

DISABILITY-INCLUSIVE STUNTING PROGRAMMING

CONSIDERATIONS FOR TANZANIAN NUTRITION PROGRAMME IMPLEMENTERS

WHY IS IT IMPORTANT TO ADDRESS THE NEEDS OF THE DISABLED IN NUTRITION PROGRAMMING?

An estimated 2.5 million+ Tanzanians are living with a disability of some kind, with the prevalence of disability ranging from 6-13%.¹ People with disabilities have unique needs and vulnerabilities – particularly around nutrition and development - that impact their ability to survive and thrive mentally and/or physically. These include:

- Most nutrition programming focuses on preventing pre-natal disability and disability in children, but the **nutrition needs of children and adults with disabilities are rarely addressed**.² Access to people with disabilities (PWD) is often limited, and healthcare workers and CHWs may face challenges in communicating with disabled children, their caretakers, or other disabled adults.³ Outreach and behaviour change communication campaigns struggle to address the special needs of PWD. Yet disabled people have the same or greater nutritional needs as the general population.
- PWD experience the same delayed development and poor clinical outcomes from malnutrition as the general population. However, **PWD are particularly vulnerable to undernutrition due to specific physical or medical factors**. For example, a child with a cleft palate may be unable to breastfeed. In addition, disabled children may take more time or skills to feed, resulting in insufficient feeding time or dietary diversity. They may also require greater nutrition. As a result, disabled children experience higher incidence of malnutrition, stunting, and wasting.⁴
- **Stigma and discrimination against PWD contribute to undernutrition** through several pathways. Often, disabled children are denied food or receive less than other family members, under the belief that a child will not survive to adulthood or that the lives of non-disabled children are a higher priority in an area of constrained resources.⁵ Some communities practise traditional infanticide where breastmilk is withheld from visibly disabled infants.⁶

- **Poor maternal nutrition – and lack of quality and timely pre-natal care – can contribute to disabilities.** Pregnant women deficient in folic acid may deliver children with neural tube disorders, for example.⁷ Maternal iodine deficiency contributes to preventable brain damage in infants. In Tanzania, 36% of women of child-bearing age are iodine deficient.⁸
- **Malnourished children suffer from related long-term conditions and disabilities.** Children lacking Vitamin A may go blind.⁹ Or their impaired state can make them vulnerable to malaria or meningitis, which may contribute to neuro-disabilities. Stunted children overall have an increased risk of developing a disability.¹⁰

While there is no one definition of disability, the UN Convention on the Rights of Persons with Disabilities (UN CRPD) notes that disability is an evolving concept and that “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” The ASTUTE programme supports DFID’s rights-based approach to disability inclusion; addressing the physical, communication, legal and attitudinal barriers that people with disabilities face.

1 CCBRT Disability in Tanzania. (n.d.). Retrieved from <http://www.ccbt.or.tz/programmes/disability/disability-in-tanzania/>

2 WHO, World Bank. World report on disability. Geneva: World Health Organization, 2011

3 Groce, N. E., Farkas, A., Schultink, W., & Bieler, R. B. (2013, October 1). Inclusive nutrition for children and adults with disabilities. Retrieved from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70056-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70056-1/fulltext)

4 Groce, N., Challenger, E., Berman-Bieler, R., Farkas, A., Yilmaz, N., Schultink, W., Kerac, M. (2014, April). Malnutrition and disability: Unexplored opportunities for collaboration. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232244/>

5 Groce, N. E., Farkas, A., Schultink, W., & Bieler, R. B. (2013, October 1). Inclusive nutrition for children and adults with disabilities. Retrieved from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70056-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70056-1/fulltext)

6 Ibid.

7 Blencowe H, Cousens S, Modell B, Lawn J. Folic acid to reduce neonatal mortality from neural tube disorders. *Int J Epidemiol* 2010; 39 (suppl 1): i110–21

8 Tanzania Malnutrition Fact Sheet 2016. (2016, October). Retrieved from <https://www.fantaproject.org/sites/default/files/resources/Tanzania-Malnutrition-Factsheet-Oct2016.pdf>

9 Courtright P, Hutchinson AK, Lewallen S. Visual impairment in children in middle- and lower-income countries. *Arch Dis Child* 2011; 96: 1129–34

10 Groce, N., Challenger, E., Berman-Bieler, R., Farkas, A., Yilmaz, N., Schultink, W., Kerac, M. (2014, April). Malnutrition and disability: Unexplored opportunities for collaboration. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232244/>



WHAT DOES TANZANIAN POLICY AND LAW SAY ABOUT ADDRESSING PWD HEALTH NEEDS?

