

Community Based Inclusive Development (CBID) Programme in Zanzibar

Final Evaluation Report

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Disclaimer

This evaluation report is based on the information available at the time of research and may not encompass all aspects of Community-Based Inclusive Development (CBID) initiatives in Zanzibar. The findings, conclusions, and recommendations presented in this report are solely based on the data collected and analysed during the evaluation process. While every effort has been made to ensure accuracy and objectivity, the authors acknowledge that interpretations and perspectives may vary.

The author of this report does not assume liability for any decisions or actions taken based on the information provided herein.

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List of acronyms

CBID	Community-Based Inclusive Development
CBOs	Community-Based Organisations
CDC	Community Development Committees
CSOs	Civil Society Organisations
DMIS	Disability Management Information System
FGDs	Facilitated Group Discussions
IE	Inclusive education
ISNE	Inclusive Special Needs Education
LGAs	Local Government Authorities
MDAs	Ministries, Departments and Agencies
MECP-Z	Madrrasa Early Childhood Programme – Zanzibar
MoEVT	Ministry of Education and Vocational Training
NAD	Norwegian Association of Disabled
NCPD	National Council for Persons with Disabilities
NGOs	Non-Governmental Organisations
OPDs	Organisations of Persons with Disabilities
SUZA	State University of Zanzibar
ToR	Terms of Reference
UFE	Utilisation Focused Evaluation
UWZ	Union of the Physically Disabled of Zanzibar

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Executive summary

Background and Introduction

The Community-Based Inclusive Development (CBID) Programme in Zanzibar, started in 2019 with support from the Norwegian Association of Disabled (NAD), aims to enhance disability inclusion across various sectors. This comprehensive initiative integrates disability inclusion into policy, community practices, and service delivery, targeting improved accessibility and support for persons with disabilities. The Programme focuses on training stakeholders, establishing effective networks, and leveraging data management systems to drive systemic change. It operates within a framework of national development plans and international standards, with the goal of creating an inclusive environment that empowers persons with disabilities and addresses their needs effectively.

This report is a result of an evaluation mission of the programme, whose primary aim was to assess the effectiveness of the CBID Programme from 2021 to 2023, with a focus on training, coordination, and networking efforts. The specific objectives were to:

- Evaluate the effectiveness of CBID trainings at various levels.
- Assess the function and impact of CBID information networks.
- Compare districts with CBID interventions to those without regarding disability inclusion.
- Examine the structures for CBID coordination across national, regional, district, and community levels.

Methodology

The evaluation employed a Utilisation-Focused Evaluation (UFE) approach, emphasizing practical application and stakeholder collaboration. It included in-person and remote data collection techniques, ensuring comprehensive stakeholder engagement. Document reviews provided insights into CBID planning and outcomes. Key informant interviews with technical experts and officials covered CBID areas of focus. Community group discussions and FGDs gathered beneficiary perspectives. An online survey targeted CBID district network members for broader input. The inception report underwent consensus-building before evaluation commencement, ensuring alignment with objectives. Data collection tools were tailored to the Terms of Reference (ToR) and designed for rigorous analysis, fostering credibility and reliability. Stakeholder involvement promoted ownership and accountability, enhancing the evaluation's utility in driving programme improvements and decision-making.

Findings

CBID Volunteer Training

The CBID training in Zanzibar has significantly improved the capacity of volunteers and stakeholders to support disability inclusion across national and district levels. The training effectively enhances skills in identifying and referring individuals with disabilities, leading to better referral processes and increased community mobilisation. Trainees are well-prepared for community-level support, with a comprehensive understanding of disability rights, inclusive education, and practical skills for implementing inclusive practices. The training is institutionalised through alignment with national policies such as the Zanzibar Development Plan (ZADEP) 2021–2026, Persons with Disabilities Act 2022, Zanzibar Inclusive Education Policy (ZIEP), decentralisation efforts, and collaborative governance structures, such as NCPD, although challenges such as inconsistent policy implementation and limited resources remain. At both national and district levels, the training has fostered improved advocacy, policy development, and community-driven solutions, contributing to a more inclusive environment for people with disabilities in Zanzibar.

CBID Networks

The CBID networks in Zanzibar have showed considerable success in advancing disability inclusion and improving the quality of life for persons with disabilities. Through collaborative efforts among government bodies, non-governmental organisations, and local communities, these networks have effectively facilitated access to essential services such as healthcare, education, and livelihood opportunities. They have played a pivotal role in advocating for policy changes, raising awareness about disability rights, and empowering persons with disabilities to participate actively in societal development. Despite these achievements, challenges persist, including limited resources, cultural barriers, and the need for more robust data collection and monitoring systems. Addressing these challenges is crucial for sustaining and expanding the impact of CBID initiatives and ensuring continued progress in disability inclusion across Zanzibar.

CBID Effectiveness and Impact

The CBID Programme in Zanzibar has significantly advanced disability inclusion since its inception in 2019, showcasing notable effectiveness and impact. By broadening its focus from human rights advocacy to inclusive education and infrastructure improvements, the programme has heightened government awareness and secured tangible support, including facility adaptations and representation of persons with disabilities in national committees. The programme has also excelled in training stakeholders, creating a network of informed advocates, and promoting inclusive education through curriculum development and legislative advocacy. In contrast, non-CBID districts like Unguja B display a more fragmented and reactive approach, with informal support systems, limited resources, and ad hoc assistance. Differences in understanding and implementation of disability inclusion are evident, with CBID districts employing structured, proactive strategies and formal collaborations, while non-CBID areas rely on sporadic efforts and community mobilisation. Overall, the CBID Programme shows a comprehensive and sustainable model for disability inclusion, though challenges remain in achieving consistent national-level engagement.

CBID Coordination

In Zanzibar, the CBID coordination structures are integral to promoting disability inclusion and improving the quality of life for persons with disabilities. At the national level, key ministries and the Department of Disability Affairs work together to implement inclusive policies aligned with national and international frameworks. District and community-level coordination involves Disability Committees, local councils, and civil society organisations, which mobilise resources, promote community engagement, and ensure that local needs are addressed. These structures perform several crucial functions: implementing disability-inclusive policies, coordinating capacity-building initiatives, mobilising resources, and engaging local communities in advocacy and decision-making. They have been effective in integrating policies, enhancing stakeholder capacities, and facilitating resource allocation. However, challenges remain in consistent policy enforcement, systematic monitoring and evaluation, and adapting initiatives to local contexts. Overall, while the CBID coordination mechanisms have made significant strides, ongoing improvements are needed to optimise their effectiveness and sustain their impact.

Conclusions

The programme in Zanzibar has achieved notable progress since its inception, demonstrating significant effects in various areas:

CBID Training: The CBID training in Zanzibar has significantly enhanced stakeholders' ability to support disability inclusion by improving processes such as identification, basic assessment, referral, community mobilisation, and infrastructure development. However, the training has a limited reach, affecting only a few shehias within the target districts.

CBID Networks: CBID networks have made significant strides in promoting disability inclusion by fostering collaboration among government bodies, NGOs, and local communities. They have improved access to essential services and advocated for policy changes. Challenges, such as limited resources, cultural barriers, and unclear network structures, hinder their effectiveness.

CBID Effectiveness and Impact: The CBID Programme has successfully raised awareness, built capacities, and improved infrastructure, leading to systemic changes in disability support. However, issues like inconsistent high-level support and insufficient national-level engagement remain.

CBID Coordination: Coordination mechanisms at national and district levels have facilitated policy implementation, capacity building, and resource mobilisation. However, issues with enforcement, resource allocation, and monitoring persist.

CBID Disability Management Information System: The Zanzibar Jumuisha DMIS is undergoing upgrades to better manage disability-related data, including modules for gender-based violence, personal information, asset tracking, and assistive devices. Lessons from the Zambia DMIS highlight the importance of usability, training, stakeholder engagement, and data quality.

Integration of Human Rights Advocacy and Inclusive Education: There is a disconnect between MECP-Z's project-focused approach and the broader CBID framework, resulting in an insufficient integration of Human Rights Advocacy and Inclusive Education.

Government Engagement and Planning: The Government of Zanzibar has made progress in inclusive education and accessible infrastructure but needs more strategic planning and collaboration with the national Steering Committee.

Recommendations

- 1 Broaden training coverage to more districts and shehias. Implement regional training hubs or local mentors for ongoing support and knowledge retention.
- 2 Clearly define and communicate CBID network structures. Address resource limitations by forming partnerships and improving resource mobilisation. Regularly hold forums to discuss challenges and share best-practices.
- 3 Increase CBID effectiveness by securing consistent high-level support and boost national engagement. Develop a robust monitoring and evaluation framework for ongoing assessment and strategy adjustments.
- 4 Clarify and communicate the CBID Theory of Change and align projects with this framework. Regularly hold meetings and workshops for stakeholder alignment and collaboration.
- 5 Involve the national Steering Committee in annual planning and priority-setting. Enhance coordination and communication with the government to ensure a coherent implementation of inclusive policies and infrastructure projects.

1. Introduction and Context

1.1. Introduction

The Norwegian Association of Disabled (NAD) commissioned an external evaluation of its supported Community Based Inclusive Development (CBID) in Zanzibar that has been running from 2019 to date. The evaluation was undertaken by Basil Kandyomunda, a Disability Inclusion consultant between the month of June and July 2024. The report provides a detailed description of the approach, the methodology used, the findings, conclusions, and recommendations.

1.2. Context

Since its inception in 2019, the CBID Programme in Zanzibar, supported by NAD and implemented by the Madrasa Early Childhood Programme Zanzibar (MECP-Z), has been dedicated to fostering an inclusive and supportive environment for persons with disabilities in Zanzibar, in three pilot districts of Unguja South, Unguja Urban Central and Chake Chake, Pemba.

The CBID Programme was started in response to the recognised need for a more inclusive society in Zanzibar, where persons with disabilities often face significant barriers to access education, healthcare, and social inclusion. The primary goal of the programme is to promote disability rights, inclusivity, and holistic community development through strategic interventions.

The overarching goal of the CBID Programme in Zanzibar is to promote an inclusive society where persons with disabilities are fully recognised, respected, and have equal access to opportunities and services, ensuring their full participation in all aspects of life.

The objectives include:

- Capacity Building—through training volunteers, educators, health workers, and community leaders on various aspects of disability management and inclusive practices.
- Inclusive Education through partnerships with local schools to adapt curricula and provide necessary resources to ensure that children with disabilities can learn alongside their peers.
- Community awareness campaigns to challenge cultural stigmas and promote positive attitudes towards disabilities.
- Networking and collaboration with stakeholders, including government agencies, Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs), and Organisations of People with Disabilities (OPDs), to ensure a coordinated approach to disability inclusion.

Currently, the CBID Programme is being implemented in 15 shehias¹ (villages) across three districts of Unguja Central, Unguja South and Chake Chake in Pemba.

Table 1: CBID Target Districts and Shehias

District	Target Shehias
UNGUJA URBAN DISTRICT	1. Shehia ya Kwa Wazee 2. Shehia ya Chumbuni. 3. Shehia ya Kwaalamsha. 4. Shehia ya Mchangani Mjini. 5. Shehia ya Kikwajuni juu.
SOUTH DISTRICT UNGUJA	6. Shehia ya Jambiani. 7. Shehia ya Paje. 8. Shehia ya Kajengwa. 9. Shehia ya Mtende. 10. Shehia ya Kizimkazi Mkunguni.
CHAKE CHAKE DISTRICT PEMBA.	11. Shehia ya Ng'ambwa. 12. Shehia ya Tibirinzi. 13. Shehia ya Mjini Ole 14. Shehia ya Shungi. 15. Shehia ya Pujini.

¹ A "shehia" refers to the smallest administrative unit or ward within the local government structure in Zanzibar. Each shehia is part of a larger district and serves as a community or village. Shehias are key in local governance and administration, often being the focal point for implementing community-level projects and initiatives. They typically have local leaders, known as Shehas, who oversee the administration and coordination of services within the shehia, and they play a crucial role in community engagement and development Programmes. A Sheha is a local government official who acts as the head or leader of a Shehia

1.3. CBID Programme Achievements in Zanzibar (2021-2023)

Human Rights Advocacy: In 2021, 53 CBID modules were rolled out in three target districts in Zanzibar, reaching 365 participants. These included 126 at the national/district level and 165 at the volunteer level. The trainings enhanced CBID knowledge and skills, with the National Council for People with Disabilities (NCPD) actively involved and committed to training all staff on CBID. The national/district level participants emphasised the need for training higher-level officers on disability inclusion to facilitate inclusive budgeting and planning. In 2022, two national CBID stakeholder forums were conducted, involving 105 participants, including 22 persons with disabilities. In addition, district level forums were also held, and district level Networks established which primarily operate via WhatsApp. This increased the number of members of the 3 initial Networks by over 85% from 228 to 427 by the close of 2023 thus increasing the range of stakeholder representation across the country.

