 51	14.0	12.5	15.3					
52 - 56	15.0	13.3	16.7					
57 - 61	16.3	14.4	18.0					
62 - 66	20.3	18.0	22.4					
67 - 71	25.4	22.8	27.5					
72 - 76	32.1	29.8	34.2					
77 - 81	42.3	40.8	43.4					
82+	52.1	51.1	52.7					

Table 2.5: Disability Prevalence Among Persons Aged 7 Years and Above with Disability by Age and Sex Tanzania Zanzibar, 2022 PHC

Age Group		Prevalence	
	Both Sexes	Male	Female
Total	11.4	10.3	12.3
07 - 11	8.8	9.2	8.4
12 - 16	9.9	9.5	10.4
17 - 21	8.5	7.5	9.4
22 – 26	9.0	8.6	9.4
27 – 31	9.2	8.8	9.6
32 - 36	10.1	9.5	10.7
37 - 41	11.8	10.3	13.1
42 - 46	13.1	10.2	15.7
47 - 51	16.5	13.1	19.5
52 - 56	16.2	12.9	19.2
57 - 61	17.3	13.8	20.5
62 - 66	21.5	18.6	24.4
67 - 71	27.5	23.8	30.6
72 - 76	34.1	31.9	36.3
77 - 81	45.4	44.3	46.2
82+	51.8	49.9	52.9

2.5 Prevalence of Persons with Disabilities by Type of Disability, Sex and Region

Table 2.6 presents the percentage distribution of the persons with disabilities by type of disability, sex and place of residence. The results indicate that 3.0 percent of the population in Tanzania experience difficulty in seeing, followed by 1.8 with difficulty in walking, while 3.7 percent report "other" types of disability. A similar pattern is observed for Tanzania Zanzibar, where 3.6 percent report difficulty in seeing, followed by 1.4 percent with difficulty in walking. Furthermore, results show that slightly more females have difficulty in seeing compared with males (3.1 and 2.9 % respectively). A similar pattern is observed in Mainland Tanzania. In Tanzania Zanzibar, the gender gap is more pronounced, with 4.3 percent of females compared to 2.9 percent of males reporting visual difficulty. It was further revealed that difficulty in seeing is more profound in urban areas than in rural areas.

Across regions, Lindi, Mtwara and Mjini Magharibi have the highest proportions of persons with visual impairments, while Manyara (1.9%), Iringa and Kigoma (2.0%) regions record the lowest. Overall, visual impairment emerges as the most prevalent form of disability across the country, underscoring the urgent need for targeted interventions, particularly in screening, eye care services, and assistive technologies.

Table 2.6: Disability Prevalence Among Persons Aged 7 Years and Above by Sex, Type of Disability, Place of Residence and Region; Tanzania, 2022 PHC

Region	Prevalence	Total										Тур	e of Disa	ability									
		Number		Seeing			Hearing	l		Walking		Re	emembe	ring		Self-care	е	Cor	mmunica	ation		Other	
		of PWDS	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Tanzania	11.2	5,347,397	3.0	2.9	3.1	1.1	1.1	1.1	1.8	1.8	1.9	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.6	3.7	3.4	3.9
Rural	11.5	3,525,394	2.9	2.9	3.0	1.2	1.2	1.1	1.9	1.8	2	0.6	0.7	0.6	0.3	0.3	0.3	0.6	0.6	0.6	4.0	3.8	4.3
Urban	10.6	1,822,003	3.2	3	3.4	1.1	1.1	1.1	1.7	1.7	1.7	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.6	3.1	2.9	3.3
Mainland Tanzania	11.2	5,180,095	3.0	2.9	3.1	1.1	1.1	1.1	1.9	1.8	1.9	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.6	3.7	3.4	3.9
Dodoma	12.3	299,689	3.4	3.2	3.5	1.2	1.3	1.2	2	1.8	2.2	0.6	0.6	0.6	0.3	0.3	0.3	0.7	0.8	0.7	4.1	3.7	4.5
Arusha	9.8	179,625	2.8	2.7	2.9	0.9	1.0	0.9	1.6	1.7	1.5	0.6	0.6	0.6	0.3	0.3	0.3	0.8	0.8	0.8	2.9	2.8	2.9
Kilimanjaro	15.3	233,588	3.9	3.5	4.2	1.0	1.0	0.9	2.1	2	2.1	0.8	0.8	0.8	0.3	0.3	0.3	1.0	1.0	0.9	6.4	5.6	7.1
Tanga	10.4	214,361	2.8	2.7	2.9	1.0	1.0	1.1	1.7	1.6	1.7	0.7	0.7	0.7	0.3	0.3	0.3	0.6	0.6	0.5	3.4	3.2	3.5
Morogoro	12.1	306,237	3.3	3.2	3.5	1.3	1.2	1.3	1.9	1.9	2.0	0.7	0.7	0.7	0.3	0.3	0.3	0.7	0.8	0.7	3.9	3.7	4.1
Pwani	11.4	183,141	3.3	3.2	3.5	1.3	1.2	1.4	1.8	1.7	1.8	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.5	3.5	3.3	3.7
Dar es Salaam	11.2	501,940	3.7	3.4	4.0	1.2	1.1	1.2	1.7	1.6	1.8	0.6	0.6	0.6	0.3	0.3	0.3	0.7	0.7	0.7	3.1	2.8	3.3
Lindi	14.4	139,017	4.1	3.9	4.2	1.4	1.4	1.5	1.9	1.8	2.0	0.8	0.8	0.8	0.3	0.3	0.3	0.6	0.6	0.5	5.3	4.8	5.8
Mtwara	14.5	195,928	4.2	3.9	4.4	1.4	1.4	1.4	1.9	1.7	2.0	0.8	0.9	0.8	0.3	0.3	0.3	0.6	0.6	0.6	5.4	4.8	5.9
Ruvuma	10.9	160,442	2.8	2.8	2.8	1.1	1.1	1.1	1.7	1.7	1.7	0.7	0.7	0.7	0.3	0.3	0.3	0.6	0.6	0.6	3.7	3.7	3.7
Iringa	10.9	103,280	2.2	2.2	2.2	1.2	1.2	1.2	2.2	2.1	2.3	0.7	0.7	0.7	0.3	0.3	0.3	0.6	0.6	0.5	3.7	3.4	4.0
Mbeya	11.2	204,994	2.9	2.9	3.0	1.0	1.1	1.0	1.9	1.8	2.2	0.6	0.6	0.6	0.3	0.3	0.3	0.7	0.8	0.7	3.7	3.4	3.9
Singida	11.3	171,917	3.1	3.1	3.1	1.0	1.1	1.0	2.2	1.9	2.1	0.6	0.6	0.6	0.3	0.3	0.3	0.5	0.6	0.5	3.7	3.4	4.1
Tabora	9.0	224,987	2.4	2.5	2.4	0.9	0.9	0.9	1.5	1.4	1.6	0.5	0.5	0.5	0.2	0.2	0.2	0.5	0.5	0.5	3.1	2.9	3.2
Rukwa	9.3	106,114	2.4	2.4	2.4	0.9	1.0	0.9	1.7	1.7	1.7	0.5	0.5	0.5	0.2	0.2	0.2	0.5	0.5	0.5	3.0	3.1	3.0
Kigoma	11.4	193,304	2.2	2.3	2.1	1.2	1.3	1.2	2.2	2.0	2.4	0.7	0.7	0.7	0.3	0.3	0.3	0.6	0.6	0.6	4.2	4.0	4.4
Shinyanga	8.8	149,058	2.0	2.1	1.9	1.1	1.1	1.1	1.8	1.7	2.0	0.6	0.6	0.6	0.3	0.3	0.3	0.5	0.6	0.5	2.5	2.3	2.6
Kagera	12.8	293,269	3.3	3.3	3.3	1.3	1.4	1.2	2.0	2.0	1.9	0.7	0.7	0.7	0.3	0.3	0.3	0.6	0.6	0.6	4.7	4.6	4.8
Mwanza	11.8	332,682	3.4	3.3	3.5	1.2	1.2	1.2	2.0	1.9	2.1	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.6	3.7	3.4	4.1
Mara	12.1	217,423	3.2	3.2	3.2	1.1	1.1	1.0	2.1	2.1	2.1	0.7	0.7	0.7	0.3	0.3	0.3	0.6	0.6	0.5	4.2	3.8	4.5
Manyara	9.7	138,899	1.9	2.0	1.9	1.1	1.2	1.1	1.9	2.0	1.9	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.6	3.2	3.2	3.2
Njombe	10.7	77,104	2.5	2.6	2.5	1.0	1.0	0.9	1.9	1.8	1.9	0.6	0.7	0.6	0.3	0.3	0.3	0.6	0.6	0.5	3.9	3.6	4.1
Katavi	9.9	82,799	2.8	2.8	2.8	1.1	1.1	1.1	1.7	1.7	1.7	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.6	2.8	2.8	2.9
Simiyu	9.1	139,164	2.5	2.5	2.4	0.9	0.9	0.9	1.8	1.7	1.9	0.6	0.6	0.5	0.3	0.3	0.3	0.5	0.5	0.5	2.5	2.4	2.7
Geita	10.2	223,981	2.8	2.8	2.8	1.1	1.1	1.1	1.8	1.8	1.8	0.6	0.6	0.6	0.3	0.3	0.3	0.6	0.6	0.5	3.0	3.0	3.1
Songwe	10.5	107,152	2.6	2.6	2.6	1	1.1	0.9	1.9	1.9	2	0.6	0.6	0.6	0.3	0.3	0.3	0.5	0.6	0.5	3.5	3.3	3.6
Tanzania Zanzibar	11.4	167,302	3.6	2.9	4.3	1.4	1.3	1.5	1.3	1.3	1.4	0.5	0.5	0.5	0.2	0.2	0.2	0.4	0.4	0.3	3.9	3.6	4.2
Kaskazini Unguja	10.3	20,367	3.1	2.6	3.6	1.4	1.3	1.5	1.2	1.2	1.3	0.4	0.4	0.4	0.2	0.2	0.2	0.3	0.3	0.2	3.7	3.4	3.9
Kusini Unguja	11.6	17,316	2.4	2.3	2.6	1.8	1.5	2.2	1.5	1.4	1.7	0.6	0.6	0.6	0.2	0.2	0.2	0.3	0.4	0.3	4.6	4.3	4.9
Mjini Magharibi	10.8	77,371	4.0	3.1	4.8	1.1	1.1	1.2	1.3	1.3	1.3	0.5	0.5	0.5	0.2	0.2	0.2	0.3	0.4	0.3	3.4	3.1	3.6
Kaskazini Pemba	13.2	27,394	3.7	3.1	4.1	1.8	1.6	1.9	1.5	1.5	1.5	0.6	0.6	0.6	0.2	0.2	0.2	0.5	0.6	0.3	5.1	4.7	5.4
Kusini Pemba	12.1	24.854	3.6	2.9	4.2	1.5	1.4	1.5	1.3	1.3	1.3	0.6	0.6	0.6	0.2	0.2	0.2	0.5	0.6	0.4	4.5	4.2	4.8

2.6 Prevalence of Persons with Albinism

Table 2.7 shows that Tanzania has a total of 74,273 persons with albinism equivalent to 0.12 percent of the total population, with 42,686 males (0.15%) and 31,587 (0.10%) females. The prevalence of persons with albinism is computed by dividing the persons with albinism (numerator) by total population in that category (denominator). This has been done so because persons with albinism are not captured in the six domains which are covered under the Washington Group on Disability Statistics. Importantly, high proportion of persons with albinism also have problems of Seeing, therefore, to avoid double counting total population was used as a denominator (URT Demographic and Social Economic Profile, 2024). Over fifty percent of people with albinism are living in rural areas (55.0%). Regions with a large number of persons with albinism are Dar es Salaam (11,966 persons), Morogoro (5,278 persons) and Mwanza (4,461 persons) while Iringa Region has the smallest number (117 persons) of albinism.

Albinism is a genetic condition that is present from birth. Albinism is "a born with" type of disability and therefore the number of persons with albinism is expected to decline with increasing age, reflecting general population. Number of persons with albinism gradually decreased from 5,335 persons for those aged below 5 years to 822 for those aged 75-79 as presented on Table 2.8.

Table 2.7: Numbers and Percentage of Persons with Albinism by Sex, Place of Residence and Region; Tanzania, 2022 PHC

Place of Residence			Albin			
	Tot		Ma		Fema	
	Number	Percent	Number	Percent	Number	Percent
Tanzania	74,273	0.12	42,686	0.15	31,587	0.10
Rural	40,889	0.10	24,147	0.12	16,742	0.09
Urban	33,384	0.16	18,539	0.18	14,845	0.15
Mainland Tanzania	71,631	0.12	41,203	0.14	30,428	0.10
Dodoma	3,846	0.13	2,283	0.15	1,563	0.10
Arusha	3,234	0.14	1,708	0.15	1,526	0.12
Kilimanjaro	2,143	0.12	1,174	0.13	969	0.10
Tanga	2,267	0.09	1,203	0.10	1,064	0.08
Morogoro	5,278	0.17	3,145	0.20	2,133	0.13
Pwani	3,720	0.19	2,096	0.22	1,624	0.16
Dar es Salaam	11,966	0.23	6,691	0.26	5,275	0.19
Lindi	1,286	0.11	761	0.13	525	0.09
Mtwara	1,511	0.09	885	0.12	626	0.07
Ruvuma	2,516	0.14	1,559	0.18	957	0.10
Iringa	117	0.01	65	0.01	52	0.01
Mbeya	3,098	0.13	1,778	0.16	1,320	0.11
Singida	2,420	0.12	1,381	0.14	1,039	0.10
Tabora	2,968	0.09	1,771	0.11	1,197	0.07
Rukwa	1,632	0.11	992	0.14	640	0.08
Kigoma	362	0.02	187	0.02	175	0.01
Shinyanga	371	0.02	189	0.02	182	0.02
Kagera	3,640	0.12	2,262	0.16	1,378	0.09
Mwanza	4,461	0.12	2,509	0.14	1,952	0.10
Mara	2,779	0.12	1,483	0.13	1,296	0.11
Manyara	2,898	0.16	1,757	0.19	1,141	0.12
Njombe	1,090	0.12	629	0.15	461	0.10
Katavi	1,409	0.12	863	0.15	546	0.09
Simiyu	1,940	0.09	1,065	0.11	875	0.08
Geita	3,308	0.11	1,979	0.14	1,329	0.09
Songwe	1,371	0.10	788	0.13	583	0.08
Tanzania Zanzibar	2,642	0.14	1,483	0.17	1,159	0.12
Kaskazini Unguja	422	0.17	242	0.20	180	0.14
Kusini Unguja	258	0.14	155	0.17	103	0.11
Mjini Magharibi	1,311	0.15	737	0.17	574	0.12
Kaskazini Pemba	325	0.12	171	0.13	154	0.11
Kusini Pemba	326	0.12	178	0.14	148	0.11

Table 2.8: Number and Percentage of Persons with Albinism by Sex and Five-Year Age Groups; Tanzania, 2022 PHC

Age Group	To	otal	М	ale	Fen	nale		Population	
	Number	Percent	Number	Percent	Number	Percent	Both Sexes	Male	Female
Total	74,273	0.12	42,686	0.15	31,587	0.1	60,638,168	29,357,635	31,280,533
00 – 04	5,335	0.06	2,687	0.06	2,648.00	0.06	9,381,564	4,671,427	4,710,137
05- 09	4,918	0.06	2,454	0.06	2,464.00	0.06	8,847,505	4,397,761	4,449,744
10 -14	4,572	0.06	2,302	0.06	2,270.00	0.06	7,933,775	4,002,675	3,931,100
15 – 19	4,589	0.07	2,217	0.07	2,372.00	0.08	6,184,205	3,041,486	3,142,719
20 – 24	6,974	0.13	3,717	0.15	3,257.00	0.11	5,368,070	2,434,849	2,933,221
25 - 29	8,097	0.18	4,831	0.23	3,266.00	0.13	4,579,082	2,122,169	2,456,913
30 - 34	7,526	0.2	4,623	0.25	2,903.00	0.14	3,832,595	1,817,000	2,015,595
35 - 39	6,428	0.21	3,992	0.27	2,436.00	0.15	3,118,406	1,468,133	1,650,273
40 - 44	5,868	0.22	3,625	0.29	2,243.00	0.16	2,641,209	1,264,606	1,376,603
45 - 49	5,025	0.22	3,186	0.29	1,839.00	0.16	2,239,244	1,085,362	1,153,882
50 - 54	4,151	0.23	2,613	0.3	1,538.00	0.16	1,817,607	880,711	936,896
55 - 59	2,885	0.23	1,847	0.31	1,038.00	0.16	1,234,357	603,797	630,560
60 - 64	2,695	0.24	1,618	0.3	1,077.00	0.18	1,137,373	546,491	590,882
65 - 69	1,666	0.24	981	0.3	685	0.18	697,186	325,558	371,628
70 - 74	1,416	0.23	835	0.29	581	0.17	621,900	285,907	335,993
75 - 79	822	0.22	471	0.29	351	0.17	371,745	164,957	206,788
80+	1,306	0.21	687	0.28	619	0.16	632,345	244,746	387,599

2.7 Prevalence of Persons with Disabilities in 2012 and 2022 Censuses

Table 2.9 presents prevalence of persons with disabilities among population aged 7 years and above in Tanzania. The number in Mainland Tanzania has slightly increased from 9.3 percent in 2012 to 11.2 percent in 2022. In Tanzania Zanzibar, prevalence increased from 7.5 to 11.4 percent over the same period. In most regions the proportion of PWDs increased except Tanga (14.6 to 10.4%), Ruvuma (13.6 to 10.9%), Rukwa (10.3 to 9.3%) and Mara (15.0 to 12.1%) which shows a substantial decrease. On the other hand, regions which show significant increase in the number of PWDs are Dar es Salaam (5.5 to 11.2%), Manyara (4.3 to 9.7%) and Mjini Magharibi (5.9 to 10.8%). The increase in the proportion of PWDs may be explained by various factors including, increased general public awareness, improved social services among the group and the public at large which encouraged parents and guardians not to hide their PWDs. Conducive environment to accommodate PWDs in most public and private areas also contributed to most Persons with disabilities to be visible.

Table 2.9: Prevalence of Disability Among Persons Aged 7 Years and Above by Region; Tanzania, 2012 and 2022 PHCs

Place of Residence	Prevalence	
	2012	2022
Tanzania	9.3	11.2
Mainland Tanzania	9.3	11.2
Dodoma	11.4	12.3
Arusha	7.2	9.8
Kilimanjaro	12.3	15.3
Tanga	14.6	10.4
Morogoro	10.2	12.1
Pwani	10.4	11.4
Dar es Salaam	5.5	11.2
Lindi	7.6	14.4
Mtwara	10.3	14.5
Ruvuma	13.6	10.9
Iringa	10.6	10.9
Mbeya	6.0	11.2
Singida	9.5	11.3
Tabora	7.8	9.0
Rukwa	10.3	9.3
Kigoma	11.4	11.4
Shinyanga	8.9	8.8
Kagera	9.7	12.8
Mwanza	8.2	11.8
Mara	15.0	12.1
Manyara	4.3	9.7
Njombe	10.5	10.7
Katavi	10.4	9.9
Simiyu	9.2	9.1
Geita	8.2	10.2
Songwe	NA	10.5
Tanzania Zanzibar	7.5	11.4
Kaskazini Unguja	7.2	10.3
Kusini Unguja	7.6	11.6
Mjini Magharibi	5.9	10.8
Kaskazini Pemba	8.3	13.2
Kusini Pemba	10.5	12.1

2.8 Severity of Disability

Severity of disability refers to the extent to which a condition limits an individual's ability to perform basic activities or work. Severity of disability at the population level is typically measured by counts of activity limitations. To assess the severity of the problem for each type of disability, respondents were asked to state if they had "some difficulty", "a lot of difficulty" or "cannot do at all" for all types of disability reported. As shown in Table 2.10, the majority (80.6%) of persons aged seven years and above reported experiencing "some difficulty", followed by 15.4% who indicated "a lot of difficulty", and 4.0% who reported being completely unable to perform the activity even with assistive devices.

The results further revealed that the problems of "cannot do at all" for communicating accounted for 14.9 percent and 27.8 percent for "a lot of difficulty". Moreover, self- care for "cannot do at all" category is 10.6 percent and "a lot of difficulty" accounted for 15.5 percent. Furthermore, seeing as a type of disability with "some difficulty", accounted for the highest percentage (86.3%) followed by remembering (84.5%) and Hearing (84.4%). Likewise, the results show that percentage of severe disability was almost equal in rural (15.5%) and urban areas (15.1%). The proportion of disability falling under "cannot do at all "or unable was 4.0 percent in rural areas and 3.9 percent in urban areas, while those with "some difficulty", accounted for 80.5 percent in rural areas and 81.0 percent in urban areas. In general, the results show an insignificant severity differences between rural and urban areas.

Table 2.10: Number and Disability for Persons of Age 7 Years or Above by Type, Severity and Place of Residence; Tanzania, 2022 PHC

Place of Residence	Level of Severity									
	Types of Disability	Total	Some Di	fficulty	A lot of D	ifficulty		lo at all or able		
			Number	Percent	Number	Percent	Number	Percent		
Tanzania		7,554,050	6,091,350	80.6	1,162,541	15.4	300,159	4.0		
	Seeing	2,447,518	2,111,114	86.3	297,672	12.2	38,732	1.6		
	Hearing	1,157,335	976,951	84.4	148,070	12.8	32,314	2.8		
	Walking	1,837,020	1,456,135	79.3	331,584	18.1	49,301	2.7		
	Remembering	919,279	777,005	84.5	117,597	12.8	24,677	2.7		
	Self- Care	522,419	386,311	73.9	80,991	15.5	55,117	10.6		
	Communicating	670,479	383,834	57.2	186,627	27.8	100,018	14.9		
Rural		5,096,470	4,100,537	80.5	791,571	15.5	204,362	4.0		
	Seeing	1,599,999	1,375,004	85.9	196,919	12.3	28,076	1.8		
	Hearing	795,860	668,646	84.0	104,121	13.1	23,093	2.9		
	Walking	1,258,899	998,618	79.3	227,908	18.1	32,373	2.6		
	Remembering	637,033	535,350	84.0	83,731	13.1	17,952	2.8		
	Self- Care	356,268	262,078	73.6	56,497	15.9	37,693	10.6		
	Communicating	448,411	260,841	58.2	122,395	27.3	65,175	14.5		
Urban		2,457,580	1,990,813	81.0	370,970	15.1	95,797	3.9		
	Seeing	847,519	736,110	86.9	100,753	11.9	10,656	1.3		
	Hearing	361,475	308,305	85.3	43,949	12.2	9,221	2.6		
	Walking	578,121	457,517	79.1	103,676	17.9	16,928	2.9		
	Remembering	282,246	241,655	85.6	33,866	12.0	6,725	2.4		
	Self- Care	166,151	124,233	74.8	24,494	14.7	17,424	10.5		
	Communicating	222,068	122,993	55.4	64,232	28.9	34,843	15.7		

2.9 Population with "Other" Types of Disabilities by Sex

Table 2.11 shows the percentage distribution of the persons with "other" types of disabilities by sex. The prevalence rate of persons with "other" types of disabilities is computed by dividing the persons with "other" types of disabilities (numerator) by total population in that category (denominator). It is clear from Table 2.11 that in Tanzania the five popular "other" disabilities are spinal cord injury, cleft palate, hydrocephalus, spinal bifida, and menta health disability (in that order). It should be noted that Mainland Tanzania and Tanzania Zanzibar have marked differences of "other" types of disabilities. Whilst the total number of popular "other" disabilities is similar, the order of popular "other" disabilities for Tanzania and Mainland Tanzania, Tanzania Zanzibar includes psoriasis, mental health disability, cleft palate, mental disorder and epilepsy.

Table 2.11: Percentage Distribution of Persons with Other Type of Disability by Sex; Tanzania, 2022 PHC

Other Type of		Tanzania		Ma	inland Tanzani	a	Tanzania Zanzibar			
Disabilities	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	
Total	1,790,407 (100.0)	907,344 (100.0)	883,063 (100.0)	1,739,768 (100.0)	881,554 (100.0)	858,214 (100.0)	50,639 (100.0)	25,790 (100.0)	24,849 (100.0)	
Has Cleft Palate	10.3	10.0	10.6	11.4	10.9	12.0	11.4	10.9	12.0	
Has Hydrocephalus	10.5	10.1	11.0	1.0	1.2	0.9	1.0	1.2	0.9	
Has Spinal bifida	10.2	9.7	10.8	0.8	0.8	0.7	0.8	0.8	0.7	
Spinal cord injury	14.1	13.0	15.1	4.9	4.0	5.9	4.9	4.0	5.9	
Has Epilepsy	9.2	9.6	8.8	8.5	8.9	8.0	8.5	8.9	8.0	
Has Psoriasis	4.1	3.6	4.6	20.0	18.5	21.4	20.0	18.5	21.4	
Has Storiasis	2.1	1.9	2.3	6.3	6.0	6.6	6.3	6.0	6.6	
Has Autism	1.9	2.1	1.6	2.0	2.1	1.8	2.0	2.1	1.8	
Has mental health disability	10.4	11.4	9.3	13.6	14.7	12.4	13.6	14.7	12.4	
Has mental disorder	9.0	10.0	8.0	10.5	11.5	9.5	10.5	11.5	9.5	
Has Dwarfism	1.5	1.5	1.6	1.9	1.7	2.0	1.9	1.7	2.0	
Has Leprosy	0.7	0.8	0.6	0.4	0.4	0.4	0.4	0.4	0.4	
Has hunch back	0.8	0.8	0.8	0.6	0.6	0.6	0.6	0.6	0.6	
Has other disability	15.2	15.6	14.9	18.2	18.7	17.7	18.2	18.7	17.7	

Chapter Three

Socio and Economic Characteristics of Persons with Disabilities

Key Points

- The major reported cause of disabilities is diseases (57.6%) followed by inborn (18.8%).
- The percentage of married females with disabilities is lower (44.1%) than that of males (51.6%).
- The percentage of married persons with disabilities aged 15 years and above in Tanzania is slightly lower (49.5 %) than that of persons without disabilities 52.1 percent.
- The use of assistive devices among persons with any form of disability in Tanzania is less than three percent except for Albinism (20.2%).
- The proportion of PWDs who have National Health Insurance or Community
 Health Insurance is only 2.7 percent and 13.4 percent have a Card for
 Elderly Treatment.

3.1 Distribution of Persons with Disabilities by Causes of Disability

There are different causes of disability within the population. Some persons are born with disability or a disability may be a result of a disease, accident, physical violence, drug abuse, or pregnancy complications. The 2022 PHC results in Table 3.1 reveal that in Tanzania, a higher proportion of disability (57.6%) is caused by diseases, which is higher among females (58.9%) compared with males (55.9%). Moreover, the proportion of disability caused by diseases is relatively high in urban areas (60.7%) than in rural areas (56.0%). The results further indicate that 18.8 percent of the disabilities were inborn or congenital, while other causes accounted for 15.2 percent.

The results in Table 3.2 show that a higher proportion of all types of disabilities (seeing, hearing, walking, remembering, self-care, and communication) have been caused by diseases followed by inborn. The results indicate that about 70.0 percent of Communication disability, 55.9 percent of Seeing disability, and 46.8 percent of Walking disability have been caused by diseases. Moreover, 31.5 percent of Hearing, followed by 31.0 percent of Remembering and 29.6 percent of Self-care, are due to inborn causes of disability. The result indicates that diseases are the major causes of disabilities. This implies that there is

a need to improve the health status of PWDs, as indicated in the National Disability Policy of 2004, which aims at improving hygienic conditions with emphasis in prevention, early interventions and education in environmental management and nutrition (URT, 2004).

