HELASIA project: Health, Education, Livelihood in Africa: a Sustainable Inclusion Approach

End Review

Policy Impact Lab

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HELASIA project: Health, Education, Livelihood
in Africa: a Sustainable Inclusion Approach

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HELASIA (Health, Education and Livelihoods in Africa: A Sustainable Inclusion Approach)

External evaluation

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Executive summary

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 level. 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 to make 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 training 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 federations are still challenged by a lack of sufficient staff to implement their activities, require further capacity strengthening and there is a need to also target OPDs in other regions of the country. Regional partners such as ADF and PANPPD have faced challenges related to being young organisations. Their needs have been addressed by HELASIA though the 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 design and governance level.

Effectiveness

The HELASIA project made significant achievements under each of its foreseen objectives. Under 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 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 the involvement of persons 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 on 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 mainly concerns 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 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 ADP ratification and its presentation to the national OPDs by the ADF and the 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 aspects (e.g. data collection) under the capacity building). More efforts need to be made 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 work on the latter has not started in all countries.

Efficiency

The project was able to achieve 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 a face-to-face to remote format. Different start dates of the project in the countries of implementation and the existence of various hindering factors (such as conflicts and unstable political situations) 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, improved learning outcomes, ensured internalisation of rights and responsibilities and 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 turnovers of trained staff within service providers and OPDs, limited capacities among service providers (e.g. more demand for school places for children with disabilities) and lack of reliable data to support advocacy work. Feedback from stakeholders furthermore indicates that it may not be possible to maintain multi-stakeholder mechanisms that were supporting disability inclusion 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 extend 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, federations and OPDs should continue to explore ways to support the schools that have adopted inclusive practices and spread the knowledge and expertise to further schools in order to not lose the momentum created and the good practice implemented.

5. ADF should take the lead in working with a range of stakeholders to develop training modules similar to BRIDGE on the implementation and monitoring of the ADP with HI playing a supporting role.

6. As an organisation advocating for better employment opportunities for people with disabilities, it is recommended that HI 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 for joint activities and the creation of synergies between 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.

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Abbreviations and Acronyms

Abbreviation / Acronym	Definition
AbeDes	Association pour le Bien-être et le Développement des Sourds (Benin)
ADF	African Disability Forum
ADP	African Disability Protocol
AFHAM	Association des Femmes Handicapées de Madagascar
AJOSMO	Associação de Jovens Surdos de Moçambique
Albimoz	Associação Albinos de Moçambique
AMA	Associação Moçambicana de Autismo
AMUSAM	Associação de Usuários de Saúde Mental (Mozambique)
APDVA	Association des Personnes Déficientes de la Vue et Aveugles (Madagascar)
APES	Association pour la Promotion de l'Emploi des Sourds (Benin)
AU	African Union
BOFOD	Botswana Federation of the Disabled
CA	Contribution Analysis
CBM	Christoffel Blindenmission
CEFOP	Centre Évangélique pour la Formation Professionnelle (Benin)
CONAMEPT	Coalition Nationale Malagasy pour l'Education Pour Tous
COPH	Collectif des Organisations de Personnes Handicapées (Madagascar)
CoPIL	Comité de Pilotage
CPS	Centre de Promotion Sociale (Benin)
CREI	Centro de Recursos de Educação Inclusiva (Mozambique)
CSO	Civil society organisation
FAMOD	Forum das Asociaciones Mocambicanas dos Deficientes
FAPHB	Fédération des Associations de Personnes Handicapées au Benin
FEAPD	Federation of Ethiopian Associations of Persons with Disabilities
FGD	Focus Group Discussion
GFD	Gambia Federation of the Disabled
HELASIA	Health, Education and Livelihoods in Africa: A Sustainable Inclusion Approach Project
HI	Humanity & Inclusion