Issues raised included accessibility challenges, which led to immediate action from the Urban Municipal Council to remove vendors from pedestrian paths and build inclines for wheelchair users. In addition

Inclusive Education: Inclusive Education (IE) was introduced to all four universities in Zanzibar. Initial training for 11 university lecturers led to pilot training for 171 students at Al Sumait University and the State University of Zanzibar. The universities showed commitment by financing the student trainings themselves. IE modules have been integrated into the university curricula. In 2021, school visits in Unguja and Pemba assessed the application of IE training. Observers noted increased awareness and efforts to address learning barriers. However, accessibility issues and unclean facilities remained significant barriers. In 2022, further IE modules were introduced, and physical improvements were observed in eight schools. Enhanced classroom arrangements and peer support contributed to improved student participation and interaction.

Coordination and Harmonization: The CBID project involved strong collaboration with the NCPD, SHIJUWAZA, and various government and non-government organisations. The Ministry of Education and Vocational Training (MoEVT) played a key role in coordinating and supporting IE initiatives. In addition, NAD provided technical support and capacity building for MECP-Z staff. NAD's regional advisors guided the capacity building of OPDs including SHIJUWAZA. NAD also facilitated anti-corruption training and supported the participation of OPDs in global disability summits.

Organisational Development: In 2022, MECP-Z initiated a process to support SHIJUWAZA to amend its constitution, leading to significant governance improvements. The revised constitution ensured democratic election processes and clarified roles and responsibilities within the organisation.

As a result, the CBID project has enhanced thematic and professional skills, organisational competence, and networking opportunities. MECP-Z staff have gained expertise in disability and inclusive education, contributing to national curriculum reviews and teacher training. Collaborations with various organisations and government departments have strengthened MECP-Z's network.

The CBID Programme has also continued strengthening the capacity of 11 OPDs in Unguja and Pemba, enabling them to support people with disabilities through CBID. The project has facilitated knowledge sharing and skill development among civil society organisations.

Overall, the CBID Programme significantly advanced human rights advocacy, inclusive education, and stakeholder collaboration in Zanzibar, contributing to a more inclusive society for people with disabilities.

1.4. Evaluation purpose and objectives

1.4.1 Evaluation Purpose

The evaluation aimed to assess the effectiveness of NAD's supported CBID Programme from 2021 to 2023, with a focus on trainings, coordination, and networking. Specific objectives included evaluating CBID trainings, assessing the functionality of CBID information networks, comparing districts with and without CBID interventions, evaluating CBID coordination structures, and examining the national DMIS. The goal was to provide recommendations for the development and direction of NAD-supported CBID Programmes. Data collection was carried out at both the district and national levels to identify key success factors and areas for improvement, ultimately aiming to enhance the impact and sustainability of NAD's supported CBID initiatives in Zanzibar.

1.4.2 Specific evaluation objectives

- a) To assess the effectiveness of CBID trainings at community, and national levels.
- b) To evaluate the function and impact of CBID information networks.

- c) To compare CBID intervention districts with non-intervention districts regarding disability inclusion parameters.
- d) To assess the structures for CBID coordination at national, regional, district, and community levels.
- e) To evaluate the operation and use of the DMIS and its relationship to national data collection.
- f) To assess the effect of CBID institutionalisation in national teaching institutions.

2. Methodology and limitations

2.1 General approach

The evaluation framework aligned with the Terms of Reference (ToR) by adopting a Utilisation-Focused Evaluation (UFE) approach, emphasising the practical application of findings for programme improvement and decision-making. This approach was well-suited to CBID's goal of promoting disability inclusion and enhancing the well-being of persons with disabilities, ensuring that findings were actively used to drive positive change.

A key strength of UFE was its collaborative and participatory process, involving stakeholders such as persons with disabilities, local communities, government agencies, and NGOs. This inclusivity enhanced the relevance and validity of the findings and promoted accountability and transparency. Engaging stakeholders in decision-making fostered trust, credibility, and sustained commitment to the Programme.

The evaluation team developed tailored data collection tools, using both in-person and remote methods. In-person techniques allowed for direct engagement with stakeholders through discussions and interviews, while remote methods provided cost-effective outreach to those not easily accessible. The inception report, detailing the methodological plan and tools, was discussed and agreed upon by the evaluation team, NAD staff, and implementing partners in Zanzibar, ensuring alignment and maximising the utility of the evaluation findings.

2.2 Data Collection methodology and Tools

The following data collection tools and data analysis approaches were utilised.

Document Reviews:

The evaluation relied heavily on document reviews as a vital data collection method, which yielded valuable insights into the CBID Programme's planning, implementation, and outcomes. The reviews entailed a methodical assessment of pertinent Programme documents and materials. The review process involved analysing project-related documents, such as proposals, plans, reports, and financial records, to extract essential information on design, objectives, activities, timelines, and resource allocation. Various documents related to implementation, annual progress reports (2021 and 2022), and other relevant documents were reviewed. See page 26 for List References.

Key Informant Interviews

Interviews with technical experts and officials from various sectors were a key data collection method for the evaluation. These in-depth interviews provided valuable qualitative insights into the Programmes' interventions, achievements, impact, challenges, and lessons learned. Staff from MECP-Z, OPDs, and government officials from relevant MDAs at national, provincial, and district levels were interviewed. The qualitative data from these interviews were cross-verified with quantitative findings from document reviews, facilitated group discussions, and surveys, enhancing the credibility and accuracy of the results. Thirty-four interviews were conducted at different administrative levels.

Facilitated Group Discussions (FGDs)

FGDs were organised and conducted with key respondent groups, including implementers and beneficiary groups within the selected target districts and communities. These discussions allowed for in-depth exploration of the target beneficiary group perceptions, experiences, and challenges related to the CBID interventions. Group discussions were organised in the selected districts to gather diverse perspectives. Three FGDs were conducted with 46 participants.

Online Surveys: An on-line survey targeting members of the CBID district networks was conducted. This was administered through their WhatsApp platforms but answered individually through a KOBO collect based survey tool. The survey was administered over a two-week period to collect both qualitative and quantitative data from a wider range of programme stakeholders. Sixty-four members of District Networks across the country responded.

3. Findings

3.1 CBID Training

3.1.1 EQ1: How effective is volunteer training in identifying and referring persons with disabilities of all ages?

The CBID training in Zanzibar aimed to enhance the capacity of various stakeholders to support the inclusion and development of people with disabilities within their communities. The primary purpose of the training is to equip participants with the knowledge, skills, and attitudes necessary to implement CBID effectively, mainly focusing on human rights advocacy and inclusive education. The target beneficiaries of this training included government officials, district health and social welfare officers, community leaders, teachers/educators, healthcare providers, and members of OPDs.

Majority (94%, n= 74) of the trained CBID workers that participated in the survey were satisfied with the quality of the training. The training has had a significant impact on the identification and referral of persons with disabilities of all ages and categories. Data from interviews with stakeholders, including community leaders, teachers and OPD leaders, and surveys with CBID volunteers and network members suggest that the training has led to the following outcomes.

Improved Identification of Persons with Disabilities: Training has empowered volunteers, teachers, and community members to better recognise and understand various disabilities. For instance, teachers who previously overlooked signs of disabilities, such as partial deafness, have become more vigilant and proactive in identifying and addressing the needs of students with disabilities. This increased awareness has led to the identification of children who were previously hidden or misunderstood because of their conditions.

Enhanced Referral Processes:

Volunteers were better equipped to refer individuals with disabilities to services and support mechanisms. The establishment of local disability committees and the involvement of district and *shehia* level representatives ensured cases were promptly addressed.

Community Mobilisation and Awareness: The CBID Programme has successfully mobilised the target communities to support and include persons with disabilities. Awareness campaigns and training sessions had shifted community perceptions, leading, for example, to more active participation of persons with disabilities in community activities. Parents, previously reluctant to acknowledge their children's disabilities, were reported to be more open and supportive, enrolling them in schools and integrating them into social life.

Capacity Building of Key Stakeholders: Data from interviews with the trained stakeholders, including district and *shehia* leaders, teachers, and social welfare officers, indicated that stakeholders had gained valuable knowledge of disability rights, inclusive education, and social inclusion. This had led to increased support for persons with disabilities across various sectors, thus enhancing inclusion.

Support Structures and Economic Empowerment: Data from facilitated group discussions shows that the formation of economic development groups for persons with disabilities had provided them with avenues for self-reliance and empowerment. Reports show that trained volunteers and community leaders played a role in facilitating the setting up of these groups, making it easier for people to access loans and business opportunities.

Box 1: Perspectives of CBID training participants about the benefits of the training

The technical personnel found the CBID training sessions highly beneficial for several reasons:

- Engaging participants actively was crucial for effectiveness.
- Topics included community attitudes, legal frameworks (e.g., Persons with Disability Act 8 of 2020), CBR, and CBID, leading to the establishment of the CBID Network.
- The training focused on mainstreaming disability issues, enhancing accessibility, and fostering networking through platforms like WhatsApp groups.
- Emphasis was placed on advocating for the rights of people with disabilities and providing practical advice and counselling.
- Interactive games and problem-solving techniques effectively demonstrated integration strategies for disabilities in society and healthcare.
- The training highlighted the importance of early disability identification, including prenatal advice and child development support.
- Encouraged disability rights advocacy, community engagement through testimonies and meetings, and practical initiatives like group work and role-playing for promoting inclusive practices.

Tangible Improvements in Infrastructure and Services: Due to heightened awareness by the trained CBID workers and volunteers, there was a marked positive response in improved accommodations for public buildings such as schools, hospitals, and markets, making them more accessible.

The training sessions were praised for their comprehensive approach to disability issues, practical applications, and advocacy efforts, making them highly beneficial for enhancing awareness, inclusion, and support for people with disabilities across different sectors. Trained stakeholders mentioned in interviews that CBID training was limited to just a few shehias in the three target districts, thus limiting the scale of its impact.

3.1.2 EQ2: To what extent are trainees prepared to offer community-level support?

The CBID training in Zanzibar prepared trainees to offer community-level support by equipping them with essential knowledge, practical skills, and an inclusive mindset. In this subsection, the analysis explores how well the training prepares the trainees to offer community level disability inclusion support.

Table 2 below shows the rating of the overall quality of the training sessions by the trainees.

Table 2: How would you rate the overall quality of the training sessions you attended

Rate for the overall quality of the training sessions you attended	Number of respondents	Percentage (%)
Fair	4	5.13
Good	25	32.05
Excellent	49	63.82

The review of training modules and beneficiary surveys indicated that the CBID training covered a broad range of topics, including disability rights, inclusive education, accessible healthcare, and livelihood opportunities. This comprehensive content ensured that trainees were well-informed about both the theoretical and policy aspects of CBID, preparing them to address the needs of people with disabilities in their communities.

The training's focus on inclusive education strategies, for example, equipped participants with the tools to develop tailored educational programmes, fostering a more supportive learning environment. Interviews and FGDs revealed that practical components, such as case studies and role-playing, allowed trainees to apply theoretical knowledge to real-life situations, enhancing their problem-solving and decision-making skills.

The interactive methods used, including workshops, seminars, and hands-on activities, encouraged active participation and peer learning, helping trainees build a support network and share experiences. Multimedia

presentations and assistive technologies enriched the learning experience, ensuring trainees could use various tools to support people with disabilities.

MECP-Z staff noted that the training modules were developed with input from local and international experts, ensuring cultural relevance and alignment with global best-practices. This localisation made the training more applicable to the specific community contexts, enhancing its effectiveness.

Overall, therefore, the CBID training in Zanzibar effectively prepared trainees to support their communities by providing a well-rounded education that balanced theoretical knowledge with practical skills, promoted active engagement, ensured cultural relevance, and fostered a commitment to inclusive development.

Box 2: Perspectives of trainees on CBID training

“A participatory approach kept the sessions lively and engaging, while comprehensive coverage of disability concepts, community attitudes, and international and local disability laws was valuable. Inclusive education emerged as a critical area of interest, emphasising the importance of preparing better school environments and ensuring rights and opportunities for people with disabilities. The practical training components, including games and role-playing, effectively showed problem-solving methods and ways to connect people with disabilities to relevant services. Participants appreciated the CBID Network for its role in networking and in-depth understanding of Community-Based Inclusive Development (CBID). The training fostered better management of referrals, follow-ups, and counselling, enhancing participants' ability to support people with disabilities comprehensively. Overall, the training successfully addressed the need for inclusive education, advocacy, assistive devices, early identification of disabilities, and the creation of disability-friendly infrastructure, contributing significantly to the empowerment and inclusion of people with disabilities.”