Table 3.1: Percentage Distribution of Persons with Disabilities by Cause of Disability, Place of Residence and Sex; Tanzania, 2022 PHC

Place of	Causes of Disability												
Residence/Sex	Total	Total Inborn		Accident	Beaten	Drug Abuse	Pregnancy	Others					
Tanzania	100.0	18.8	57.6	7.0	0.7	0.2	0.6	15.2					
Rural	100.0	19.6	56.0	6.9	0.7	0.1	0.5	16.1					
Urban	100.0	17.2	60.7	7.3	0.7	0.2	0.8	13.2					
Male	100.0	22.1	55.9	9.5	0.9	0.3	-	11.3					
Female	100.0	16.1	58.9	4.9	0.6	0.1	1.1	18.4					

Table 3.2: Percentage Distribution of Persons with Disabilities by Sex, Cause of Disability and Type of Disability; Tanzania, 2022 PHC

Types of											Cau	ises of	Disabi	lity										
Disability				Both	Sexes				Male							Female								
	Total	Inborn	Disease	Accident	Beaten	Drug Abuse	Pregnancy	Others	Total	Inborn	Disease	Accident	Beaten	Drug Abuse	Pregnancy	Others	Total	Inborn	Disease	Accident	Beaten	Drug Abuse	Pregnancy	Others
Seeing	100.0	10.6	55.1	6.1	1.1	0.2	0.5	26.3	100.0	12.3	53.6	9.1	1.6	0.2	-	23.2	100.0	9.4	56.3	3.8	0.8	0.1	8.0	28.7
Hearing	100.0	31.5	46.3	2.4	1.1	0.1	0.8	17.8	100.0	36.6	45.7	3.3	1.0	0.1	-	13.3	100.0	27.7	46.7	1.7	1.2	0.1	1.4	21.2
Walking	100.0	15.4	46.8	13.4	0.5	-	0.7	23.2	100.0	19.9	44.7	18.9	0.7	0.1	-	15.7	100.0	12.1	48.3	9.3	0.4	-	1.1	28.7
Remembering	100.0	31.0	39.4	2.6	0.5	0.7	0.6	25.2	100.0	37.1	41.5	3.5	0.6	1.4	-	16.0	100.0	26.0	37.7	1.8	0.4	0.1	1.1	32.9
Self-care	100.0	29.6	43.5	5.9	0.4	0.2	0.4	19.9	100.0	35.7	44.4	7.4	0.5	0.4	-	11.5	100.0	24.2	42.6	4.6	0.3	-	8.0	27.5
Communication	100.0	24.4	71.4	0.5	0.1	0.1	0.4	3.0	100.0	27.7	69.6	0.6	0.1	0.2	-	1.7	100.0	21.1	73.2	0.4	0.1	-	8.0	4.3

3.2 Distribution of Persons with Disabilities Using Assistive Devices

Assistive devices enable PWDs to perform their daily activities more effectively. These tools enhance their ability to engage in education, employment, and other socio-economic activities, ultimately improving their quality of life and reducing exclusion. This section discusses eight domains of disability and "other" types in accordance with the use of assistive devices.

As shown in Table 3.3, the overall use of assistive devices among PWDs in Tanzania remains below three percent. However, among persons with albinism, usage is considerably higher at 20.2%, with no significant gender disparity. The prevalence is slightly greater in Mainland Tanzania (20.4%) compared to Zanzibar (15.7%). Furthermore, the results indicate that there is a very low proportion of persons with Hearing disability (0.4%), Communication disability (0.8%), and Spinal bifida (0.8%) who use assistive devices in Tanzania. Lack of assistive devices may limit PWDs' ability to go to school and fail to participate in economic activities, which may result in a cycle of poverty. Thus, more effort is needed to provide a conducive environment for PWDs regarding availability of assistive devices so that they can engage themselves in productive work as stipulated in the National Disability Policy of 2004.

Table 3.3: Percentage of Persons with Disabilities Using Assistive Devices by Sex and Type of Disability; Tanzania, 2022 PHC

Types of		Tanzania		Ma	inland Tanz	zania	Tanz	ania Zanzi	bar
Disability	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Albinism	20.2	20.3	20.1	20.4	20.4	20.3	15.7	16.9	14.2
Seeing	1.8	1.7	1.8	1.7	1.7	1.7	3.5	3.1	3.7
Hearing	0.4	0.4	0.4	0.4	0.4	0.4	1.5	0.5	0.3
Walking	2.8	3.4	2.3	2.7	3.4	2.2	4.6	5.6	3.8
Self-care	1.7	1.8	1.6	1.6	1.7	1.5	3.7	3.7	3.7
Communication	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7
Spinal bifida	0.8	0.8	0.7	0.8	0.8	0.7	12.3	10.2	14.5
Spinal cord injuries	2.2	2.2	2.2	2.1	2.1	2.1	9.4	10.2	8.8

3.3 Distribution of the Population with Disability by Marital Status

The results in Table 3.4 show that in Tanzania, 47.5 percent of the PWDs aged 15 years and above were married, and the proportion is lower than persons without disabilities which is 52.1 percent. The percentage of females with disability who are married is lower (44.1%) than that of males (51.6%). The results further indicate that females without disability have a higher proportion (53.9%) of being married compared with females with disability (44.1%). Moreover, the results indicate that females with disability are significantly more likely to be divorced (6.5%) or widowed (18.9%) than males (3.7% and 3.4% respectively). The proportion of PWDs who never married is lower (27.9%) than persons without disabilities (33.3%). The results further indicate that, the percentage of PWDs who are married is slightly higher (49.5%) in rural areas than in urban areas (43.6%). Moreover, the results further show a slight difference among PWDs who are divorced in rural (5.4%) and in urban areas which is 5.0 percent (Appendix 3).

In Mainland Tanzania, the percentage of PWDs who are married is lower (47.3%) than that of Tanzania Zanzibar (52.5%). The disparity has also been observed where 12.0 percent of PWDs in Mainland Tanzania are widowed, while in Tanzania Zanzibar, it is 7.9 percent of Persons with disabilities. Table 3.5 shows the distribution of marital status among PWDs by age. The results indicate that among PWDs, most of them got married at age 35-44 (57.1%), followed by the age group 45-54 (63.1%), and few of them (19.3%) got married at the age group 15-24. A higher proportion of divorce among PWDs and those without disability is found in the age group 45-54 and 55-64.

Table 3.4: Percentage of Persons with disabilities Aged 15 Years and Above by Marital Status and Sex; Tanzania, 2022 PHC

Marital Status		Total		Perso	ns with disa	bilities	Persons without disabilities				
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female		
Tanzania	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Never Married	32.7	39.2	26.8	27.9	34.1	22.8	33.3	39.9	27.4		
Married	51.6	50.4	52.6	47.5	51.6	44.1	52.1	50.2	53.9		
Living Together	5.5	5.4	5.6	5.0	5.3	4.7	5.6	5.4	5.7		
Divorced	3.6	2.4	4.7	5.3	3.7	6.5	3.4	2.3	4.5		
Separated	1.8	1.2	2.3	2.5	1.9	3.0	1.7	1.2	2.2		
Widowed	4.8	1.3	8.0	11.9	3.4	18.9	3.8	1.0	6.4		
Mainland Tanzania	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Never Married	32.6	39.1	26.7	27.8	34.0	22.7	33.2	39.8	27.3		
Married	51.5	50.3	52.5	47.3	51.4	43.9	52.1	50.2	53.8		
Living Together	5.7	5.6	5.8	5.1	5.4	4.9	5.7	5.6	5.9		
Divorced	3.6	2.4	4.6	5.1	3.7	6.3	3.4	2.3	4.4		
Separated	1.8	1.3	2.3	2.6	1.9	3.1	1.7	1.2	2.2		
Widowed	4.9	1.3	8.1	12.0	3.5	19.1	3.9	1.0	6.5		
Tanzania Zanzibar	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Never Married	35.9	43.1	29.6	29.8	36.9	24.9	36.8	43.9	30.3		
Married	54.4	52.7	56.0	52.5	56.3	49.9	54.7	52.3	56.9		
Living Together	0.6	0.6	0.6	0.5	0.5	0.4	0.6	0.6	0.6		
Divorced	5.6	2.8	8.1	8.6	4.2	11.7	5.2	2.6	7.6		
Separated	0.4	0.3	0.6	0.7	0.4	0.9	0.4	0.2	0.5		
Widowed	3.0	0.6	5.2	7.9	1.7	12.2	2.4	0.4	4.1		

Table 3.5: Percentage of Persons with Disabilities and Persons without Disabilities Aged 15 Years and Above by Age Group and Marital Status; Tanzania, 2022 PHC

Age Group		Pers	ons wi	th disal	bilities				Person	ns with	out dis	abilities	5	
	Total	Never Married	Married	Living Together	Divorced	Separate d	Widowed	Total	Never Married	Married	Living Together	Divorced	Separate d	Widowed
Total	4,207,406	27.9	47.5	5.0	5.3	2.5	11.9	30,267,918	33.3	52.1	5.6	3.4	1.7	3.8
15 - 24	964,670	76.3	19.3	2.9	0.9	0.5	0.1	10,587,605	72.1	23.2	3.4	0.8	0.4	0.1
25 - 34	820,506	28.4	57.1	7.8	4.1	1.9	0.6	7,591,171	22.3	64.0	8.3	3.3	1.6	0.5
35 - 44	655,332	14.3	65.2	7.2	7.0	3.3	3.0	5,104,283	8.6	74.0	7.3	5.2	2.6	2.3
45 - 54	565,743	9.3	63.1	5.8	8.6	4.2	9.0	3,491,108	5.5	73.0	5.7	6.2	3.1	6.5
55 - 64	404,520	6.5	56.8	4.3	8.5	4.3	19.7	1,967,210	4.1	67.3	4.3	6.5	3.3	14.6
65+	796,635	3.9	41.1	2.6	6.2	2.9	43.3	1,526,541	3.4	53.2	3.0	5.7	2.9	31.8

3.4 Distribution of Population with Disability by Orphanhood Status

The death of parents has a negative impact on the well-being and survival of children, especially those who are young and most vulnerable (under 5 years old). Orphans with no family or community support, face risky life situations, including having no family social network, lacking food and healthcare, and sometimes having to assume the role of heads of household and taking care of their younger siblings.

The results in Table 3.6 show that in Tanzania, there is a slight difference among different types of disabilities that the orphans have. As indicated, of the orphans aged 0-5 years, 28.0 percent have Communication disability, followed by 26.9 percent with Albinism. However, of the orphans aged 6-11, 35.7 percent have a disability in Communication, and 34.8 percent have Self-care disability. Most of the orphans aged 12-17 (51.0%) have "other" types of disabilities. However, the results further show that orphans with Communication disability in Mainland Tanzania aged 0-5 years is high (28.1%), followed by Albinism (27.1%), while in Tanzania Zanzibar, Walking disability in orphans is high (21.6%) followed by Self-care (19.8%).

Table 3.6: Distribution of Orphans With Disability by Age, Sex, and Type of Disability; Tanzania, 2022 PHC

Types of Disability		Total			0-5			6-11			12-17	
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Tanzania												
Albinism	2,339	1,196	1,143	26.9	28.1	25.6	28.4	27.1	29.8	45.0	44.8	44.5
Seeing	88,975	44,084	44,891	24.0	24.2	23.8	32.3	32.9	31.7	43.7	42.9	44.5
Hearing	46,136	23,131	23,005	20.7	20.7	20.7	34.1	34.1	34.0	45.2	45.1	45.3
Walking	54,739	27,948	26,791	24.2	24.3	24.1	32.1	31.9	32.3	43.7	43.8	43.6
Remembering	33,757	17,293	16,464	21.8	21.5	22.2	33.3	33.5	33.0	44.9	44.9	44.8
Self-care	23,219	12,184	11,035	24.1	23.1	25.3	34.9	34.8	35.0	41.0	42.1	39.8
Communication	42,194	22,630	19,564	28.0	26.9	29.3	35.9	35.7	36.0	36.1	37.4	34.7
Others	9,895	5,580	4,315	14.8	15.4	14.1	34.0	34.0	35.0	51.0	51.0	51.0
Mainland Tanzania												
Albinism	2,277	1,163	1,114	27.1	28.4	25.8	28.2	26.9	29.6	44.7	44.7	44.6
Seeing	87,290	43,362	43,928	24.2	24.4	24.0	32.4	32.9	31.9	43.4	42.7	44.1
Hearing	45,126	22,677	22,449	20.9	20.9	20.9	34.0	34.0	34.0	45.1	45.1	45.0
Walking	53,993	27,565	26,428	24.3	24.3	24.2	32.1	31.9	32.3	43.6	43.8	43.5
Remembering	33,222	17,010	16,212	22.0	21.6	22.3	33.3	33.5	33.0	44.8	44.9	44.7
Self-care	22,871	11,995	10,876	24.2	23.1	25.4	34.9	34.8	34.9	40.9	42.1	39.7
Communication	41,715	22,357	19,358	28.1	27.0	29.4	35.8	35.7	36.0	36.0	37.3	34.6
Others	9,609	5,421	4,188	14.8	15.4	14.0	34.3	33.8	34.8	50.9	50.8	51.1
Tanzania Zanzibar												
Albinism	62	33	29	19.4	18.2	20.7	35.5	33.3	37.9	45.2	48.5	41.4
Seeing	1,685	722	963	14.9	16.8	13.5	27.1	31.3	23.9	58.0	51.9	62.6
Hearing	1,010	454	556	12.6	12.6	12.6	36.1	40.1	32.9	51.3	47.4	54.5
Walking	746	383	363	21.6	24.8	18.2	31.9	33.4	30.3	46.5	41.8	51.5
Remembering	535	283	252	15.0	14.8	15.1	33.8	37.1	30.2	51.2	48.1	54.8
Self-care	348	189	159	19.8	22.8	16.4	36.8	34.4	39.6	43.4	42.9	44.0
Communication	479	273	206	16.3	14.7	18.4	37.8	37.4	38.3	45.9	48.0	43.2
Others	286	159	127	15.4	15.1	15.7	30.1	29.6	30.7	54.5	55.3	53.5

3.5 Distribution of the Population of Persons with Disabilities with Health Insurance

Table 3.7 indicates that in Tanzania, 2.7 percent of Persons with disabilities have health insurance from National Health Insurance Fund (NHIF) or Community Health Insurance Fund (CHIF). In addition, 0.5 percent of PWDs have health insurance from other health insurance. The results further indicate that 13.4 percent of the PWDs have cards for elderly treatment (aged 60 years and above). However, only 2.2 percent of PWDs in rural areas have National Health Insurance, which is lower than that of urban (3.8%). In terms of cards for the Elderly Treatment, the results indicate a slight difference among PWDs owning this card in rural and urban areas (13.2% and 14.2 percent respectively). In Mainland Tanzania, the results indicate that 2.8 percent of PWDs have NHIF insurance, which is higher than that of Tanzania Zanzibar (2.0%). Moreover, 4.0 percent of PWDs in Tanzania Zanzibar and 13.7 percent of PWDs in Mainland Tanzania have cards for the Elderly Treatment.

These results indicate that health insurance coverage among PWDs is still very low in Tanzania. The low coverage of health insurance limits the majority of PWDs from accessing quality healthcare services, which leads to delayed treatment, causing further complications and health related issues that may result into death. To achieve SDG number three, which aims to ensure good health and well-being for all, that can be achieved through Universal Health Coverage as stipulated in FYDPIII 2021/23-2025/26, there is a need to find ways that will increase health insurance coverage among persons with disabilities.

Table 3.7: Distribution of Population with Disability Possessing Health Insurance Cards by Sex, Place of Residence; and Region, Tanzania, 2022 PHC

Place of Residence					Type of	Health Identi	fication			
	Insurance/0	onal Health Community ce (NHIF/C	Health	Other	Health Insu	rance	Card for elderly Treatment (60 years and above)			
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	
Tanzania	2.7	2.4	3.0	0.5	0.5	0.5	13.4	13.4	13.5	
Rural	2.2	1.9	2.4	0.5	0.5	0.5	13.2	13.3	13.2	
Urban	3.8	3.5	4.1	0.5	0.5	0.6	14.0	13.5	14.3	
Mainland Tanzania	2.8	2.4	3.0	0.5	0.5	0.5	13.7	13.6	13.7	
Dodoma	3.7	3.2	4.2	0.4	0.4	0.5	12.3	11.6	12.8	
Arusha	3.2	2.9	3.4	0.6	0.6	0.6	14.2	13.7	14.6	
Kilimanjaro	7.2	6.3	7.9	0.8	0.8	0.9	13.8	13.7	13.9	
Tanga	1.9	1.7	2.1	0.4	0.4	0.4	15.1	14.4	15.5	
Morogoro	2.5	2.3	2.7	0.3	0.3	0.3	7.5	7.1	7.9	
Pwani	2.3	2.1	2.4	0.4	0.4	0.4	18.2	18.4	18.2	
Dar es Salaam	4.6	4.1	5.0	0.7	0.7	0.6	15.2	14.7	15.5	
Lindi	3.7	3.3	4.1	0.6	0.6	0.6	8.1	7.7	8.3	
Mtwara	2.2	2.0	2.3	0.3	0.3	0.3	3.5	3.9	3.3	
Ruvuma	1.8	1.6	1.9	0.4	0.4	0.5	19.7	19.1	20.2	
Iringa	3.2	2.8	3.5	0.7	0.6	0.8	24.2	22.2	25.3	
Mbeya	3.2	2.8	3.6	0.6	0.6	0.7	18.9	18.9	18.9	
Singida	1.9	1.7	2.1	0.4	0.3	0.4	6.2	6.4	6.1	
Tabora	1.6	1.5	1.7	0.5	0.5	0.5	18.0	18.0	18.0	
Rukwa	1.8	1.7	1.9	0.4	0.4	0.4	11.5	12.1	11.1	
Kigoma	2.0	1.9	2.1	0.6	0.6	0.6	20.1	20.0	20.1	
Shinyanga	2.4	2.2	2.5	0.4	0.4	0.4	8.4	8.8	8.2	
Kagera	2.2	1.9	2.5	0.6	0.5	0.7	22.5	22.5	22.4	
Mwanza	2.5	2.2	2.7	0.5	0.5	0.5	12.1	12.3	11.9	
Mara	2.2	1.9	2.4	0.5	0.5	0.5	12.2	12.9	11.7	
Manyara	1.7	1.6	1.9	0.5	0.4	0.5	20.9	21.3	20.6	
Njombe	3.2	2.9	3.4	0.6	0.5	0.6	12.5	11.8	13.0	
Katavi	1.5	1.4	1.5	0.5	0.5	0.5	15.3	14.1	16.2	
Simiyu	1.3	1.2	1.4	0.3	0.3	0.3	7.1	7.1	7.2	
Geita	1.0	1.0	1.1	0.4	0.4	0.3	13.6	14.5	12.9	
Songwe	1.9	1.8	2.1	0.4	0.4	0.4	10.6	10.9	10.3	
Tanzania Zanzibar	2.0	1.8	2.1	0.8	0.7	0.8	4.0	4.3	3.8	
Kaskazini Unguja	1.0	1.0	1.0	1.0	0.9	1.0	6.4	7.1	6.0	
Kusini Unguja	1.7	1.6	1.8	1.2	1.0	1.4	8.2	8.4	8.0	
Mjini Magharibi	2.9	2.7	3.1	0.3	0.3	0.3	2.6	2.5	2.6	
Kaskazini Pemba	0.9	0.7	1.1	0.9	0.7	1.0	3.0	3.5	2.6	
Kusini Pemba	1.3	1.3	1.3	1.6	1.5	1.7	3.5	4.0	3.0	

Chapter Four

Selected Demographic Indicators for Persons with disabilities

Key Points

- The Total Fertility Rate (TFR) is 4.6 children per woman for persons with disabilities and 4.7 children per woman without disability in Tanzania.
- The TFRs for PWDs in male-headed households is 4.6 children per woman in Mainland Tanzania and 3.6 children per woman in Tanzania Zanzibar.
- The TFRs for PWDs in female-headed households is 4.0 children per woman in Mainland Tanzania and 3.4 children per woman in Tanzania Zanzibar.
- Infant Mortality Rate (IMR) for households headed by persons with disabilities is 37 deaths per 1,000 live births, which includes 43 male and 32 female children per 1,000 live births. Persons with disabilities Under Five Mortality Rate (U5MR) for PWDs is higher among male children compared with female children with 66 and 53 deaths per 1,000 live births respectively.

4.1 Introduction

This chapter presents the Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Under-Five Mortality Rate (U5MR) among PWDs. The 2022 PHC results show insignificant TFR difference among persons with disabilities compared with persons without disabilities. On the other hand, the IMR and U5MR is high for



women with disabilities compared with women without disabilities.

Some factors, such as societal attitudes, healthcare access, economic conditions, and individual health challenges, influence fertility patterns of persons with disabilities. Societal attitudes towards disability may influence family formation, partnership opportunities and fertility for PWDs. Discrimination or stigmatization can lead to social isolation, limiting

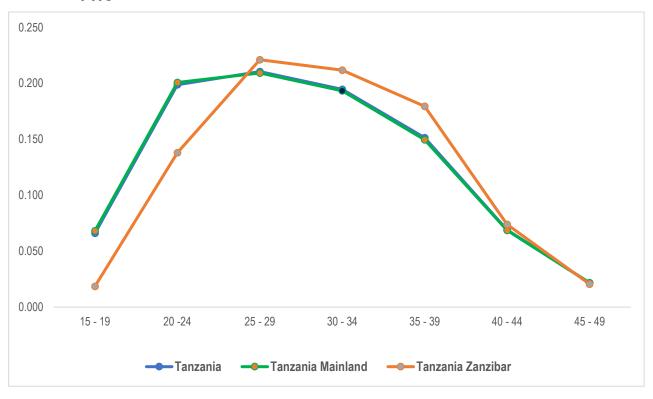
relationship opportunities and impacting decisions around having children (O'Day and Killeen, 2002).

Likewise, PWDs may face barriers to access quality reproductive health services, including family planning resources. Physical accessibility issues, healthcare provider biases, or lack of information on disability services can hinder their ability to manage fertility according to their preferences (World Health Organization and World Bank, 2011). Furthermore, conditions affecting reproductive organs or requiring medications that impact fertility may contribute to lower TFR in some disability groups (Bloom et al., 2011).

4.2 Age Pattern of Fertility

Fertility patterns for persons with disabilities by age groups in Mainland Tanzania, and Tanzania Zanzibar are presented in Figure 4.1. The Figure indicates that the age pattern of fertility of PWDs is "broad peak" in Tanzania and the same for Mainland Tanzania. This means fertility is highest in age groups 20-24 and 25-29 than other age groups. For Tanzania Zanzibar, the age pattern of fertility for PWDs is "late peak". Generally speaking, the age pattern of fertility is more or less similar for PWDs compared with people without disability in Tanzania.

Figure 4.1: Age Specific Fertility Rates for Persons with disabilities; Tanzania, 2022 PHC



4.3 Total Fertility Rate for Woman with Disability

The result in Table 4.1 presents the Total Fertility Rate (TFR) in Tanzania which is 4.6 children per woman for PWDs and 4.7 children per woman for those without disability. This result shows a slight difference in fertility levels between these two groups. In addition, TFRs are similar for persons with and without disability in Tanzania and Mainland Tanzania while Tanzania Zanzibar TFR among persons with disabilities is lower (3.7 children per woman).

Table 4.1:Total Fertility Rate for Persons with Disabilities and Persons without disabilities; Tanzania, 2022 PHC

Place of Residence	Persons with disabilities	Persons without disabilities
Tanzania	4.6	4.7
Mainland Tanzania	4.6	4.7
Tanzania Zanzibar	3.7	4.8

4.4 Fertility Differential for Women with disabilities

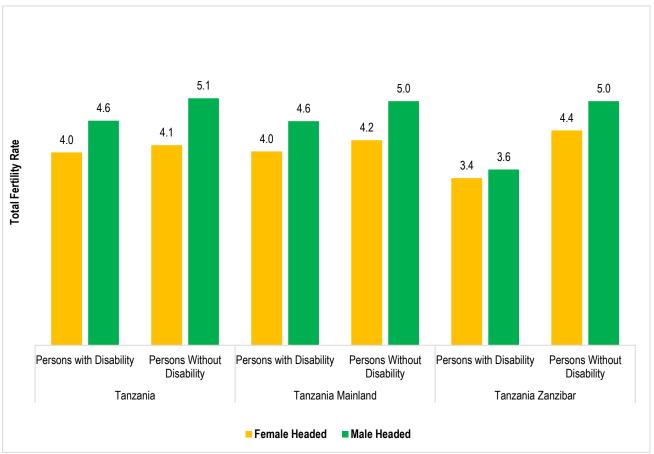
The relationship between disability, education, and fertility is complex, and it varies by individual circumstances, the type of disability, and the societal context. This section highlights important trends in fertility rates, particularly comparing persons with disabilities and those without disability, with a focus on household headship (female-headed versus male-headed households) and education differentials in Tanzania.

4.4.1 Fertility Differentials in Male and Female Headed Households

The 2022 PHC results indicate that for both PWDs and persons without disabilities, the TFRs are consistently higher in male-headed households than in female-headed households as presented on Figure 4.2. The TFRs for PWDs in male-headed households (4.6 children per woman in Mainland Tanzania and 3.6 children per woman in Tanzania Zanzibar) are higher than in female-headed households (4.0 children per woman in Mainland Tanzania and 3.4 children per woman in Tanzania Zanzibar). Similarly, for persons without disabilities male-headed households have higher TFRs (5.0 children per woman in Mainland Tanzania and in Tanzania Zanzibar) compared with female-headed households (4.2 children per woman in Mainland Tanzania and 4.4 children per woman in Tanzania Zanzibar).

These findings reflect the overall tendency of male-headed households to have more children regardless of disability status. Social, cultural, or economic factors tied to gender dynamics in household headship could be contributing to this difference.

Figure 4.2: Total Fertility Rate for Persons with and without Disabilities by Sex of Head of Households; Tanzania, 2022 PHC



4.4.2 Fertility Differentials in Education for Persons with and without Disability

Fertility differentials in education for persons with disabilities refer to the variations in birth rates among individuals with disability compared with those without disability, and how education level plays a role in shaping these patterns. Persons with disabilities who have access to higher education may delay or limit childbearing due to career goals, financial considerations, or personal aspirations. In general, higher educational attainment tends to correlate with lower fertility, and this may hold true for persons with disabilities as well, though this group may also face additional barriers such as discrimination in educational institutions or lack of accessible support.

On the other hand, PWDs who have lower levels of education may have higher fertility rates, as is generally observed in the broader population. However, for persons with disabilities, this trend can be influenced by limited access to family planning services, lack of education about reproductive health, and societal barriers to marriage or forming families (Hodges & Rao, 2013).

The 2022 PHC results in Figure 4.3 show that in Tanzania, there is an inverse relationship between education level and fertility rate of PWDs with higher level of education have been

associated with lower fertility rates. This relationship between fertility and education is recurrent for Mainland Tanzania and Tanzania Zanzibar.

Figure 4.3: Total Fertility Rate for Persons with Disabilities by Education; Tanzania, 2022 PHC

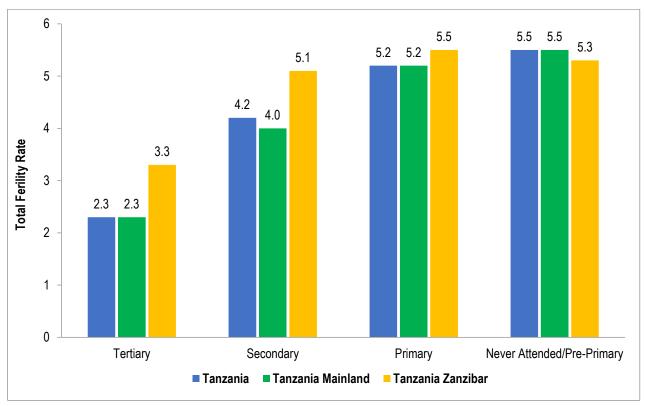


Figure 4.4 indicates a pattern of high fertility for women with low levels of education and relatively low fertility for women with higher levels of education. The lowest level of fertility is found among women with secondary education followed by those with tertiary and primary education. Women who have never attended school and those with pre-primary education have the highest level of fertility.

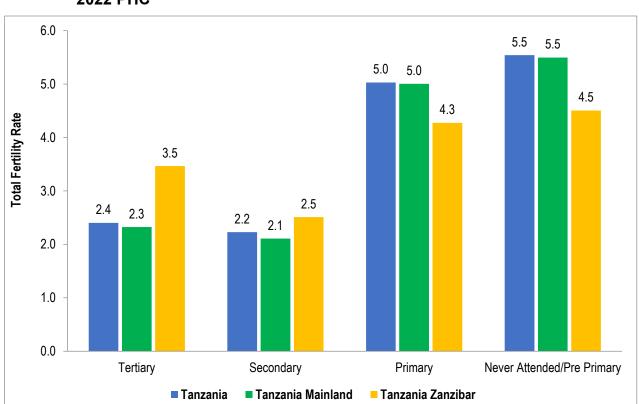


Figure 4.4: Total Fertility Rate for Persons without disabilities by Education; Tanzania, 2022 PHC

4.5 Women with disabilities Aged 45-49 Years Who are Childless

The concept of childless, based on Shyrock and Seigel (1976), is the state of never giving birth to a live child. The percentage of childless women at the end of the reproductive period (45 – 49 years) is an indicator of the prevalence of sterility in a population. This measure, however, overestimates the true prevalence of sterility because some of the childless women at the end of their reproductive period may not have had children for reasons not related to their physiological ability to become pregnant or to give birth.

The 2022 PHC results presented on Figure 4.5 indicate that, in Tanzania the proportion of women with disabilities aged 45–49 years who were childless is 5.2 percent. The proportion of childless women with disabilities aged (45-49 years) varies, depending on whether they lived in rural or urban areas. The percentage of childless women with disabilities is relatively higher (6.1%) among urban women compared with those living in rural areas (4.7%). This variation is the result of various factors such as supportive customary fertility practices in rural areas and the effects of modernisation and urbanization on those living in urban areas.

