Executive Summary of the HELASIA project final evaluation

30. 04. 2023

This report presents the findings, lessons learnt, and recommendations of the external and final evaluation of Humanity & Inclusion's project 'Health, Education and Livelihoods in Africa (HELASIA)'. The evaluation contract was launched on 19 December 2022 (date of purchase order). The kick-off meeting was held online on 04 January 2023. Data collection and analysis were completed in April 2023. The evaluation was undertaken by Policy Impact Lab.

This evaluation report is based on analysis of project documentation and interviews and focus groups with internal and external stakeholders. Most of the interviews and focus groups were conducted face-to-face during field visits where local field experts were deployed. This was complemented with remote consultations conducted by the core evaluation team members.

Project overview

The HELASIA project was funded by the Norwegian Agency for Development Cooperation and implemented by Humanity & Inclusion between October 2019 and June 2023 in partnership with the African Disability Forum (regional level), the Pan-African Network of Persons with Psychosocial Disabilities (regional level), federations of organisations of persons with disabilities (national level) and organisations of persons with disabilities (local level).

Benin, Ethiopia and Rwanda were the first countries of the project implementation. In January 2021, the project included Madagascar and Mozambique and started working with PANPPD. Botswana and the Gambia were also included at a later stage, albeit to a lesser extent, with activities focusing mainly on the work with ADF.

Project objectives and activities

HELASIA's objective was to contribute to an increased access to inclusive services and improved quality of life of persons with disabilities through building capacities of partner organisations to advocate and participate in the development and implementation of policies and programmes at a local, national and regional levels. To this purpose, HELASIA organised a number of activities, including organisational capacity strengthening (all seven countries); lobbying, advocacy, and awareness raising towards disabilities rights (all seven countries) and disability mainstreaming for making services more inclusive (five main countries). Furthermore, each of the five main countries selected a priority and a secondary theme from the three sectors covered by HELASIA, namely livelihoods, education and health.

Main findings

Relevance

The HELASIA project was well aligned with the needs of beneficiaries in all seven countries of implementation as well as to the regional partners.

The need to strengthen OPDs and federations was met by providing capacity building through trainings and consultation services to OPDs, supporting them in developing the necessary documents and tools, providing them with financial support, rendering them visible and thus enabling them to build new partnerships with other CSOs and NGOs and supporting their financial sustainability. However, OPDs and federation are still challenged by a lack of sufficient staff to implement their activities, require further capacity strengthening and there is a need to target OPDs also in other regions of the country. Regional partners such as ADP and PANPPD have been facing challenges related to being young organisations. Their needs have been addressed by HELASIA though provision of financial support, support with developing new partnerships and capacity strengthening. It was noted that the national level partners and stakeholders lacked awareness and knowledge of disability rights and related issues. To this purpose, HELASIA worked in collaboration with local authorities and strengthened their capacities vis-a-vis the inclusion of persons with disabilities. Nevertheless, further capacity development and awareness raising for policy makers and implementers in this respect is needed. Persons with disabilities in the countries of implementation do not enjoy the same quality of life as people without disabilities. To this purpose, HELASIA organised trainings for persons with disabilities enabling them to increase their confidence, opened up spaces to speak about the challenges they encounter and rendered them more visible through the awareness raising activities. There is. However, further need to cover other important sectors and train more stakeholders in key institutions, such as teachers.

Overall, HELASIA intervention logics were well aligned with the country contexts and needs. This alignment was supported by the participatory design of the project (e.g. selection of priority sectors as well as the stakeholders and institutions involved in the project activities by or/and in collaboration with the project partners themselves), use of already existing networks for the project implementation and existence of different feedback mechanisms. Nevertheless, the project could have involved persons with disabilities to a larger extent, not merely in the implementation of the activities but also at the operational level.

Effectiveness

The HELASIA project made significant achievements under each of its foreseen objectives. Under the Output 1 (Country and regional disability movements in five African countries are strengthened for long-term engagement in advocacy), the project increased the OPDs' understanding and interaction with different frameworks such as SDGs, UNCRPD as well as the ADP. It furthermore supported the OPDs and its networks in becoming more active and functional.

Under the Output 2 (National multi-stakeholder consultation mechanisms between OPDs, CSOs and governments are established and/or reinforced), stakeholders noted improved relations and collaboration between not only OPDs but also OPDs and local authorities. The latter were also reported to be more engaged in the disability-related issues and work of OPDs in general. Furthermore, through conduct of local diagnosis and organisation of meetings and training sessions, the project has increased the awareness of key stakeholders on the importance of involvement of people with disabilities in the decision- and policy-making processes.

In relation to Outputs 3 and 4 (A multi-stakeholders 'inclusive local development' approach in Rwanda, Benin and Ethiopia promotes an enhanced quality service delivery for persons with disabilities and enhanced quality inclusive education services and MHPSS piloting in Mozambique and Madagascar), stakeholders noted increased participation of OPDs in the policy-development processes, increased understanding and capacities of public authorities about the important of inclusive policies and quality services, development of new strategy and policy documents and tools that have the potential to further enhance the quality of services for persons with disabilities. In the area of inclusive education, significant progress has been reported in the supported schools. This concerns mainly the changes in perceptions and attitudes of schools and their staff towards children with disabilities, physical improvements and increased understanding of children about their rights to quality education.