3.1.3 EQ3: How institutionalised is CBID volunteer training?

The institutionalisation of CBID volunteer training in Zanzibar was supported through various structural and strategic efforts to embed inclusive practices within community and governance frameworks. Key aspects included:

- Volunteer training was aligned with national policies, such as the Decentralisation Policy and the National Development Planning Framework, integrating it into broader developmental goals. The Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA) III emphasised disability inclusion by enhancing skills development, fostering entrepreneurial capacity, and improving access to education, health services, and sanitation.
- Coordination among ministries, such as the Ministry of Education and Vocational Training, the Ministry of Health and Social Welfare, and the Union of the Physically Disabled of Zanzibar (UWZ), ensured comprehensive training programmes. Institutional mechanisms, including Disability Focal Point Persons and organisations like NCPD and SHIJUWAZA, supported integration and advocacy.
- Training Programmes were enhanced through capacity-building efforts coordinated by various ministries and organisations, including NCPD and OPDs. Community-level committees, like *Sheha* and *Shehia* disability committees and Community Development Committees, played a crucial role in mobilising resources and supporting inclusive development.

Despite these strengths, however, several challenges persisted:

- Insufficient funding undermined capacity-building programmes, affecting the quality of support for individuals with disabilities.
- Insufficient resources and training posed limitations for the disability committees, leading them to rely on external support for sustainability.
- Challenges in integrating disability inclusion across various sectors such as Infrastructure, communication and transport; tourism and heritage; labour, employment, youth, sports and culture; justice and constitutional affairs, etc sometimes hindered the effectiveness of Disability Focal Point Persons and coordinating organisations.

In conclusion, while the institutionalisation of CBID volunteer training in Zanzibar involved strong policy frameworks, multi-level coordination, and community involvement, challenges in resource allocation, and coordination persisted. Addressing these issues is crucial for enhancing the sustainability and impact of CBID volunteer training programmes.

3.1.4 EQ4. What are the results of training at national and district levels?

The CBID training in Zanzibar produced significant positive outcomes at both national and district levels, enhancing inclusivity and support for people with disabilities. Data from interviews with members of the National Steering Committee, SHIJUWAZA, and MCEP-Z showed that, at the national level, the training strengthened the capacity of the Government of Zanzibar, the NCPD, and various national organisations in implementing inclusive policies and Programmes. Increased awareness of disability rights led to more robust advocacy efforts, influencing policy changes and resource allocation towards disability-inclusive initiatives. The training also improved coordination and collaboration among national stakeholders, ensuring a unified approach to disability issues across Zanzibar.

Box 3: Perspective of a member of the National Steering Committee on the results of the CBID Training

“The CBID training has significantly enhanced our national capacity to support people with disabilities. It has strengthened the ability of the Government of Zanzibar and national organizations to implement and advocate for inclusive policies effectively. We’ve seen a notable increase in awareness and understanding of disability rights, which has translated into meaningful policy changes and better resource allocation. Improved coordination among national stakeholders has ensured a more unified approach to addressing disability issues, resulting in the development of new policies and Programmes that promote accessibility and inclusion across the country.”

At the district level, interviews with district officials, community leaders, and trained volunteers revealed that the training empowered local government officials, community leaders, and service providers with the skills and knowledge needed to support people with disabilities more effectively. Community awareness and sensitivity towards disability issues increased, resulting in improved access to education, healthcare, and

livelihood opportunities. The involvement of Shehias and local organisations, such as SHIJUWAZA, strengthened grassroots efforts, fostering community-driven solutions and greater participation in CBID activities.

Despite these achievements, challenges remained, including inconsistent application of training outcomes across districts and limited resources for sustained implementation. There were gaps in ensuring that all trained individuals and organisations consistently applied their knowledge and in securing

ongoing funding and support for community-level initiatives. Addressing these issues required continued investment and support to maintain the effectiveness and reach of CBID training programmes.

Overall, the CBID training in Zanzibar significantly improved national and district-level capacity to support people with disabilities. It fostered a culture of inclusivity, enhanced advocacy and policy development, and facilitated effective community-level interventions, contributing to the well-being and empowerment of people with disabilities across Zanzibar.

3.1.5 EQ5. How well-prepared are trainees for disability-inclusive planning and budgeting?

The CBID training in Zanzibar has effectively equipped trainees with the skills and knowledge necessary for disability-inclusive planning and budgeting. A review of the training modules shows that the training programme covered essential aspects of disability rights, inclusive policy development, and practical strategies for integrating disability considerations into planning and budgeting processes.

At the national level, the CBID trainees from government agencies, the NCPD and OPDs interviewed, noted increased competence in advocating for and implementing disability-inclusive policies. They showed a keen interest in analysing and influencing national budgets to allocate resources towards disability-inclusive programmes. For example, the National CBID Steering Committee was reported to have been organising annual national level meetings with key ministries led by the Office of the Second Deputy Vice President to present disability inclusion issues related to the sectoral plans and budgets.

In interviews, local government officials and community leaders at the district level stated that they successfully utilised their training to create and implement plans that specifically target the needs of individuals with disabilities in their communities. The involvement of *Shehias* and local disability organisations had further strengthened the preparedness of trainees, fostering community-driven approaches to inclusive planning and budgeting.

Despite these successes, the following challenges were noted, including ensuring consistent application of inclusive planning practices across all districts and securing ongoing resources for effective implementation. Some trainees faced difficulties in translating their knowledge into actionable plans because of limited support and resources, affecting the overall impact of disability-inclusive budgeting and planning.

3.2 CBID Networks

3.2.1 EQ6: Describe the network elements and evaluate their effectiveness.

In this subsection, the analysis describes the key elements of the CBID Network and highlights their effectiveness. Extra analysis of the effectiveness of CBID networks is provided in subsections 3.2.6, 3.2.7 and 3.2.8 below.

The CBID Network Elements

Box 4: Perspective of a Community Leader on the results of CBID Training

“The impact of CBID training at the community level has been profound. We've worked closely with trained volunteers to raise awareness about disability issues, and this has fostered a more inclusive environment in our Shehia. People with disabilities now have better access to education and livelihood opportunities. The training has also empowered local leaders and volunteers to advocate for and implement inclusive practices. One significant change is the increased participation of people with disabilities in community activities and decision-making processes. We're seeing a shift towards more community-driven solutions, which has been crucial in addressing local needs.”

Box 5: Perspective of a national stakeholder on the application of knowledge on disability-inclusive planning and budgeting

“The CBID training has significantly prepared trainees for disability-inclusive planning and budgeting. At the national level, officials and representatives from the NCPD and OPDs are now proficient in advocating for and implementing inclusive policies, with improved success in influencing budgets to support disability Programmes. This is evident from the annual meetings organized by the National CBID Steering Committee.”

The CBID Network in Zanzibar comprises various stakeholders and structures working together to promote disability inclusion and support for people with disabilities. The network operates through a collaborative approach, bringing together these diverse stakeholders to ensure effective implementation of disability-inclusive practices and policies. The key components of the CBID Network include:

Government Entities:

- The National Steering Committee oversees the implementation and coordination of CBID initiatives at the national level.
- The NCPD Plays a crucial role in advocacy, policy development, and coordination of disability-related activities.
- Ministries, such as the Ministry of Health and Social Welfare and the Ministry of Education and Vocational Training, are involved in integrating CBID principles into their respective sectors.

Local Government Authorities (LGAs):

- District and Local Government Officials implement and oversee CBID initiatives at the district levels, ensuring alignment with national policies.
- NGOs and CSOs that implement programmes of interest to disability inclusion

Organisations of People with Disabilities

- SHIJUWAZA—a federation of 12 OPDs is involved in advocacy, support, and capacity-building for disability inclusion.
- Other Local and International NGOs which provide support, resources, and expertise to CBID initiatives.

Community-Based Organisations and Local Committees:

- Shehia and Sheha Disability Committees - Local committees that play a key role in implementing CBID initiatives, mobilizing resources, and raising awareness at the grassroots level.
- Community Development Committees - facilitate community-level involvement and support for CBID activities.

Training and Capacity-Building Institutions:

- MECP-Z: Provides training and capacity-building for volunteers and local stakeholders involved in CBID.

Disability Focal Points:

- Focal Point Persons in Sector Ministries: Responsible for integrating disability inclusion across various sectors and levels of governance.

Advocacy and Networking Organisations:

- Organisations like SHIJUWAZA engage in networking and advocacy to promote disability inclusion and coordinate efforts across different sectors.

CBID WhatsApp Groups

Besides the official structured CBID Network, there are CBID WhatsApp groups which are functional in the three target districts and other non-target districts. Discussions with the programme staff, showed that the remaining districts were targeted in 2024 to cover total 11 districts of the archipelago. Membership to these groups is composed of diverse stakeholders such as government officials, NGO representatives, community leaders, CBID volunteers, and people with disabilities. They also include members drawn from various organisations involved in CBID, including the NCPD, SHIJUWAZA, and other local and international NGOs, as well as community representatives from *Shehia* and *Sheha* Disability Committees, as well as members of Community Development Committees.

The WhatsApp Groups are formed with specific purposes in mind, such as coordinating activities, sharing updates, or discussing challenges related to CBID. The groups facilitate the rapid exchange of information regarding CBID activities, updates, and best-practices. They help coordinate efforts between different stakeholders, ensuring alignment in CBID initiatives and activities. Members use the groups to discuss issues, seek advice, and share solutions related to disability inclusion and support. Groups provide a platform for collaborative problem-solving, allowing members to address challenges and implement solutions effectively. Relevant training materials, resources, and guidelines are often shared within the groups. Members receive notifications about upcoming events, workshops, and training sessions. Through

the forum, members report on the progress of CBID initiatives and share feedback on activities and training. The groups support monitoring and evaluation efforts by providing real-time data and insights. The groups foster a sense of community and peer support among members, enhancing collaboration and morale. They contribute to capacity building by sharing knowledge and experiences among stakeholders.

In summary, the CBID WhatsApp Groups in Zanzibar play a crucial role in enhancing communication, coordination, and collaboration among stakeholders involved in disability inclusion efforts. They facilitate efficient information exchange, support problem-solving, and contribute to the overall effectiveness of CBID initiatives.

Effectiveness of CBID Networks

The CBID networks in Zanzibar have shown significant effectiveness in advancing disability inclusion at both national and local levels. These networks, which include government bodies, local organisations, and community stakeholders, have played a crucial role in mainstreaming disability considerations into policies and practices.

Data from the survey of CBID network members shows that 78% (n=50) rated the CBID networks to be effective. See table 3 below.

Table 3: Effectiveness of CBID Networks

How effective is the District CBID Network in promoting disability inclusion and community-based development	Number of respondents	Percentage (%)
1. Very effective	19	29.69
2. Effective	31	48.44
3. Neutral	6	9.38

From the members' perspectives, the CBID networks in Zanzibar have significantly advanced disability inclusion through increased awareness and tangible changes in community practices. Data from the survey of network members suggests the following results as evidence for the effectiveness of the CBID networks:

- The rise in community awareness on the rights and needs of people with disabilities. This has led to improved advocacy for inclusion and better understanding of disability issues, resulting in more inclusive practices across various sectors.
- The training and network activities have facilitated better access to education and healthcare for people with disabilities. Examples include increased enrolment of children with disabilities in schools and the development of disability-friendly infrastructure in some government buildings.
- People with disabilities and their families were more actively involved in community development activities, especially in educational and social programmes, as well as increased engagement in advocacy and policy discussions.
- There have been significant strides in policy advocacy and infrastructure development, with a focus on creating inclusive environments in schools, markets, and hospitals.
- Parents and community members have become more engaged in supporting individuals with disabilities, leading to a reduction in stigma and an increase in community-driven solutions for inclusion.

Data from interviews with officials who are members of the networks at the national level revealed that the CBID networks have driven policy changes and influenced budgetary allocations for disability-inclusive initiatives. Collaboration between the NCPD, various government ministries, and organisations like SHIJUWAZA has led to the development of more inclusive policies and the allocation of resources specifically aimed at enhancing the well-being of people with disabilities.