Moreover, in Mainland Tanzania the percentage of women with disabilities aged 45-49 years who are childless is 5.1 percent. The percentage of childless women with disabilities is higher (5.9%) among those living in urban areas compared with those living in rural areas

(4.7%). A similar level is observed in Tanzania Zanzibar where the percentage of women with disabilities who are childless is 6.9 percent whereby the proportion is higher (8.1%) in urban areas than in rural areas (5.6 %).

Tanzania Tanzania Mainland

Tanzania Zanzibar

Total Rural Urban

Figure 4.5: Percentage Distribution of Childless Women with Disabilities Aged 45-49 Years by Place of Residence; Tanzania, 2022 PHC

4.6 Disability Differentials in Infant and Under-Five Mortality

Table 4.2 indicates levels of early childhood mortality disaggregated by woman disability status and sex. The infant mortality rate (IMR) and under-five mortality rate (U5MR) is high among women with disabilities compared with women without disabilities in Mainland Tanzania and Tanzania Zanzibar. The IMR in Tanzania is 34.3 with a significantly high (39.6) proportion of males than females which is 29.0. The IMR for women with disabilities is also high (38.7) than those without disability (34.2). On the other hand, the U5MR is 54.3, with higher proportion of U5MR for women with disabilities than for women without disabilities (61.1 and 54.1 respectively).

Table 4.2: Infant and Under-Five Mortality by Woman Disability Status and Sex, Tanzania, 2022 PHC

Place of		IMR		U5MR						
Residence/Disability Status	Both Sexes	Male	Female	Both Sexes	Male	Female				
Tanzania	34.3	39.6	29.0	54.3	60.3	47.8				
Women with disabilities	38.7	44.1	33.3	61.1	66.9	54.7				
Women without Disabilities	34.2	39.5	28.9	54.1	60.0	47.5				
Mainland Tanzania	34.3	39.6	29.0	54.3	60.2	47.7				
Women with disabilities	38.8	44.1	33.5	61.3	66.9	54.9				
Women without disabilities	34.2	39.4	28.8	54.1	60.0	47.5				
Tanzania Zanzibar	34.7	40.0	29.3	54.9	60.3	48.2				
Women with disabilities	36.1	44.1	28.1	57.1	66.9	46.3				
Women without disabilities	34.6	39.8	29.3	54.8	60.6	48.3				

The findings in Table 4.3 reveal that IMR for household heads with persons with disabilities stands at 37 deaths per 1,000 live births with a higher rate for male children (43 deaths per 1,000 live births) than for female children (32 deaths per 1,000 live births). The under-five mortality rate is estimated at 60 deaths per 1,000 live births. The U5MR is higher among male children compared to female children with 66.9 and 53.8 deaths per 1,000 live births respectively. A similar pattern is observed for rural and urban areas as well as for Mainland Tanzania and Tanzania Zanzibar. Overall, the IMR and U5MR rate is high (38.5) in rural areas than in urban areas (36.6), reflecting better healthcare access and living conditions in urban settings.

Table 4.3: Infant and Under Five Mortality Rates by Place of Residence and Sex; Tanzania, 2022 PHC

Place of		IMR		U5MR						
Residence/Disability Status	Both Sexes	Male	Female	Both Sexes	Male	Female				
Tanzania	36.9	43.4	32.2	60.4	65.8	52.9				
Rural	38.5	44.1	32.8	60.8	66.9	53.8				
Urban	36.6	42.0	31.1	57.8	63.8	51.1				
Mainland Tanzania	37.8	43.4	32.3	59.8	65.8	53.0				
Tanzania Zanzibar	36.5	42.6	30.1	57.7	64.7	49.6				

Chapter Five

Education and Literacy Status Among Persons with Disabilities

Key Points

- There is a slight difference in the proportion of persons with disabilities attending school (53.3%) compared with persons without disabilities (55.2%).
- NER for primary schools among PWDs is 79.1 percent, which is lower than that of persons without disabilities (83.7%).
- Three-quarters of the PWDs attained primary education, and 17.8 percent attained ordinary secondary education.
- Seventy- two percent of persons with disabilities are literate, which is higher among males (75.5%) compared with females (69.0%).

5.1 Introduction

Education is one of the most critical factors in any society's social and economic development. This chapter presents the education and literacy status of persons with disabilities. Specifically, the chapter provides information on school attendance, Net Enrolment Rate (NER), Gross Enrolment Rate (GER), education attained, and literacy status of PWDs.

5.2 Education Status of the Persons with Disabilities

5.2.1 School Attendance Status for Persons with Disabilities

School attendance refers to attendance at any regular authorised or licensed educational institution or programme for organised learning at any level of education at the time of the census. Informal training in particular skills, which is not part of the recognised educational structure, was not considered as school attendance.

The 2022 PHC results presented in Table 5.1 shows that there is no significant difference between persons with disabilities and those without disability who were attending school. The results indicate that more than half of the persons with disabilities (53.3%) and those without disability (55.2%) attended school. In rural areas, the proportion of persons without disabilities who attend school is 51.8 percent which is slightly higher than that of PWDs (49.2%). Further, the results show that the percentage of school attendance among PWDs is higher in urban (61.5%) than in rural areas (49.2%). Moreover, the results show that dropout among PWDs is higher among males than females in both rural and urban areas. Also, Dropout is also higher among PWDs than persons without disabilities. PWDs

face different barriers to accessing education, including lack of appropriate physical infrastructure and shortage of teaching and learning material and facilities which may lead to low proportional of school attendance and high dropout (UNICEF, 2021). Due to these limiting factors, there is a need to continue improving the environment in all schools at all levels for inclusive education that takes care of special needs of PWDs, as indicated in the National Disability Policy of 2004.

The results further indicate that there is a broader age disparity in school attendance status among PWDs aged four years and above. Table 5.2 shows that in Tanzania PWDs aged 7-13 years, the primary school age, have a higher proportion (79.1%) of attending school with more females than males (81.5 and 76.8 %), respectively. The results further indicate that the proportion of those attending school decreases as age increases, implying that children with disability at the age of secondary and university levels very few of them are attending school in both urban and rural areas.

Furthermore, the dropout rate in Mainland Tanzania and Tanzania Zanzibar is higher among PWDs aged 20-24 (20.2 and 27.3% respectively), followed by those aged 18-19 years (18.9 and 21.9% respectively). On the other hand, the results indicate the percentage of children with disability aged 4-6 years who have never attended school is higher in Mainland Tanzania (60.2%) than that of Tanzania Zanzibar (38.8%), and it is higher among males than females. More information is provided in Appendix 4.

Table 5.1: Percentage Distribution of Persons With and Without Disability Aged Four Years by Above by Place of Residence, School Attendance Status, and Sex; Tanzania, 2022 PHC

Area	School Attendance	Person Wit	h Disabilit	у	Person Without Disability					
	Status	Both Sexes	Male	Female	Both Sexes	Male	Female			
Tanzania		100.0	100.0	100.0	100.0	100.0	100.0			
	Attending	53.3	52.5	54.1	55.2	55.3	55.2			
	Drop Out	8.6	9.7	7.5	7.9	9.1	6.9			
	Completed	14.5	12.7	16.2	17.3	15.2	19.3			
	Never Attended	23.6	25.0	22.2	19.5	20.4	18.6			
Rural		100.0	100.0	100.0	100.0	100.0	100.0			
	Attending	49.2	47.8	50.7	51.8	51.0	52.5			
	Drop Out	9.5	10.9	8.0	8.7	10.2	7.3			
	Completed	11.9	10.8	13.1	14.5	13.1	16.0			
	Never Attended	29.3	30.5	28.2	25.0	25.7	24.2			
Urban		100.0	100.0	100.0	100.0	100.0	100.0			
	Attending	61.5	62.6	60.5	62.3	64.4	60.4			
	Drop Out	6.9	7.3	6.5	6.4	6.7	6.1			
	Completed	19.5	16.8	22.0	22.9	19.8	25.6			
	Never Attended	12.1	13.3	10.9	8.5	9.1	7.9			
Mainland Tanzania		100.0	100.0	100.0	100.0	100.0	100.0			
	Attending	52.9	52.1	53.7	54.9	54.9	54.9			
	Drop Out	8.6	9.7	7.5	7.9	9.0	6.9			
	Completed	14.5	12.8	16.2	17.3	15.3	19.3			
	Never Attended	24.0	25.4	22.6	19.9	20.8	19.0			
Tanzania Zanzibar		100.0	100.0	100.0	100.0	100.0	100.0			
	Attending	66.6	67.2	66.2	67.2	67.6	66.9			
	Drop Out	9.3	10.9	7.9	8.9	11.0	6.9			
	Completed	13.2	9.7	16.5	16.3	13.3	19.1			
	Never Attended	10.8	12.3	9.4	7.6	8.1	7.1			

Table 5.2: Percentage Distribution of Persons with Disabilities Aged Four Years and above by Sex, School Attendance Status, and Age; Tanzania, 2022 PHC

Age Group		Both	Sexes				N	lale				Fei	male		
	Total	Attending	Drop Out	Completed	Never Attended	Total	Attending	Drop Out	Completed	Never Attended	Total	Attending	Drop Out	Completed	Never Attended
Tanzania	2,598,075	53.3	8.6	14.5	23.6	1,300,085	52.5	9.7	12.7	25.0	1,297,990	54.1	7.5	16.2	22.2
4-6	493,414	39.9	0.3	0.2	59.6	252,589	37.8	0.3	0.2	61.7	240,825	42.1	0.3	0.2	57.4
7-13	980,462	79.1	3.8	0.7	16.4	53,222	76.8	4.5	0.7	18.0	477,240	81.5	3.0	0.7	14.7
14-17	488,397	63.9	11.9	12.2	12.0	244,775	60.7	14.3	11.8	13.2	243,622	67.0	9.5	12.6	10.9
18-19	190,701	29.3	19.1	37.0	14.7	91,596	31.0	21.4	32.7	14.9	99,105	27.7	16.9	40.9	14.5
20-24	445,101	10.0	20.5	53.6	15.9	207,903	11.4	23.4	49.4	15.8	237,198	8.8	17.9	57.2	16.1
Rural	1,732,127	49.2	9.5	11.9	29.3	886,757	47.8	10.9	10.8	30.5	845,370	50.7	8.0	13.1	28.2
4-6	345,499	31.0	0.3	0.1	68.6	177,220	29.0	0.3	0.1	70.6	168,279	33.2	0.3	0.1	66.4
7-13	683,323	74.3	4.6	0.6	20.5	35,4624	71.7	5.5	0.6	22.3	328,699	77.3	3.6	0.5	18.6
14-17	322,704	58.8	13.9	11.9	15.4	169,152	54.8	16.7	12.1	16.4	153,552	63.2	10.9	11.6	14.4
18-19	117,818	24.9	21.7	33.5	19.9	59,220	26.4	24.2	30.1	19.3	58,598	23.4	19.2	37.0	20.4
20-24	262,783	6.9	23.4	47.5	22.2	126,541	8.2	26.8	43.7	21.3	136,242	5.8	20.2	51.0	23.0
Urban	865,948	61.5	6.9	19.5	12.1	413,328	62.6	7.3	16.8	13.3	452,620	60.5	6.5	22.0	10.9
4-6	147,915	60.8	0.2	0.3	38.7	75,369	58.7	0.3	0.3	40.7	72,546	62.9	0.2	0.3	36.6
7-13	29,7139	90.1	2.0	0.9	7.0	148,598	89.1	2.2	0.9	7.9	148,541	91.0	1.7	1.0	6.2
14-17	165,693	73.7	8.0	12.8	5.5	75,623	73.9	8.9	11.0	6.1	90,070	73.6	7.2	14.3	4.9
18-19	72,883	36.4	14.8	42.5	6.3	32,376	39.4	16.4	37.4	6.9	40,507	34.0	13.5	46.6	5.9
20-24	182,318	14.4	16.2	62.4	6.9	81,362	16.5	18.0	58.3	7.2	100,956	12.8	14.8	65.7	6.7
Mainland Tanzania	2514678	52.9	8.6	14.5	24.0	1,260,039	52.1	9.7	12.8	25.4	1,254,639	53.7	7.5	16.2	22.6
4-6	47,8941	39.3	0.3	0.2	60.2	244,867	37.2	0.3	0.2	62.3	234,074	41.5	0.3	0.2	58.0
7-13	94,9873	78.6	3.9	0.7	16.8	487,549	76.3	4.6	0.7	18.4	462,324	81.1	3.1	0.7	15.1
14-17	47,1954	63.3	12.0	12.5	12.3	237,387	60.2	14.3	12.0	13.5	234,567	66.4	9.5	12.9	11.2
18-19	183,809	28.9	18.9	37.1	15.0	88,758	30.8	21.2	32.9	15.2	95,051	27.2	16.9	41.0	14.9
20-24	430,101	9.9	20.2	53.6	16.3	201,478	11.4	23.0	49.6	16.1	228,623	8.6	17.8	57.2	16.4
Tanzania Zanzibar	83,397	66.6	9.3	13.2	10.8	40,046	67.2	10.9	9.7	12.3	43,351	66.2	7.9	16.5	9.4
4-6	14,473	61.1	0.1	0.1	38.8	7,722	59.2	0.2	0.0	40.6	6,751	63.2	0.1	0.1	36.7
7-13	30,589	94.0	1.4	0.1	4.4	15,673	93.3	1.7	0.1	4.9	14,916	94.7	1.1	0.2	4.0
14-17	16,443	80.9	10.5	4.7	3.8	7,388	78.2	13.5	3.5	4.8	9,055	83.1	8.1	5.8	3.0
18-19	6,892	38.4	21.9	34.3	5.4	2,838	37.9	29.4	25.5	7.1	4,054	38.7	16.7	40.4	4.3
20-24	15,000	13.6	27.3	52.3	6.8	6,425	13.0	34.8	44.8	7.4	8,575	14.0	21.7	57.9	6.4

5.2.2 Net and Gross School Enrolment Rates for Persons with Disabilities

Enrolment rates depict the proportion of children currently attending school, which is important in assessing access to education among the population. In primary education, the NER is defined as the number of children aged 6-13 years attending school divided by the total number of children in that age group. The 6-13 age group is Tanzania's official primary school age. Conversely, the GER is defined as the number of children attending primary school regardless of age divided by the total number of children aged 6-13 years.

The PHC 2022 results in Figure 5.1 show that in Tanzania the NER for primary schools for persons with disabilities is 79.1 percent, lower than that of persons without disabilities (83.7%). The NER among PWDs is high among females (81.5%) compared with males (76.8%). Moreover, results indicate that the NER for PWDs is higher in urban areas (90.1%)

than in rural areas (74.3%). The results in Figures 5.2 and 5.3 further indicate that NER in both urban and rural areas is lower among PWDs than persons without disabilities. The NER among Persons with disabilities likewise for those without disability is below 100 precent. This may be attributed by lack of awareness among parents on educational services provided to children with disability, traditional beliefs, poverty, stigma, and harassment. Also, shortage of qualified teachers, unfavorable school infrastructure, and inclusive classrooms could be another reason (Yusuph & Hussein, 2022). Therefore, more effort is needed to meet the enrolment of 100 percent as stipulated in the National Disability Policy of 2004 in alignment with the Sustainable Development Goal (SDG) number four, which requires inclusiveness and quality education for all.

Figure 5.1: Primary Schools Net Enrolment Rates of Persons With and Without Disability by Sex; Tanzania, 2022 PHC

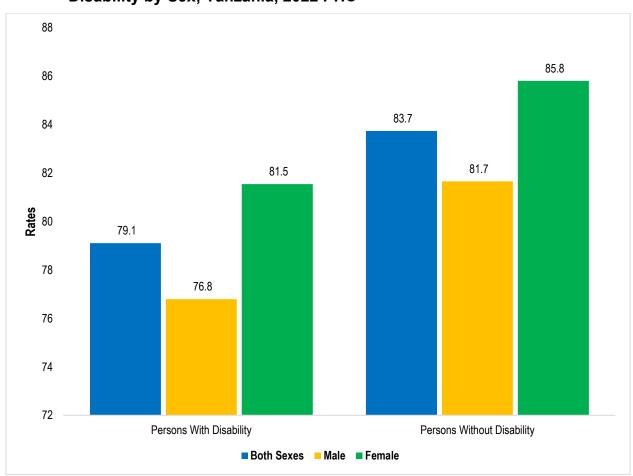


Figure 5.2: Primary Schools Net Enrolment Rates of Persons With and Without Disability and Sex; Tanzania Rural, 2022 PHC

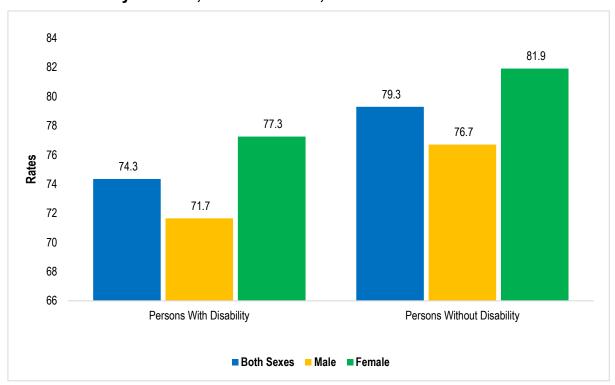


Figure 5.3: Primary Schools Net Enrolment Rates of Persons With and Without Disability and Sex; Tanzania Urban, 2022 PHC

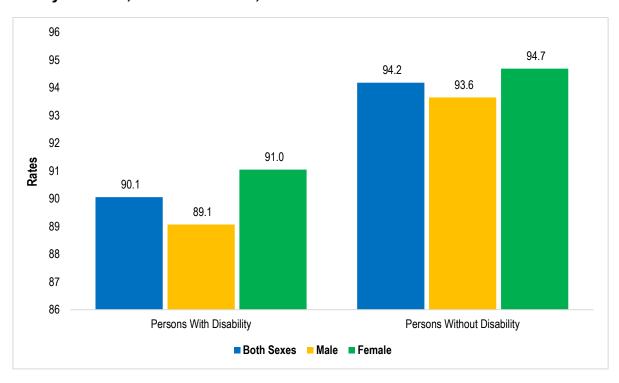


Table 5.3 shows that NER among PWDs is higher in Tanzania Zanzibar (94.0%) than in Mainland Tanzania (78.6%). Moreover, the results indicate that in Mainland Tanzania and Tanzania Zanzibar, the NER for primary school among PWDs is high among females compared with males. The results further show that NER of PWDs in Mainland Tanzania is

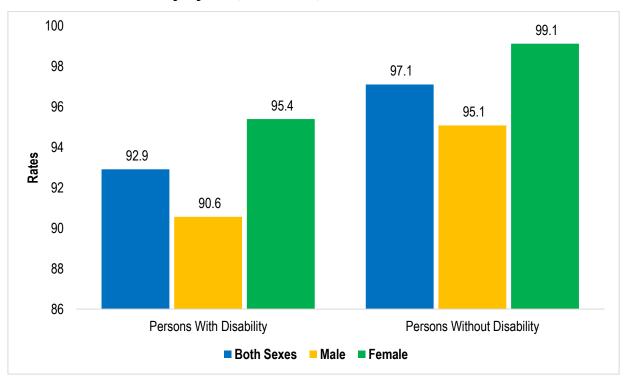
lower (78.6%) than persons without disabilities (83.3%). A similar pattern has also been indicated in Tanzania Zanzibar whereby NER for PWDS is 94.0 percent lower than that of person without disability which is 97.2 percent.

Table 5.3: Primary Schools Net Enrolment Rates Among Persons With and Without Disability by Place of Residence and Sex, Tanzania, 2022 PHC

Place of Residence	Net Enrolment								
	Both Sexes	Male	Female						
Mainland Tanzania									
Persons with disabilities	78.6	76.3	81.1						
Persons without disabilities	83.3	81.2	85.4						
Tanzania Zanzibar									
Persons with disabilities	94.0	93.3	94.7						
Persons without disabilities	97.2	96.5	98.0						

The results in Figure 5.4 shows that the primary school GER among persons with disabilities in Tanzania is 92.9 percent, and it is higher for males (90.6%) than for females (46.4%). Moreover, GER is lower among persons with disabilities (92.9%) than persons without disabilities (97.1%).

Figure 5.4: Gross Enrolment Rates in Primary School Among Persons With and Without Disability by Sex; Tanzania, 2022 PHC



Figures 5.5 and 5.6 show that the primary school GER for persons with disabilities is higher in urban areas (102.8%) than in rural areas (88.6%). The results further indicate that in both urban and rural areas, the GER is higher among persons without disabilities than PWDs.

Figure 5.5: Gross Enrolment Rates in Primary School Among Persons With and Without Disability by Sex; Tanzania Rural 2022PHC

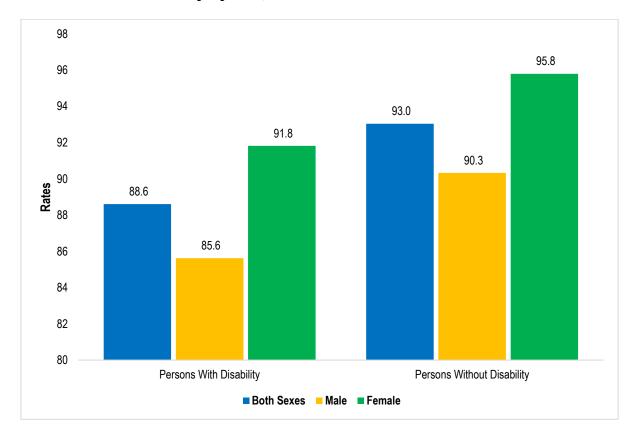


Figure 5.6: Gross Enrolment Rates in Primary School Among Persons with and without Disability by Sex; Tanzania Urban, 2022 PHC

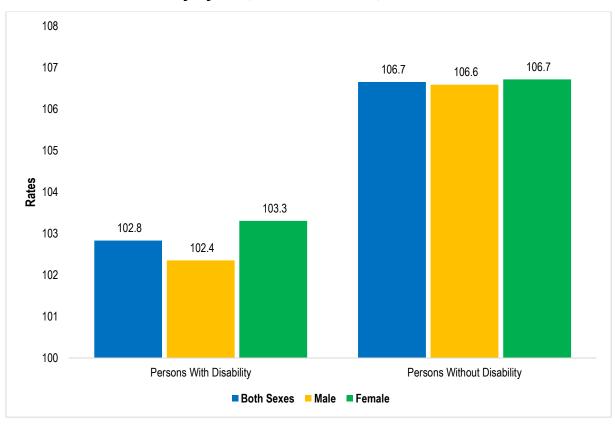


Table 5.4 shows that primary school GER among persons with disabilities in Tanzania Zanzibar is (105.5%) while that of Mainland Tanzania is (92.5%). The results further indicate that primary school GER is higher among persons without disabilities compared with persons with disabilities in both Mainland Tanzania and Tanzania Zanzibar. Also, the results indicate that in Mainland Tanzania, the GER among PWDs is higher among females (95.1%) compared with males (90.0%).

Table 5.4: Gross Enrolment Rates in Primary School Among Persons With and Without Disability by Place of Residence and Sex, Tanzania, 2012 PHC

Place of Residence	Gross Enrolment Rate								
	Both Sexes	Male	Female						
Mainland Tanzania									
Persons with disabilities	92.5	90.0	95.1						
Persons without disabilities	96.8	94.7	98.9						
Tanzania Zanzibar									
Persons with disabilities	105.5	106.8	104.1						
Persons without disabilities	108.0	109.2	106.8						

5.2.3 Education Attainment for Persons with Disabilities

Education attainment is a crucial indicator of social and economic development. It empowers persons with disabilities, helps to reduce poverty, and contributes to inclusive economic growth. Educational attainment refers to the highest level of education an individual has successfully completed within the country's education system. As shown in Table 5.5, a majority (74.7%) of persons with disabilities aged five years and above in Tanzania attained primary education, while 17.8 percent have reached the ordinary level of education. Results also show that 5.9 percent had attained a university education and other related. The results further indicate that more females attained primary education (76.0%) than males (73.4%). Among PWDs, individuals living in urban areas tend to have higher education attainment levels than those living in rural areas. The results indicate that the proportion of persons with disabilities who attained primary education is higher in rural areas (85.1%) than in urban (60.9%). Likewise, the percentage of PWDs who completed university is higher in urban areas (10.5%) than in rural areas which is 2.4 percent.

Table 5.5 further indicates that Mainland Tanzania and Tanzania Zanzibar show significant variations in attainment levels. In Mainland Tanzania, 76.3% of PWDs attained primary education compared to only 14.8% in Zanzibar. However, Zanzibar reports a much higher share (72.2%) of PWDs with ordinary-level education than the Mainland Tanzania (16.4%). Similarly, the proportion of PWDs who attained university education is higher in Zanzibar (12.1%) than in Mainland Tanzania (5.7%). These results indicate variation in the proportion of PWDs who attained different levels of education in Mainland Tanzania and Tanzania Zanzibar. The percentage of PWDs decreases as the level of education increases and this also applies to persons without disabilities. This result affirms that there is substantive number of PWDs who are left behind after completing a certain level of education. Therefore, vocational training could be introduced to enable PWDs who are not able to reach secondary or university level to attain education. However, further study could be done regarding the variation in education attainment among PWDs in Mainland Tanzania and Tanzania Zanzibar.

Table 5.5: Percentage Distribution of Persons with Disabilities Aged 5 Years and Above by Education Attainment, Place of Residence and Sex; Tanzania, 2022 PHC

Education Attained		Tanzania	l	Maii	nland Tan	zania	Tanzaı	nia Zanzib	ar
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Pre-Primary	0.07	0.06	0.07	0.06	0.06	0.06	0.09	0.09	0.08
Primary	74.73	73.37	76.01	76.34	74.72	77.87	14.78	15.50	14.25
Training after Primary	0.40	0.49	0.31	0.41	0.50	0.32	0.13	0.12	0.13
Secondary School	17.83	18.16	17.52	16.37	16.93	15.85	72.24	71.23	72.98
Training after Secondary	1.07	1.13	1.01	1.08	1.14	1.02	0.69	0.77	0.63
University and Other Related	5.89	6.76	5.07	5.72	6.63	4.87	12.06	12.27	11.91
Special Education	0.02	0.02	0.01	0.02	0.02	0.01	0.01	0.02	0.01
Rural	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Pre-Primary	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.05	0.06
Primary	85.14	83.83	86.45	86.42	84.93	87.94	14.18	15.61	13.03
Training after Primary	0.36	0.46	0.26	0.36	0.46	0.26	0.10	0.03	0.15
Secondary School	11.34	11.84	10.84	10.15	10.82	9.47	77.25	75.11	78.97
Training after Secondary	0.71	0.80	0.61	0.71	0.80	0.61	0.64	0.71	0.58
University and Other Related	2.39	3.00	1.77	2.29	2.91	1.66	7.78	8.49	7.20
Special Education	0.01	0.01	0.01	0.01	0.01	0.01	-	-	0.01
Urban	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Pre-Primary	0.07	0.07	0.07	0.07	0.07	0.07	0.11	0.12	0.10
Primary	60.93	58.25	63.22	62.70	59.71	65.27	15.16	15.43	14.98
Training after Primary	0.46	0.55	0.38	0.47	0.56	0.39	0.14	0.18	0.12
Secondary School	26.43	27.30	25.69	24.79	25.90	23.84	69.04	68.53	69.40
Training after Secondary	1.55	1.60	1.50	1.58	1.63	1.53	0.73	0.82	0.66
University and Other Related	10.53	12.19	9.12	10.37	12.10	8.88	14.79	14.89	14.73
Special Education	0.03	0.04	0.02	0.03	0.04	0.02	0.02	0.04	0.01

5.3 Literacy Status of Persons with Disabilities

Literacy is the ability to read and write with an understanding of a short, simple sentence in any language. It excludes the ability only to write or sign one's own name or write memorized phrases. The literacy rate in 2022 PHC is measured for persons aged five years and above who can read and write in Kiswahili only, English only, both Kiswahili and English or any other language. No test was administered to verify those who were literate.

Table 5.6 shows that out of 5,654,212 PWDs aged 5 years and above in Tanzania, 72.0 percent are literate. The literacy rate among persons with disabilities is higher among males (75.5%) than females (69.0%). Likewise, the literacy rates among PWDs are high for young population compared with the older population. The highest literacy rate of 83.4 percent,

among PWDs was observed in the age group 15-19 years, followed by age group 25-29 (83.2%) and age group 10-14 (81.6%). Appendix 5 provides more information. It has been indicated that the literacy rate tends to decrease as age increases. Results show the lowest rates for persons with disabilities, which is below 60 percent, are observed among children in the age group 5-9 years and for persons aged 70 years and above. These results indicate a positive impact of universal primary education and an increase in secondary education enrolment resulting from free education programmes.