- The Government of Tanzania is committed to protecting and advancing the rights of the disabled and have signed a number of related international covenants, including the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD) (2006) and the East African Policy on Persons with Disabilities (2012), as well as allied instruments like the UN Convention on the Rights of the Child.
- The GoT developed and adopted the *National Disability Policy* (2004), which expanded the country's definition of disability to include a medical to social approach acknowledging the attitudinal, environmental, and institutional factors that limit functional capacity of physical or mental impairments. The landmark *Persons with Disabilities Act* (2010) expanded the rights and services to be afforded for PWD and legal and social accountability mechanisms.
- The MOHSW *Health Sector Strategic Plan* (2015 – 2020) details the plans and objectives for providing community-based health and development services for PWD, calling for increased training on community-based rehabilitation for PWD for LGAs.
- The 2016 *Tanzanian National Food and Nutrition Policy and Multi-Sectoral Nutrition Action Plan* (2016-2021) call for strengthening food and nutrition services for people with disabilities as an over-arching objective, in line with National Food and Nutrition Policy (2016) objectives to improve the nutritional status of vulnerable groups.

RECOMMENDED GUIDANCE FOR NUTRITION PROGRAMME IMPLEMENTERS

When possible, experts recommend using a “twin track” approach: include PWD in mainstream nutrition programmes, as well as provide disability-specific actions for nutrition. Recommendations include:

Programme Planning and Design:

- Review national and donor nutrition and disability policies, strategies and standards to identify how disability has been addressed as resources to guide your programme, and what gaps remain for your programme. Examine any existing data on disabilities from surveys or assessments.
- Ensure any baseline research includes methods that accommodate persons with disabilities to help identify bottlenecks and barriers they experience in nutrition services. Collect primary data on nutrition-related needs for PWD. Use creative methods involving play or art to engage children to gather their inputs.
- Include people with experience in disability as part of the programme design team. If that's not possible, seek their feedback on your planned programme approaches.

- Review and observe nutrition access points (health facilities, agricultural projects/demonstration kitchen gardens, community group meeting points) to assess their friendliness to those with physical barriers. Work with PWD and community members to identify solutions.
- Allocate resources (human, financial) to ensure disability-inclusive programming is in your programme budget.
- Link to/liase with national or regional/district community rehabilitation programmes and disabled schools in your target areas to better understand the landscape and needs of the disabled in the region. Partner with them when possible.
- Examine whether your nutrition intervention can include both disability mainstreaming and special disability services. If the latter is not possible, is it possible for a local CSO, nutrition partner in country, national-level entity, or another group familiar with the community to take this on in a way that is PWD friendly? Drawing attention to the matter in a positive, results-oriented way may be the best way to gain/delegate support through another mechanism.

Programme Implementation:

- At the prevention level work with health facilities and CHWs to address maternal iodine deficiency, Vitamin A and folic acid, and follow-up with clients to ensure they receive these services.
- At facility level, work with managers to engage people with different types of disabilities. E.g. in accessibility audits, someone who uses a wheelchair and someone who is blind will have different perspectives on the accessibility of a facility. Educate government and clinicians at all levels about the link between nutrition and disabilities.
- When possible, offer home-based outreach nutrition services for pregnant women and children, including messaging and service delivery (such as Vitamin A and deworming for disabled children, and IFAS for pregnant women). Provide intensive IYCF counseling related to disabled children to prevent stunting and reduce secondary illness, combating the cultural belief that disabled children will just stay small.¹¹
- Orient CHWs on disability mainstreaming and data collection. Assist them with addressing discrimination and stigma when providing nutrition services, ensuring nutrition-related information is in formats that people with different types of disabilities can understand.
- Consider the accessibility of meeting and consultation venues (including the WASH facilities) and consider accessible transport or supplemental transport

11 Gross, N. et al. Inclusive nutrition for children and adults with disabilities. The Lancet: Global Health. Vol. 1, Issue 4: Oct. 2013.

allowances for disabled participants. Ensure disabled households receive fee waivers/user fee subsidisation – if eligible – to encourage health-seeking behaviour. Encourage PD/Hearth and other nutrition community groups to meet in accessible settings.

- Establish partnerships with organisations that have expertise in disability, including NGOs, disability service providers and Organisations of Persons with Disabilities (DPOs). Encourage participation of people with disabilities in community groups to ensure their voices are heard at the leadership level.

Monitoring and Evaluation:

- Disaggregate data by age, gender, and disability status and analyze results to ensure equity in service delivery and nutrition outcomes between PWD and non-disabled.
- Integrate disability measurement questions into baseline and end-line evaluations, if conducted. These can be drawn from the UN-led Washington Group on Disability Statistics.¹² Use the findings to improve your current programming and share with the GoT and other implementers.
- Consider informal feedback mechanisms to capture perspectives and challenges from community volunteers and clients in reaching the disabled with nutrition programming.
- Include PWD, when possible, in data collection and dissemination efforts. Use participatory evaluations and complaint and feedback mechanisms to gather the perspectives of PWD.
- Assist LGAs and nutrition programming in developing disability-sensitive statistics.

RESOURCES FOR DISABILITY INCLUSIVE PROGRAMMING:

Additional disability inclusion guidance may be found within the DFID Strategy for Disability Inclusive Development 2018-2023:

The following resources may be useful for nutrition programme implementers seeking to incorporate the needs of PWD and provide disability inclusive programming:
<https://www.gov.uk/government/publications/dfids-disability-inclusion-strategy-2018-to-2023>

¹²<http://www.washingtongroup-disability.com/>