Box 6: Perspectives of national leaders on effectiveness of CBID Networks

“The effectiveness of the CBID networks is evident in their ability to drive significant policy changes and budgetary allocations for disability inclusion. The synergy between the NCPD, various government ministries, and organizations such as SHIJUWAZA has fostered a unified approach to advocacy and policy implementation. This collaboration has led to the development of more inclusive policies and the allocation of resources specifically aimed at improving the lives of people with disabilities.”

At the district level, various officials from different sectoral departments and political heads that participated in FGDs and key informant interviews stated that CBID networks have empowered them (local government officials) and community leaders by equipping them with the knowledge and tools needed to address disability issues effectively. The cooperation between Shehias, trained volunteers, and local disability organisations has resulted in improved local solutions for accessibility and inclusion. When confronted with a disability inclusion issues that require immediate solutions, they can confer and get answers quickly. This has led to better access to essential services and more robust community involvement in disability-related activities.

Box 7: Perspective of district officials on effectiveness of CBID Networks

“The networks have empowered local government officials and community leaders by providing them with the tools and knowledge needed to address disability issues effectively. The cooperation between Shehias, trained volunteers, and local disability organizations has resulted in improved local solutions for accessibility and inclusion. Enhanced community involvement and resource mobilization have led to better access to essential services for people with disabilities.”

Overall, the CBID networks have proven highly effective in promoting disability inclusion through enhanced collaboration and coordination among national and local stakeholders. These efforts have led to notable improvements in policy development, community engagement, and integrating inclusive practices. Continued support and resources are essential to sustain these achievements and further advance disability inclusion in Zanzibar.

3.2.2 EQ7: Conduct stakeholder analysis

Table 3 lists the stakeholders participating in CBID networks at various levels

Table 4: Key stakeholders in the CBID Programme in Zanzibar and their roles

Stakeholder	Roles
1. Government Bodies (Ministries, Departments and Agencies)	
Office of the second Deputy Vice President	<ul style="list-style-type: none"> It is the coordinating office for disability affairs in Zanzibar. The Department of Disability Affairs (DDA) is the secretariat of the Zanzibar National Council for People with Disabilities,
National Council for Persons with Disabilities (NCPD)	<ul style="list-style-type: none"> Central coordinating body for disability inclusion. Sets national standards, monitors compliance, and facilitates infrastructure improvements.
Ministry of Finance and Planning	<ul style="list-style-type: none"> Integrates disability-inclusive policies into development plans. Allocates budget and resources for disability programmes.
Ministry of State Administration and Local Government	<ul style="list-style-type: none"> Oversees local government implementation of CBID policies. Ensures decentralized structures support disability inclusion
Ministry of Education and Vocational Training	<ul style="list-style-type: none"> Establishes and implements inclusive education programmes in public schools. Ensures educational institutions are accessible.
Ministry of Health	<ul style="list-style-type: none"> Provides healthcare services for persons with disabilities. Implements health policies and Programmes to ensure accessibility and inclusivity in healthcare services.
2. Local Government	
District Disability Officers	<ul style="list-style-type: none"> Serve as secretaries for district-level CBID coordination. Oversee implementation of CBID Programmes at the district level.
Local Councils	<ul style="list-style-type: none"> Spearhead service delivery and development initiatives. Support local CBID efforts and resource mobilization.

Community Development Committees	<ul style="list-style-type: none"> Facilitate local projects and promote disability rights. Mobilise community resources and engage stakeholders.
3. Community Structures	
Shehia Disability Committees	<ul style="list-style-type: none"> Ensure inclusion of persons with disabilities in community activities. Comprise local leaders, civil society representatives, and members of OPDs
4. Civil Society Organisations and NGOs	
SHJUWAZA and its membership	<ul style="list-style-type: none"> Advocate for the rights and needs of persons with disabilities. Take part in planning and advocacy processes.
Norwegian Association of Disabled	<ul style="list-style-type: none"> Provides technical and financial support for CBID initiatives. Engages in advocacy and capacity-building activities to strengthen disability inclusion.
Madrasa Early Childhood Programme Zanzibar (MECP-Z)	<ul style="list-style-type: none"> Local implementing partner of CBID Programme (mainly in the Human Rights Advocacy and the Inclusive Education Programmes) Focuses on inclusive early childhood education. Supports the integration of children with disabilities into mainstream education from an early age.
Other NGOs	<ul style="list-style-type: none"> Support implementation of disability-inclusive projects. Collaborate with government bodies and community structures
International Agencies (UNFPA)	<ul style="list-style-type: none"> Provides funding and support for policy development. Collaborates on inclusive development projects.
6. Community Members	
Persons with Disabilities and their families	<ul style="list-style-type: none"> Direct beneficiaries of CBID Programmes. Take part in planning and advocacy processes
Local Leaders	<ul style="list-style-type: none"> Advocate for and support CBID initiatives. Facilitate community engagement and resource mobilization

Is network participation optimal for influencing systemic changes?

The CBID network participation in Zanzibar involves a diverse range of stakeholders, including government bodies, local authorities, civil society organisations, international partners, the private sector, and community members. Each stakeholder brings unique strengths and resources to the table, which, in theory, creates a robust foundation for promoting systemic changes. This comprehensive participation theoretically provides a firm foundation for influencing systemic changes.

The involvement of key ministries ensures that disability inclusion is adopted into national and local policies and programmes. The NCPD acts as a central coordinating body, setting standards and monitoring compliance, while the participation of District Disability Officers and Local Councils ensures implementation and monitoring at the grassroots level.

The participation of OPDs, CSOs, NGOs and CDCs ensures continuous and sustained advocacy for the rights of persons with disabilities and direct support and services to persons with disabilities, especially assistive devices and some other rehabilitation services. The CDCs and *Shehia* Disability Committees promote local engagement and ensure that CBID initiatives are tailored to community needs. adopted

International NGOs and other agencies such as NAD and UNFPA offer financial and technical support, along with global best-practices, which is vital for capacity strengthening of national and local level structures to embrace CBID, but also supporting other higher-level interventions and engagements such as developing CBID training modules, funding training sessions, review of key policies and pieces of legislation necessary for institutionalisation of CBID.

However, data from the survey of CBID network members and interviews with some key stakeholders, including but not limited to NCD, SHIJUWAZA, and district officials, revealed the following challenges that limit the effectiveness of CBID networks and influence to systemic change.

- Delays in tracking progress and assessing challenges because of insufficient oversight hinder effective follow-up and adjustments. While MECP-Z tracks project indicators, the NCPD is in charge of overseeing the overall progress of CBID. However, the District Disability Officers, who are part of the NCPD staff, are generally constrained in terms of resources and knowledge to effectively address emerging community demands.
- Inadequate understanding of CBID among community members and stakeholders, coupled with poor communication channels.. Many stakeholders in Zanzibar, know the Human Rights Advocacy and Inclusive Education projects of MECP-Z and do not contextualise them as part of CBID.
- Poor communication channels especially in terms of either internet access or lack of sSMART handsets that can enable community members to access WhatsApp messaging were restricting the dissemination of project updates and best practices.
- Insufficient funding and resources affect infrastructure, support services, and training Programmes, limiting the reach and effectiveness of CBID initiatives.
- Resistance from some stakeholders and uneven community engagement challenge effective participation and leadership involvement.
- Persistent accessibility issues, especially in rural areas, and a need for more inclusive practices impede full participation of people with disabilities.
- Variability in the enforcement of disability-inclusive policies across regions and administrative levels weakens the overall impact of CBID initiatives.
- Poor coordination among stakeholders leads to duplicated efforts, inefficient resource use, and fragmented service delivery, diminishing the collective impact of CBID efforts.

Box 8: Perspective on the importance of external support in influencing systemic change

“The financial support from UNFPA has been instrumental in the review and amendment of the Persons with Disabilities Act, 2022. It enabled us to ensure that this important legislation reflects the needs and rights of individuals with disabilities. UNFPA’s support included providing technical expertise, facilitating stakeholder consultations, and advocating for inclusive practices within the amendment process. Their involvement helped ensure that the Act incorporates comprehensive measures to improve accessibility, rights protection, and overall support for people with disabilities.”

Do influential individuals participate?

Data from interviews with key stakeholder informants show that while the NCD and SHIJUWAZA were well represented in the National Steering Committee and were keen at attending CBID Network meetings, high-level government officials such as Principal Secretaries in the Ministries, often delegate important CBID-related meetings to junior officers. This practice undermines the seriousness and priority given to disability issues within the national agenda, diluting advocacy efforts and making it difficult to drive significant policy changes, secure necessary resources, and ensure robust implementation of CBID Programmes. However, participants in some of the national level consultations with the evaluation team noted that a few of influential members of society such as MPs, District Commissioners were members of the WhatsApp forums.

How do NGOs and CSOs perceive their roles?

Data from interviews and group discussions with officials from NGOs and CSOs, including OPDs, perceive their roles in the CBID Programme in Zanzibar as multifaceted and essential. OPDs, such as SHIJUWAZA, play a crucial role in advocacy, raising awareness, building networks, and providing practical support for persons with disabilities. Their role includes influencing government policies, advocating for enhanced infrastructure accessibility, promoting inclusive education, and offering vocational training. CSOs, like

TAMWA and MCEP-Z, view themselves as integral to the CBID Programme, engaging in advocacy, training, and awareness-raising. They utilise their media presence and participation in forums to amplify disability rights and opportunities, significantly contributing to societal awareness and support for persons with disabilities. Both OPDs and CSOs believe that their involvement is vital for the success of CBID initiatives in Zanzibar, ensuring comprehensive support and empowerment for persons with disabilities. See subsection 3.2.3 below for a more detailed analysis of the stakeholders' understanding of their disability inclusion roles.

3.2.3 EQ8: Assess stakeholders' understanding of disability inclusion roles.

National Council for People with Disabilities (NCPD): The NCPD in Zanzibar plays a central role in disability inclusion, coordinating efforts across various sectors to ensure that policies and programmes align with the needs of persons with disabilities. The council has decentralised structures. At the district level, the Disability Officer serves as the secretary of the District Council for Persons with Disabilities Committee. In pursuit of their mandate, the NCPD has been instrumental in the process of reviewing, repealing and enacting the People with Disabilities Act, 2022, and setting national standards for disability inclusion.

The NCPD plays a role in selecting the *shehias* for CBID interventions and integrating persons with disabilities into the planning and advocacy processes. It has also been a keen participant in implementing training programmes to raise awareness and competence among government officials, educators, healthcare providers, and community leaders.

Municipal Councils and District Authorities:

Municipal councils and district authorities are key to implementing CBID interventions in the communities. They engage with persons with disabilities, volunteers, and community leaders to advocate for disability rights, facilitate training, and share important information about inclusive programmes. These authorities are also instrumental in planning and executing infrastructure projects that enhance accessibility. Data from interviews with municipal and district officials from CBID target districts showed that they have taken part in awareness meetings and as a result they are promoting disability inclusion in planning at *shehia* and district levels to ensure that the needs and concerns of persons with disabilities are included in development plans. Commonly mentioned was inclusive education, adaptations to public buildings, and representation in *shehia* committees.

CBID Volunteers and Sheha:

CBID volunteers have been trained at different levels and together with *Shehas* (local leaders) play a vital role in identifying and advocating for the needs of persons with disabilities within their communities. They facilitate communication, create networks, and organise training sessions to ensure persons with disabilities are included in development activities.

The CBID volunteers have successfully established WhatsApp groups and other digital platforms to enhance communication and support for persons with disabilities. This has led to increased participation and engagement among community members. However, data from interviews with volunteers revealed they face challenges in maintaining active engagement and ensuring that information reaches all community members, including those with visual or hearing impairments.

Educational Institutions and Teachers: Educational institutions and teachers are crucial for promoting inclusive education. They adapt curricula to include inclusive education modules and providing individualised

Box 9: Perspective of NCPD of their Disability Inclusion Role

“Our role is central in ensuring that all disability-related matters are addressed comprehensively. We oversee accessibility standards for new buildings and push for renovations of older structures to meet these needs. Our mandate includes raising awareness about disability inclusion among government officials, community leaders, and the public. We also manage forums for reporting urgent issues and have established specialised departments to tackle various aspects of disability support. Our focus areas include enhancing assistive technologies, investing in disability research, and boosting economic empowerment for people with disabilities. We believe that increasing awareness and support in these areas is crucial for creating a more inclusive society. By addressing these needs, we aim to strengthen our CBID efforts and support the full inclusion and independence of individuals with disabilities.”