Table 5.6: Literate Rate for Persons Aged 5 Years or Above with Disability and Five Years Age Groups and Sex; Tanzania, 2022 PHC

Age Group	Total Per	sons with di	sabilities	Literate Pe	ersons with o	disabilities	Litera	cy Rate	:S
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Total	5,654,212	2,641,276	3,012,936	4,072,761	1,993,400	2,079,361	72.0	75.5	69.0
5-9	736,148	376,077	360,071	400,838	195,378	205,460	54.5	52.0	57.1
10-14	710,658	365,230	345,428	579,908	288,627	291,281	81.6	79.0	84.3
15 - 19	519,569	256,052	263,517	437,866	211,669	226,197	84.3	82.7	85.8
20 - 24	445,101	207,903	237,198	363,288	169,267	194,021	81.6	81.4	81.8
25 - 29	423,154	201,688	221,466	351,924	169,312	182,612	83.2	83.9	82.5
30 - 34	397,352	191,283	206,069	320,895	159,774	161,121	80.8	83.5	78.2
35 - 39	336,695	158,366	178,329	258,334	127,075	131,259	76.7	80.2	73.6
40 - 44	318,637	144,312	174,325	245,110	115,787	129,323	76.9	80.2	74.2
45 - 49	295,363	129,246	166,117	226,064	103,624	122,440	76.5	80.2	73.7
50 - 54	270,380	116,250	154,130	204,650	93,603	111,047	75.7	80.5	72.0
55 - 59	196,418	84,799	111,619	148,081	70,595	77,486	75.4	83.2	69.4
60 - 64	208,102	88,701	119,401	137,656	70,641	67,015	66.1	79.6	56.1
65 - 69	160,587	66,973	93,614	100,327	52,088	48,239	62.5	77.8	51.5
70 - 74	180,033	75,933	104,100	101,391	55,623	45,768	56.3	73.3	44.0
75 - 79	140,471	59,054	81,417	72,611	41,339	31,272	51.7	70.0	38.4
80+	315,544	119,409	196,135	123,818	68,998	54,820	39.2	57.8	28.0

The results in Tables 5.7 and 5.8 show that the literacy rate among PWDs in urban areas is substantially higher (85.9%) than in rural areas (64.9%). Males with disability are more likely to be literate than females in both rural and urban areas with 69.3 and 88.2 percent for males and females respectively.

Table 5.7: Literate Rates for Persons Aged 5 Years or Above with Disability by Five Years Age Groups and Sex; Tanzania Rural, 2022 PHC

Age Group	Total Per	sons with di	sabilities	Literate Pe	ersons with (disabilities	Literacy Rates			
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	
Total	3,740,843	1,774,026	1.966,817	2,428,346	1,228,584	1,199,762	64.9	69.3	61.0	
5 - 9	513,652	263,512	250,140	235,089	113,740	121,349	45.8	43.2	48.5	
10 - 14	495,107	259,483	235,624	381,680	192,712	188,968	77.1	74.3	80.2	
15 - 19	330,535	171,177	159,358	261,772	133,551	128,221	79.2	78.0	80.5	
20 – 24	262,783	126,541	136,242	194,358	94,221	100,137	74.0	74.5	73.5	
25 – 29	243,901	118,702	125,199	184,786	91,868	92,918	75.8	77.4	74.2	
30 - 34	234,809	114,431	120,378	171,662	88,244	83,418	73.1	77.1	69.3	
35 - 39	205,899	97,583	108,316	141,311	71,604	69,707	68.6	73.4	64.4	
40 - 44	201,253	92,343	108,910	140,497	68,446	72,051	69.8	74.1	66.2	
45 - 49	193,927	85,963	107,964	136,329	64,404	71,925	70.3	74.9	66.6	
50 - 54	185,075	80,246	104,829	130,216	61,113	69,103	70.4	76.2	65.9	
55 - 59	136,475	59,599	76,876	96,391	47,596	48,795	70.6	79.9	63.5	
60 - 64	146,479	63,503	82,976	88,677	48,114	40,563	60.5	75.8	48.9	
65 - 69	113,205	47,565	65,640	63, 927	34,893	29,034	56.5	73.4	44.2	
70 - 74	130,213	55,185	75,028	66, 043	37,864	28,179	50.7	68.6	37.6	
75 - 79	104,472	44,214	60,258	49,145	29, 208	19,937	47.0	66.1	33.1	
80+	243,058	93,979	149,079	86,463	51, 006	35,457	35.6	54.3	23.8	

Table 5.8: Literate Rates for Persons Aged 5 Years and Above with Disability by Five Years Age Groups and Sex; Tanzania Urban, 2022 PHC

Age Group	Total Per	rsons with d	isabilities		te Persons sabilities	with	Literacy Rates				
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female		
Total	1,913,369	867,250	1,046,119	1,644,415	764,816	879,599	85.9	88.2	84.1		
5 - 9	222,496	112,565	109,931	165,749	81,638	84,111	74.5	72.5	76.5		
10 - 14	215,551	105,747	109,804	198,228	95,915	102,313	92.0	90.7	93.2		
15 - 19	189,034	84,875	104,159	176,094	78,118	97,976	93.2	92.0	94.1		
20 - 24	182,318	81,362	100,956	168,930	75,046	93,884	92.7	92.2	93.0		
25 - 29	179,253	82,986	96,267	167,138	77,444	89,694	93.2	93.3	93.2		
30 - 34	162,543	76,852	85,691	149,233	71,530	77,703	91.8	93.1	90.7		
35 - 39	130,796	60,783	70,013	117,023	55,471	61,552	89.5	91.3	87.9		
40 - 44	117,384	51,969	65,415	104,613	47,341	57,272	89.1	91.1	87.6		
45 - 49	101,436	43,283	58,153	89,735	39,220	50,515	88.5	90.6	86.9		
50 - 54	85,305	36,004	49,301	74,434	32,490	41,944	87.3	90.2	85.1		
55 - 59	59,943	25,200	34,743	51,690	22,999	28,691	86.2	91.3	82.6		
60 - 64	61,623	25,198	36,425	48,979	23	26,452	79.5	89.4	72.6		
65 - 69	47,382	19,408	27,974	36,400	17,195	19,205	76.8	88.6	68.7		
70 - 74	49,820	20,748	29,072	35,348	17,759	17,589	71.0	85.6	60.5		
75 - 79	35,999	14,840	21,159	23,466	12,131	11,335	65.2	81.7	53.6		
80+	72,486	25,430	47,056	37,355	17,992	19,363	51.5	70.8	41.1		

5.4 Comparison of Literacy Status between Persons With and Without Disability

This section compares literacy status among persons with and without disability using the PHC of 2022. The results in Table 5.9 show that in Tanzania, the literacy rate among persons with disabilities is lower (72.0%) than that of persons without disabilities (79.8%). Likewise, the literacy rate among PWDs is high among males (75.5%) compared with females (69.0%). Persons living in urban areas are more likely to be literate than those living in rural regardless of their disability status. The results indicate that more than 80 percent of PWDs residing in urban areas are literate, and only 64.9 percent of PWDs in rural areas are literate.

The literacy rate among PWDs aged five years and above in Mainland Tanzania is 71.8 percent, which is significantly lower than that of Tanzania Zanzibar (80.2%). In both Mainland Tanzania and Tanzania Zanzibar, the literacy rate among PWDs is lower than that of persons without disabilities. This variation in literacy rate across geographical areas is

compounded by lack of teachers trained on special needs and communication of PWDs, such as Braille and Sign language, as well as little availability of a general support system (UN, 2021).

Table 5.9: Comparison of Literacy Rates Between Persons With and Without Disability Aged 5 Years and Above by Sex and Type of Literacy; Tanzania, 2022 PHC

Place of Residence	Type of Literacy	Persons	with disab	ilities	Persons without disabilities				
		Both Sexes	Male	Female	Both Sexes	Male	Female		
Tanzania	Total Literate	72.0	75.5	69.0	79.8	81.2	78.5		
	Swahili only	79.8	79.0	80.6	77.8	77.0	78.6		
	English only	0.9	0.9	0.9	0.7	0.6	0.7		
	Both Swahili & English	18.7	19.6	17.8	21.1	22.0	20.3		
	Other Language	0.6	0.5	0.7	0.4	0.4	0.4		
Rural	Total Literate	64.9	69.3	61.0	72.9	74.8	71.2		
	Swahili only	86.7	86.0	87.4	85.4	84.9	85.9		
	English only	0.9	0.9	1.0	0.7	0.6	0.7		
	Both Swahili & English	11.7	12.5	10.8	13.5	14.0	12.9		
	Other Language	0.7	0.6	0.9	0.5	0.5	0.5		
Urban	Total Literate	85.9	88.2	84.1	92.3	93.1	91.5		
	Swahili only	69.7	67.8	71.4	67.1	65.2	68.8		
	English only	0.8	0.9	0.8	0.6	0.6	0.6		
	Both Swahili & English	29.0	31.0	27.4	32.1	33.9	30.4		
	Other Language	0.4	0.4	0.4	0.2	0.3	0.2		
Mainland Tanzania	Total Literate	71.8	75.3	68.7	79.5	80.9	78.2		
	Swahili only	80.3	79.4	81.1	78.3	77.4	79.1		
	English only	0.9	0.9	0.9	0.7	0.6	0.7		
	Both Swahili & English	18.2	19.2	17.3	20.7	21.6	19.8		
	Other Language	0.6	0.5	0.7	0.4	0.4	0.4		
Tanzania Zanzibar	Total Literate	80.2	81.9	79.0	88.9	89.6	88.3		
	Swahili only	67.0	66.7	67.2	64.2	64.0	64.4		
	English only	0.7	0.7	0.7	0.6	0.6	0.6		
	Both Swahili & English	31.7	31.8	31.6	34.7	34.7	34.6		
	Other Language	0.7	0.8	0.5	0.5	0.7	0.4		

Chapter Six

Economic Activity Among Persons with Disabilities

- Out of 4,207,406 persons with disabilities aged 15 years and above in Tanzania, 3,071,381 (73.0 %) are employed, 172,335 (4.1%) unemployed and 963,690 (22.9 %) are inactive.
- Agriculture, forestry and fishing industry has the highest proportion (68.1%) of the total employed persons with disabilities.
- Agriculture, forestry and fishing sector contributes the largest share of employed PWDs aged 65 years and above (20.2%).

6.1 Introduction

This chapter provides information on economic activities among persons with disabilities. It includes information on participation in current economic activity status of PWDs, labour participation ratio among persons with and without disability, employment to population ratio for persons with disabilities, employment by main industry, main occupation and by age group for PWDs.

As stipulated in Article 27 of the United Nations Convention on Rights of PWDs (UN CRPD, 2006), it recognises the right of persons with disabilities to work on an equal basis with others. This includes the right to the opportunity to make a living by work freely, chosen or accepted in a labour market and working environment that is open, inclusive and accessible to persons with disabilities. Labour is categorised as working, actively looking for work and those neither working nor actively looking for work (such as students). The working persons are those who participate in any economic activity for a specified reference period.

Integration of persons with disabilities in economic activities is one of the ways to facilitate and enhance their own individual development so as to contribute to the development of the country. This chapter will also examine the situation of PWDs compared with that of persons without disabilities. The 2022 PHC, collected information on both usual and current economic activities for all persons aged 5 years and above. However, the analysis in this monograph focuses on the current economic activities, main occupation, industry and employment status for persons aged 15 years and above.

6.2 Current Economic Activity Status of Persons with Disabilities

The results on economic activity status presented in Tables 6.1 and 6.2 provide information on the activity status of PWDs aged 15 years and above in Tanzania, Mainland Tanzania and Tanzania Zanzibar. Economic activity status refers broadly to economically active population including employed and unemployed persons. It also includes inactive population covering all persons who were without work during the reference period and were not available for work.

The 2022 PHC results show that out of 4,207,406 PWDs in Tanzania, 73.0 percent are employed, 4.1 percent unemployed and 22.9 percent are inactive. In Mainland Tanzania the proportion of employed PWDs is 73.2, unemployed 3.8 percent while inactive is 23.0 percent. The results further show that, Tanzania Zanzibar has 67.4 percent employed PWDs and the highest proportion of unemployed persons with 11.9 percent than Mainland Tanzania (3.8%). Furthermore, Tanzania Zanzibar has a lower percentage (20.8%) of inactive persons than Mainland Tanzania which is 23.0 percent.

With regard to sex, results show that more males with disability were engaged in any kind of economic activities seven days prior to the census compared with females (75.9 and 70.9 % respectively). This scenario is similar to that of non-disabled persons whereby females face more barriers and limitations in accessing income generating activities than their male counterparts.

Table 6.1: Number and Percentage of Persons with Disabilities of Age 15 Years or Above by Current Economic Activity Status (Relaxed International Definition of Employment), by Sex; Tanzania, 2022 PHC

Place of Residence /		Persons with disabilities											
Economic Activity Status		Number			Percentage								
	Both Sexes	Male	Female	Both Sexes	Male	Female							
Tanzania	4,207,406	1,899,969	2,307,437	100.0	100.0	100.0							
Employed	3,071,381	1,441,722	1,629,659	73.0	75.9	70.6							
Unemployed	172,335	65,121	107,214	4.1	3.4	4.6							
Inactive	963,690	393,126	570,564	22.9	20.0	24.7							
Mainland Tanzania	4,075,705	1,845,834	2,229,871	100.0	100.0	100.0							
Employed	2,982,677	1,401,625	1,581,052	73.2	75.9	70.9							
Unemployed	156,692	60,516	96,176	3.8	3.3	4.3							
Inactive	936,336	383,693	552,643	23.0	20.8	24.8							
Tanzania Zanzibar	131,701	54,135	77,566	100.0	100.0	100.0							
Employed	88,704	40,097	48,607	67.4	74.1	62.7							
Unemployed	15,643	4,605	11,038	11.9	8.5	14.2							
Inactive	27,354	9,433	17,921	20.8	17.4	23.1							

The 2022 PHC revealed that the proportion of employed persons with disabilities is higher in rural areas with 74.2 percent, than in urban areas which is 70.7 percent. A similar pattern is observed for the inactive persons with disabilities whereby the proportion is 23.8 and 21.3 percent in rural and urban areas respectively. With regard to unemployed persons, the percentage ranges from 2.0 in rural to 7.9 in urban areas. The results further show that females with disability are more inactive compared with males with disability in both rural and urban areas (Table 6.2). This result may be explained by the fact that most PWDs are engaged in agricultural work preferably farming and fishing activities, which are predominant in rural areas. Moreover, this sector does not have a lot of barriers and obstacles that limits PWDs to be actively engaged.

Table 6.2: Number and Percentage of Persons with Disabilities of Age 15 Years or Above by Current Economic Activity Status (Relaxed International Definition of Employment), Sex and Place of Residence; Tanzania, 2022 PHC

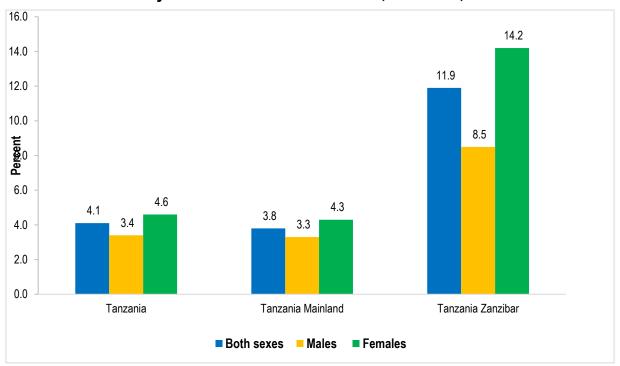
Place of	Persons with disabilities												
Residence / Economic		Number		Percentage									
Activity Status	Both Sexes	Male	Female	Both Sexes	Male	Female							
Tanzania	4,207,406	1,899,969	2,307,437	100.0	100.0	100.0							
Employed	3,071,381	1,441,722	1,629,659	73.0	75.9	70.6							
Unemployed	172,335	65,121	107,214	4.1	3.4	4.6							
Inactive	963,690	393,126	570,564	22.9	20.7	24.7							
Rural	2,732,084	1,251,031	1,481,053	100.0	100.0	100.0							
Employed	2,027,600	955,345	1,072,255	74.2	76.4	72.4							
Unemployed	55,215	23,798	31,417	2.0	1.9	2.1							
Inactive	649,269	271,888	377,381	23.8	21.7	25.5							
Urban	1,475,322	648,938	826,384	100.0	100.0	100.0							
Employed	1,043,781	486,377	557,404	70.7	74.9	67.5							
Unemployed	117,120	41,323	75,797	7.9	6.4	9.2							
Inactive	314,421	121,238	193,183	21.3	18.7	23.4							

6.3 Current Unemployment Status for Persons with Disabilities

Unemployment is an indicator of labour under-utilization and it is measured as a percentage of the labour force that is currently unemployed. According to the relaxed international definition of unemployment, unemployed persons comprise of those who in the last seven days prior to the census enumeration were not engaged in any economic activity but were available for work regardless of whether they took any effort to look for work.

Figure 6.1 presents current unemployment rates for PWDs in Tanzania based on the relaxed international definition of unemployment. It reveals that the overall unemployment rate among PWDs is 4.1 percent which is lower than the total unemployment rate for Tanzania which is 7.8 percent (URT, 2022). The results further reveal that, more females with Disability are unemployed than their males counterpart with 4.6 and 3.4 percent respectively. In Mainland Tanzania the rate of unemployed PWDs is 3.8 percent, with unemployed males accounting for 3.8 percent and females 4.3 percent. Tanzania Zanzibar has the highest (11.9%) proportion of unemployed PWDs with 8.5 percent males and 14.2 percent females. This could be due to the fact that large industries in Tanzania Zanzibar are fishing and sea weed production as well as brick making of which most PWDs cannot do it. Lack of awareness and inability to compete in the labour market due to low level of education can also be another reason. However, this calls for further or detailed study to affirm the actual situation.

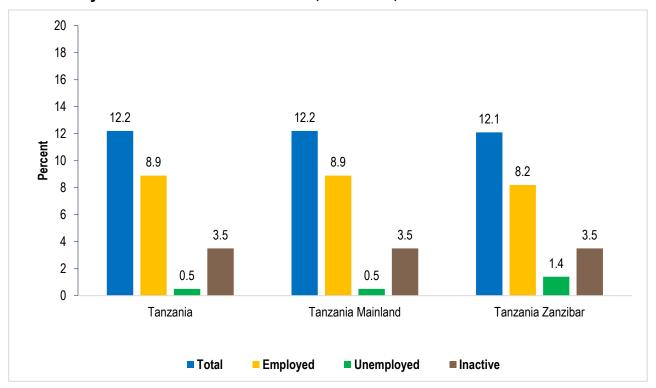
Figure 6.1: Current Unemployment Rate for Persons with Disabilities Aged 15 Years and Above by Sex and Place of Residence; Tanzania, 2022 PHC



6.4 Employment Status to Population Proportion for Persons with Disabilities

The proportion of employed persons aged 15 years or above with disability is presented in Figure 6.2. The 2022 PHC results show that, only 8.9 percent of employed persons had some form of disability in Tanzania. A similar pattern is observed in both Mainland Tanzania and Tanzania Zanzibar. On the other hand, the proportion of inactive persons with disabilities is relatively high (3.5%) compared with unemployed persons which is 0.5 percent in Tanzania, Mainland Tanzania and only 1.4 percent in Tanzania Zanzibar. This result is similar to that of total population for both males and females whereby about 22 percent were inactive and 8.4 percent unemployed (URT Demographic and Social Economic Profile 2024).

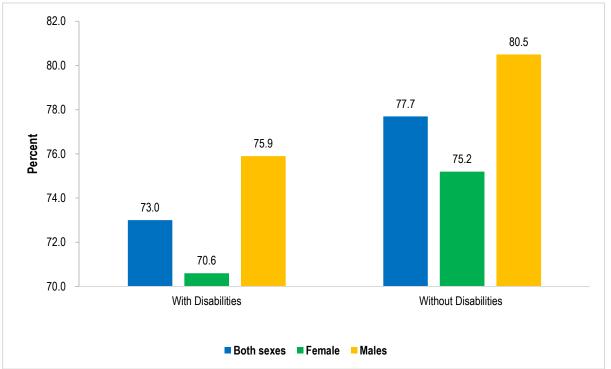
Figure 6.2: Proportion of Employed Persons of Age 15 Years or Above with Disability by Sex and Place of Residence; Tanzania, 2022 PHC



6.5 Labour Force Participation Rate

The Labour Force Participation Rate (LFPR) provides an estimate of the size of the labour supply currently available for production of goods and services in a country. It is defined as the number of persons in the labour force as a percentage of the working age population. It provides an important insight into various policy decisions to enhance performance of the labour market. The 2022 PHC results presented in Figure 6.3 show a slight difference between the proportions of currently employed among those with a disability and without disability which is 73.0 and 77.7 percent respectively. In view of this, it is evident that, PWDs contribute significantly into growth of the economy of this country, hence a fulfillment of one of the pillars in the National Policy on persons with disabilities which calls for the creation of a more conducive environment to enable PWDs to engage in productive work for their development.

Figure 6.3: Labour Force Participation Rates for Persons With and Without Disability Aged 15 Years and Above by Sex; Tanzania, 2022 PHC



6.6 Employed Persons with Disabilities by Industry

This section discusses the distribution of persons with disabilities aged 15 years and above by sex and industries in Tanzania, Mainland Tanzania and Tanzania Zanzibar. Employment by industry provides information on relative importance of different economic activities in the labour market. It is also useful to establish the extent to which PWDs are broadly employed. Classification of employment by industry in this report is based on the International Standard Industrial Classification of all Economic Activities (ISIC) Revision 4.

The 2022 PHC results reveal that in Tanzania, 68.1 percent of PWDs are engaged in agriculture, forestry and fishing activities (Table 6.3). Other most popular industrial activities are wholesale and retail trade, repair of motor vehicles and motorcycles (5.9%), accommodation and food services activities (3.7%) and administrative and support services activities (3.3%). Furthermore, it was noted that almost half of the identified industries employed less than one percent of PWDs. In addition, water supply sewage waste management and remediation activities together with activities of extraterritorial organizations and bodies employ only 0.1 percent each. The result also reveals more females (69.2%) than males (66.8%) are employed in agriculture, forestry and fishing activities. A similar pattern is also observed in Mainland Tanzania in terms of type and proportion of industry that employ more persons with disabilities (Appendix 6).

In Tanzania Zanzibar, agriculture, forestry and fishing activities also employed more persons with disabilities (41.6%), followed by administrative and support services activities 8.1%), wholesale and retail trade-repair of motor vehicles and motorcycles (7.9%), accommodation and food services activities (6.4%) including activities of households as employers; undifferentiated goods and services-producing activities of household for own use (5.7%). It is further noted that, with exception of electricity gas, steam and air conditioning supply, and water supply sewage waste management and remediation activities which employed only 0.2 percent of PWDs, the rest accommodated more than 0.3 percent of the total number of PWDs. Other industries that employed more than 3.0 percent of persons with disabilities are manufacturing, construction, wholesale and retail trade, and repair of motor vehicles and motorcycles.

As a result, there is no clear employment pattern between males and females although a larger proportion of females than males with disability work in agricultural industries. This suggests that males with Disability face slightly lower barriers in accessing non-agricultural activities than their female counterparts. Other industries that employed more than 3.0 percent of persons with disabilities are manufacturing, construction, wholesale and retail trade, and repair of motor vehicles and motorcycles.

Furthermore, the result presented in Table 6.3 portrays a similar pattern to that of persons without disabilities whereby about 62 percent are employed in agriculture, forestry and fishing with more females (63.4%) than males about 60 percent. The same industries which employ more PWDs, also employed more persons without disabilities. Likewise, those industries that employed less than one percent are almost the same (URT Demographic and Social Profile, 2024).

The findings presented in Table 6.3 affirm that persons with disabilities can perform any kind of tasks engaged as farmers and factory workers, administrators, doctors and teachers, shop assistants and bus drivers, artists, entrepreneur as well as employing themselves. Almost all jobs can be performed by someone with a disability, and given the right environment, most persons with disabilities can be more productive.

Table 6.3: Percentage Distribution of Employed Persons with Disabilities of Age 15 Years and Above by Sex and Industry; Tanzania, 2022 PHC

Industry Activities	Number		Tanzani	а	Main	land Tai	nzania	Tanzania Zanzibar			
		Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	
Total	3,071,381	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Agriculture forestry and fishing	2,091,404	68.1	66.8	69.2	68.9	67.5	70.1	41.6	44.1	39.5	
Minning and quarrying	60,167	2.0	2.1	1.8	2.0	2.2	1.8	2.0	1.6	2.3	
Manufacturing	67,093	2.2	3.2	1.3	2.1	3.1	1.2	4.7	5.4	4.1	
Electricity gas team and air conditioning supply	4,686	0.2	0.3	-	0.1	0.3	-	0.2	0.5	0.1	
Water supply sewage waste management and remediation activities	3,957	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.3	0.2	
Construction	48,073	1.6	3.1	0.2	1.5	3.0	0.2	2.5	5.2	0.3	
Whole sale and retail trade-repair of motor vehicles and motorcycles	181,877	5.9	5.4	6.3	5.9	5.4	6.3	7.9	7.8	8.0	
Transportation and storage	39,658	1.3	2.4	0.3	1.3	2.4	0.3	1.4	2.8	0.3	
Accommodation and food services activities	114,987	3.7	1.8	5.4	3.7	1.8	5.3	6.4	3.7	8.7	
Information and communication	6,311	0.2	0.3	0.1	0.2	0.3	0.1	0.6	0.7	0.6	
Financial and insurance activities	9,935	0.3	0.3	0.3	0.3	0.3	0.3	0.5	0.4	0.6	
Real estate activities	7,511	0.2	0.3	0.2	0.2	0.3	0.2	0.3	0.4	0.2	
Professional scientific and technical activities	26,672	0.9	1.1	0.7	0.8	1.0	0.7	1.8	1.6	2.0	
Administrative and support services activities	102,563	3.3	3.4	3.2	3.2	3.3	3.1	8.1	8.0	8.2	
Public administration and defence compulsory social security	17,330	0.6	0.8	0.3	0.5	0.8	0.3	2.2	2.9	1.5	
Education	33,497	1.1	1.0	1.1	1.0	1.0	1.0	3.4	1.8	4.7	
Human health and social work activities	19,099	0.6	0.5	0.7	0.6	0.5	0.7	1.2	0.9	1.6	
Arts entertainment and recreation	10,101	0.3	0.3	0.4	0.3	0.3	0.3	0.9	0.6	1.2	
Other services activities	126,053	4.1	4.0	4.2	4.0	3.9	4.1	7.8	7.5	8.1	
Activities of households as employers; undifferentiated goods and services - producing activities of household for own use	96,492	3.1	2.4	3.8	3.1	2.4	3.7	5.7	3.5	7.6	
Activities of extraterritorial organizations and bodies.	3,915	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.3	

The 2022 PHC results show that, a high proportion of employed persons with disabilities among the youth aged between 15-34 years, those aged 35-44 years are more employed in all types of economic activities. On the other hand, the lowest proportion is recorded for persons of age 55 years and above. It is noted that the percentage of elderly PWDs aged 65 years who are engaged in agriculture, forestry and fishing is fairly high (16.2%) implying that the elderly persons with disabilities are quite active.

Results on Table 6.4 show that, employed persons in every industry are dominated by persons aged between 25-34 whereby all industries employ more than 24.0 percent except mining and quarrying which employs only 17.7 percent. Notably, agriculture, forestry and fishing; real estates, and mining and quarrying employed more persons aged 65 years and above than all other age groups with 16.2, 20.2, 11.1 and 10.2 percent respectively. All other industries employed less than 9.0 percent which implies that, other industries do not have conducive environment to employ young persons with disabilities.

Table 6.4: Percentage Distribution of Employed Persons with Disabilities Aged 15 Years and Above by Age Group and Type of Industry; Tanzania 2022 PHC

Age Group										ln	dustry	of Em	ploym	ent								
	Total	Agriculture, forestry and fishing	Mining and quarrying	Manufacturing	Electricity, gas, steam and air conditioning supply	Water supply sewage waste management and remediation activities	Construction	Whole sale and retail trade, repair of motor vehicles and motorcycles	Transportation and storage	Accommodation and food services activities	Information and communication	Financial and insurance activities	Real estate activities	Professional scientific and technical activities	Administrative and support services activities	Public administration and defence compulsory social security	Education	Human health and social work activities	Arts entertainment and recreation	Other services activities	Activities of households as employers; undifferentiated goods and services	Activities of extraterritorial organizations and bodies
Total	3,167,565	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15 - 24	640,926	20.9	19.8	25.4	25.0	18.9	21.0	21.9	20.9	20.3	23.1	20.8	18.9	19.5	14.1	24.1	10.0	15.7	13.0	29.7	31.6	21.5
25 - 34	641,913	20.9	17.7	24.0	27.6	36.8	29.9	29.9	28.7	37.4	25.0	38.3	41.0	25.8	36.2	28.1	28.5	31.9	35.9	31.6	18.7	28.7
35 - 44	1,289,528	17.1	15.8	18.5	18.6	20.6	20.4	22.5	21.4	22.6	20.7	20.2	21.0	19.4	24.0	19.7	23.6	27.0	18.0	16.7	14.8	19.0
45 - 54	499,014	14.8	15.2	13.8	13.1	13.1	15.1	14.7	14.9	11.7	15.7	12.0	10.8	15.3	14.2	13.5	18.7	16.1	15.6	9.5	12.9	14.2
55 - 64	640,926	10.0	11.3	8.0	7.3	6.8	7.9	6.3	7.2	4.5	7.7	5.0	5.4	8.9	7.1	7.1	10.3	5.9	9.4	5.0	8.6	8.7
65+	641,913	16.2	20.2	10.2	8.4	3.8	5.7	4.7	6.8	3.4	7.8	3.6	2.9	11.1	4.4	7.5	8.9	3.4	8.0	7.5	13.4	7.9

6.7 Main Occupation in Employment for Persons with Disabilities.

This section provides information on the main occupation in employment for persons with disabilities. Occupation refers to the type of work done by an individual regardless of their place of work or employment status. The 2022 PHC collected information on occupation of the working population on the main job and results show that the majority of the working population are in agriculture, forestry and fishing irrespective of their disability status. Specifically, the majority of persons with disabilities are working as agriculture, forestry and fishery workers.