Under the Output 5 (National & regional advocacy strategies are drafted and implemented to promote disability at their respective level), several countries drafted or/and started implementing their advocacy strategies. Important achievements were also documented at the regional level. This concerned namely the development of a regional strategy for the ADP ratification and its presentation to the national OPDs by the ADF and organisation of meetings by ADF and PANPPD with the AU.

Despite these achievements, further capacity building is needed to achieve more tangible and lasting results (train more OPDs, involve additional regions and cover other thematic areas under the capacity building). More efforts need to be done to increase the awareness and understanding of local communities in the area of inclusive education as it currently remains weak. Efforts must also continue in the area of ADP advocacy, as the work on the latter have not started in all countries.

Efficiency

The project was able to achieved a lot with the available resources. The project efficiency was supported by the participatory nature of the project design and implementation, demand-driven provision of equipment and material and existence of different feedback mechanisms allowing the project stakeholders to provide inputs and suggestions throughout the project implementation. The coordination and management of the project were perceived as smooth and flexible despite the challenges related to the different country context and realities that

required more adaptations. Nevertheless, stakeholders noted that the project could have delegated more implementation responsibilities to local partners. The timeliness of the project was affected by the Covid-19 pandemic, which resulted in postponement, changes in activities and shifts from face-to-face to remote format. Different starts of the project in the countries of implementation and existence of various hindering factors (such as conflicts and unstable political situation) resulted in different progress being achieved in each country. Overall, it was noted that the project's aspirations might have been too ambitious given the available timeframe.

Impact

HELASIA contributed to positive changes in the quality of life of the project stakeholders. At the individual level, the project improved the well-being of people with disabilities, increased their confidence and independence, provided learning outcomes, ensured internalisation of rights and responsibilities, increased social interactions as well as income generation. In families, the evaluation documented changes in attitudes and actions of parents and caregivers as well as feelings of empowerment and reassurance. At the school level, HELASIA contributed to physical adaptations, introduction of inclusive teaching methods, changes in teachers' attitudes, adoption of a person-centred approach and increased enrolment numbers. OPDs indicated positive changes in their governance systems, leadership as well as project management and advocacy towards which the project contributed. Looking at the community level, the evaluation found evidence of changes in attitudes, physical accessibility and creation of new or reinforcement of existing formal and informal partnerships. At the state level, there were cases of law and policy-level changes. Finally, engagement opportunities with the African Union and shared learning were reported as positive impacts of the project at the regional level.

Sustainability

There is strong evidence indicating that partners have acquired sustainable capacities to continue certain activities. Sustainability of the project outcomes is supported by the creation of exit strategies by the HI country teams, increased awareness of disability rights, improved visibility and influence of OPDs, more donors making disability inclusion a transversal requirement for future funding and increased skills and capacity of OPDs in proposal writing, project management and resource mobilisation.

On the other hand, the sustainability is challenged by difficulties in finding funds that would support the partners work, frequent turn-overs of trained staff and within service provides, limited capacities among service providers (e.g. schools having more children with disabilities than the teachers can attend) and lack of reliable data to support advocacy work. Feedback from stakeholders furthermore indicates that multi-stakeholder mechanisms that were supporting the disability inclusion may not be possible to maintain without the financial and administrative support that the HELASIA project provided.

Coherence

HELASIA was coherent with other external initiatives. Looking at the partners' level, for many partners HELASIA was the only project supporting them. At the local level, HELASIA was the only project working on the sectors in question in the given provinces. At the country level, while other disability-related initiatives were identified (e.g. work of the Save the Children, People in Need and World Vision International), they were noted as complementary to the HELASIA activities. Other existing interventions were either not continuous or/and regular. At the regional level, HELASIA worked well in conjunction with other initiatives, mainly the International Disability Alliance's Bridge CRPD-SDG training and the African Disability Forums' work related to the ratification of the African Disability Protocol. The external coherence could have been further enhanced by creating more synergies with other Norad-funded projects focusing on the inclusion of persons with disabilities in sub-Saharan Africa.

Recommendations

1. HELASIA should extent the project by launching a second phase in order to continue building upon the results already achieved in the current implementation period.
2. Future similar initiatives should consider having a global project-level and separate country-level theories of change for each country of implementation.
3. HI should consider delegating more responsibilities (including management and coordination) to the national federations in activities where they have more experience, knowledge, contacts and existing relationships with OPDs.
4. HI Country Offices should continue to explore ways to support the schools that have adopted inclusive practices and spread the latter to further schools in order to not lose the momentum created and the good practice implemented.
5. HI should consider working with a range of stakeholders to develop training modules similar to BRIDGE on the implementation and monitoring of the ADP.
6. As an organisation advocating for better employment opportunities for people with disabilities, it is recommended for HI to showcase best practice in this area with more persons with disabilities in management positions at a country and regional level.
7. HI could consider distributing microgrants to all partners in the country at the same time, avoiding multiple rounds of microgrants or/and having calls for joint actions in order to foster opportunities of joint activities and creation of synergies between the partners.
8. It is recommended that HI Country Offices, federations and OPDs make further efforts to both advocate for the collection of disability disaggregated data in national censuses and surveys and also build their own member and staff capacities in the collection, analysis and use of this data.