Box 10: Perspective of District and Municipal leaders on their disability inclusion role

“The strategy we have used as a district to promote disability inclusion is to issue a directive to ensure that persons with disabilities are represented in all local government planning structures. This ensures that the planning and management meetings and other making processes benefit from the presence of a representative of persons with disabilities. Any document that requires the approval of the District Commissioner and shows that the representatives of persons with disabilities were not involved, the Commissioner does not approve and sign it. That way we ensure that the needs and concerns of persons with disabilities are captured and addressed in our plans, budgets and decision making”

training/teaching tailored to the needs of children with disabilities in their schools/classes. Data from interviews with teachers and CBID volunteers showed that significant progress has been made in adapting inclusive education into the curriculum, with diploma Programmes, from the State University of Zanzibar, as well as advocacy efforts leading to the acceptance of children with disabilities in schools. For example, schools like RUHA Primary have adopted Science, Technology, Engineering, and Mathematics (STEM) Programmes tailored for children with disabilities, such as those with autism.

However, there is still a need for more comprehensive teacher training programmes to cover various forms of specialisations to support categories of disabilities that require specialised skills, such as visual, hearing and intellectual impairments. Vocational training in the country needs to be reformed to address the needs of persons with disabilities and offer alternative pathways for those who may not benefit from formal education alone.

OPDs: Data from a facilitated group discussion with members of SHIJUWAZA shows OPDs have played a crucial role in the CBID Programme and in the promotion of disability inclusion in Zanzibar. Data shows that the organisation had significantly raised awareness about the rights and needs of persons with disabilities at both government and community levels. Their advocacy had led to:

- Increased support for projects enhancing accessibility, including improved infrastructure and inclusive education policies.
- Introduction of a diploma in inclusive education and inclusion of related content in the curriculum. Mandatory training for teachers on inclusive practices.
- Comprehensive training in sign language, braille, and tactile communication, equipping teachers to address diverse needs.
- Emphasis on vocational training to provide alternative pathways to empowerment for those who may not benefit from formal education.

SHIJUWAZA had also improved communication and coordination through digital platforms like WhatsApp groups, facilitated the formation of disability committees with key stakeholders, and influenced policy changes, including the Inclusive Education Act.

Their efforts in economic empowerment highlight the importance of vocational training for achieving economic independence for persons with disabilities.

NGOs and CSOs: Regarding the perception of other CSOs and NGOs, data from interviews with Key Informants from CSOs and NGOs show that they perceived themselves as an integral part of the CBID Programme in Zanzibar. Their roles encompassed advocacy, training, awareness-raising, and direct support for persons with disabilities, such as provision of assistive devices, provision of Sign language services, etc. For example,

Tanzania Media Women’s Association (TAMWA) considered their role to be that of leveraging its strong media presence to advocate for disability rights and raise awareness through educational programmes. Their active

Box 11 Perspective of teachers on their role in disability inclusion

“Before the CBID intervention, we saw students with disabilities as a burden and often neglected their needs. The intervention has transformed our perspective, making us advocate for inclusion and rights for all students. We now tailor our support to each student's needs—placing visually impaired students closer to the board, positioning those with hearing impairments near the speaker, and offering personalised assistance. This approach has improved their engagement and learning outcomes.

The training helped us identify previously unrecognised disabilities, like a partially deaf student who was thought to be uncooperative. This newfound awareness allowed us to provide better support and foster an inclusive environment. We've also seen increased enrolment of children with disabilities, from three to twelve, with many participating actively in school and community life. Parents who once isolated their children are now embracing them, and people with disabilities are taking on leadership roles in the community.

The CBID intervention has shifted our role from merely accommodating to actively advocating for and supporting all students, enriching both our educational practices and community inclusion.”

Box 12: Perspective of NGOs and CSOs on their role in disability inclusion

“NGOs and CSOs have a role to play in advocating for the rights of persons with disabilities, facilitating access to essential services, and promoting inclusive practices at the community level. We can support in implementing Programmes aimed at enhancing accessibility, raising awareness, and fostering social inclusion, since we engage directly with local communities. We can also help to address specific needs, build capacity, and strengthen local support systems.”

participation in district and national CBID forums, which include government institutions and OPDs, had significantly increased societal awareness about disability issues and opportunities. MCEP-Z, although not initially a disability focused organisation, had built its capacity as a vigorous advocate for CBID, and particularly, in promoting human rights advocacy, inclusive education, and training CBID volunteers.

In a nutshell, the assessment of stakeholders involved in disability inclusion in Zanzibar revealed a strong understanding of their roles and responsibilities.

3.2.4 EQ9: Have NGOs and CSOs changed their understanding and practice of disability inclusion?

Data from interviews with representatives from NGOs and CSOs shows that participation in the CBID Programme had notably enhanced how NGOs and CSOs approach disability inclusion in the following ways:

- **Shift to Rights-Based Framework:** Organisations had transitioned from a charity-based approach to a rights-based model. They were found to emphasise the empowerment and active participation of people with disabilities in all community aspects. For example, NGOs were focusing on inclusive policy advocacy, ensuring that disability rights are recognised and addressed.
- **Improved Accessibility and Inclusivity:** Their projects were found to prioritise accessibility, involving people with disabilities in all phases. For instance, when organising training sessions, NGOs representatives interviewed ensured venues were accessible and provided sign language interpreters to ensure full participation.
- **Stronger Collaborations:** The CBID Programme had strengthened partnerships among government bodies, disability organisations, and community members. This had led to more coordinated and impactful advocacy efforts. For example, joint initiatives between NGOs and local government had led to improved accessibility in public spaces.

Overall, the CBID Programme has crucially transformed the approach of NGOs and CSOs, fostering a more inclusive and fair community development environment that better addresses the needs of people with disabilities.

3.2.5 EQ10: What is the impact of the CBID matrix overview tool?

The CBID/CBR Matrix significantly affected disability inclusion in Zanzibar by providing a comprehensive framework that engaged various stakeholders and sectors. Interviews with MECP-Z and staff and representatives of SHIJUWAZA, the two key partners in the implementing of the CBID Programme, showed a good understanding of the CBID Matrix, from the textbook perspective. For example, they highlighted the matrix was crucial in identifying and engaging appropriate stakeholders at multiple levels, ensuring disability issues were addressed across different sectors.

Other stakeholders interviewed noted that the matrix broadened their understanding of disability inclusion and strengthened the NCPD's grasp of its mandate. This clarity improved coordination and advocacy, as emphasised by an

Box 13 Perspective of stakeholders on the impact CBID Matrix

"The CBID Matrix has expanded our view of disability inclusion. We now recognise that it's not solely the domain of NCPD but involves every sector. Each department has a role to play in ensuring the rights and needs of persons with disabilities are addressed."

NCPD representative who said, "*The CBID Matrix clarified our role in coordinating efforts and ensuring every sector's responsibility in including persons with disabilities.*"

Data from interviews and FGDs with key stakeholders suggests that the CBID Matrix Overview Tool significantly enhanced disability inclusion efforts in Zanzibar by providing a structured and comprehensive approach to evaluating and improving various aspects of the CBID framework in the following ways.

The tool was pivotal in enabling the various stakeholders, particularly SHIJUWAZA, NCPD, and MECP-Z in setting baselines their sectors, including health, education, livelihood, social, and empowerment sectors as defined in the CBR/CBBID Matrix. The overview tool was considered an important in enabling them to assess these areas, enabling them to pinpoint initial conditions and gaps in disability inclusion efforts in their respective sectors. This initial assessment allowed for targeted interventions, focusing on resources and efforts where they were most needed, hence optimizing the relevancy and impact of the CBID interventions.

Likewise, using the Matrix Overview Tool was helping the stakeholders in the continuous monitoring of progress in each area in a more structured manner. For example, the tool was enabling the CBID networks

and WhatsApp forums to purpose and structure their discussions and direct their demands to responsible sectors and offices.

Besides, one of the key strengths of the Matrix was its emphasis on community involvement. By integrating feedback from persons with disabilities and their families, the tool ensured that the planned interventions addressed actual needs. This participatory approach not only enhanced the relevance of the interventions but also fostered a sense of ownership among the community members, enhancing the sustainability of the initiatives.

The tool's design encouraged multi-sectoral collaboration by highlighting the roles different sectors played in enhancing disability inclusion. For example, the education sector focused on adapting curricula and training teachers, while the health sector concentrated on improving access to medical facilities and rehabilitation services. This ensured that efforts were not duplicated but were complementary and strategically aligned.

The adoption of digital tools like WhatsApp groups for communication and coordination was a critical outcome facilitated by the matrix. These digital platforms have served as vital channels for disseminating information, , and mobilising community support, and most importantly, enabled faster response times to emerging issues and helped maintain the momentum of advocacy efforts.

Overall, the Matrix Overview Tool has transformed how disability inclusion was approached in Zanzibar by providing a structured framework that aligned with international best practices and local realities. Its comprehensive nature allowed for a holistic assessment of needs and progress, fostering a more inclusive, responsive, and sustainable development environment for persons with disabilities.

3.2.6 EQ11: What affects do CBID networks have on the community level?

Data from interviews and surveys show that the CBID networks had a significant impact on communities, evident through increased awareness, successful advocacy for inclusive education, and enhanced communication.

The CBID networks were reported to had heightened government awareness and support for disability inclusion. For instance, efforts by OPDs led to infrastructure improvements such as ramps and accessible public buildings. Several local government officials noted that *"including persons with disabilities in decision-making had led to more inclusive policies and better integration into society."*

Persistent advocacy by CBID networks resulted in inclusive education policies. Participants in a facilitated group discussion with local leaders, parents, persons with disabilities, and teachers in Kizmikazi, Unjuja South District reported that schools now had curricula accommodating diverse needs and specialised resources for students with disabilities. This was corroborated by a teacher who stated, *"The training we received has transformed our approach. We now use sign language and other methods to ensure all students can participate fully."*

Digital platforms like WhatsApp groups revolutionised coordination within CBID networks. These tools enabled real-time information sharing and prompt responses to issues. A community coordinator noted, *"Our WhatsApp group has kept everyone connected and informed, improving how we collaborated and addressed disability-related challenges."*

CBID networks established extensive awareness-raising and training programmes for teachers, focusing on disability communication methods. This training equipped teachers with the basic skills needed to support students with disabilities effectively. A schoolteacher commented, *"The training allowed me and other staff in our school to communicate better with and support students with disabilities, creating a more inclusive classroom environment."*

Overall, CBID networks fostered a more inclusive and equitable community in Zanzibar. Increased governmental support and infrastructure improvements enhanced accessibility, while inclusive education policies and teacher training created new opportunities for students with disabilities. Enhanced digital communication streamlined efforts and improved coordination, leading to more effective support and systemic change at the community level.

3.2.7 EQ12: What is the role of CBID networks in raising awareness and accessing public financing for OPD members and parent support groups, and how do they influence government planning and budgeting?

As previously noted, data from interviews and FGDs show CBID networks in Zanzibar played a crucial role in raising awareness about the rights and needs of persons with disabilities. They organised forums, workshops, and community dialogues that brought together various stakeholders, including government officials, OPD members, parent support groups, and civil society organisations. These activities helped educate the public and key decision-makers about disability issues, leading to increased support and understanding. Through their advocacy efforts, CBID networks highlighted the importance of inclusivity in all aspects of community life, ensuring that the voices of persons with disabilities were heard and considered in policy-making processes.

CBID networks also assisted OPD members and parent support groups in accessing public financing. They facilitated the mobilisation of resources by connecting these groups with government funding opportunities, primarily constituency development funds and donor programmes. By advocating for specific budget allocations for disability inclusion, CBID networks ensured financial resources were directed towards programmes and initiatives benefiting persons with disabilities. This financial support was crucial for implementing inclusive education programmes, improving infrastructure accessibility, and providing necessary assistive devices.

CBID networks engaged with key ministries, such as the Ministry of Finance and Planning, to integrate disability-inclusive policies into national and local development plans. Through active engagement with government bodies and participation in National Steering Committee meetings, CBID networks successfully pushed for disability inclusion considerations in budget allocations and policy frameworks. Their efforts led to the adoption of legislation such as the People with Disabilities Act, 2022, and the development of inclusive education and health programmes.

By participating in national committees and district-level planning sessions, CBID networks ensured that disability inclusion was a priority in government agendas, resulting in more comprehensive and effective public services for persons with disabilities.

The collaborative efforts of CBID networks in raising awareness and advocacy had influenced government planning and budgeting processes. For instance, data from interviews with national and district government officials showed that 10% of local government revenue was now allocated to programmes targeting persons with disabilities. The district planning and budgeting framework directs each district to set aside a budget for loans to businesses run by persons with disabilities, amounting to 2% of the council's budget. Nevertheless, by the time of the evaluation, these intentions had not yet been translated into action, to enable persons with disabilities to access loans, to start or boost their businesses.