The results on Table 6.5 show that in Tanzania, 52.5 percent of the proportion PWDs are agriculture, forestry and fishery workers followed by elementary occupations (23.0%) while crafts and related workers account for 14.3 percent. The result further reveals that a very low percentage of PWDs are employed as clerks or legislators, administrators and managers (0.3 and 0.4%) respectively. A similar pattern is observed in Mainland Tanzania with a slight change in percentages.

On the other hand, in Tanzania Zanzibar most of PWDs are employed in elementary occupations (31.9%) followed by agriculture and fishery workers (27.8%) and craft and related workers, accounting for 16.7 percent. It was further noted that in Tanzania Zanzibar all types of occupations employed more than 1.2 percent with exception of plant and machine operators and assemblers which employed 0.8 percent of PWDs. This demonstrates a high level of fulfilment of disabled persons (employment) Act No. 2 of 1982, a legislation that requires employers to employ 2.0 percent of PWDs of every 50 employees in an establishment. However, political and social economic changes have limited reinforcement and implementation of these legal provisions.

As might be expected, across all types of occupations more males are employed than females except for agricultural and fishery workers, craft and related workers and elementary occupations. This is due to the fact that it is easier for males with disability to move and be visible than females, more males are educated and have skills than females as indicated in Chapter Five of this monograph.

Table 6.5: Percentage Distribution of Employed Persons with Disabilities by Occupation, and Sex; Tanzania, 2022 PHC

Occupation Status	Number		Tanzania		Maii	nland Tan	zania	Tanzania Zanzibar			
		Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	
Total	3,071,381	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Legislators administrators and managers.	13,460	0.4	0.5	0.3	0.4	0.5	0.3	1.7	1.9	1.6	
Professionals. Legislators administrators and managers.	46,474	1.5	1.7	1.3	1.4	1.7	1.2	4.4	3.4	5.1	
Technicians and associate professionals.	89,931	2.9	4.5	1.6	2.8	4.4	1.5	5.7	7.5	4.3	
Clerks.	10,865	0.4	0.3	0.4	0.3	0.3	0.3	1.2	1.0	1.3	
Service workers and shop sales workers.	132,378	4.3	3.7	4.9	4.1	3.5	4.7	9.7	9.6	9.8	
Agricultural and fishery workers.	1,611,997	52.5	50.8	54.0	53.2	51.3	54.9	27.8	30.7	25.5	
Craft and related workers.	437,842	14.3	15.3	13.3	14.2	15.3	13.2	16.7	14.9	18.1	
Plant and machine operators and assemblers.	22,208	0.7	1.3	0.2	0.7	1.3	0.2	0.8	1.5	0.3	
Elementary occupations.	706,226	23.0	21.9	24.0	22.7	21.7	23.7	31.9	29.5	33.9	

Table 6.6 shows that most of persons with disabilities are employed as agriculture and fishery workers hence it employs more than 50.0 percent of PWDs in the age groups of 15-24, 35-64 and those aged 65 years and above. Only 44.6 percent of PWDs in the age group of 25-34 are employed as agriculture and fishery workers. The results show that the occupation that employs less than one percent in all age groups includes legislators, administrators and managers followed by plant and machine operators and assemblers. This could be contributed by the high qualifications that are required whereby many PWDs are either deprived of required training or spend a lot of time to qualify for such posts.

Table 6.6: Percentage Distribution of Employed Persons with Disabilities by Occupation, and Age Group; Tanzania, 2022 PHC

Age Group	Occupation Status											
	Total	Legislators administrators and managers	Professionals	Technicians and associate professionals	Clerks.	Service workers and shop sales workers	Agricultural and fishery workers	Craft and related workers	machine operators and assemblers	Elementary occupations		
Total	3,071,381	0.4	1.5	2.9	0.4	4.3	52.5	14.3	0.7	0.8		
15 - 24	640,926	0.1	0.5	2.5	0.4	4.3	53.5	13.4	0.8	0.7		
25 - 34	641,913	0.6	2.9	4.7	0.6	6.3	44.6	15.7	1.3	1.3		
35 - 64	1,289,528	0.6	1.8	3.1	0.3	4.5	51.6	15.4	0.7	0.7		
65+	499,014	0.2	0.3	0.8	0.1	1.2	63.6	10.5	0.1	0.2		

Chapter Seven

Housing Conditions and Social Amenities Among Persons with Disabilities

Key Points

- Persons With and Without Disability use firewood as the main source of energy for cooking followed by charcoal.
- PWDs using improved source of drinking water is one sixth of persons without disabilities.
- Over half of the households headed by PWDs have access to improved toilet facility.
- Two thirds of households headed by PWDs own a farm or land.

7.1 Introduction

The 2022 PHC data has shown that households headed by persons with disabilities are more likely to experience poverty and its consequences than those headed by persons without disabilities. This implies that households headed by persons with disabilities may experience challenges in providing adequate housing facilities for their households compared with those headed by persons without disabilities. This chapter presents information on the households headed by persons with disabilities in relation to housing conditions, household size and ownership of assets, household tenure and room for sleeping.

7.2 Household Headship

Figure 7.1 indicates that, the proportion of households headed by males with Disability is high (57.9%) compared with those headed by females with disability (42.1%). A similar pattern is observed for Mainland Tanzania, Tanzania Zanzibar, rural and urban areas.

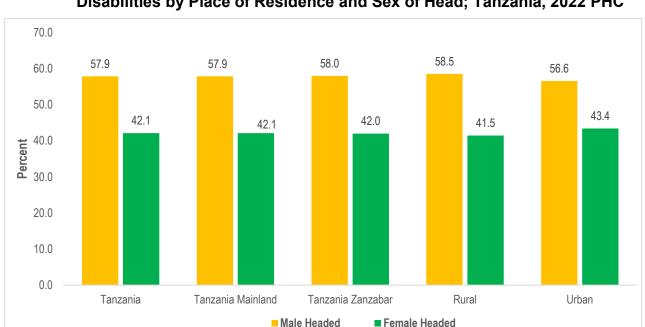


Figure 7.1: Percentage Distribution of Households Headed by Persons with Disabilities by Place of Residence and Sex of Head; Tanzania, 2022 PHC

7.3 Number of People Sleeping in a Room

The number of people sleeping in a room is a major determinant of crowding and hence affects the health of household members. A room for sleeping in the 2022 PHC is defined as any space within or outside the dwelling of the household which is currently used by household members for sleeping. This implies that any space within the dwelling can be termed as a room for sleeping if currently used by household members for sleeping purpose. By this definition any other space such as a sitting room, dining room or even stores were included if they were used for sleeping. The average number of persons per sleeping room provides a quantitative measure of crowding of household members in a dwelling unit which reflect on quality of housing. A score of 2 or less indicates under crowding while value above 2 signify overcrowding.

Table 7.1 indicates that the majority of households headed by PWDs in Tanzania (58.8%) have two or three rooms. This is also true in Mainland Tanzania and Tanzania Zanzibar as well as rural and urban residences. The households with a total six sleeping rooms or more is very small (6.0 percent of Tanzania and Mainland Tanzania and 5.2 percent for Tanzania Zanzibar). Further, the table shows that the average number of PWDs per sleeping room (1.8) is less than 2.0 indicating that the PWDs households in Tanzania are not crowded. This is also true for Mainland Tanzania and Tanzania Zanzibar. However, the indicator reveals that there are ten regions that are over-crowded including Simiyu. Geita, Singida, Tabora, Rukwa, Shinyanga, Mwanza, Mara, Manyara and Katavi.

Table 7.1: Average Number of Persons Sleeping in a Room and Percentage Distribution of Rooms for Sleeping for PDW by Place of Residence and Region; Tanzania, 2022 PHC

Residence/Region/Headship	Average Number of	Number of Person in a Room									
	Persons sleeping in a room	1	2	3	4	5	6+				
Tanzania	1.8	18.0	30.9	27.9	12.2	4.9	6.0				
Rural	1.9	16.3	33.5	28.1	11.6	4.6	5.9				
Urban	1.7	21.6	25.3	27.7	13.6	5.6	6.2				
Male Headed Households	1.9	17.4	30.0	28.4	12.7	5.1	6.4				
Female Headed Households	1.7	19.1	32.3	27.2	11.5	4.6	5.2				
Mainland Tanzania	1.8	18.4	31.2	27.7	11.9	4.7	6.0				
Dodoma	1.8	19.9	36.2	26.8	9.1	3.1	4.9				
Arusha	1.8	23.3	36.1	25.7	8.1	2.2	4.5				
Kilimanjaro	1.4	12.8	28.3	31.3	15.3	5.3	7.0				
Tanga	1.8	23.1	33.4	25.5	9.9	3.7	4.5				
Morogoro	1.7	21.8	33.0	24.7	10.8	4.2	5.6				
Pwani	1.6	18.5	29.8	30.9	12.5	3.8	4.5				
Dar es Salaam	1.7	25.3	20.1	27.4	14.1	5.9	7.2				
Lindi	1.4	13.9	33.5	38.8	7.8	3.0	2.9				
Mtwara	1.4	13.4	35.2	38.8	7.5	2.7	2.6				
Ruvuma	1.5	13.5	25.5	34.8	14.3	5.7	6.3				
Iringa	1.4	16.6	29.0	30.7	13.7	4.7	5.4				
Mbeya	1.6	22.4	30.3	26.2	11.5	3.8	5.8				
Singida	2.1	16.1	34.4	28.0	10.6	4.8	6.0				
Tabora	2.2	12.8	31.9	23.2	13.9	7.6	10.5				
Rukwa	2.2	24.5	40.4	20.5	7.4	3.0	4.3				
Kigoma	1.9	12.1	33.3	30.3	13.2	5.7	5.5				
Shinyanga	2.2	15.4	30.0	24.4	13.1	7.1	10.0				
Kagera	1.7	14.0	29.5	34.2	15.1	3.6	3.5				
Mwanza	2.2	18.1	30.6	26.8	12.5	5.6	6.4				
Mara	2.3	23.0	33.3	23.4	11.0	4.3	5.0				
Manyara	2.1	19.2	39.6	23.5	9.5	3.2	4.9				
Njombe	1.3	12.1	26.1	33.0	16.4	6.0	6.3				
Katavi	2.3	19.5	31.5	24.8	11.2	5.3	7.9				
Simiyu	2.5	11.2	26.2	26.1	15.4	8.5	12.7				
Geita	2.5	20.8	32.8	24.3	11.4	5.0	5.9				
Songwe	1.8	25.0	38.5	20.0	8.5	3.4	4.7				
Tanzania Zanzibar	1.8	8.0	20.6	33.9	21.5	10.7	5.2				
Kaskazini Unguja	1.8	12.0	30.8	35.8	13.6	5.2	2.7				
Kusini Unguja	1.7	12.7	30.0	34.6	15.2	5.0	2.5				
Mjini Magharibi	1.8	8.4	15.7	28.7	26.5	13.9	6.8				
Kaskazini Pemba	1.9	4.9	25.1	38.4	18.1	8.8	4.7				
Kusini Pemba	1.8	4.0	16.1	42.6	20.6	11.7	5.0				

7.4 Housing Conditions

This section focuses on the housing conditions of PWDs including source of drinking water, source of energy used for lighting, source of energy used for cooking, toilet facility and tenure of the households headed by persons with disabilities.

7.4.1 Source of Energy for Lighting

The main sources of energy for lighting in Tanzania are electricity, solar energy, kerosene, candles, Torch/Rechargeable Lamp and firewood. Figure 7.2 shows that the proportion of household using electricity (TANESCO/ZECO) is lower among households headed by persons with disabilities than those headed by persons without disabilities (32.3 and 38.3 percent respectively). Tanzania Zanzibar has a high percentage (62.9%) of households headed by persons with disabilities using electricity (TANESCO/ZECO) as a source of energy for lighting compared with those households headed PWDs in Mainland Tanzania which is 31.5 percent. There is no significant difference regarding uses of torch/rechargeable lamps among heads of households with and without disability (25.5 and 21.4 % respectively). The proportion of those using kerosene however, is higher among households headed by persons with disabilities in Tanzania Zanzibar (24.9%) than those in Mainland Tanzania which is 4.7 percent.

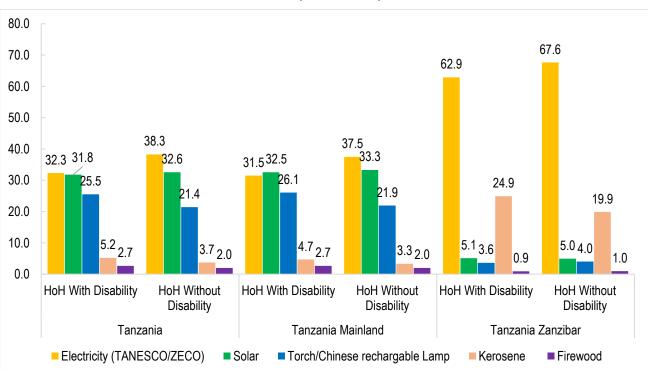


Figure 7.2: Percentage Distribution of Main Source of Energy for Lighting by Disability Status of Head of Households; Tanzania, 2022 PHC

7.4.2 Source of Energy for Cooking

The 2022 PHC collected information on households' main source of energy for cooking. The information collected enabled assessment of access to clean sources of energy (electricity, solar energy and gas). Use of clean energy as an alternative source has two benefits which are to reduce the heavy reliance on wood as the main source of fuel for cooking hence protecting the environment and to improve the health of population especially women through reduced exposure to toxic smoke from wood fuels and other hazardous source such as coal, wood/residuals, animal residual and charcoal briquette.

Figure 7.3 shows that there is high proportion (63.3%) of households headed PWDs in Tanzania using firewood as the main source of energy for cooking compared with those headed by persons without disabilities (54.5%). In Mainland Tanzania the percentage of households headed by PWDs using firewood as source of energy for cooking is higher (63.6%) than in Tanzania Zanzibar (53.6%). Across regions, households headed PWDs using firewood for cooking ranges from 6.6 percent in Dar es Salaam to 81.4 percent in Kagera.

With respect to charcoal, Table 7.2 indicate that 9.5 percent of households headed PWDs in rural areas and 43.3 percent in urban areas use charcoal as the main source of energy for cooking. The percentage of households headed with PWDs using charcoal for cooking in Mainland Tanzania is 21.1 and in Tanzania Zanzibar is 25.0 percent.

The government is working towards fulfilment of Sustainable Development Goal number seven, target 7.1 which aim at ensuring that by 2030, everyone has access to affordable, dependable and modern energy sources. The 2022 PHC extended coverage of clean energy by including electricity, gas, biogas, solar, generator or private sources and wind generated electricity. Figure 7.3 indicates that the use of clean energy for cooking by households headed by persons without disabilities is higher (37.0%) compared with households headed by persons with disabilities (13.3%). The same pattern has been also observed for Mainland Tanzania and Tanzania Zanzibar (Appendix 8).

Figure 7.3: Percentage of Households Headed with Persons with Disabilities and Without Using Charcoal, Firewood and Clean Energy as source of energy for cooking by Place of Residence; Tanzania, 2022 PHC

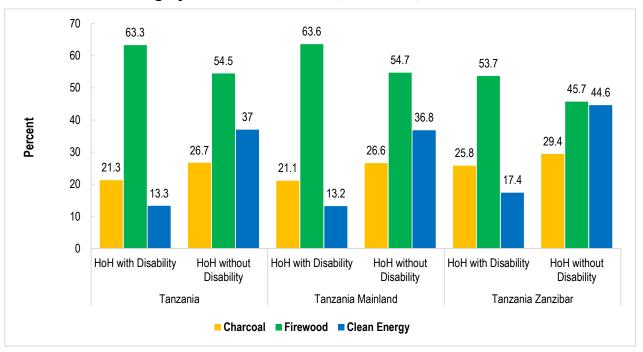


Table 7.2: Percentage Distribution of Households Headed by Persons with Disabilities by Main Source of Energy for Cooking, Place of Residence and Region; Tanzania, 2022 PHC

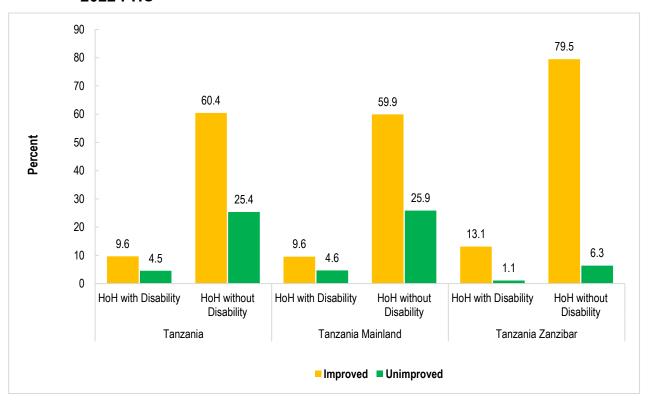
Residence/Region/ Headship	Total Number of	Main Source of Energy for Cooking									
Heausilip	Households (PWDS)	Clean Energy	Charcoal	Firewood	Paraffin	Other Source	Not Applicable				
Tanzania	2,009,003	13.3	21.3	63.3	0.5	0.3	1.3				
Rural	1,310,314	6.1	9.5	82.9	0.4	0.3	0.9				
Urban	698,689	27	43.3	26.5	0.8	0.4	2				
Mainland Tanzania	1,955,682	13.2	21.1	63.6	0.5	0.3	1.3				
Dodoma	118,492	10.3	13.5	74.4	0.1	0.3	1.2				
Arusha	69,923	32.3	9.1	54.8	1.9	0.5	1.5				
Kilimanjaro	101,931	15.4	6.7	75.6	0.9	0.3	1				
Tanga	76,400	5.8	19.9	72	0.4	0.2	1.7				
Morogoro	118,414	8.6	28.2	61	0.5	0.4	1.3				
Pwani	72,606	12.4	33.2	51.8	0.9	0.3	1.5				
Dar es Salaam	192,379	45.1	43.8	6.6	1.2	0.4	2.8				
Lindi	62,502	5	15.8	77.3	0.2	0.2	1.5				
Mtwara	89,475	5.7	12.3	80.5	0.2	0.1	1.1				
Ruvuma	58,498	6.7	17.9	74.1	0.1	0.2	0.9				
Iringa	44,785	10.5	16.1	72	0.4	0.2	0.8				
Mbeya	86,900	12.3	24.5	61.3	0.4	0.3	1.1				
Singida	58,632	6.9	12.6	77.8	0.2	1.4	1.2				
Tabora	74,307	6.6	21	71.1	0.3	0.2	0.8				
Rukwa	39,705	5	23.6	70.1	0.4	0.2	0.8				
Kigoma	72,811	6.5	15.9	76.3	0.4	0.2	0.8				
Shinyanga	48,637	8.6	26.1	63.6	0.2	0.3	1.2				
Kagera	116,931	5.9	11.4	81.4	0.6	0.2	0.6				
Mwanza	115,853	14.8	28	55.6	0.3	0.3	1				
Mara	77,747	7.6	16.5	74.5	0.4	0.2	0.8				
Manyara	49,873	10.2	10.5	77	0.4	0.5	1.4				
Njombe	31,903	9.5	14.8	74.8	0.2	0.2	0.6				
Katavi	26,515	7.1	30.7	61	0.2	0.3	0.7				
Simiyu	38,288	9.1	10	79.8	0.1	0.3	0.7				
Geita	69,728	6.1	32	60.6	0.1	0.3	0.9				
Songwe	42,447	6.4	18	74	0.4	0.3	1				
Tanzania Zanzibar	53,321	17.4	25.8	53.7	1.5	0.2	1.4				
Kaskazini Unguja	6,920	8.2	8.9	79	2.9	0.1	1				
Kusini Unguja	7,017	10.2	11.9	74.8	1.1	0.2	1.7				
Mjini Magharibi	23,330	30.6	42.5	23.9	1	0.3	1.7				
Kaskazini Pemba	8,544	5.5	13.7	78	1.8	0.2	0.7				
Kusini Pemba	7,510	5.2	16.1	75.3	2	0.2	1.3				

7.4.3 Source of Drinking Water

Sources of drinking water are categorised into improved and unimproved sources. Improved sources of water include piped water, tube well/borehole, protected dug well, protected spring, rainwater, bottled water, carts with small tank/drum and tanker truck. On the other hand, unimproved sources include unprotected dug well, unprotected spring and surface water.

Figure 7.4 indicates the proportion of households headed by persons with disabilities and without disability with main source of drinking water (improved and unimproved. The households headed by PWDs using improved source of drinking water is 9.6 percent compared with 60.4 percent for those headed by persons without disabilities. There is higher percentage (13.1) of household headed by PWDs using improved source of drinking water in Tanzania Zanzibar than in Mainland Tanzania, which is 9.6 percent. (Appendix 7).

Figure 7.4: Percentage of Households Headed With Disabled and Without Used Improved/Unimproved Source of Water by Place of Residence; Tanzania, 2022 PHC



7.4.4 Toilet Facilities

Tables 7.3 and 7.4 describe the types of toilet facilities used by households headed by Person with Disability and without disability by area. Toilet facilities are categorised into two groups; improved and unimproved. Improved facilities include flush or pour flush toilet that flushes the water and waste to a piped sewer system, septic tank, covered pit or unknown destination; ventilated improved pit (VIP) latrine, pit latrine with washable slab and with lid, pit latrine with washable slab without lid and pit latrine without washable slab (soil slab). Unimproved facilities include pit latrine without slab (open pit) and bucket.

Overall, the pit latrine without slab/open pit is the most common type of toilet facilities used by households whether headed by persons with or without disability. The proportion of households that used this type of toilet is relatively high (37.3%) for household headed by persons with disabilities than households headed by persons without disabilities (33.1%).

The second most common toilet facility is flush/pour flush to covered pit. Results indicate that 16.8 percent of households headed by persons with disabilities were recorded to be using flush/pour flush to covered pit compared to 19.3 percent of households headed by persons without disabilities. Pit latrine with washable slab without lid was used by 7.9 percent for households headed by persons with disabilities and flush/pour flush to septic tank was the third type of toilet facility used by households headed by persons without disabilities.

The results further indicate that 30.5 percent of households headed by PWDs are using flush toilets against 35.5 percent of household's headed by persons without disabilities. However, the use of ventilated improved pit (VIP) latrine is higher for households headed by persons without disabilities (7.2 percent) than for households headed by persons with disabilities (6.8 percent).

Table 7.3: Percentage Distribution of Households Headed by Person With Disability by Type of Toilet Facility and Place of Residence; Tanzania, 2022 PHC

Place of Residence	Type of Toilet Facility (Household Headed by Persons with disabilities)											
	Total	Flush/pour flush to piped sewer system	Flush/pour flush to septic tank	Flush/pour flush to covered pit	Flush/pour flush to somewhere else	Ventilated improved pit (VIP) latrine	Pit latrine with washable slab and with lid	Pit latrine with washable slab without lid	Pit latrine with not- washable/ soil slab	Pit latrine without slab/ open pit	Bucket	No facility/bush/field/ beach
Tanzania	100	4.9	6.8	16.8	2.0	6.8	4.4	7.9	6.8	37.3	0.5	5.7
Rural	100	1.5	2.4	11.2	1.4	5.5	3.4	6.7	8.6	50.7	0.7	8.0
Urban	100	11.2	15.1	27.3	3.3	9.4	6.2	10.0	3.5	12.4	0.2	1.4
Mainland Tanzania	100	4.7	6.9	16.3	2.0	6.8	4.1	7.9	6.9	38.3	0.5	5.6
Rural	100	1.4	2.4	10.8	1.3	5.4	3.1	6.7	8.7	51.7	0.7	7.8
Urban	100	11.0	15.5	26.7	3.3	9.3	6.0	10.2	3.6	12.8	0.2	1.4
Tanzania Zanzibar	100	11.4	3.7	36.6	3.5	9.8	13.9	7.5	2.0	1.7	0.2	9.7
Rural	100	7.1	2.4	30.3	3.0	8.5	16.4	9.6	2.9	2.5	0.2	17.2
Urban	100	16.2	5.3	43.6	4.0	11.2	11.1	5.1	1.1	0.8	0.3	1.4

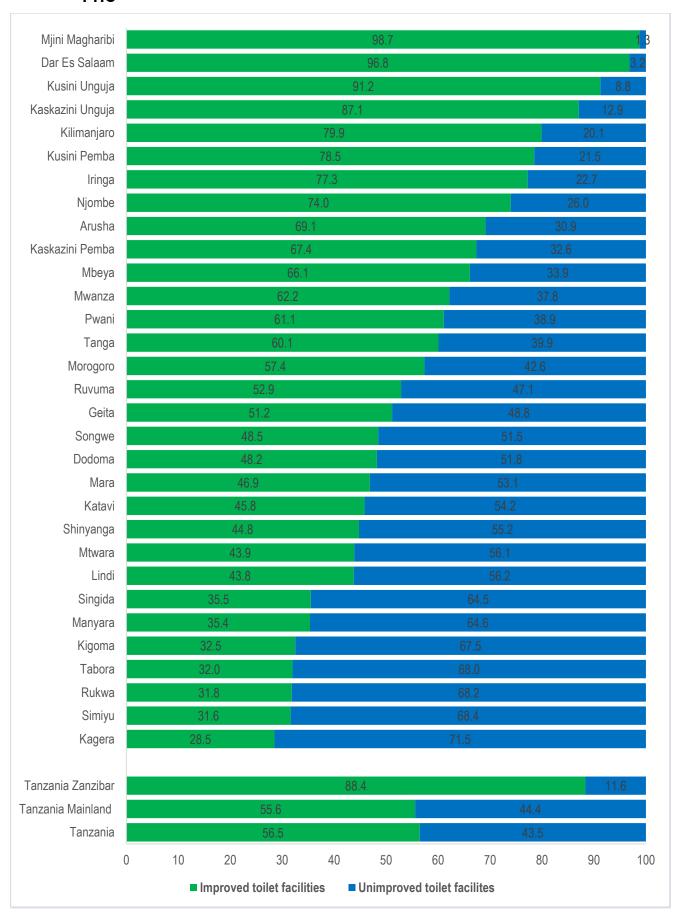
Table 7.4: Percentage Distribution of Households Headed by Persons without disabilities by Type of Toilet Facility and Place of Residence; Tanzania, 2022 PHC

Region	Type of Toilet Facility (Household Headed by Persons without disabilities)												
	Total	Flush/pour flush to piped sewer system	Flush/pour flush to septic tank	Flush/pour flush to covered pit	Flush/pour flush to somewhere else	Ventilated improved pit (VIP) latrine	Pit latrine with washable slab and with lid	Pit latrine with washable slab without lid	Pit latrine with not- washable/ soil slab	Pit latrine without slab/ open pit	Bucket	No facility/bush/field/ beach	
Tanzania	100	5.6	8.4	19.3	2.2	7.2	4.5	7.8	5.9	33.1	0.5	5.6	
Rural	100	1.6	2.6	12.3	1.5	5.5	3.4	6.6	7.9	49.1	0.7	8.6	
Urban	100	11.4	16.8	29.7	3.3	9.7	6.1	9.6	2.8	9.5	0.2	1.0	
Mainland Tanzania	100	5.4	8.5	18.8	2.2	7.1	4.3	7.9	6.0	34.0	0.5	5.5	
Rural	100	1.5	2.7	11.8	1.5	5.5	3.1	6.6	8.1	50.2	0.7	8.5	
Urban	100	11.2	17.2	29.2	3.3	9.6	5.9	9.8	2.9	9.8	0.2	1.0	
Tanzania Zanzibar	100	12.4	3.9	39.4	3.8	10.4	12.3	6.3	1.7	1.4	0.2	8.3	
Rural	100	8.2	2.3	34.0	3.5	8.9	14.6	8.2	2.5	2.2	0.2	15.4	
Urban	100	16.7	5.5	45.0	4.1	11.9	9.9	4.3	0.8	0.6	0.2	1.1	

Figure 7.5 shows that in Tanzania 56.5 percent of households headed by persons with disabilities are using improved toilet facilities while the remaining 43.5 percent are using unimproved toilet facilities. In Tanzania Zanzibar, 88.4 percent of households headed PWDs are using improved toilet facilities while Mainland Tanzania recorded 55.6 percent. Across regions, the percentage of households headed by PWDs ranges from 28.5 in Kagera to 98.7 in Mjini Magharibi. Improved toilet facilities for all persons is an area that need attention especially for PWDs hence there is a need to make more efforts (Appendix 9).

