



Multi-Stakeholder Processes for Disability Inclusion

Overview

More than 3.3 million people in Tanzania live with disabilities, and many of them are still shut out of education, healthcare, employment and political life. The country has ratified the Convention on the Rights of Persons with Disabilities (CRPD), but its implementation has been patchy, with real gaps in accessibility, data collection, and coordination between institutions. The question was how to turn those commitments into something people actually experience day to day.



Includovate designed and facilitated a participatory process that brought a wide range of stakeholders to the table. A thorough situational analysis, inclusive consultations and a jointly developed proposal helped build consensus and a shared sense of ownership over the solutions. The process culminated in multi-million-dollar donor funding for disability inclusion, demonstrating that rigorous, inclusive approaches can yield real results.

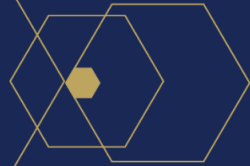
Methodology

Includovate combined rigorous analysis with participatory, inclusive processes so the work delivered both solid evidence and genuine ownership.

Multi-Stakeholder Processes (MSPs):

- National and regional workshops brought together government representatives, international partners, civil society, UN agencies, and OPDs.
- Dialogue was structured to deepen understanding of CRPD implementation and the Sustainable Development Goals.

Inclusive Participation:



- Sign language interpreters and accessibility assistants were recruited across the country.
- This ensured that persons with diverse disabilities could communicate, debate, and contribute equally.

Situational Analysis with Mixed Methods:

- Literature review findings were triangulated with focus group discussions and key informant interviews.

Persons with disabilities, including women, were engaged as key informants, enumerators and analysts, and their lived experience shaped the programme's objectives and outcomes.

Focus on Six Preconditions for Disability Inclusion:

- Stakeholder coordination
- Equality and non-discrimination
- Accessibility
- Inclusive service delivery
- CRPD-compliant budgeting
- Accountability and governance



Consensus-Oriented Proposal Development:

- Draft findings were reviewed collectively by stakeholders.

SMART indicators were debated and agreed upon together, and stakeholder input was incorporated into the final situation analysis and funding proposal so people felt ownership of the outcomes.

Capacity Building Through the Process:

- OPDs and other local stakeholders gained technical exposure to research, analysis, and advocacy methods.
- This strengthened their ability to lead future disability inclusion efforts beyond the project.

Key Findings

1. Policy and Legal Gaps:

- Disability-related legislation and policies were outdated and not fully aligned with the CRPD.



- Zanzibar had initiated a review of its 2006 Disability Act, but Mainland Tanzania had not updated its Disability Act or National Disability Policy.

Limited focus on intersectionality, particularly for women and children with disabilities, was evident.

2. Marginalisation of Vulnerable Groups:

- Women and girls with intellectual and psychosocial disabilities were the most excluded.
- They faced barriers in accessing justice, leadership roles, sexual and reproductive health services, economic empowerment, and caregiver support.

3. Limited Stakeholder Coordination:

- OPDs had significant gaps in capacity, funding, and knowledge, limiting their influence on decision-making and budget allocation.
- Coordination between government, UN agencies, and OPDs remained weak.

4. Government Capacity Challenges:

- Lack of up-to-date statistics on persons with disabilities.
- Limited capacity to implement legislation effectively.

5. Data Deficits:

- Household surveys often missed disability-disaggregated data.
- Certain types of disabilities were not measured at all, leaving major evidence gaps.

6. Service Delivery Gaps:

- Social protection schemes frequently excluded persons with disabilities.
- Healthcare access was hindered by unaffordable assistive devices and limited services.
- Education and employment opportunities were limited, with poor compliance with disability employment quotas and persistent social stigma.

7. Barriers to Political and Public Participation:

- Many polling stations remained inaccessible.
- Information was rarely provided in accessible formats.
- Lack of accessible legal services impeded access to justice.
- Budgeting for disability inclusion did not consistently follow CRPD standards.
- Monitoring and enforcement mechanisms were weak.



Includovate's Solutions & Recommendations

1. Policy Reform and Alignment

- Support the government in updating outdated disability legislation and fully aligning national policies with CRPD standards.
- Integrate gender and age dimensions, ensuring that women, girls, and children with disabilities are explicitly recognised in laws and frameworks.
- Strengthen compliance with other international instruments, such as CEDAW and the CRC, to address intersectional exclusion.

2. Empowering Organisations of Persons with Disabilities (OPDs)

- Provide targeted technical and financial support to strengthen OPDs' advocacy capacity.
- Increase their formal role in policy-making, budget planning, and monitoring processes.
- Foster stronger coordination mechanisms among OPDs, the government, and international partners to reduce duplication and amplify the collective voice.

3. Inclusive Service Delivery

- Expand healthcare access by subsidising assistive devices, training healthcare professionals, and improving access to facilities.
- Ensure education systems are inclusive, addressing barriers for girls and children with disabilities, including digital and physical accessibility.
- Improve access to social protection schemes to prevent poverty cycles, with specific provisions for caregivers of persons with disabilities.
- Promote employment opportunities by enforcing disability employment quotas and supporting inclusive workplace policies.

4. Data and Evidence Strengthening

- Improve national data collection systems to produce disability-disaggregated statistics across age, gender, and impairment categories.
- Institutionalise monitoring frameworks for tracking inclusion in public budgeting and service delivery.



5. Accountability and Governance



- Embed disability inclusion in national and local government budgets to ensure transparent resource allocation.
- Establish accountability mechanisms, such as participatory monitoring platforms, to track progress and highlight gaps.
- Create feedback loops between OPDs, civil society, and government to sustain accountability over time.

Conclusion

This case study shows how Includovate turns complex challenges into solutions that are both actionable and fundable, combining solid evidence, fresh thinking and genuine participation. Because multi-stakeholder processes were built into the heart of the work, the project became much more than a situational analysis. It became a way to build trust, give marginalised voices real weight, and get people to genuinely own the path forward.

The approach didn't just surface critical gaps, such as misalignment with the CRPD, weak coordination, exclusion from services, and a lack of data. It also turned those findings into practical recommendations that stakeholders had actually agreed on. Rather than simply signing off on the analysis, stakeholders helped shape it by working through the SMART indicators, priorities, and strategies for change together. That's what made the resulting solutions both relevant to the local context and politically workable.

The impact was immediate and significant. The co-created proposal secured multi-million-dollar funding from international donors, unlocking resources to strengthen disability inclusion nationwide. Beyond funding, the process built lasting capacity within OPDs and government institutions, enabling them to advocate more effectively, participate in decision-making, and sustain reforms over the long term.

For Includovate, this case is a reminder of why the methodology works: rigorous research grounded in lived experience, participatory processes that level the playing field, and outputs that actually drive systemic change. When evidence and inclusion come together like this, commitments start turning into reality, and real progress towards equity becomes possible.