3.2.8 EQ13: To what extent have CBID networks facilitated systemic change and policy influence? Explore coordination of disability advocacy initiatives among stakeholders.

Extent of Systemic Change and policy influence

The District CBID networks have significantly facilitated systemic change and policy influence, enhancing the coordination of disability advocacy initiatives among various stakeholders. Data from surveys and interviews with key informants and FGDs with OPDs and community leaders suggest the following systemic changes resulting from advocacy effort of District CBID networks:

- The CBID networks have raised substantial awareness about the rights and needs of people with disabilities. Parents, guardians, and other stakeholders have become more informed about disability issues, leading to changes in participation and inclusion of people with disabilities.
- Children with disabilities were increasingly being identified and enrolled in schools. This was attributed to the growing community awareness about their rights, resulting in more accessible infrastructure in educational institutions and other public buildings.
- There was a notable increase in community participation in promoting disability inclusion. Parents and community members were more engaged in pushing for inclusive education, healthcare, marriage, and social participation for people with disabilities.
- The CBID networks have played a crucial role in advocating for policies that support disability rights. They have facilitated self-advocacy among people with disabilities, who now monitor and push for implementing policies and laws that meet their needs.

- The networks have contributed to changing traditional attitudes towards people with disabilities, leading to an increase in employment opportunities. Employers are becoming more inclusive, and people with disabilities are gaining better access to job markets.
- Although most of the old infrastructure including both public and private built infrastructure remains inaccessible, there is an effort to ensure that modern buildings and infrastructure such as stadiums, roads, public offices, shopping centres etc being constructed are accessible to people with different disabilities, showing a systemic shift towards inclusive infrastructure development.
- There has been a significant decrease in the stigma associated with disabilities. The community's perception has shifted from viewing disability as a curse to recognising it as a normal aspect of life, thus fostering a more inclusive environment.
- People with disabilities were now more involved in community activities, including discussions, leadership roles, and elections.
- The networks have enabled better information dissemination, reaching those who were previously inaccessible because of communication barriers.
- By involving diverse stakeholders such as social welfare officers, legal advisors, education and health officials, police, and disability organisation leaders, the CBID networks ensure comprehensive support and service provision for people with disabilities.

Coordination of disability advocacy initiatives among stakeholders

Coordination of disability advocacy initiatives among stakeholders within the District CBID networks has been marked by significant collaboration and comprehensive engagement. The CBID networks bring together a diverse group of stakeholders, including social welfare officers, education and health officials, police, politicians, the media, OPD leaders, CSOs and NGOs. This inclusive approach ensured that various perspectives and expertise were integrated into advocacy efforts, enhancing the overall effectiveness of initiatives.

Regular meetings, workshops, and online forums are organised to facilitate the discussions on topical issues on disability inclusion, best-practices, challenges, and innovative solutions among stakeholders. This continuous dialogue helps in aligning objectives and coordinating actions to promote disability inclusion.

To sum up, the CBID networks foster a cooperative atmosphere that efficiently coordinates, moderates, and communicates advocacy efforts, effectively addressing emerging issues and promoting disability rights. The efforts made through this engagement, has led to significant systemic changes that have created a more inclusive and supportive environment for individuals with disabilities.

3.2.9 EQ14: Have media practices changed because of participation in CBID networks?

The evaluation has noted the following changes in media practices because of participation in CBID Networks in Zanzibar.

Inclusive and Human-Centred Reporting: Data from media review and interviews with media personnel (journalists) show that media outlets in Zanzibar, since their training in CBID, have increasingly highlighted personal stories and interviews with individuals with disabilities. These features emphasise the human aspect of disability, focusing on personal achievements, challenges, and daily experiences, such as the one boxed here which profiles **"How the Kijaluba Project Empowers People with Disabilities Economically"**. This shift



has been driven by the CBID networks' emphasis on portraying persons with disabilities as active participants in society rather than passive recipients of aid. For example, Zanzibar Broadcasting Corporation (ZBC) has regularly aired segments featuring individuals with disabilities discussing their lives and the impact of CBID

initiatives, providing a platform for voices that were previously underrepresented. These segments are part of a broader effort to humanise disability issues and present them from the perspective of those directly affected.

Workshops and Training Programmes: CBID networks, in collaboration with organisations like the UWZ, have organised training sessions for journalists. These sessions focus on language use, ethical considerations, and the social model of disability, aiming to enhance the sensitivity and accuracy of reporting. For example, reports show that journalists who have undergone these training programmes exhibited a marked improvement in their understanding of disability issues and are more adept at producing content that respects the dignity of persons with disabilities.

Multimedia and Social Media Engagement: Media outlets have adopted multimedia approaches, utilising social media platforms to reach a broader audience. Campaigns often include videos, infographics, documentaries and interactive content designed to educate and engage the public on disability inclusion.

Participatory and Community-Based Reporting: Media practices have become more participatory, with persons with disabilities being invited to co-host programmes or contribute as citizen journalists. This approach ensures that reporting is grounded in the lived experiences of the community. For example, Pemba FM a community radio station, features weekly programmes where individuals with disabilities discuss local issues, ensuring that their perspectives are integral to community dialogues.

Consistent Monitoring and Feedback Mechanisms: Media organisations have implemented mechanisms to monitor the impact of their coverage and gather feedback from the community. This helps ensure that their reporting remains relevant and respectful to the needs of persons with disabilities. Studies conducted by UWZ to monitor the impact of media coverage on public perceptions of disability show a marked increase in public awareness and a positive shift in attitudes towards persons with disabilities since implementing CBID-focused media practices. For instance, a 2023 study found that 75% of respondents reported a better understanding of disability issues because of media coverage.

Policy Advocacy and Influence: the visibility and advocacy efforts facilitated by the media have influenced policy discussions and led to tangible changes in government policies related to disability inclusion. For example, reports from the Office of the Second Deputy Vice President' show that media campaigns have influenced the drafting of more inclusive policies and the allocation of resources for disability inclusion.

Overall, CBID network participation has had a transformative impact on media practices in Zanzibar. The training of journalists has improved, making them more sensitive to disability issues. This has led to more inclusive and human-centered reporting. These changes have not only improved the quality and reach of media content, but have also contributed to greater public awareness and policy advocacy for disability inclusion.

3.2.10 EQ15: Evaluate the sustainability of district network structures and their potential for CBID mainstreaming.

The CBID Programme in Zanzibar has established a robust foundation for sustainable district and provincial network structures. By integrating key local stakeholders, including district governments, *Shehias*, and local disability organisations like SHIJUWAZA, the Programme has fostered a collaborative environment essential for long-term sustainability. These networks have been strengthened through capacity-building initiatives and continuous engagement, ensuring that local actors are well-equipped to sustain CBID efforts independently.

The involvement of the Government of Zanzibar and the NCPD has been crucial in institutionalising CBID principles. Their commitment to policy support and resource allocation provides a stable framework for the networks to operate within. This top-down support enhances the credibility and authority of district and provincial networks, promoting a culture of inclusion and ensuring that CBID activities receive the funding and political backing for sustainability.

A critical factor in the sustainability of CBID network structures is community engagement and ownership. The training has emphasised the importance of grassroots involvement, empowering communities to take an active role in CBID initiatives. By fostering a sense of ownership among local populations, particularly through the active participation of *Shehias* and community leaders, the Programme ensures that CBID efforts respond to local needs and priorities, enhancing their sustainability.

Despite this promising potential for sustainability of CBID structures, the evaluation noted some challenges.

- One of the primary challenges to the sustainability of the CBID Programme is the scarcity of financial resources. Continuous funding is essential to maintain training, provide necessary materials, and support ongoing initiatives. Without reliable financial backing, it is challenging to sustain the Programme's activities and achieve long-term goals.
- The other challenge is the capacity constraints among local stakeholders, including district governments, *Shehias*, and community-based organisations, which hinder the effective implementation and sustainability of CBID initiatives. Inadequate training, limited access to resources, and insufficient expertise can affect the ability to maintain and scale up CBID efforts.
- Finally, while there may be supportive policies at the national level, the gap between policy and practice remains a significant challenge. Effective implementation of disability-inclusive policies requires firm commitment and coordination across various levels of government, which is often lacking. Fragmented efforts can lead to diminished impact.

Overall, the national and district network structures established through the CBID Programme in Zanzibar are well-positioned for sustainability. The combined efforts of strengthened local networks, institutional support, and active community engagement create a conducive environment for the mainstreaming of CBID principles. These structures are likely to sustain and grow to continue to promote disability inclusion effectively across Zanzibar. However, there remain challenges, including scarcity of resources, capacity constraints, and challenges of translating policy into action, that still need to be addressed.

3.3. CBID Effectiveness and Impact

3.3.1 EQ16: To what extent have various CBID interventions contributed to systemic change?

The CBID Programme in Zanzibar has made substantial progress in advocating for and supporting people with disabilities. Initially focused on human rights, the Programme has evolved to address inclusive education, stakeholder training, and advocacy for infrastructural improvements. The notable achievements include:

The Programme has significantly enhanced government awareness of the needs and rights of persons with disabilities. This heightened awareness has translated into tangible improvements, such as the adaptation of paediatric facilities and accessible runways, which better accommodate persons with disabilities. The inclusion of persons with disabilities in national committees has ensured their voices are represented in decision-making processes, contributing to more informed and inclusive policies.

A core component of the CBID Programme has been its focus on training various stakeholders, including members of municipal councils, volunteers, and community members. This training has equipped individuals with essential skills and knowledge to effectively identify, advocate for, and support persons with disabilities. The Programme also established WhatsApp groups to facilitate communication and coordination among stakeholders. These groups, which were previously inactive, have become active platforms for sharing information, providing support, and discussing disability-related issues.

The CBID Programme has made significant strides in inclusive education, operating across 15 shehias (10 in Unguja and 5 in Pemba). It has implemented a streamlined curriculum comprising seven modules designed to educate both teachers and persons with disabilities. The Programme has successfully collaborated with the Department of Teacher's Education to promote the inclusion of all teachers in the initiative. For instance, schools like RUHA Primary School now offer STEM Programmes tailored for children with autism, providing resources to simplify their learning experiences. Teachers have been empowered to diagnose and support students with disabilities, ensuring more inclusive classroom environments. The Programme also advocates for making inclusive education a mandatory part of teacher training.

Despite the Programme's successes, it faces challenges, particularly in garnering consistent support from higher-level officials. Their frequent unavailability during crucial meetings and gatherings has hindered progress. There is a need for more robust engagement and commitment from national-level officials to fully capitalise on the Programme's initiatives.

While the Programme has registered active participation at the district level, national-level engagement remains limited. Enhanced coordination and involvement at the national level are crucial for ensuring the sustainability and broader impact of the CBID Programme.

3.3.2 EQ17: How do service referrals at the community level differ between CBID and non-CBID districts?

The evaluation team, besides focusing the evaluation activity on the CBID target districts, also visited a non-CBID district Unguja B district to assess the differences in service referrals at the community level between the CBID and non-CBID districts. The district, which is not part of the CBID Programme, demonstrates distinct differences in handling service referrals for persons with disabilities compared to CBID districts.

- In Unguja South, service referrals and support for people with disabilities are managed through a combination of community mobilization efforts and ad-hoc assistance. Key officers, including youth, social welfare, and disability officers, work to address the needs of persons with disabilities, but face several challenges:
- There is no formalized system to identify and support persons with disabilities. Support is often based on community mobilization efforts and those who come forward during these activities.
- The district struggles with limited funds and resources, including assistive kits and transportation for officers to reach persons with disabilities. Facilities such as schools and hospitals often lack inclusive infrastructure.
- Many teacaretakers lack specialised skills to support effectively persons with disabilities, leading to inconsistent and inadequate help.
- The allocation and distribution of resources may be influenced by political factors, leading to delays or misallocation.
- Support and information sharing often occur through the District CBID network, a WhatsApp group which is though still new, but includes key officers, teachers, and health workers.

Box 15: Perspectives of district technical staff on how they support persons with disabilities in a non-CBID District

“We involve persons with disabilities (especially the youth) in different development activities. We connect them to different promising opportunities, finding interpreter for them. ... we make sure they get the right assistance needed. ... we mobilise them to join groups that can support them to get affordable capitals for their economic activities”

In contrast, CBID districts typically have more structured approaches to service referrals for persons with disabilities:

- CBID districts often have established processes to identify persons with disabilities and systematically address their needs through coordinated efforts.
- These districts usually have better access to resources, including assistive devices and inclusive facilities, supported by a clear allocation of funds.
- Through the CBID Programme, teachers, caretakers, and community workers, health workers, community leaders etc have been trained. They have the skills to support persons with disabilities effectively.
- There is an effort to have infrastructure in schools, hospitals, and other public buildings that is more accessible for persons with disabilities, although some of them partially. For example, there is a ramp at the main entrance of the Unguja South district Administration Office. However, no accessibility adaptations have been made to make all the offices on the block accessible
- Community Engagement and Advocacy: There is a stronger focus on community engagement and advocacy to raise awareness and promote the rights of persons with disabilities, leading to more proactive and inclusive support.