Access to water, sanitation and hygiene is a fundamental human right as it has been indicated in the SDG number six which aimed at ensuring the availability and sustainable management of water and sanitation for all and eliminating open defecation, paying particular attention to the needs of women, girls and vulnerable groups. Due to this resilience WASH among PWDs should be designed and implanted at household level.

Figure 7.5: Percentage Distribution of Households Headed by Persons with Disabilities with Improved and Unimproved Toilet facilities; Tanzania, 2022 PHC



7.4.5 Distribution of Households by Tenure and Disability Status

The ownership of dwelling is a good indicator of households' socioeconomic status. The results on Figure 7.6 indicate that, there is a notable difference in the ownership of dwellings between households headed by persons with and without disability with 70.9 and 64.0 percent respectively. In both Mainland Tanzania and Tanzania Zanzibar, the proportion of households owning dwelling was much higher for households headed by persons with disabilities than for households headed by persons without disabilities. Tables 7.5 and 7.6 indicate that, in Tanzania Zanzibar the proportion of households owning dwelling was 77.4 percent for households headed by persons with disabilities and 70.4 percent for household headed by persons without disabilities. In Mainland Tanzania the proportion of ownership of dwellings was higher for household headed by persons with disabilities (70.7%) than for households headed by persons without disabilities with about 64.0 percent. Moreover, results show that in Tanzania rural more household headed by PWDs were recorded to have owned their dwellings (79.0 persons) compared to those in urban areas which is 55.5 percent.

Figure 7.6: Percentage Distribution of Households Headed by Persons with and Without Disability with owning dwelling by place of residence; Tanzania, 2022 PHC

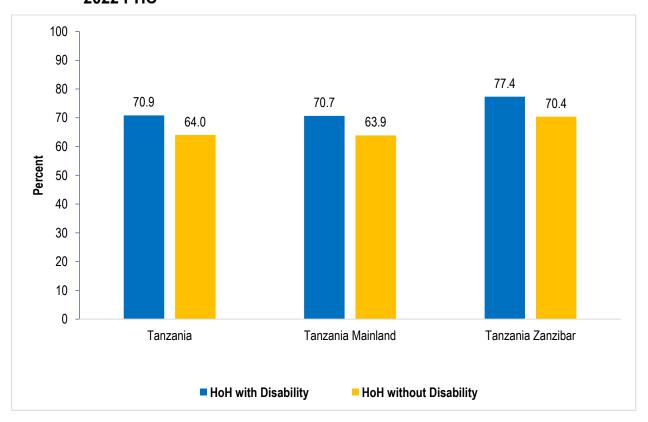


Table 7.5: Percentage Distribution of Households Headed by Persons with Disabilities by Tenure Status and Place of Residence; Tanzania, 2022 PHC

Place of	Total		Hous	eholds Hea	ded by Perso	ons with disabil	ities											
Residence		Owned by Households	Living without Paying any Rent	Rented Privately	Rented by Employer	Rented by Government at Subsidized Rent	Owned by Employer (Free)	Owned by Employer (Rent)										
Tanzania	2,009,003	70.9	6.3	14.7	2.4	2.6	1.7	1.4										
Rural	1,310,314	79.0	6.1	7.2	2.3	2.1	1.9	1.3										
Urban	698,689	55.5	6.6	28.7	2.7	3.4	1.5	1.5										
Mainland Tanzania	1,955,682	70.7	6.2	14.9	2.5	2.6	1.7	1.4										
Rural	1,282,134	78.9	6.0	7.3	2.3	2.2	1.9	1.4										
Urban	673,548	55.0	55.0	55.0	55.0	55.0	55.0	55.0	55.0	55.0	55.0	55.0	6.5	29.3	2.8	3.4	1.5	1.5
Tanzania Zanzibar	53,321	77.4	10.8	7.5	1.0	1.6	0.9	0.8										
Rural	28,180	83.5	10.8	2.7	0.6	0.8	1.0	0.7										
Urban	25,141	70.5	10.9	12.8	1.6	2.4	0.9	0.9										

Table 7.6: Percentage Distribution of Households Headed by Persons without disabilities by Tenure Status and Place of Residence; Tanzania, 2022 PHC

Place of Residence	Total		House	holds Heade	ed by Person	s without disab	oilities	
		Owned by Household	Living without Paying any Rent	Rented Privately	Rented by Employer	Rented by Government at Subsidized Rent	Owned by Employer (Free)	Owned by Employer (Rent)
Tanzania	12,143,800	64.0	5.8	20.9	2.7	3.1	2.0	1.5
Rural	7,237,019	64.0 5.8 75.4 5.8 47.3 5.8		9.9	2.6	2.5	2.3	1.5
Urban	4,906,781			37.0	3.0	3.9	1.5	1.5
Mainland Tanzania	11,821,293	63.9	5.6	21.1	2.8	3.1	2.0	1.5
Rural	7,073,858	75.3	5.7	10.0	2.6	2.6	2.3	1.5
Urban	4,747,435	46.9	5.6	37.6	3.0	3.9	1.5	1.5
Tanzania Zanzibar	322,507	70.4	11.9	12.1	1.4	2.1	1.1	0.9
Rural	163,161	80.4	11.3	4.5	0.8	1.0	1.2	0.8
Urban	159,346	60.1	12.6	19.9	2.0	3.2	1.1	1.1

7.5 Ownership of Assets

Ownership of assets refers to possession of any personal property regardless of the purpose it serves. Any asset owned by any member of the household was treated as a household asset in the 2022 PHC. The assets under this section include transport, housing and agricultural equipment. The questions on ownership of specific assets aims at establishing non-monetary poverty indicators.

7.5.1 Transport Assets Owned by Households Headed by Persons with Disabilities

Transport assets are motorised (motor vehicles, motorcycles or vespa and tri-motorcycles), non-motorised (bicycles and tricycle) and draft animals (donkey or camel). Table 7.7 shows that in Tanzania, most of the households headed PWDs owned bicycle as the main assets for transportation (19.4%) followed by motorcycles (6.0%) and motor vehicles (2.3%). The proportion of households owning bicycles is higher in male-headed households by PWDs (23.9%) than female-headed households' counterparts (13.3%). The proportion of bicycle owners is higher in households living in rural (21.9%) than in urban areas (14.8%). However, more households headed by PWDs in Tanzania Zanzibar own bicycles (29.1%) than in Mainland Tanzania (19.2%). The proportion of households headed by PWDs that own motor vehicles range from 0.6% in Lindi to about 11.0 percent in Mjini Magharibi Region.

Table 7.7: Percentage Distribution of Households Headed by Persons with Disabilities by Type of Transport Assets Owned, Place of Residence, Headship and Region; Tanzania, 2022 PHC

Residence/Region/Headship	Total Number			Types o	of Assets		
	of Households	Bicycle	Motor vehicle	Motorcycle or Vespa	Tricycle (Guta)	Trimotor cycle	Donkey/Camel
Tanzania	2,009,003	19.4	2.3	6.0	0.2	0.3	1.3
Rural	1,310,314	21.9	0.8	5.8	0.1	0.1	1.7
Urban	698,689	14.8	5.2	6.3	0.2	0.6	0.4
Male Headed Households	1,162,409	23.9	2.7	8.0	0.2	0.4	1.4
Female Headed Households	846,594	13.3	1.8	3.3	0.1	0.2	1.1
Mainland Tanzania	1,955,682	19.2	2.2	5.8	0.2	0.3	1.3
Dodoma	118,492	18.3	1.8	5.9	0.1	0.2	3.4
Arusha	69,923	6.4	4.3	6.0	0.2	0.4	6.2
Kilimanjaro	101,931	9.0	3.0	6.8	0.2	0.3	1.1
Tanga	76,400	15.4	1.5	8.4	0.2	0.2	1.0
Morogoro	118,414	22.1	1.3	5.5	0.1	0.2	0.6
Pwani	72,606	14.3	1.9	5.7	0.1	0.3	0.4
Dar es Salaam	192,379	7.5	8.0	4.5	0.2	0.9	0.3
Lindi	62,502	26.8	0.6	6.4	0.2	0.1	0.3
Mtwara	89,475	34.2	0.8	7.8	0.2	0.2	0.2
Ruvuma	58,498	13.5	1.1	7.6	0.1	0.2	0.5
Iringa	44,785	13.7	1.9	6.1	0.2	0.3	0.9
Mbeya	86,900	17.1	2.0	5.8	0.2	0.3	0.9
Singida	58,632	21.2	1.1	5.2	0.1	0.2	2.6
Tabora	74,307	40.2	1.1	5.7	0.1	0.2	0.9
Rukwa	39,705	15.2	0.8	3.1	0.1	0.2	1.7
Kigoma	72,811	19.8	0.7	3.9	0.1	0.2	0.3
Shinyanga	48,637	38.5	1.6	6.3	0.2	0.4	1.1
Kagera	116,931	14.8	1.4	7.5	0.1	0.1	0.4
Mwanza	115,853	21.3	2.1	4.0	0.1	0.3	0.4
Mara	77,747	15.2	1.0	5.3	0.1	0.2	2.2
Manyara	49,873	15.3	1.2	7.1	0.2	0.2	7.4
Njombe	31,903	17.7	1.7	7.3	0.3	0.2	0.9
Katavi	26,515	36.2	0.8	5.2	0.2	0.2	0.5
Simiyu	38,288	37.6	0.8	5.8	0.3	0.2	1.1
Geita	69,728	31.6	1.0	4.6	0.1	0.2	0.6
Songwe	42,447	14.3	1.0	5.5	0.2	0.3	1.3
Tanzania Zanzibar	53,321	29.1	6.7	11.7	0.1	0.2	0.4
Kaskazini Unguja	6,920	28.5	2.1	5.0	0.1	0.1	0.4
Kusini Unguja	7,017	34.1	4.9	9.1	0.2	0.2	0.4
Mjini Magharibi	23,330	29.4	11.1	17.0	0.2	0.4	0.4
Kaskazini Pemba	8,544	33.0	2.8	7.5	0.1	0.1	0.6
Kusini Pemba	7,510	19.5	3.3	8.7	0.0	0.1	0.5

7.5.2 Housing and Cooking Assets

This section highlights housing and cooking assets which include a house, electric or charcoal iron, electric or gas cooker and refrigerator or freezer. The results in Table 7.8 show that 68.3 percent of households headed by PWDs in Tanzania own a house. The proportion of households owning houses is relatively higher in rural (76.5%) than in urban areas (53.1%). The percentage of male headed households owning a house is 68.9% while for female headed households is 67.4%. The proportion of households owning houses is higher in Tanzania Zanzibar (75.2%) than in Mainland Tanzania (68.2%). Other assets owned by households are electric iron (11.7%), electric or gas cooker (10.6%) and refrigerator or freezer (7.2%). Households living in urban areas are more likely to own electric iron than those living in rural areas (27.1 and 12.1 % respectively).

Table 7.8: Percentage Distribution of Households Headed by Persons with Disabilities by Type of Assets Owned, Place of Residence, Headship and Region; Tanzania, 2022 PHC

Residence/Region/ Headship	Total Number			Types of Assets		
	of Households	House	Electric Iron	Charcoal Iron	Electric or Gas Cooker	Refrigerator or Freezer
Tanzania	2,009,003	68.3	11.9	9.3	10.6	7.2
Rural	1,310,314	76.5	3.8	8.7	3.3	1.8
Urban	698,689	53.1	27.1	10.5	24.3	17.4
Male Headed Households	1,162,409	68.9	12.1	10.3	10.7	7.2
Female Headed Households	846,594	67.5	11.7	8.0	10.5	7.3
Mainland Tanzania	1,955,682	68.2	11.3	9.5	10.3	6.7
Dodoma	118,492	75.0	7.9	7.1	8.3	4.8
Arusha	69,923	61.9	20.1	9.6	24.9	11.2
Kilimanjaro	101,931	76.3	20.0	19.6	18.9	8.9
Tanga	76,400	72.1	9.6	8.7	6.9	5.7
Morogoro	118,414	63.8	7.8	7.7	6.2	5.2
Pwani	72,606	62.6	10.8	7.4	9.2	7.4
Dar es Salaam	192,379	43.7	42.7	7.9	38.0	30.3
Lindi	62,502	73.9	3.5	6.5	3.1	2.0
Mtwara	89,475	79.4	4.3	9.2	4.1	2.5
Ruvuma	58,498	74.3	4.3	8.1	3.5	2.0
Iringa	44,785	72.9	9.4	9.6	8.9	3.4
Mbeya	86,900	69.4	10.3	12.4	10.1	4.1
Singida	58,632	78.8	5.1	10.1	4.6	2.3
Tabora	74,307	72.0	4.8	9.7	3.3	3.0
Rukwa	39,705	67.1	3.5	6.1	2.5	1.2
Kigoma	72,811	68.0	3.3	6.1	2.0	1.6
Shinyanga	48,637	67.6	6.7	10.4	6.6	4.2
Kagera	116,931	75.2	5.1	9.0	3.8	1.6
Mwanza	115,853	63.9	11.5	11.1	10.5	6.5
Mara	77,747	72.8	6.0	12.5	6.2	3.1
Manyara	49,873	70.6	4.5	8.2	5.5	1.9
Njombe	31,903	76.3	6.5	10.9	4.8	1.4
Katavi	26,515	66.3	3.4	8.1	2.7	1.8
Simiyu	38,288	78.3	4.0	11.0	3.7	1.9
Geita	69,728	63.9	3.9	8.4	3.3	1.9
Songwe	42,447	71.6	4.5	9.4	3.7	1.7
Tanzania Zanzibar	53,321	75.2	34.0	3.6	22.0	28.3
Kaskazini Unguja	6,920	77.7	11.6	2.1	7.0	10.8
Kusini Unguja	7,017	72.2	20.2	3.8	13.6	20.3
Mjini Magharibi	23,330	71.8	56.6	3.9	39.2	46.3
Kaskazini Pemba	8,544	79.9	14.6	3.4	6.0	11.1
Kusini Pemba	7,510	80.9	19.7	4.0	8.4	15.5

7.5.3 Agricultural Assets of Households Headed by Persons with Disabilities

Agricultural assets include plough, power tiller, hand hoe, oxen, land or farm and tractor. Table 7.9 indicates that in Tanzania, 66.6 percent of households headed by PWDs own land or farm. Ownership of land or farm is higher among households headed by PWDS living in rural areas (75.9%) than in urban (49.1%). More households (67.1%) in Mainland Tanzania own land or farm than in Tanzania Zanzibar (48.3%). More than half of the households headed by PWDs in Tanzania own a hand hoe (57.0%). Households in rural areas are more likely to own hand hoe than in urban areas (66.7% versus 38.7%).

Table 7.9: Percentage Distribution of Households Headed by Persons with Disabilities by Type of Agricultural Assets Owned, Place of Residence, Headship and Region; Tanzania, 2022 PHC

Residence/Region/Headship	Total				Types of Assets	;		
,	Number of Households	Plough	Power Tiller	Hand Hoe	Wheelbarrow	Oxen	Farm or Land	Tractor
Tanzania	2,009,003	5.1	0.3	57.0	2.8	5.3	66.6	0.2
Rural	1,310,314	7.2	0.3	66.7	2.9	7.5	75.9	0.2
Urban	698,689	1.1	0.3	38.7	2.5	1.2	49.1	0.2
Male Headed Households	1,162,409	6.1	0.3	58.5	3.2	6.4	68.3	0.3
Female Headed Households	846,594	3.6	0.2	55.0	2.1	3.8	64.2	0.2
Mainland Tanzania	1,955,682	5.2	0.3	57.4	2.8	5.5	67.1	0.2
Dodoma	118,492	8.7	0.4	64.7	3.5	8.6	75.0	0.4
Arusha	69,923	4.4	0.3	41.7	6.3	4.8	58.0	0.6
Kilimanjaro	101,931	0.7	0.2	66.9	7.5	0.8	76.9	0.3
Tanga	76,400	•		0.9	1.0	71.4	0.1	
Morogoro	118,414	2.0	0.3	57.4	1.0	2.5	62.2	0.3
Pwani	72,606 0.3 0.2 51.5 1.2		0.4	61.7	0.2			
Dar es Salaam	192,379	0.2	0.2			0.3	41.7	0.2
Lindi	62,502	0.2	0.1	64.7	0.5	0.4	76.7	0.2
Mtwara	89,475	0.1	0.1	73.2	0.4	0.1	80.5	0.1
Ruvuma	58,498	0.3	0.3	68.5	0.8	0.5	77.3	0.2
Iringa	44,785	4.6	0.4	67.3	1.9	4.4	74.4	0.2
Mbeya	86,900	4.4	0.9	60.2	1.9	4.4	63.7	0.2
Singida	58,632	19.5	0.4	67.5	6.2	20.3	78.0	0.2
Tabora	74,307	15.8	0.3	63.6	4.9	17.8	69.7	0.2
Rukwa	39,705	16.4	0.2	64.0	1.6	17.8	63.2	0.1
Kigoma	72,811	0.6	0.1	57.2	0.5	0.8	70.2	0.1
Shinyanga	48,637	14.6	0.3	59.3	6.3	16.0	65.9	0.3
Kagera	116,931	0.5	0.2	67.1	1.0	0.7	78.3	0.1
Mwanza	115,853	4.6	0.3	51.4	2.3	5.0	60.8	0.2
Mara	77,747	12.0	0.2	61.8	2.7	10.0	72.8	0.2
Manyara	49,873	11.0	0.4	55.4	5.5	12.4	69.0	0.8
Njombe	31,903	5.4	0.3	71.6	1.8	4.9	79.2	0.2
Katavi	26,515	7.6	0.2	60.7	1.9	8.7	59.3	0.2
Simiyu	38,288	22.0	0.4	69.9	12.9	22.1	71.1	0.4
Geita	69,728	4.6	0.2	56.9	1.6	5.1	57.5	0.2
Songwe	42,447	10.7	0.2	59.2	2.5	10.9	70.2	0.2
Tanzania Zanzibar	53,321	0.1	0.2	43.7	1.8	0.2	48.3	0.1
Kaskazini Unguja	6,920	0.1	0.2	44.5	0.8	0.1	39.3	0.1
Kusini Unguja	7,017	0.1	0.2	44.9	2.5	0.2	56.4	0.1
Mjini Magharibi	23,330	0.2	0.3	29.3	2.6	0.2	39.4	0.1
Kaskazini Pemba	8,544	0.1	0.1	62.4	0.6	0.2	62.7	0.1
Kusini Pemba	7,510	0.1	0.2	65.6	0.9	0.3	60.5	0.0

Chapter Eight

Ownership and Use of ICT for Persons with Disabilities

Key Points

- Over 84 percent of persons with disabilities aged 15 years and above in Tanzania own a mobile phone and 14 percent own smart phones
- Only 2.2 percent of PWDs aged 15 years and above in Tanzania own laptops and 2.4 per cent own desktop computers.
- The most common type of use of ICT facilities among PWDs in Tanzania is communication (81.2%); followed by sending/receiving money. This is similar for persons without disabilities with a slightly higher percentage (83.4).

8.1 Introduction

Information and Communication Technology (ICT) statistics has been among the main agenda in the international statistical community for many years. As a result, it has increasingly been receiving attention due to its direct impact on the economy and society in general. ICT devices assist in reduction of physical barriers and enable persons with disabilities to lead a better life by being integrated socially and economically in their communities without any form of discrimination. Access, usage and ownership of ICT facilities are a key in linking communities, facilitating businesses and empowering communities socially and economically. As a result, this initiative has been included in Sustainable Development Goals (SDGs), Goal number 12.8 which call for ensuring that people everywhere have the relevant information and awareness for achieving sustainable development and lifestyle in harmony with nature. This chapter presents information on ownership and use of ICT facilities for PWDs.

8.2 Ownership of ICT Facilities for Persons with Disabilities

ICT enables PWDs to realise their full participation in all aspects of society and development in equal terms. This is because ICT further enables all persons to have a greater access to knowledge and independent living. An individual is recognised to own a mobile cellular telephone if he/she has a mobile phone device with at least one active SIM card for personal use. It includes those with a mobile phone for personal use that is not registered under his/her name but it excludes individuals with only active SIM card (s) without a mobile phone. Table 8.1 shows that, the majority of PWDs own mobile phones compared with smart phones. The results indicate that, ownership of mobile phones by PWDs ranges from 73.4 percent for Self-care to 95.4 percent for Albinism. On the other hand, smart phones ownership ranges from 8.5 percent for Self-care to 24.0 percent for those with Albinism.

Table 8.1: Number of Persons with Disabilities Aged 15 Years and Above Owning Mobile Phones by Type of Disability, Sex and Place of Residency; Tanzania, PHC 2022

Number PWDS		ı	Population		Sr	martphone	Mobile Phone					
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female			
Albinism	46,775	28,392	18,383	24.0	25.3	22.0	95.4	96.9	92.9			
Rural	25,864	16,102	9,762	11.2	12.5	9.0	94.3	96.5	90.8			
Urban	20,911	12,290	8,621	39.8	41.9	36.7	96.6	97.6	95.3			
Seeing	1,376,643	595,848	780,795	14.9	16.2	13.8	87.8	92.0	84.7			
Rural	896,115	896,115 396,383 499,73		6.5	7.8	5.4	85.8	91.1	81.6			
Urban	480,528	199,465 281,063		30.5	32.9	28.7	91.7	93.7	90.2			
Hearing	641,325	279,474	361,851	10.6	13.0	8.8	82.4	87.9	78.1			
Rural	440,878	192,765	248,113	4.8	6.4	3.6	80.2	86.7	75.2			
Urban	200,447	86,709	113,738	23.4	23.4 27.6		87.2	90.6	84.6			
Walking	1,090,515	454,793	635,722	10.0	12.3	8.4	85.2	89.9	81.9			
Rural	750,071	313,067	437,004	4.6	6.2	3.4	83.3	88.9	79.3			
Urban	340,444	141,726	198,718	22.0	25.9	19.3	89.5	92.2	87.6			
Remembering	527,145	224,238	302,907	9.0	10.8	7.6	78.3	81.6	75.9			
Rural	368,343	156,290	212,053	4.2	5.5	3.3	76.1	80.2	73.1			
Urban	158,802	67,948	90,854	20.1	23.1	17.8	83.3	84.8	82.3			
Selfcare	272,969	121,125 151,844		8.5	10.3	7.0	73.4	78.5	69.3			
Rural	186,736	186,736 82,396 104,340		3.7	4.9	2.8	70.4	76.2	65.8			
Urban	86,233 38,729 47,504		18.8	22.0	16.2	79.8	83.3	77.0				

Figure 8.1 reveals that 84.2 percent of PWDs aged 15 years and above in Tanzania own mobile phones. The proportion of PWDs owning mobile phones is slightly high in Tanzania

Zanzibar (87.0%) than in Mainland Tanzania (84.1%). Ownership of mobile phones is high among males than females with 87.5 and 81.3 percent in Mainland Tanzania and in Tanzania Zanzibar it is 89.0 and 85.5 percent for males and females respectively.

90 89.0 87.5 87.5 88 87.0 85.6 86 84.2 84.1 **Percent** 84 81.3 81.1 80 78 76 Tanzania Zanzibar Tanzania Tanzania Mainland ■ Both Sexes ■ Male ■ Female

Figure 8.1: Percentage of Persons with Disabilities Aged 15 Years and Above who Own Mobile Phones by Sex; Tanzania, 2022 PHC

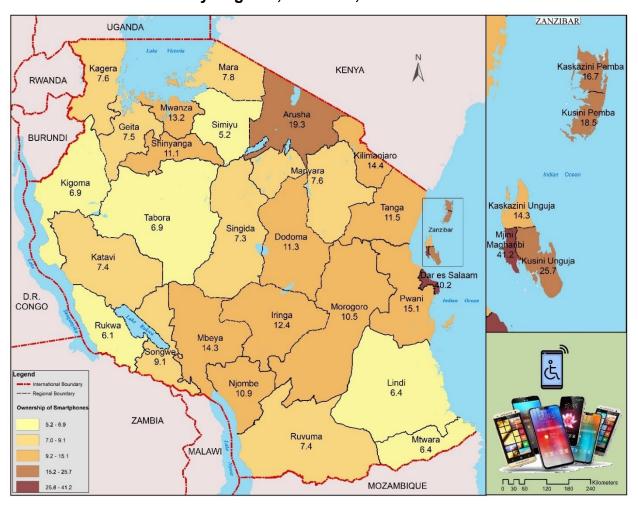
Furthermore Table 8.2 shows that, out of the total population (34,475,324 persons) owning ICT devices only 8.1 percent of PWDs own mobile phones in Tanzania, whereas out of 3,299,864 persons with disabilities, 84.2 percent own mobile phones. Across regions, Dar es Salaam has the highest percentage (92.4%) of persons owning mobile phones followed by Kilimanjaro (88.3%) and Arusha (88.3%) while the lowest region is Rukwa (77.5%) followed by Kigoma and Simiyu with 81.2 percent respectively. This high proportion of PWDs who own mobile phones signify the desire for African Union High Level Panel on Innovation and Emerging Technologies (APET) to call for African countries to consider investing more in assistive emerging technologies that can address challenges affecting PWDs.

Table 8.2: Percentage of Persons with Disabilities Aged 15 Years and Above Owning Mobile Phones by Sex and Region of Residency; Tanzania, PHC 2022

Residence/Region/Headship	Population Own ICT	Populat	ion of PWDs		Owne	ership of Mo	bile Phone	s											
				Sm	art phone		Mo	obile phon	e										
	Both Sexes	Both Sexes	PWDs Own Mobile Phone	Both Sexes	Male	Female	Both Sexes	Male	Female										
Tanzania	34,475,324	3,299,864	8.1	13.5	15.1	12.1	84.2	87.5	81.3										
Mainland Tanzania	33,389,842	3,193,358	8.0	13.0	14.6	11.6	84.1	89.0	85.6										
Dodoma	1,752,814	192,600	9.2	11.3	12.8	10.1	83.8	87.5	80.7										
Arusha	1,357,602	49,507	3.2	19.3	21.6	17.3	88.3	90.3	86.6										
Kilimanjaro	1,183,637	161,312	12.0	14.4	15.4	13.5	88.3	89.3	87.5										
Tanga	1,492,654	134,658	7.7	11.5	12.8	10.4	85.0	86.6	83.5										
Morogoro	1,878,981	195,870	8.7	10.5	11.8	9.4	83.6	87.7	80.0										
Pwani	1,221,650	119,314	8.5	15.1	16.7	13.7	86.9	89.7	84.3										
Dar es Salaam	3,629,802	333,409	8.5	40.2	42.1	38.5	92.4	93.4	91.5										
Lindi	752,005	92,950	10.3	6.4	7.9	5.1	83.0	88.1	78.7										
Mtwara	1,047,289	130,485	10.1	6.4	8.1	5.0	80.7	86.8	75.9										
Ruvuma	1,087,814	98,974	7.4	7.4	8.7	6.2	81.2	86.2	76.3										
Iringa	709,617	66,604	8.0	12.4	14.6	10.6	84.8	87.5	82.5										
Mbeya	1,367,262	130,705	8.3	14.3	16.7	12.2	86.7	89.2	84.6										
Singida	1,048,606 1,682,972 767,252 1,151,439	109,099	8.4	7.3	8.8	6.1	80.4	84.8	76.5										
Tabora		144,374	6.9	6.9	8.2	5.7	80.3	85.3	76.0										
Rukwa		767,252 1,151,439	767,252 1,151,439	767,252 1,151,439	767,252 1,151,439	1,151,439	1,151,439	767,252 1,151,439	767,252 1,151,439	767,252 1,151,439	767,252 1,151,439	64,798	6.5	6.1	7.8	4.4	77.5	84.4	71.2
Kigoma												122,389	8.6	6.9	9.3	5.0	81.2	86.4	77.0
Shinyanga	1,173,044	43,817	3.0	11.1	12.9	9.4	81.6	85.6	78.0										
Kagera	1,601,205	180,831	9.2	7.6	8.9	6.4	81.4	86.5	76.6										
Mwanza	1,979,253	212,574	9.1	13.2	15.4	11.4	84.3	86.7	82.3										
Mara	1,209,964	135,583	9.3	7.8	9.9	6.1	82.7	84.7	81.1										
Manyara	1,004,101	86,782	7.2	7.6	8.6	6.6	83.1	86.1	80.0										
Njombe	537,780	49,249	7.6	10.9	13.2	9.0	83.1	86.3	80.5										
Katavi	562,111	50,442	7.2	7.4	9.5	5.4	79.7	86.0	73.8										
Simiyu	996,485	86,819	7.1	5.2	7.0	3.8	81.2	84.4	78.6										
Geita	1,468,756	134,700	7.4	7.5	9.5	5.7	81.0	84.9	77.4										
Songwe	725,747	65,513	7.5	9.1	11.4	7.1	83.1	87.8	79.1										
Tanzania Zanzibar	1,085,482	106,506	8.5	29.1	31.4	27.5	87.0	89.0	85.6										
Kaskazini Unguja	146,000	12,963	7.5	14.3	18.0	11.5	84.7	89.1	81.5										
Kusini Unguja	113,469	11,059	8.8	25.7	29.2	22.9	89.9	92.8	87.4										
Mjini Magharibi	545,327	50,045	8.2	41.2	42.8	40.1	89.1	90.1	88.4										
Kaskazini Pemba	140,219	16,955	10.2	16.7	20.6	13.9	84.1	86.5	82.4										
Kusini Pemba	140,467	15,484	9.2	18.5	21.0	16.7	83.5	85.5	82.1										

The ownership of smart phones among persons with disabilities in Tanzania is presented on Map 8.1. The results show that Mjini Magharibi has the highest proportion of PWDs who own smart phones (41.2%) followed by Dar es salaam Region with 40.2 percent while Simiyu region has the lowest percentage (5.2%) of PWDs owning smart phones. With this results it implies that most persons with disabilities are limited with access to the services that can be performed through smart phones such as internet services.

Map 8.1: Percentage of Persons with Disabilities Aged 15 Years and Above Owning Smart Phones by Regions; Tanzania, 2022 PHC



8.3 Ownership of Computers by Persons with Disabilities

The PHC 2022 results indicate that the proportion of PWDs who owned desktop and laptop computers is significantly low. On the other hand, a similar result was found in the entire population of Tanzania (URT Basic Demographic Report, 2024). Among all types of disability, persons with Albinism have the highest percentages with desktop and laptop computers (2.4% and 4.8 % respectively). Ownership of desktops and laptops is higher for males and females for all types of disabilities. A similar pattern of ownership is noted in rural and urban areas as presented on Table 8.3.

Table 8.3: Percentage of Persons with Disabilities Aged 15 Years and Above Owning Computers by Type, Sex and Place of Residency; Tanzania, 2022 PHC

Types of		i i	Population			Desktop			Laptop
Disability	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Albinism	46,775	28,392	18,383	2.4	2.7	2	4.8	5.3	4
Rural	25,864	16,102	9,762	1.2	1.3	0.9	2.5	2.8	2
Urban	20,911	12,290	8,621	3.9	4.4	3.2	7.7	8.7	6.2
Seeing	1,376,643	595,848	780,795	1	1.3	0.7	2.6	3.4	2.1
Rural	896,115	396,383	499,732	0.5	0.6	0.4	1.1	1.4	0.9
Urban	480,528	199,465	281,063	1.9	2.7	1.4	5.5	7.4	4.1
Hearing	641,325	279,474	361,851	0.9	1.1	0.7	1.7	2.2	1.3
Rural	440,878	192,765	248,113	0.6	0.7	0.5	1	1.1	0.8
Urban	200,447	86,709	113,738	1.6	2.1	1.2	3.4	4.6	2.5
Walking	1,090,515	454,793	635,722	0.7	0.9	0.5	1.5	2	1.2
Rural	750,071	313,067	437,004	0.4	0.5	0.3	0.8	1	0.7
Urban	340,444	141,726	198,718	1.2	1.7	0.9	3	4.2	2.2
Remembering	527,145	224,238	302,907	0.6	0.8	0.5	1.5	1.9	1.2
Rural	368,343	156,290	212,053	0.4	0.5	0.3	0.8	1	0.7
Urban	158,802	67,948	90,854	1.3	1.3 1.7		3	4.1	2.2
Selfcare	272,969	121,125	151,844	0.7	0.9	0.6	1.6	2.1	1.3
Rural	186,736	82,396	104,340	0.4	0.5	0.3	0.9	1.1	0.8
Urban	86,233	38,729	47,504	1.4	1.8	1.1	3.3	4.2	2.5

Table 8.4 presents data on PWDS aged 15 years and above owning computers by sex, and regions. The results show that 2.2 percent of all persons with disabilities aged 15 years and above in Tanzania own laptops and 2.4 percent own desktop computers. The overall percentage of PWDs possessing desktop computers in Tanzania Zanzibar is almost half (1.2%) that of Mainland Tanzania (2.4%) for both males and females. Across regions, Dar es Salaam has the highest percentage of PWDs owning desktop computers, (4.5%) followed by Kilimanjaro (4.0%) and Arusha (3.9%). Dar es Salaam region also has the highest

percentage (7.0%) of PWDs owning laptop computers, followed by Mjini Magharibi region 5.7%.

It is further noted that ownership of ICT devices for PWDs varies across some East African countries whereby Tanzania has a higher percentage (84.2%) of PWDs who own mobile phones compared with Uganda (69.4%) and Kenya (55.7%). On the other hand, it is found that ownership of desktop computers in Kenya is high (4.7%) compared with Tanzania (2.4%) and Uganda which is 1.0 percent (Kenya Population and Housing Census, 2019 and Uganda Bureau of Statistics, 2018).

Table 8.4: Number and Percentage of Persons with Disabilities Aged 15 Years and Above Owning Computers by Sex and Regions; Tanzania, 2022 PHC

Place of Residence			Owner	ship of Com	outer		
	Total	Desk	top Computer	•	lapt	op Computer	
		Both Sexes	Male	Female	Both Sexes	Male	Female
Tanzania	3,299,864	2.4	2.7	2.1	2.2	2.8	1.8
Mainland Tanzania	3,193,358	2.4	2.7	2.1	2.2	2.7	1.7
Dodoma	192,600	2.8	3.2	2.4	2.2	2.7	1.7
Arusha	49,507	3.9	4.3	3.5	3.2	4.0	2.5
Kilimanjaro	161,312	4.0	4.4	3.6	2.2	2.8	1.7
Tanga	134,658	1.8	2.1	1.6	1.5	1.9	1.1
Morogoro	195,870	2.7	3.0	2.5	1.8	2.2	1.4
Pwani	119,314	1.9	2.2	1.7	1.9	2.4	1.4
Dar es Salaam	333,409	4.5	5.5	3.8	7.0	9.0	5.4
Lindi	92,950	1.3	1.4	1.1	1.2	1.4	0.0
Mtwara	130,485	1.4	1.6	1.2	1.1	1.5	0.0
Ruvuma	98,974	1.9	2.1	1.8	1.4	1.7	1.0
Iringa		66,604 2.1 2.4 1.9			2.0	2.7	1.4
Mbeya	130,705			2.8	2.2	2.9	1.0
Singida	109,099	1.6	1.8	1.4	1.2	1.4	1.0
Tabora	144,374	1.9	2.1	1.7	1.3	1.5	1.0
Rukwa	64,798	2.2	2.3	2.1	1.0	1.3	0.0
Kigoma	122,389	1.8	2.1	1.6	1.2	1.5	0.9
Shinyanga	43,817	2.3	2.5	2.2	1.8	2.2	1.4
Kagera	180,831	1.7	1.8	1.6	1.2	1.5	1.0
Mwanza	212,574	2.0	2.3	1.7	2.2	2.7	1.8
Mara	135,583	1.7	2.0	1.4	1.4	1.8	1.
Manyara	86,782	2.0	2.1	2.0	1.3	1.5	1.
Njombe	49,249	2.1	2.5	1.7	1.6	2.2	1.
Katavi	50,442	2.0	2.1	1.8	1.5	1.9	1.
Simiyu	86,819	1.7	2.0	1.6	1.3	1.6	1.0
Geita	134,700	1.8	2.0	1.7	1.4	1.7	1.:
Songwe	65,513	1.9	2.2	1.6	1.3	1.6	1.0
Tanzania Zanzibar	106,506	1.2	1.7	0.8	3.6	4.4	3.0
Kaskazini Unguja	12,963	0.6	0.7	0.4	1.4	1.6	1.2
Kusini Unguja	11,059	1.0	1.4	0.7	2.7	3.5	2.
Mjini Magharibi	50,045	1.8	2.6	1.2	5.7	7.1	4.8
Kaskazini Pemba	16,955	0.6	0.9	0.5	1.3	1.8	1.0
Kusini Pemba	15,484	0.5	0.8	0.3	1.7	2.2	1.4

8.4 Usage of ICT Facilities for Persons with Disabilities

Information on the number of individuals with disability who use ICT facilities was collected only in residential households in 2022 PHC. The use of ICT facilities such as mobile phones, computers, television sets, radios and the like, are influential in enabling PWDs to lead independent lives. The Five-Year National Development Plan (2021/22-2025/26) for Tanzania sets specific targets for ICT use among individuals with disability, which include among other things; increasing accessibility by ensuring that 100 percent of the public ICT services and platforms are compliant with accessibility standards by 2025, and Digital Literacy Programmes by establishing training programmes to improve digital skills for at least 50,000 individuals with Disability by 2025. Information on the use of ICT facilities for communication, search/receive information, online business, learning, playing games/entertainment and sending money was also collected in order to assess the development and well-being of persons with disabilities.

The results presented on Table 8.5 reveal that 80.1 percent of the PWDs aged 15 years and above in Tanzania use ICT facilities for communication, 32.0 percent search/receive information, 4.4 percent on-line business, 8.6 percent learning, 9.6 percent playing games/entertainment while 50.2 percent on sending and receiving money. A similar pattern is found among PWDs in Mainland Tanzania and in Tanzania Zanzibar.

Across regions, Dar es Salaam has the highest (88.7%), percentage of persons using ICT facilities for communication followed by Mjini Magharibi (88.0%) and Kilimanjaro (84.1%). Rukwa Region has the lowest percentage of PWDS using ICT facilities for communication, sending and receiving money and on-line business with (72.2%, 21.8%, and 34.6% respectively).

With regard to use of internet facilities among PWDs, persons in urban areas have a higher proportion (47.3%) than in rural areas (23.8%). The results further indicate that persons with Albinism and Hearing disability are the main users of internet for searching information (65.9% and 34.3% respectively). The least user of internet facilities is Self-care disability (45.6 and 15.9 percent respectively). In all types of ICT facilities, males are more users than females in both urban and rural areas. Results further show that most of the persons with Albinism who live in urban areas are doing e-business learning through online technology, the results range from 1.9 percent from Remembering type of disability to 6.8 percent Albinism type of disability.

Table 8.5: Percentage of Persons with Disabilities Aged 15 Years and Above Using ICT Facilities by Regions; Tanzania, 2022 PHC

Place of Residence	Total Number of PWDs	Communic ation	Search/rece ive information	Online business	Learning	Playing games/Ente rtainment	Sending and receiving money
Tanzania	4,207,406	80.1	32.0	4.4	8.6	9.6	50.2
Mainland Tanzania	4,075,705	79.9	31.6	4.4	8.5	9.3	50.3
Dodoma	239,313	79.9	25.8	3.8	8.0	9.5	47.1
Arusha	140,037	82.7	42.7	7.0	14.2	13.0	55.6
Kilimanjaro	201,632	84.1	39.5	5.3	9.0	7.5	61.3
Tanga	167,508	82.3	29.2	2.9	6.4	8.7	57.4
Morogoro	244,889	79.2	33.9	4.1	8.1	8.6	56.8
Pwani	148,693	83.3	32.5	4.4	8.9	11.2	64.1
Dar es Salaam	421,383	88.7	57.8	11.1	22.0	21.1	74.3
Lindi	119,348	80.2	27.1	2.4	4.6	8.5	52.0
Mtwara	167,744	77.9	20.7	2.2	4.5	6.2	46.8
Ruvuma	126,541	77.2	24.0	2.8	5.4	6.9	44.5
Iringa	84,069	81.2	36.1	4.2	9.8	9.6	54.1
Mbeya	164,546	81.9	35.9	5.2	9.9	10.3	55.5
Singida	131,776	76.0	27.9	2.9	5.7	5.8	41.3
Tabora	168,737	75.8	22.8	2.8	4.9	7.2	36.9
Rukwa	78,887	72.9	21.8	3.1	5.2	5.8	34.6
Kigoma	146,993	76.2	21.8	2.8	4.6	5.6	37.4
Shinyanga	111,253	76.7	23.2	3.4	6.3	9.4	39.4
Kagera	225,565	77.2	26.1	2.7	5.4	6.2	38.4
Mwanza	255,374	79.9	32.9	4.7	8.4	8.8	51.1
Mara	163,011	77.7	25.6	2.7	5.6	6.8	44.8
Manyara	105,872	77.0	25.0	3.0	6.1	6.6	35.9
Njombe	62,283	79.3	32.5	3.9	7.8	8.2	49.4
Katavi	59,788	75.7	17.7	2.8	4.4	5.5	33.1
Simiyu	98,740	76.3	20.7	2.4	4.7	5.5	34.4
Geita	159,448	75.9	24.3	3.1	5.4	6.2	43.1
Songwe	82,275	78.3	31.2	3.3	6.1	8.0	43.5
Tanzania Zanzibar	131,701	85.2	43.4	4.2	13.1	17.2	45.0
Kaskazini Unguja	16,137	79.7	35.4	2.1	6.4	8.6	26.9
Kusini Unguja	14,044	87.6	42.0	3.5	10.5	18.0	44.3
Mjini Magharibi	62,212	88.0	53.7	6.3	19.0	22.8	54.9
Kaskazini Pemba	20,647	82.3	28.4	1.7	6.8	10.5	36.8
Kusini Pemba	18,661	82.1	33.8	2.2	7.9	12.6	36.9

8.5 Usage of Mobile Phones Among Persons with Disabilities for Money Transfer

Using mobile phones to transfer money and make payments has become an efficient and common form of payment in the last few years. It is a safe and secure method, and with most phones requiring facial or fingerprint recognition for access has become more secure than carrying around a physical credit card. Likewise, mobile phones can be used to pay for services such as airtime, electricity, water, goods, and television services among other services.

The results on Table 8.6 show that, persons with Albinism use more (43.8%) ICT facilities for sending and receiving money, followed by Seeing (42.5%) while the least users are those

with Self-care disability which is 24.2 percent. Other uses of mobile phones for PWDs are for recreation purposes such as playing games and entertainment of which PWDs with Albinism also are the main users (11.8%) of this kind of service and the lowest users are PWDs with Self-care disability which is 4.6 percent.

Table 8.6: Percentage of PWDs Sending and Receiving Money by Disability types and Place of Residence; Tanzania, 2022 PHC

Types of		Population		Playing ga	ames/Enter	tainment	Sei	nding Mone	y ·
Disability	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Albinism	46,775	28,392	18,383	11.8	12.7	10.5	43.8	46.1	40.2
Rural	25,864	16,102	9,762	6.8	7.7	5.4	33.7	36.7	28.7
Urban	20,911	12,290	8,621	18.0	19.3	16.3	56.2	58.3	53.2
Seeing	1,376,643	595,848	780,795	7.7	9.0	6.8	42.5	45.5	40.1
Rural	896,115	396,383	499,732	4.3	5.4	3.4	33.9	37.7	30.9
Urban	480,528	199,465	281,063	14.2	16.2	12.8	58.4	61.1	56.4
Hearing	641,325	279,474	361,851	6.1	7.8	4.7	32.7	36.9	29.5
Rural	440,878	192,765	248,113	3.5	4.9	2.5	25.7	29.9	22.5
Urban	200,447	86,709	113,738	11.6	14.2	9.7	48.2	52.6	44.9
Walking	1,090,515	454,793	635,722	5.3	6.9	4.0	36.6	40.2	34.1
Rural	750,071	313,067	437,004	3.3	4.6	2.3	29.8	33.5	27.2
Urban	340,444	141,726	198,718	9.7	12.2	7.9	51.7	55.2	49.1
Remembering	527,144	224,238	302,906	4.9	6.2	3.8	30.1	32.4	28.3
Rural	368,342	156,290	212,052	2.9	4.0	2.1	24.3	26.8	22.6
Urban	158,802	67,948	90,854	9.3	11.4	7.7	43.4	45.4	41.8
Selfcare	272,969	121,125	151,844	4.6	5.9	3.6	24.2	28.0	21.2
Rural	186,736	82,396	104,340	2.7	3.6	1.9	18.3	21.8	15.6
Urban	86,233	38,729	47,504	8.9	10.7	7.4	36.9	41.2	33.5

Chapter Nine

Summary, Conclusion, Policy Implications and Policy Recommendations

9.1 Introduction

This chapter synthesises key findings from the 2022 PHC on persons with disabilities in Tanzania, offering an evidence-based foundation for policy and programme development. The chapter reaffirms the significance of disability as both a human rights and development issue. It begins with a summary of the major findings across core thematic areas, including prevalence, socio-demographic and economic characteristics, education, fertility, mortality, housing, and ICT access. The section further draws conclusions from the data, outlining the implications for inclusive development and policy design. It culminates with a set of strategic, cross-sectoral recommendations aimed at strengthening the rights, participation, and wellbeing of PWDs in Tanzania, ensuring no one is left behind in the nation's development agenda.

9.2 Key Findings

9.2.1 Prevalence and Distribution of Persons with Disabilities

The 2022 Population and Housing Census (PHC) analysed the prevalence and distribution of Persons with Disabilities (PWDs) alongside key indicators such as socio-demographic characteristics, literacy and education, economic activity, housing conditions, and access to ICT. The results reveal that 11.2 percent of persons aged 7 years and above have some form of disability, up significantly from 2.2 percent in 2002. This rising trend in prevalence of PWDs highlights the importance of addressing disability as a critical development concern. This closely aligns with the World Health Organization Report of 2015, which estimated global disability prevalence at around 15 percent. Disaggregated data show a slightly higher prevalence among females (11.0%) than males (10.9%). Place of residence appears to have an influence on disability prevalence, with rural areas reporting a higher prevalence of 11.5 percent, compared to urban areas (10.6%). Various types of disabilities exist across the country, with the following prevalence rates: seeing (3.0%), hearing (1.1%) walking (1.8%), remembering (0.6%), self-care (0.3%), communication (0.6%) and "Other" (3.7%). Regionally, Kilimanjaro records the highest prevalence (15.3%) while Shinyanga reports the lowest (8.8%).

The rising trend in prevalence of PWDs observed could be attributed to a number of factors, including heightened public awareness on the right, improve access to inclusive education

and health services and greater advocacy, which has encouraged families to enrol children with disabilities in school and seek services. Additionally, an ageing population and the wider application of refined methodologies for identifying and measuring disability have also contributed to the observed rise.

9.2.2 Social and Economic Characteristics of Persons with Disabilities

The 2022 PHC reveals that only 2.7 percent of PWDs are enrolled in the National Health Insurance Fund (NHIF) or Community Health Insurance Fund (CHIF), while just 0.5 percent have other forms of health insurance. Diseases are the leading causes of disability, accounting for 58.0 percent, with a highe proportions among females (58.9%) than males (55.9%). Moreover, the urban population shows a greater share of disability caused by disease (60.7%) compared to rural areas (56.0%). Inborn and congenital factors contribute to 19.0 percent of the disabilities, and "other" causes account for 15.2 percent. Marital data shows that only 47.5% of PWDs are married, compared to 52.1% of people without disabilities

9.2.3 Selected Demographic Indicators for PWDS

The fertility trends by age group suggest that, overall, PWDs in Tanzania have similar fertility levels and pattern to that of persons without disabilities. The findings further indicate that gender dynamics (male compared with female headship) and disability status are key factors influencing fertility rates in Tanzania. Male-headed households tend to have higher fertility rates than female-headed households across both PWDs and without disability, while households with PWDs generally have lower fertility rates, particularly when headed by females. There is an inverse relationship between education level and fertility rate of the PWDs with higher levels of education been associated with lower fertility rates.

The infant mortality rate (IMR) in Tanzania is 34.3 with a significantly high (39.6) proportion of males than females which is 29.0. The IMR for women with disabilities is also high (38.7) than for women without disabilities (34.2). On the other hand, the under-five mortality rate (U5MR) is 54.3, whereby the proportion for women with disabilities is higher (61.1) against 54.1 for women without disabilities. With regard to place of residence, the IMR in rural areas is slightly high (38.5) compared to urban areas which is 36.6 percent. The proportion of U5MR, is 60.8 percent and 57.8 percent for rural and urban areas respectively.

9.2.4 Education and Literacy Status among Persons with Disabilities

Education attainment and literacy rates are generally lower among PWDs compared to the general population. Specifically, the results indicate that the percentage of persons with disabilities who attended school is slightly lower (53.3%) than that of persons without disabilities (55.2%). In general, the status of PWDs aged five years and above is as follows; the primary enrolment rate is 78.6 percent compared with 83.3 percent for those without disability; about 75 percent attained primary education; nearly 18 percent attained an ordinary level of education; and a few (5.9%) attained university and other related. The results further indicate variations in the proportion of PWDs who attained different levels of education in Mainland Tanzania and Tanzania Zanzibar. Furthermore, the literacy rate of PWDs is slightly lower (72.0%) than those without disability (79.8%).

9.2.5 Economic Activity among Persons with Disabilities

A significant proportion of PWDs (68.1%) are employed in agriculture, forestry, and fishing, with female participation slightly higher (69.2%) than males (66.8%). Furthermore, all industries classified by International Standard of Industrial Classification for All Economic Activities (ISIC) employees persons with disabilities accordingly. This is in alignment with SDG 8 of promoting inclusive workplaces through policies that encourage hiring of PWDs that is essential for achieving economic growth, National Policy on Disability of 2004, Tanzania Vision 2025 and the African Agenda of empowering PWDs.

Unemployment among PWDs is lower (4.1%) than among non-disabled persons (7.8%), but notably higher in Zanzibar (11.9%) than in Mainland Tanzania (3.8%). These disparities point to the need for stronger enforcement of inclusive employment policies.

9.2.6 Housing Conditions and Social Amenities among Persons with Disabilities

The proportion of households headed by males with disability is higher (57.9%) compared with those headed by females with disability (42.1%). The proportion of households owning houses is higher in rural (76.5%) than in urban areas (53.1%). All households headed by PWDs using improved drinking water sources are 9.6 percent compared with 60.4 percent for those headed by persons without disabilities. The results further indicate that the use of clean energy for cooking by households headed by persons without disabilities is higher (37.0%) compared with households headed by PWDs (13.3%). About five out of ten (53.6%) households headed with PWDs had access to an improved toilet facility. However, the use of ventilated improved pit (VIP) latrines is high for households headed by persons without

disabilities (7.2%) than for households headed by persons with disabilities which is 6.8 percent.

9.1.7 Ownership and Use of ICT for Persons with Disabilities

Overall, the percentage of ownership of mobile phones among PWDs in Tanzania is 84.2 whereby the highest percentage is for persons with Albinism with more than 95.0 percent. Persons with Self-care disability are the least owners of mobile phones (73.4%) and the lowest proportion own desktops (2.4%). On the other hand, ownership of computers both desktop and laptops are very low with 2.4 and 2.2 percent respectively. Low proportion of PWDs owning computers and suggests a limitation of various use of computers especially for learning purposes. The main use of mobile phones among PWDs is for communication (80.1%), and 4.4 percent is used for online business. In all types of Disability, persons with Albinism seem to lead in both use of mobile phones and computers.

9.3 Conclusion

Investing in PWDs is vital for advancing inclusive development and ensuring full integration into Tanzania's economic and social agenda. Despite some progress made by the government and other stakeholders, the findings indicate that the prevalence of PWDs is still high in Tanzania. The findings also underscore the disadvantaged position PWDs experience regarding participation and access to basic services such education, employment, household headship, and ownership of ICT facilities especially computers and smart phones. To address these challenges, a comprehensive, multisectoral strategy is needed to enhance accessibility and inclusion across various sectors, including social protection, transport, education, health, Water Sanitation and Hygiene (WASH), and economic sectors such as agriculture. The strategy should involve developing targeted policies and legislation, strengthening capacity with robust monitoring mechanisms, and aligning with national goals to eradicate extreme poverty and foster shared prosperity.

The findings indicate a need for targeted interventions in Tanzania Zanzibar to support PWDs in achieving their desired family sizes if they face barriers that affect their reproductive choices. Tackling gender inequality and providing greater economic and social support to female-headed households can also help in reducing the fertility gap between male- and female- headed households. While education is typically associated with lower fertility rates, the differential experiences of PWDs, including access to education, healthcare, and social support, can lead to different fertility patterns. Therefore, policies aimed at improving access to education and reproductive healthcare for PWDs are essential for promoting equitable

fertility outcomes for this population. The under-five mortality rate (U5MR) is 54.3, whereby the proportion for women with disabilities is also higher (61.1) than 54.1 for women without disabilities. The IMR in rural areas is 38.5 while in urban areas it is 36.6. In addition, U5MR is higher in rural than in urban areas with 60.8 and 57.8 respectively. In view of this, the situation in urban areas is more favourable compared with rural settings hence more attention is needed in rural areas.

9.4 Policy Implications

- An increase proportion of persons with disabilities in the country from 2.2 percent in 2002 to 11.2 percent in 2022 is a signal to the government to spend more resources for ensuring that their welfare is taken into account, given the fact that, PWDs are among the most vulnerable groups in our society;
- ii) The proportion of PWDs with NHIF/CHIF is low (2.7%) and 0.5 percent have other types of health insurance. This is contrary to the SDG number three and the National Policy on Disability which call for ensuring health care systems are accessible and responsive to the needs of individuals with disability;
- iii) The use of assistive devices is very low among PWDs (less than three percent for all types of disabilities except for persons with Albinism which is slightly more than 20.0 percent implying that PWDs cannot fulfill their obligations on equal footing as those without disability neither can they compete;
- iv) High proportion of disabilities caused by diseases account to about 58.0% and 18.8 percent are caused by inborn factors imply that more resources are needed to strengthen the health sector both in terms of facilities and human capacity. It also calls for early intervention to detect the status of children who are being born;
- v) In the rural areas, both IMR and U5MR is higher than in urban areas with 38.5 percent vs 36.6 percent and 60.8 percent vs 57.8 percent respectively. This implies that there is high disparity in accessibility of good health services between rural and urban areas hence it becomes inhibitive for PWDs to live comfortable life like those living in the urban areas:
- vi) High proportion of PWDs who are employed in agriculture, forestry and fishing sectors imply that these sectors are the back born of income generation not only to PWDS but also to those without disabilities as reported in URT Basic Social and Democratic Report, 2022;
- vii) The use of clean energy for cooking by households headed by persons without disabilities is higher (37.0%) compared with households headed by persons with

- disabilities (13.3%). Only slightly more than fifty percent (53.6%) households headed with PWDs had access to an improved toilet facility;
- viii) Access to water, sanitation and hygiene is a fundamental human right as it has been indicated in the SGD number six which aims at ensuring availability and sustainable management of water and sanitation for all and eliminate open defecation, paying particular attention to the needs of women, girls and other vulnerable groups. Due to this resilience WASH among PWDs should be designed and implemented at household; and
- ix) An insignificant proportion of PWDs owning computers both desktop and laptop deprive the majority an opportunity to access services like E- learning.

9.5 Policy Recommendations

- i) The government needs to ensure that all policies and programmes in the country integrate issues of PWDs so that they can fully participate in their own development process using the resources available in the country;
- ii) The government and other stakeholders to continue to strengthen health and nutrition programmes for prevention and cure so as to reduce the incidence of diseases leading to increase of PWDs in the country;
- iii) The government should enhance the implementation of universal health insurance coverage for PWDs as part of social protection. Universal health coverage will not be achieved if persons with disabilities do not receive quality health care services on an equal basis with others;
- iv) To ensure that persons with disabilities enjoy financial risk protection, there should be deliberate initiatives by the stakeholders including those dealing with PWDs to ensure that all healthcare expenses are affordable by persons with disabilities. This would remove financial barriers to healthcare services among PWDs. Also, stakeholders, including social networks, should assist in enrolling PWDs into NHIF by paying subscription fees as well as educating them about the programme;
- v) The Government to put in place conducive policy environment to encourage local production of assistive devices and products and ultimately to ensure affordability on the part of PWDs;
- vi) In general, improvement of physical accessibility is essential hence the government organs responsible for safety should mandate the inclusion of accessibility features in all new roads and public and private buildings and occupational places. This includes implementing design standards that ensure buildings are usable by people

- with various types of disability, such as ramps, elevators, accessible restrooms, and clear signs. This should be re enforced to the best advantages of PWDs;
- vii) The government and other stakeholders to continue with the campaign for minimizing IMR and U5MR especially in the rural areas and specific attention to be directed towards enabling persons with disabilities;
- viii)The government and other stakeholders need to implement policies that foster inclusive education. To achieve inclusive education for persons with disabilities, the government should increase significantly the number of special needs schools by providing comprehensive training for teachers who will be able to identify and support students with Disability. This also includes training in alternative communication methods such as sign language and Braille;
- ix) The government and other stakeholder to continue improving agriculture, forestry and fishing sectors which are the major employer of PWDs in order to have a more conducive environment for attracting more PWDs which will enable them living in a more comfortable life;
- x) The government and stakeholders to continue putting efforts in ensuring that design of resilient Water Sanitation and Hygiene (WASH) across sectors (households, schools, and health facilities) are in place. This entails infrastructure development considering the increasing risks of climate change and promoting water conservation technologies. Further, this infrastructure should consider the unique needs of PWDs;
- xi) In general, improvement of physical accessibility is very much required, hence the government organs responsible for safety should mandate the inclusion of accessibility features in all new roads and public and private buildings and occupational places. This includes implementing design standards that ensure buildings are usable by people with various types of disability, such as ramps, elevators, accessible restrooms, and clear signs;
- xii) The government and other stakeholders to continue investing in ICT facilities especially enable availability of affordable computers (Laptops and Desktops).