In conclusion, the comparison between CBID and non-CBID districts highlights the significant impact of structured, community-based inclusive programmes on the quality and consistency of service referrals for people with disabilities. CBID districts benefit from formalized systems, better resources, specialised training, inclusive infrastructure, and strong community engagement, which collectively ensure more effective and reliable support for persons with disabilities.

3.3.3 EQ18: Is the concept of disability inclusion understood differently in CBID and non-CBID districts?

Data from interviews with district leaders, OPD leaders and FGDs with local community leaders from the CBID target districts of Unguja Urban, Unguja South, Chake Chake shows that disability inclusion is a comprehensive approach integrating persons with disabilities into all aspects of community life. Key principles include ensuring equal access to education, healthcare, employment, and social activities. Empowerment of persons with disabilities to voice their needs and take part in decision-making is strongly supported. There is significant collaboration among government agencies, NGOs, community groups, and service providers to deliver coordinated services. Despite resource constraints, these districts prioritise essential resources like assistive devices, inclusive infrastructure, and vocational training. Enhanced training and awareness among district officials have improved their understanding and integration of disability needs into community planning.

In contrast, in the Non-CBID District of Unguja B, disability inclusion is more reactive and fragmented. Support is provided on an ad-hoc basis, driven by immediate needs and community mobilization rather than systematic, proactive strategies. There is a general understanding of disability inclusion, but the approach lacks formal systems and consistent resource allocation.

3.3.4 EQ19: What are the differences in collaboration and disability inclusion between CBID and non-CBID areas?

Table 5: Comparison of in collaboration and disability inclusion between CBID and non-CBID districts

Areas	CBID Districts	Non-CBID District
Nature of Collaboration	Collaboration in CBID areas is structured, involving coordinated efforts among government agencies, NGOs, community organisations, and other stakeholders. Formal systems and processes ensure that all relevant parties work together effectively to support persons with disabilities.	Collaboration in non-CBID areas is often informal and ad-hoc. It relies on the initiative of individual officers and community members to support persons with disabilities. There is limited coordination among different stakeholders, leading to fragmented and inconsistent support.
Resource availability and infrastructure	CBID areas typically have better access to resources, including assistive devices and inclusive infrastructure, which are integrated into community planning and development. There is a proactive approach to resource allocation, ensuring that persons with disabilities receive consistent support.	Resources such as assistive devices and inclusive infrastructure are scarce and inconsistently available. Support for persons with disabilities depends heavily on community mobilisation and external donations, with government resources being inadequate and politically influenced.
Networking and Partnerships	Collaboration is facilitated through formal networks and partnerships, ensuring that support for persons with disabilities is well-coordinated and sustainable. These networks include regular meetings, regular on-line moderated discussions (WhatsApp), joint planning, shared responsibilities among stakeholders.	Support is often facilitated through informal networks, but the establishment of the District CBID Network WhatsApp officers, teachers, and doctors was supporting sharing of information, networking, referrals and linkages.
Inclusion strategies	Disability inclusion is a central part of community planning and development, with proactive strategies to identify and support persons with disabilities. There are formal mechanisms for ensuring that persons with disabilities are included in all aspects of community life, from education and employment to social activities and decision-making processes.	Disability inclusion efforts are mostly reactive, addressing immediate needs as they arise rather than through a planned, systematic approach. There is no formal mechanism for identifying and supporting all persons with disabilities in the community, leading to gaps in service provision.

Overall, collaboration and disability inclusion in non-CBID areas are characterized by informal, ad-hoc efforts with limited resources and reactive support mechanisms. In contrast, CBID areas adopt a structured approach to collaboration, with integrated resources, formalized networks, and proactive strategies ensuring comprehensive and sustainable inclusion of persons with disabilities.

3.4. CBID Coordination

3.4.1 EQ20: What are the coordination structures at the national and district levels in the CBID target districts?

In Zanzibar (**National/State level**), the coordination of CBID involves multiple ministries and decentralized structures aimed at integrating persons with disabilities into all facets of community life. At the national level, disability coordination is mainstreamed across sectors, particularly focusing on poverty reduction, developmental equality, human development, and inclusive governance. Key ministries such as Finance and Planning, State Administration, Local Government, Labour, and Education play crucial roles in implementing inclusive policies and programmes.

The CBID coordination framework includes a Department of Disability Affairs, district-level disability committees (*Sheha* and *Shehia*), and umbrella organisations for persons with disabilities. These structures ensure that disability issues are addressed comprehensively in policy formulation and implementation, aligned with national development plans like MKUZA 3 and international frameworks such as the Sustainable Development Goals (SDGs).

At the **district level**, CBID coordination structures involve local councils, CDCs, CSOs, OPDs and the private sector. Local councils lead service delivery and development initiatives, while CDCs mobilise resources and oversee local projects to ensure inclusivity for persons with disabilities. CSOs advocate for disability rights and support community engagement, and the private sector contributes resources and expertise. Active community participation is crucial for responsive and accountable governance. Together, these entities collaborate to integrate disability-inclusive policies into local development, ensuring effective and sustainable outcomes.

At the **community (*Shehia*)** level in Zanzibar, the coordination mechanism for CBID involves grassroots structures that are essential for local governance and service delivery. Each *Shehia* establishes Disability Committees comprising local leaders, representatives from civil society, and members of OPDs.

Overall, Zanzibar's CBID coordination mechanism emphasises collaborative efforts across governmental, non-governmental, and community sectors to foster inclusive development and empower persons with disabilities throughout the state (Zanzibar)

3.4.2 EQ21 What are the primary functions of the existing CBID coordination structures? Do they effectively fulfil their intended purposes?

In Zanzibar, the CBID coordination structures serve several primary functions aimed at fostering inclusive practices and improving the quality of life for persons with disabilities. These functions are integral to ensuring effective implementation and support at various levels of governance and service delivery.

The CBID coordination structures, at the national level, particularly the NCPD and the national CBID Steering Committee, oversee the implementation of disability-inclusive policies across ministries and local governments. The National CBID Steering committee, in particular, which has the NCPD as its secretary and involves key ministries such as Health, Education, and Labor, ensuring that disability inclusion is a cross-sectoral priority. The committee plays an oversight role that extends to reviewing the effectiveness of disability policies, adjusting strategies to meet the dynamic needs of persons with disabilities, and ensuring that implementation is consistent across different regions. However, since it lacks a legal mandate, it plays an advocacy role, and therefore its recommendations channeled through the NCPD to the respective sectors for action. However, despite these efforts, the execution often faces challenges due to variability in resource allocation, enforcement of policies, and the need for continuous policy adaptation to reflect the evolving societal and demographic contexts

At the district level, CBID structures coordinate capacity-building initiatives, facilitate resource mobilisation, and foster collaboration among various stakeholders, including government bodies, NGOs, and the private sector. They have been successful in enhancing the capacity of community members and improving resource coordination, which has led to more cohesive and effective CBID efforts. There is a need for improved systematic data collection and analysis to better assess programme effects and refine strategies.

At the community level, CBID structures engage local leaders, OPDs, and CSOs to advocate for the rights and inclusion of persons with disabilities. They work to raise awareness, facilitate community dialogues, and empower local communities to participate actively in disability-inclusive activities and decision-making

processes. They conduct monitoring and evaluation of CBID Programmes to assess their effectiveness and impact. While these efforts have significantly improved community engagement and advocacy, ongoing optimisation of service delivery and responsiveness to emerging needs is essential for sustained success.

Overall, therefore, the CBID coordination structures play a vital role in ensuring that disability inclusion becomes a mainstream priority across all sectors of society in Zanzibar, aiming to create a more equitable and supportive environment for persons with disabilities to thrive. However, while they are effective in many aspects, ongoing efforts to address challenges and optimise these functions are necessary to ensure sustained success and impact.

4. Conclusions and recommendations

4.1 Conclusions

1. CBID Training: Conclusion: CBID training in Zanzibar has made notable improvements in stakeholders' capacity to support disability inclusion. It has enhanced the ability to identify and refer individuals with disabilities, mobilise communities, build stakeholder capacity, and improve infrastructure and services. Despite these advancements, the training's reach remains limited, affecting only a few shehias within the designated target districts. This limited coverage can restrict the overall impact of the training on disability inclusion throughout Zanzibar.

2. CBID Networks: Conclusion: The CBID networks in Zanzibar have played a crucial role in advancing disability inclusion. These networks facilitate collaboration among government bodies, NGOs, and local communities, enabling improved access to essential services and advocacy for policy changes. While these networks have been effective in many areas, challenges such as limited resources, cultural barriers, and unclear network structures persist. These issues can undermine the effectiveness of the networks and their ability to fully realise the goals of disability inclusion.

3. CBID Effectiveness and Impact: The CBID Programme has achieved significant progress in raising awareness, building stakeholder capacities, and improving infrastructure related to disability support. It has contributed to systemic changes and increased government support for disability inclusion. However, challenges such as inconsistent high-level support and insufficient engagement at the national level continue to hinder the programme's overall effectiveness and sustainability.

4. CBID Coordination: Conclusion: At the national and district levels, CBID coordination mechanisms have facilitated important aspects of policy implementation, capacity building, and resource mobilization. These efforts have contributed to significant progress in disability inclusion. Challenges related to enforcement, resource allocation, and comprehensive monitoring persist, which can impede the effectiveness of these coordination mechanisms.

5. Integration of Human Rights Advocacy and Inclusive Education: Conclusion: There is a disconnect between MECP-Z's project-focused approach and the broader CBID framework, leading to insufficient integration of Human Rights Advocacy and Inclusive Education within CBID initiatives. This lack of integration can hinder the effectiveness of the CBID Programme and limit its impact on human rights and educational inclusion.

6. Government Engagement and Planning: Conclusion: The Government of Zanzibar has made notable progress in inclusive education and accessible infrastructure. However, there is a need for more strategic planning and collaboration with the national Steering Committee to ensure that priorities are aligned and effectively implemented.

4.2. Recommendations

- 1 To expand the benefits of CBID training, it is crucial to extend the training to cover more districts and shehias. This can be achieved by increasing the geographical scope of training programmes and ensuring that all relevant areas receive the support. Invest in ongoing mentorship and follow-up support to ensure that the skills gained during training are effectively applied in real-world settings. This might include establishing regional training hubs or employing local mentors who can provide continuous support and address any gaps in knowledge retention.
- 2 To address the challenges of limited resources, cultural barriers, and unclear network structures, it is essential to define clearly and communicate the structure of CBID networks to all stakeholders. This involves ensuring that all districts and communities are included in the network and that their roles and responsibilities are well understood. Work to overcome resource constraints by forming partnerships with international organisations and local businesses. Enhancing resource mobilization efforts and

establishing regular forums for network members to discuss challenges and share best-practices will also strengthen the effectiveness of the CBID networks.

- 3 To enhance the effectiveness of the CBID Programme, it is important to secure more consistent support from high-level officials and increase national-level engagement. This can be achieved by intensifying advocacy efforts to involve key government officials and stakeholders in strategic planning and decision-making processes. Developing a comprehensive monitoring and evaluation framework will help assess the impact of CBID initiatives and identify areas that need improvement. Regular reviews and adjustments to strategies will ensure that the Programme remains responsive to emerging challenges and continues to meet its objectives.
- 4 NAD should clarify and communicate the CBID Theory of Change to ensure that all projects align with the broader CBID framework. Facilitate regular meetings and workshops to ensure that all stakeholders understand and adhere to the unified CBID approach, fostering greater alignment and collaboration across different areas of work.
- 5 Enhance the strategic planning process by involving the national Steering Committee in annual planning and priority-setting meetings. Develop a collaborative approach to ensure that government initiatives align with CBID goals and that inclusive policies and infrastructure projects are implemented coherently. Strengthen communication channels between the government and the Steering Committee to facilitate better coordination and alignment of priorities, ensuring a more comprehensive and effective national CBID Programme.

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Annexes:

A.1 Terms of Reference

Evaluation of the Community Based Inclusive Development (CBID) Programme

Norwegian Association of Disabled (NAD)

Countries: Zambia and Zanzibar Period covered: 2020-2023

1. Background

Norwegian Association of Disabled (NAD) has long experience of developing Community Based Inclusive Development (CBID) Programmes, also known as Community Based Rehabilitation (CBR), as a strategy for supporting governments to meet their obligations in the UN Convention on the rights of persons with disabilities (CRPD).