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Appendix

Appendix 1: List of Contributors

Contributors to the Thematic Report on Disability:

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Appendix 2: Census Questionnaires

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Region District Council	Constituency Division/Wadi	Ward/Shehia Village/Mtaa	Hamlet/Enumeration Area (EA) Household Number	CONFIDENTIAL
	SECTION K: HOUSING OWNER	RSHIP, CONDITIONS, CHAR	ACTERISTICS AND ASSETS	
	CO2 LEGAL RIGHT OVER THE OWNERSHIP	K03 ROOFING MATERIALS	K04 FLOORING MATERIALS	K05 WALL MATERIALS
used by this household?	What legal right do you have over the ownership of this land where your house is ouilt?	What is the main roofing material use main building of this household?	ed for the What is the main flooring material used the main building of this household?	for What is the main wall material used for the main building of this household?
► IF CODE 2 or ABOVE SKIP TO K03	Aut.			
	ehia			
Lived in without paying any rent Rented privately Rented by remployer Rented by remployer Cowned by covernment at susdize Cowned by employer - with rent	Title deed Nesidential licence Residential licence Desidential		1 1 1 1 1 1 1 1 1 1	
K06 ROOMS FOR SLEEPING K03 How many rooms are available for sleeping in this Wh	MAIN SOURCE OF DRINKING WATER What is the main source of drinking water for the		MAIN SOURCE OF ENERGY FOR COOKING	ahald for cooking?
withousehold? RECORD NUMBER OF ROOMS FOR SLEEPING	Piped water into dwelling Piped water in the yardiplot Public ap/standpipe Mighbours tap/standpipe Tubewell/borehole Protected dug well Unprotected dug well	Unprotected spring	The tild the main source of energy used by this house is the main source of energy used by this house is concerned to the main source of energy three sources is concerned to the main source of energy three sources is concerned to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main source of energy used to the main sourc	ood ood ff residuals al residuals ppirable
		SECTION A: IDENTIFICATION		
Region District Council	Constituency Division/Wadi	Ward/Shehia Vill	age/Mtaa Hamlet/Enumeration Area (EA)	Household Number CONFIDENTIAL
	SECTION K: HOUSING OWNE	ERSHIP, CONDITIONS, CHARA	CTERISTICS AND ASSETS	
K09 What is the main source of energy used by this househo lighting?	hold for K10 What is the main type of toilet	t facility used by this household?	K11 How does the ho	ousehold dispose solid waste?
			▶ IF RESPONSE IS	CODE 3-9 SKIP TO K13
2 Electricity (TANESCO/ZECO) 2 Solar			II No facility/bush/field/ beach Regularly collected Regularly collected Regularly collected Regularly collected	P. Roadside dumping S. Busylnogpit 9. Open space 20. Occentri aler/River/Shares 8. In the farm/manure 8. Bushtravine
K12 Which authorities usually collect waste from your household? K13 Does your household usuall waste, plastic waste, glass waste and electronic waste?	s waste, metal your household to dispos	I that is used by K15 OWNERSHIP OF E se E-Waste?	QUIPMENTS/ASSETS	
		Yes = 1 No = 2	nave/own the following assets?	
	_	FOR CODE 1, ASSETS	SHOULD BE IN WORKING CONDITION. SELECT THE A	APPROPRIATE ANSWER FOR EACH ITEM
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	SECTION A: IDENTIFICATION	ON	
Region District Council	Constituency Division/Wadi Ward/Shehia	Village/Mtss Hamlet/Enumeration	Household
		Area (EA)	Number CONFIDENTIAL
25250	NI DESCRIPTION ON A DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	DOW FIGURERIES AND FORESTRY	<u> </u>
	N L: INFORMATION ON AGRICULTURE, LIVESTO		T E
L01 AGRICULTURE L02 CROPS Did this household use the land for crop Which of the following	g crops did the Did this household raise or care Ho	NUMBER OF LIVESTOCK ow many cattle, goats, sheep, pig, donkey or	L05 TYPE OF GRAZING What type of grazing is practiced in this
production in the agricultural year household grow durin year?	ng 2021/22 agricultural cattle, goats, sheep or poultry for the agricultural year 2021/22?	oultry were available during the Census night	household?
Yes = 1 No = 2 MULTIPLE RESPONS		NO LIVESTOCK , WRITE CODE "00000"	Free range = 1 Zero grazing = 2 Ranch = 3 Pastoralism = 4
► IF CODE 2 SKIP TO L03 IF CODE 1, how many acres is the land	► IF CODE 2 SKIP TO L06		r astoralisiii – 4
used for agriculture?			THIS QUESTION SHOULD BE ASKED FOR EACH TYPE OF LIVESTOCK MENTIONED IN
		O.W.	QUESTION L04
		Cattle Goat	Cattle Goat
LAND FOR CROP PRODUCTION SHOULD BE AT LEAST 25 SQUARE	od crop	Sheep	Sheep
Maize Maize Paddy Cassava Cassava	Banana Sunfower Other food crops Cash crops	Pig	Pig Donkey
		Poultry Poultry	Poultry
L06 FISHING/SEAWEED FARMING L07 (DWNERSHIP OF PLANTATION	L08 BEEKEEPING	
Did this household engaged in fishing/fish Did th	is household operate any land for woodlot(s) during 2021/22 agr		hold involved in beekeeping business/activity?
farming/Sericulture/crabs/seaweed farming activities for year? the agricultural year of 2021/22?		Yes, individually = 1 Yes, in gro	nuns = 2 1 No= 3
Yes = MULTIPLE RESPONSE ALLOWED	1 No = 2	res, marriadany - 1 res, mgr	3453 - 2 1 NO- 3
	FOR WOODLOTS SHOULD BE AT LEAST 0.5 ACRES		
Yes = 1 No = 2 A Fishing			
B Fish farming/Sericulture/Crabs			
C Seaweed farming			
	SECTION A: IDENTIFICA		
Region District Council		ATION Wilage/Mtaa Hamlet/Enumeration Area (EA)	Household Number CONFIDENTIAL
Region District Council		Vilage/Mtaa Hamlet/Enumeration Area	
Region District Council		Vilage/Mtaa Hamlet/Enumeration Area	Number I I
	Constituency Division/Wadi Ward/Shehia NFORMATION ON PHYSICAL	Vilage/Mtaa Hamlet/Enumeration Area (EA) ADDRESS	Number I I
A01A Does this household have a physical address?	Constituency Division/Wadi Ward/Shehia NFORMATION ON PHYSICAL	Vilage/Mtaa Hamlet/Enumeration Area (EA)	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number	Constituency Division/Wadi Ward/Shehia NFORMATION ON PHYSICAL	Vilage/Mtaa Hamlet/Enumeration Area (EA) ADDRESS	Number I I
A01A Does this household have a physical address?	Constituency Division/Wadi Ward/Shehia NFORMATION ON PHYSICAL	Vilage/Mtaa Hamlet/Enumeration Area (EA) ADDRESS	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet	Constituency Division/Wadi Ward/Shehia NFORMATION ON PHYSICAL	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A010 Name of the Road/Hamlet Male	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I
A01A Does this household have a physical address? A01B Please, state the Physical Address Number A01C Name of the Road/Hamlet Male Female Total	INFORMATION ON PHYSICAL Yes = 1 No = 2 ► IF C	ADDRESS CODE 2 SKIP TO SECTION Z	Number I I

Appendix 3: Number of Persons with disabilities by Marital Status, Sex and Place of Residence; Tanzania, 2022 PHC

Types of		Total			Rural			Urban	
Disability	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Tanzania	4,207,406	1,899,969	2,307,437	2,732,084	1,251,031	1,481,053	1,475,322	648,938	826,384
Never Married	1,172,871	647,909	524,962	668,508	392,881	275,627	504,363	255,028	249,335
Married	1,996,529	979,832	1,016,697	1,352,942	668,942	684,000	643,587	310,890	332,697
Living Together	209,463	100,553	108,910	142,316	69,026	73,290	67,147	31,527	35,620
Divorced	220,945	70,733	150,212	146,505	49,020	97,485	74,440	21,713	52,727
Separated	106,314	36,050	70,264	71,152	25,223	45,929	35,162	10,827	24,335
Widowed	501,284	64,892	436,392	350,661	45,939	304,722	150,623	18,953	131,670
Mainland Tanzania	4,075,705	1,845,834	2,229,871	2,666,687	1,223,213	1,443,474	1,409,018	622,621	786,397
Never Married	1,133,563	627,915	505,648	650,659	383,128	267,531	482,904	244,787	238,117
Married	1,927,362	949,375	977,987	1,316,566	652,655	663,911	610,796	296,720	314,076
Living Together	208,848	100,270	108,578	142,034	68,898	73,136	66,814	31,372	35,442
Divorced	209,573	68,441	141,132	141,367	47,951	93,416	68,206	20,490	47,716
Separated	105,415	35,842	69,573	70,697	25,101	45,596	34,718	10,741	23,977
Widowed	490,944	63,991	426,953	345,364	45,480	299,884	145,580	18,511	127,069
Tanzania Zanzibar	4,075,705	1,845,834	2,229,871	2,666,687	1,223,213	1,443,474	1,409,018	622,621	786,397
Never Married	1,133,563	627,915	505,648	650,659	383,128	267,531	482,904	244,787	238,117
Married	1,927,362	949,375	977,987	1,316,566	652,655	663,911	610,796	296,720	314,076
Living Together	208,848	100,270	108,578	142,034	68,898	73,136	66,814	31,372	35,442
Divorced	209,573	68,441	141,132	141,367	47,951	93,416	68,206	20,490	47,716
Separated	105,415	35,842	69,573	70,697	25,101	45,596	34,718	10,741	23,977
Widowed	490,944	63,991	426,953	345,364	45,480	299,884	145,580	18,511	127,069

Appendix 4: Number of Persons With and Without Disability Aged Four Years and above by Place of Residence, School Attendance Status and Sex; Tanzania, 2022 PHC

		Population		Person	ns with disabi	ilities	Person	s without disa	bilities
Attendance Status/Area	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Tanzania	30,253,993	14,832,674	15,421,319	2,598,075	1,300,085	1,297,990	27,655,918	13,532,589	14,123,329
Attending	16,662,953	8,160,605	8,502,348	1,384,875	682,784	702,091	15,278,078	7,477,821	7,800,257
Drop Out	2,422,390	1,354,211	1,068,179	224,156	126,662	97,494	2,198,234	1,227,549	970,685
Completed	5,159,680	2,228,321	2,931,359	376,195	165,382	210,813	4,783,485	2,062,939	2,720,546
Never Attended	6,008,970	3,089,537	2,919,433	612,849	325,257	287,592	5,396,121	2,764,280	2,631,841
Rural	20,245,926	10,104,455	10,141,471	1,732,127	886,757	845,370	18,513,799	9,217,698	9,296,101
Attending	10,433,460	5,122,048	5,311,412	852,394	424,154	428,240	9,581,066	4,697,894	4,883,172
Drop Out	1,781,964	1,036,861	745,103	164,408	96,518	67,890	1,617,556	940,343	677,213
Completed	2,899,178	1,303,365	1,595,813	206,971	95,944	111,027	2,692,207	1,207,421	1,484,786
Never Attended	5,131,324	2,642,181	2,489,143	508,354	270,141	238,213	4,622,970	2,372,040	2,250,930
Urban	10,008,067	4,728,219	5,279,848	865,948	413,328	452,620	9,142,119	4,314,891	4,827,228
Attending	6,229,493	3,038,557	3,190,936	532,481	258,630	273,851	5,697,012	2,779,927	2,917,085
Drop Out	640,426	317,350	323,076	59,748	30,144	29,604	580,678	287,206	293,472
Completed	2,260,502	924,956	1,335,546	169,224	69,438	99,786	2,091,278	855,518	1,235,760
Never Attended	877,646	447,356	430,290	104,495	55,116	49,379	773,151	392,240	380,911
Mainland Tanzania	29,329,431	14,381,866	14,947,565	2,514,678	1,260,039	1,254,639	26,814,753	13,121,827	13,692,926
Attending	16,041,957	7,856,114	8,185,843	1,329,296	655,889	673,407	14,712,661	7,200,225	7,512,436
Drop Out	2,339,859	1,304,668	1,035,191	216,371	122,317	94,054	2,123,488	1,182,351	941,137
Completed	5,011,640	2,169,807	2,841,833	365,161	161,506	203,655	4,646,479	2,008,301	2,638,178
Never Attended	5,935,975	3,051,277	2,884,698	603,850	320,327	283,523	5,332,125	2,730,950	2,601,175
Tanzania Zanzibar	924,562	450,808	473,754	83,397	40,046	43,351	841,165	410,762	430,403
Attending	620,996	304,491	316,505	55,579	26,895	28,684	565,417	277,596	287,821
Drop Out	82,531	49,543	32,988	7,785	4,345	3,440	74,746	45,198	29,548
Completed	148,040	58,514	89,526	11,034	3,876	7,158	137,006	54,638	82,368
Never Attended	72,995	38,260	34,735	8,999	4,930	4,069	63,996	33,330	30,666

Appendix 5: Number of Persons With and Without Disability Aged 5-24 Years by Place of Residence, Literacy Status and Sex; Tanzania, 2022 PHC

			Total		Perso	ons with disab	ilities	Persor	ns without disa	bilities
Place of Residence	Literacy Status	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Tanzania	Total Literacy	40,477,831	19,895,280	20,582,551	4,072,761	1,993,400	2,079,361	36,405,070	17,901,880	18,503,190
	Swahili only	31,578,003	15,350,765	16,227,238	3,250,801	1,574,441	1,676,360	28,327,202	13,776,324	14,550,878
	English only	276,464	132,567	143,897	36,516	17,903	18,613	239,948	114,664	125,284
	Both Swahili & English	8,456,486	4,329,270	4,127,216	760,831	390,135	370,696	7,695,655	3,939,135	3,756,520
	Other Language	166,878	82,678	84,200	24,613	10,921	13,692	142,265	71,757	70,508
Rural	Total Literacy	23,819,376	11,938,107	11,881,269	2,428,346	1,228,584	1,199,762	21,391,030	10,709,523	10,681,507
	Swahili only	20,363,435	10,144,781	10,218,654	2,104,394	1,056,231	1,048,163	18,259,041	9,088,550	9,170,491
	English only	168,803	80,647	88,156	22,634	11,235	11,399	146,169	69,412	76,757
	Both Swahili & English	3,163,470	1,653,569	1,509,901	283,257	153,298	129,959	2,880,213	1,500,271	1,379,942
	Other Language	123,668	59,110	64,558	18,061	7,820	10,241	105,607	51,290	54,317
Urban	Total Literacy	16,658,455	7,957,173	8,701,282	1,644,415	764,816	879,599	15,014,040	7,192,357	7,821,683
	Swahili only	11,214,568	5,205,984	6,008,584	1,146,407	518,210	628,197	10,068,161	4,687,774	5,380,387
	English only	107,661	51,920	55,741	13,882	6,668	7,214	93,779	45,252	48,527
	Both Swahili & English	5,293,016	2,675,701	2,617,315	477,574	236,837	240,737	4,815,442	2,438,864	2,376,578
	Other Language	43,210	23,568	19,642	6,552	3,101	3,451	36,658	20,467	16,191
Mainland Tanzania	Total Literacy	39,090,485	19,226,012	19,864,473	3,931,262	1,930,332	2,000,930	35,159,223	17,295,680	17,863,543
	Swahili only	30,683,161	14,920,756	15,762,405	3,156,025	1,532,350	1,623,675	27,527,136	13,388,406	14,138,730
	English only	268,087	128,531	139,556	35,557	17,479	18,078	232,530	111,052	121,478
	Both Swahili & English	7,979,958	4,098,677	3,881,281	716,007	370,097	345,910	7,263,951	3,728,580	3,535,371
	Other Language	159,279	78,048	81,231	23,673	10,406	13,267	135,606	67,642	67,964
Tanzania Zanzibar	Total Literacy	1,387,346	669,268	718,078	141,499	63,068	78,431	1,245,847	606,200	639,647
	Swahili only	894,842	430,009	464,833	94,776	42,091	52,685	800,066	387,918	412,148
	English only	8,377	4,036	4,341	959	424	535	7,418	3,612	3,806
	Both Swahili & English	476,528	230,593	245,935	44,824	20,038	24,786	431,704	210,555	221,149
	Other Language	7,599	4,630	2,969	940	515	425	6,659	4,115	2,544

Appendix 6: Number of Employed Persons with disabilities of Age 15 Years and Above, by Sex and Industry; Tanzania, 2022 PHC

		Tanzania		Ma	ainland Tanzan	ia	Ta	nzania Zanzik	oar
Industry Activities	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Total	3,071,381	1,441,722	1,629,659	2,982,677	1,401,625	1,581,052	88,704	40,097	48,607
Agriculture forestry and fishing	2,091,404	963,114	1,128,290	2054490	945,422	1,109,068	36,914	17692	19,222
Mining and quarrying	60,167	30,873	29,294	58365	30,213	28,152	1,802	660	1,142
Manufacturing	67,093	45,880	21,213	62965	43,726	19,239	4,128	2154	1,974
Electricity gas team and air conditioning supply	4,686	3,948	738	4467	3,755	712	219	193	26
Water supply sewage waste management and remediation activities	3,957	2,719	1,238	3754	2,592	1,162	203	127	76
Construction	48,073	44,505	3,568	45838	42,417	3,421	2,235	2088	147
Whole sale and retail trade-repair of motor vehicles and motorcycles	181,877	78,446	103,431	174858	75,305	99,553	7,019	3141	3,878
Transportation and storage	39,658	34,754	4,904	38380	33,646	4,734	1,278	1108	170
Accommodation and food services activities	114,987	26,417	88,570	109275	24,924	84,351	5,712	1493	4,219
Information and communication	6,311	3,978	2,333	5763	3,704	2,059	548	274	274
Financial and insurance activities	9,935	4,824	5,111	9479	4,648	4,831	456	176	280
Real estate activities	7,511	4,589	2,922	7247	4,441	2,806	264	148	116
Professional scientific and technical activities	26,672	15,201	11,471	25067	14,556	10,511	1,605	645	960
Administrative and support services activities	102,563	49,605	52,958	95370	46,393	48,977	7,193	3212	3,981
Public administration and defence compulsory social security	17,330	11,801	5,529	15405	10,626	4,779	1,925	1175	750
Education	33,497	14,873	18,624	30498	14,167	16,331	2,999	706	2,293
Human health and social work activities	19,099	7,389	11,710	17993	7,042	10,951	1,106	347	759
Arts entertainment and recreation	10,101	4,303	5,798	9263	4,056	5,207	838	247	591
Other services activities	126,053	57,577	68,476	119123	54,584	64,539	6,930	2993	3,937
Activities of households as employers; undifferentiated goods and services -producing activities of household for own use	96,492	34,834	61,658	91420	33,448	57,972	5,072	1386	3,686
Activities of extraterritorial organizations and bodies.	3,915	2,092	1,823	3657	1,960	1,697	258	132	126

Appendix 7: Distribution of Households Headed by Persons with disabilities by Place of Residence, Main Source of Drinking Water and Disability Status; Tanzania, 2022 PHC

							Persons w	vith disabiliti	ies						
Age Group	Total	Piped water into dwelling	Piped water in the yard/plot	Public tap/standpipe	Neighbours tap/Stand pipe	Tubewell/borehole	Protected dug well	Unprotected dug well	Protected spring	Unprotected spring	Rain water	Bottled water	Cart with small tank/drum/Bicycle/ Motorcycle	Tanker truck	Surface water (river dam lake pond streetcars canal irrigation channels)
Tanzania	2,009,003	297,178	160,477	355,759	174084	95,102	155,531	324,659	33764	143,762	42,969	9505	32,837	8,154	175,222
Rural	1,310,314	95,127	51,004	275,881	72148	70,657	92,774	282,966	27998	131,977	31,388	2046	13,662	2790	159,896
Urban	698,689	202,051	109,473	79,878	101936	24,445	62,757	41,693	5766	11,785	11,581	7459	19,175	5364	15,326
Mainland Tanzania	1,955,682	278,194	155,695	345,673	167332	91,357	151,457	320,650	33707	143,709	42,943	9164	32,576	8,025	175,200
Rural	1,282,134	87,517	47,999	268,702	68567	69,318	90,871	279,720	27960	131,931	31,371	2010	13,588	2699	159,881
Urban	673,548	190,677	107,696	76,971	98765	22,039	60,586	40,930	5747	11,778	11,572	7154	18,988	5326	15,319
Tanzania Zanzibar	53,321	18,984	4,782	10,086	6752	3,745	4,074	4,009	57	53	26	341	261	129	22
Rural	28,180	7,610	3,005	7,179	3581	1,339	1,903	3,246	38	46	17	36	74	91	15
Urban	25,141	11,374	1,777	2,907	3171	2,406	2,171	763	19	7	9	305	187	38	7

Appendix 8: Distribution of Households Headed by Persons with disabilities by Place of Residence, Main Source of Energy for Cooking; Tanzania, 2022 PHC

	Main Source of Energy for Cooking (Households Headed With Disability)														
Residence/Region/ Headship	Total Number of Households (PWDS)	Electricity (TANESCO/ZECO)	Solar	Generator/ Private Sources	Gas	Biogas	Wind Generated Electricity	Paraffin	Coal	Charcoal	Firewood	Wood/ Residuals	Animal residuals	Charcoal Briquette	Not Applicable
Tanzania	2,009,003	76,784	52,078	4,074	132,923	1,801	497	10,746	2,119	426,949	1,271,746	2,256	816	1,019	25,195
Rural	1,310,314	16,085	39,717	2,794	19,639	758	301	4,872	765	124,398	1,086,726	1,761	624	470	11,404
Urban	698,689	60,699	12,361	1,280	113,284	1,043	196	5,874	1,354	302,551	185,020	495	192	549	13,791
Mainland Tanzania	1,955,682	73,002	51,872	4,032	127,771	1,716	481	9,935	2,055	413,205	1,243,124	2,222	810	1,008	24,449
Dodoma	118,492	2,405	2,723	326	6,669	81	27	160	93	16,023	88,214	229	31	45	1,466
Arusha	69,923	4,179	1,861	71	16,281	176	21	1,298	52	6,334	38,328	84	163	38	1,037
Kilimanjaro	101,931	3,823	1,596	330	9,803	161	32	956	52	6,823	77,012	194	26	58	1,065
Tanga	76,400	1,006	928	31	2,403	37	8	325	44	15,199	54,996	66	17	21	1,319
Morogoro	118,414	3,179	2,957	153	3,852	71	21	560	165	33,426	72,241	119	64	77	1,529
Pwani	72,606	3,071	1,749	226	3,899	72	19	635	116	24,078	37,579	56	18	22	1,066
Dar es Salaam	192,379	31,442	2,289	314	52,299	409	42	2,296	448	84,310	12,686	77	49	251	5,467
Lindi	62,502	595	1,488	164	843	18	8	143	43	9,866	48,335	26	19	9	945
Mtwara	89,475	879	2,572	112	1,491	19	16	190	35	11,000	72,067	24	19	30	1,021
Ruvuma	58,498	778	1,846	271	962	62	24	54	68	10,499	43,346	31	19	26	512
Iringa	44,785	1,434	1,095	72	2,072	24	6	179	33	7,224	32,244	16	12	11	363
Mbeya	86,900	2,993	2,341	268	5,011	87	23	374	90	21,296	53,272	75	37	63	970
Singida	58,632	941	1,732	21	1,300	17	8	106	41	7,394	45,601	725	15	23	708
Tabora	74,307	1,170	2,618	86	992	30	28	216	69	15,610	52,823	35	16	41	573
Rukwa	39,705	363	1,073	51	480	9	4	156	36	9,365	27,817	20	17	15	299
Kigoma	72,811	940	2,951	86	698	22	14	277	49	11,541	55,575	46	20	28	564
Shinyanga	48,637	1,201	1,457	124	1,359	19	25	106	81	12,690	30,910	24	27	20	594
Kagera	116,931	1,740	3,377	190	1,488	38	34	683	76	13,343	95,130	53	31	24	724
Mwanza	115,853	4,582	3,803	257	8,385	135	19	306	146	32,454	64,416	51	30	79	1,190
Mara	77,747	1,286	2,525	58	2,027	32	18	284	52	12,820	57,895	47	30	27	646
Manyara	49,873	1,094	2,171	166	1,627	37	12	223	39	5,240	38,394	119	43	25	683
Njombe	31,903	1,012	1,163	121	707	16	7	57	19	4,712	23,854	11	11	7	206
Katavi	26,515	363	1,121	63	318	9	10	60	33	8,151	16,173	20	14	4	176
Simiyu	38,288	784	1,388	313	882	93	29	41	25	3,841	30,543	16	42	16	275
Geita	69,728	992	1,969	89	1,129	22	22	70	105	22,337	42,281	25	22	37	628
Songwe	42,447	750	1,079	69	794	20	4	180	45	7,629	31,392	33	18	11	423
Tanzania Zanzibar	53,321	3782	206	42	5152	85	16	811	64	13744	28622	34	6	11	746
Kaskazini Unguja	6,920	277	35	9	232	9	2	200	4	615	5466	2	2	1	66
Kusini Unguja	7,017	287	61	3	352	14	2	80	6	836	5252	4	1	1	118
Mjini Magharibi	23,330	2652	18	9	4406	50	5	228	38	9911	5580	17	1	7	408
Kaskazini Pemba	8,544	292	62	20	86	7	5	155	8	1171	6668	8	2	1	59
Kusini Pemba	7,510	274	30	1	76	5	2	148	8	1211	5656	3	0	1	95

Appendix 9: Distribution of Households Headed by Persons With and Without Disability with Improved and Unimproved Toilet Facilities; Tanzania, 2022 PHC

Residence/Region/ Headship	Perso	ns with disabilit	ies	Persons without disabilities				
	Total	Improved Toilet	Unimproved Toilet	Total	Improved Toilet	Unimproved Toilet		
Tanzania	2,009,003	1,134,357	874,646	12,143,800	7,390,704	4,753,096		
Rural	1,310,314	533,283	777,031	7,237,019	3,008,387	4,228,632		
Urban	698,689	601,074	97,615	4,906,781	4,382,317	524,464		
Mainland Tanzania	1,955,682	1,087,243	868,439	11,821,293	7,100,117	4,721,176		
Dodoma	118,492	57,152	61,340	636,139	354,359	281,780		
Arusha	69,923	48,350	21,573	542,016	373,337	168,679		
Kilimanjaro	101,931	81,462	20,469	392,497	326,141	66,356		
Tanga	76,400	45,901	30,499	554,858	340,423	214,435		
Morogoro	118,414	67,940	50,474	704,053	441,446	262,607		
Pwani	72,606	44,362	28,244	464,434	318,001	146,433		
Dar es Salaam	192,379	186,316	6,063	1,344,914	1,315,583	29,331		
Lindi	62,502	27,359	35,143	281,945	133,139	148,806		
Mtwara	89,475	39,235	50,240	402,336	194,243	208,093		
Ruvuma	58,498	30,925	27,573	405,168	228,888	176,280		
Iringa	44,785	34,597	10,188	274,332	229,640	44,692		
Mbeya	86,900	57,449	29,451	537,420	382,236	155,184		
Singida	58,632	20,807	37,825	333,479	130,690	202,789		
Tabora	74,307	23,777	50,530	517,732	176,385	341,347		
Rukwa	39,705	12,639	27,066	288,347	104,442	183,905		
Kigoma	72,811	23,667	49,144	379,156	136,009	243,147		
Shinyanga	48,637	21,770	26,867	370,134	181,836	188,298		
Kagera	116,931	33,328	83,603	581,326	191,524	389,802		
Mwanza	115,853	72,034	43,819	628,856	420,913	207,943		
Mara	77,747	36,446	41,301	389,726	201,210	188,516		
Manyara	49,873	17,631	32,242	348,862	135,221	213,641		
Njombe	31,903	23,597	8,306	212,676	172,753	39,923		
Katavi	26,515	12,156	14,359	187,310	88,399	98,911		
Simiyu	38,288	12,102	26,186	272,959	88,937	184,022		
Geita	69,728	35,673	34,055	485,617	269,483	216,134		
Songwe	42,447	20,568	21,879	285,001	164,879	120,122		
Tanzania Zanzibar	53,321	47114	6207	322507	290587	31,920		
Kaskazini Unguja	6,920	6026	894	46850	41470	5,380		
Kusini Unguja	7,017	6401	616	38986	35998	2,988		
Mjini Magharibi	23,330	23036	294	157559	155978	1,581		
Kaskazini Pemba	8,544	5756	2788	39634	26437	13,197		
Kusini Pemba	7,510	5895	1615	39478	30704	8,774		