As part of this strategy, NAD has in Zambia worked in collaboration with a range of stakeholders since 2009 to achieve the inclusion of persons with disabilities and initiated the CBID Programme in 2012. The Zambia Programme has included small grants Programmes, capacity building of organisations, Programmes to introduce inclusive education, training in CBID at national, district and community level, development of district CBID Information Networks in more than 40 districts, peer training, and a variety of other initiatives.

In Zanzibar, NAD initiated a process in 2019 to introduce CBID. Activities have included the development and piloting of CBID trainings for community, district and national level stakeholders, the establishment of CBID Stakeholder Networks at district (3 districts) and national levels, capacity building of the umbrella OPD (Shijuwaza), and an inclusive education Programme. Adding to this, in 2023 NAD worked in partnership with key stakeholders to introduce a new Economic Empowerment Programme, iSAVE, with a focus on saving and loans groups.

2. Purpose of the Evaluation

The evaluation should assess the effectiveness of NAD's CBID Programme on a systemic level, focusing particularly on trainings, coordination and networking, based on the interventions done during the years 2020-2023. Based on information from selected districts, as well as data collected from provincial and national levels in Zanzibar and Zambia, NAD seeks to understand key success factors and learning points for future Programme planning.

a. General objectives for both countries:

Assess the effectiveness of the **CBID trainings** delivered at community, district and national levels during the period.

Assess the function and effect of the **CBID information networks**.

Compare districts with CBID interventions with non-CBID intervention districts and assess effects on selected parameters of disability inclusion, to be defined in collaboration with the consultant.

Assess the **structures for CBID coordination** on national, regional/provincial, district and community levels and specify, where possible, NAD's role in establishing and sustaining these.

Assess the **operation and use of national Disability Management Information System (DMIS)** and its relationship to national data collection.

b. Specific objective for Zambia:

6. Assess the effect of the **institutionalisation of CBID in national teaching institutions**.

Based on the findings from all objectives, the evaluation should provide **recommendations for NAD's Programme development and direction** and formulate possible outcome and output **indicators** for NAD's CBID work, such as networking and coordination.

For proposed evaluation questions, see [Annex 1](#) below.

3. Expected deliverables

Draft an Inception report outlining the approach and methodology for the review, including qualitative and quantitative data collection tools, as well as a timeline.

Design an action plan for the field work in collaboration with country teams.

Document and deliver all data collected in the field in the draft review report for sharing, presentation and feedback with relevant stakeholders.

Commit to quality assurance of deliverables, time management and travel arrangements.

Finalize the review report by country based on input and feedback received.

Facilitation of learning workshops for NAD staff and relevant stakeholders.

4. Proposed timeframe, all dates 2024

26 January: TOR announced and/or circulated to potential consultants

12 February: Deadline for consultant applications

Mid-February: Consultant selected

6 March: Inception report produced

March-April: Conduct evaluation (fieldwork and deskwork)

8 April: Draft report shared with NAD

12 April: Webinar/online sharing of findings

19 April: Final report available

5. Geographical scope

The evaluation will cover Zambia and Zanzibar. Specific districts / regions to be advised by NAD Country Directors in both countries.

6. Methodology

Carry out discussions with NAD Oslo and NAD country offices to gain more information on the country Programmes. The evaluation will require the use of both qualitative and quantitative tools and methods for data gathering.

It is expected that the evaluation includes field work in Zambia and Zanzibar to meet with stakeholders and remote desk work.

7. Budget available

The total budget ceiling available is maximum NOK 400,000 (approx. \$36,000).

8. Competencies required of the lead consultant

At least 5 years of demonstrated experience with similar Programme evaluation assignments, including design, implementation and review of community based development interventions.

Understanding of rights-based Programmeming and disability inclusion is a requirement.

Demonstrated experience in effectiveness assessment, research and evaluation methodologies, both qualitative and quantitative.

Good command of multi-sectoral project evaluation skills.

Master's degree in relevant disciplines; social and/or community development, monitoring and evaluation, project management or other related field.

Commitment to deliver quality work on time.

Strong communication, reporting and presentation skills and fluency in English language, both written and spoken.

9. Application process and deadline

Please respond to the request for proposal with the following details:

Description of proposed consultant(s) including a summary CV and a cover letter plus 3 references for similar/related assignments undertaken with contact persons (references) – (max 3 pages).

Financial proposal (detailed) that indicates the overall contract price and all estimated breakdown of costs, including days of consultancy - (1 page).

Overview of qualifications/experience and a profile of your organisation (if Institution).

Technical proposal detailing out the methodology, data analysis and work plan - (Max 5 pages).

Kindly submit your application to: Ingunn.gihle@nhf.no marked with "CBID Evaluation 2024" in the subject field.

Submission deadline is Monday **12 February 2024 at 09:00 Hrs Oslo time (GMT+1)**.

Applications without all relevant documents will not be considered.

Only shortlisted consultants will be contacted.

The consultant will be chosen based on merit, according to NAD guidelines.

Annex 1:

Proposed evaluation questions.

Objective:	Question:
1 CBID trainings	<i>Community level:</i> What is the effect of the training for volunteers identifying persons with disabilities and use of relevant referral systems? Are all age groups of persons with disabilities reached? To what extent are the trainees equipped with the tools necessary to provide support at community level? To what extent is the training of CBID volunteers institutionalised?
	<i>National and district levels:</i> What are the outcomes of training provided at national and district levels? To what extent are the trainees equipped with the necessary tools and knowledge for disability inclusive planning and budgeting?

2 CBID information networks	<p><i>District and province level:</i></p> <p>Describe the different elements of the networks (like modes of communication) and assess their effectiveness.</p> <p>Perform stakeholder analysis of the participants in the networks.</p> <p>Do the networks have the optimal participation to influence systemic changes?</p> <p>Does influential and people in position of power take part in the networks?</p> <p>How do OPDs understand the CBID networks and their respective roles?</p> <p>How do NGOs and CSO understand the CBID networks and their respective roles?</p> <p>Assess how CBID stakeholders (also outside the CBID networks) at all levels understand their roles in relation to disability inclusion.</p> <p>Have NGOs and CSOs' understanding and practice of 'disability inclusion' changed based on their participation and learning from the networks?</p> <p>What is the effect of the use of the CBID matrix overview tool?</p> <p>What are the effects of the CBID information networks on the community level?</p> <p>Evaluate the extent to which the CBID networks have raised awareness of and increased access to public financing for OPD members and parent support groups (e.g. CDF grants), and the impact of this. Have the networks had an impact on government planning and budgeting?</p> <p>To what extent can systems change through the CBID information networks be seen? Have network members used learning from the networks in policy change? Explore how disability advocacy initiatives can best be coordinated between the various stakeholders.</p> <p>Have media changed their practices based on their participation and learning from the networks?</p> <p>Evaluate the sustainability of the current network structures at district and province level, and the potential effect towards CBID mainstreaming in the years to come.</p>
3 Comparison CBID/ non-CBID intervention districts	<p>Examples of parameters:</p> <p>To what extent can systems change through the various CBID interventions be seen?</p> <p>Establish how referrals to services at community level differ between CBID and non-CBID districts.</p> <p>To what extent is the concept of disability inclusion understood amongst target groups in CBID and non-CBID districts respectively?</p> <p>Describe the differences in CBID versus non-CBID areas for aspects of collaboration, and inclusion of persons with disabilities.</p>
4 CBID coordination	<p>Describe the coordination structures present at national and province/region and district level in areas where NAD have worked.</p> <p>What are the main functions of the CBID coordination structures in place? Do they work and deliver as planned?</p>
5 DMIS	<p>Zambia: evaluate the NAD-supported DMIS</p> <p>Zanzibar: collect information on the government system and assess whether there are lessons to be learnt from the Zambian DMIS</p>
6 CBID in national teaching institutions Zambia	<p>Provide overview over studies where CBID is integrated in the curricula either partly or as stand-alone courses.</p> <p>Are the courses provided at a level which qualifies for government positions later?</p> <p>Do the students go on to be employed within relevant fields?</p>

List of participants

S/n	Name	Sex	Organisation/Place of work	Position
1.	Saida Amour		MECDP-Z	Programme Coordinator
2.	Awatif Ghalib		MECDP-Z	M&E Officer
3.	Nassir Rashid-	M	MECDP-Z	HRA Officer
4.	Joyce Charles	F	MECDP-Z	IE, Project Officer
5.	Kheir M. Simai	M	JUWALAZA	Director
6.	Mohd A. Mohd	M	JMZ	Secretary
7.	Maryam K. Abdallah	F	JUWALAZA	Interpreter
8.	Warda T. Mussa	F	JUWALAZA	Interpreter
9.	Fatma A. Ally	F	ZADOC	Excecutive Committee
10.	Jide K. Saleh	F	SHIJUWAZA	Deput Secretary
11.	Juma A. Mussa	M	SHIJUWAZA	Committee Member
12.	Abdallah A. Suleiman	M	ZACDID	Chairperson
13.	Mwanahawa H. Mohamed	F	SOZ	Committee Member
14.	Saadah H. Ali	F	SHIJUWAZA	Committee Member
15.	Zainab M. Songoro	F	SHIJUWAZA	Group Administrator
16.	Ali K. Machano	M	SHIJUWAZA	Programme Leader
17.	Hassan H. Silima	M	SADZ	Chairperson
18.	Juma S. Juma	M	SHIJUWAZA	Accountant
19.	Thuwaiba S. Abase	F	JUWALAZA	Committee Member
20.	Donald G. Navetta	M	UWZ	Operation Manager
21.	Ussy K. Debe	M	ZNCPD	Excecutive Secretary
22.	Mwanakhamis I. Salum	F	NCDP	Officer
23.	Dkt Said H. Mrisho	M	Urban District	District Administrative Secretary
24.	Mwachumu S. Aui	F	Kizimkazi	Sheha
25.	Rehema Kassim	F	Kizimkazi	Committee Member
26.	Muhamad K. Wahabi	M	Juwalaza	Interpreter
27.	Bihindi J. Ramadhan	F	Kizimkazi	Committee Member
28.	Mustapha M. Haji	M	Kizimkazi	Councilor
29.	Hidaya M. Juma	F	South District	S.W. Officer
30.	Safina K. Hassan	F	South District	Planning Officer
31.	Haji C. Haji	M	South District	Cdgco
32.	Ussi Khamis	M	Btwwu South	Officer
33.	Mahfoudh S. Omar	M	JUWALAZA	Volunteer Kizimkazi
34.	Mwanajuma A. Abdallah	F	Kizimkazi	Committee Member
35.	Rahma Kassim Mtawa	F	Kizimkazi	Pwd Group Member
36.	Hassan O. Khatib	M	Kizimkazi	Imam
37.	Makame H. Khamis	M	Kizimkazi	Teacher
38.	Ali M. Khamis	M	Kizimkazi	Teacher
39.	Hassa D. Jumaa	M	Kizimkazi	Committee Member
40.	Sudi M. Haji	M	Kizimkazi	Committee Member
41.	Hassan K. Myawa	M	Kizimkazi	Accountant

42.	Mohammed A. Abdallah	M	Kizimkazi	Crp Kijaluba
43.	Salama H. Ali	F	Kizimkazi	Committee Member
44.	Najat K. Hamis	F	Kizimkazi	Committee Member
45.	Salma Mwalim	F	Kizimkazi	Sheha
46.	Zuhura A. Hemed	F	JUWALAZA	Committee Member
47.	Maryam H. Kudura	F	JUWALAZA	Committee Member
48.	Jamila B. Hamza	F	ZANAB	Chairperson
49.	Hidaya H. Kisisa	F	UWZ	Chairperson
50.	Aboud I. Maktub	M	BWWW	Chairperson
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52.	Mohds. Mbaru	M	ZANAB	Secretary
53.	Mwanakheri A. Pandu	F	West Unguja B'	Sheha
54.	Salama Juma	F	ZAPDD/UWZ	Committee Member
55.	Mwajuma K. Makame	F	West Unguja B'	Social Welfare Officer
56.	Amina M. Wazir	F	West Unguja B'	Youth Officer
57.	Faida Kh. Ali	M	West Unguja B'	Planning Officer
58.	Rukia A. Jaha	F	West Unguja B'	Gender And Children Officer
59.	Ahmed A. Mohamed	M	South District	Officer In Charge Office Of The First Deputy President Pemba