HumaDev	Humanité Action et Développement (Benin)
IBDA	ITEKENG Botswana Disability Association
IDA	International Disability Alliance
IDDC	International Disability and Development Consortium
IGA	Income Generating Activity
KII	Key Informant Interview
LMPH	Lutte contre la Mendicité des Personnes Handicapées (Benin)
MEAL	Monitoring, Evaluation, Accountability and Learning
MINALOC	Ministry of Local Government (Rwanda)
MHPSS	Mental Health and Psychosocial Support
MOWSA	Ministry of Women and Social Affairs (Ethiopia)
MTE	Mid-term Evaluation
NCHR	National Commission for Human Rights (Rwanda)
NGO	Non-governmental organisation
NOUSPR	National Organization of Users and Survivors of Pyschiatry in Rwanda
NUDOR	National Union of Disability Organizations of Rwanda
Norad	Norwegian Agency for Development Cooperation
OECD DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
OFAB	L'Organisation des Femmes Aveugles du Bénin
OIPPA	Organisation Integration for the Promotion of People with Albinism (Rwanda)
OPD	Organisation of Persons with Disabilities
PANPPD	Pan-African Network of Persons with Psychosocial Disabilities
PFPH	Plateforme de Fédérations des Personnes Handicapées de Madagascar
SDG	Sustainable Development Goal
ToC	Theory of Change
ToR	Terms of Reference
TVET	Technical and Vocational Education Training
UNAPHAMM	Union Nationale des Associations des Personnes Handicapées Mentales de Madagascar
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WGQ	Washington Group Question

1. Presentation of the intervention evaluated

1.1 HI and the intervention concerned

Humanity & Inclusion (HI) is an international non-governmental organisation working in around sixty countries in development and humanitarian contexts. It works with people in disadvantaged situations, in particular persons with disabilities.

The HELASIA (Health, Education and Livelihoods in Africa: a Sustainable Inclusion Approach) project was funded by the Norwegian Agency for Development Cooperation (Norad) through a call for proposals issued in 2019. The project was implemented between October 2019 and June 2023 with the following partners:

- (regional) African Disability Forum (ADF)
- (regional) Pan-African Network of Persons with Psychosocial Disabilities
- (national) Federations of organisations of persons with disabilities
- (local) Organisations of persons with disabilities (OPDs)

During the first year, the project intervened in Benin, Ethiopia and Rwanda, and worked with ADF at regional level. In January 2021, HELASIAM came into being, including also Madagascar and Mozambique; as well as PANPPD at a regional level. Botswana and The Gambia were also included, although to a lesser extent than the main five countries.

1.2 Objectives of the intervention

HELASIA focused on building the capacities of partner organisations to advocate and participate in the development and implementation of policies and programmes at a local, national and regional level, with the goal of increasing access to inclusive services and improving the quality of life of persons with disabilities. The project aimed to do this through developing the internal and organisational capacities of organisations, federations and networks to lead projects independently and ultimately to fulfil their mandate of representative organisations of all persons with disabilities.

Working with partners in the participating countries, HELASIA also sought to provide opportunities for OPDs to exchange and learn from their mutual experiences. The aim of this approach was to generate evidence of best practices of advocacy and awareness raising being used as a catalyst for actionable changes that advance disability rights. HELASIA also worked at the regional (pan-African) level through two main partners: ADF and PANPPD.

The goal(s) of the project were to utilise the experiences gained from this as a basis for learning development and exchange between the five main participating countries in order to strengthen country-level practices; and provide practical evidence to advocate for change at the regional (Africa) level.

1.3 Themes covered by the intervention

Cross-cutting themes

Through the HELASIA project, **all seven participating countries as well as the two regional partners** worked on (1) organisational capacity strengthening and (2) disability rights: lobbying, advocacy and awareness raising, while the five main countries[1] also worked on (3) disability mainstreaming: making services inclusive.

Country-level

Each of the **five main countries** (federations and OPDs, together with the respective HI Country Offices) conducted a needs assessment to **prioritise two (one as priority and one as a secondary theme) of the three sectors covered by HELASIA: livelihoods, education and health**. While the third sector was – in some countries / regions – covered through some of the activities, the focus of each country was mainly on the following:

- Benin: livelihoods
- Ethiopia: education
- Rwanda: education
- Madagascar: education
- Mozambique: education and mental health.

2. Presentation of the evaluation

2.1 Evaluation objectives

This is a final evaluation. The main purpose of the evaluation was **to 'evaluate the performance, the quality of the activities carried out, the results and the sustainability' as well as 'to provide recommendations for future similar initiatives.'** To achieve this, the HELASIA Copil set the following five specific objectives, as defined in the Terms of Reference (ToR, see appendix 6.1):

1. Assess whether the project promotes and achieves **meaningful participation of persons with disabilities**, being its governance transparent, accountable and with a programming that is adapted to partners' capacity and own needs;

2. Evaluate if the project has the **appropriate management and organisational capacities**;

3. Verify whether the project makes **optimal use of its resources** (human, financial, logistics, technical);

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[1] Benin, Ethiopia, Rwanda, Madagascar, Mozambique

4. Evaluate the extent to which the project helps **strengthen internal and external capacities of HI and partners in a sustainable manner**;

5. Assess the extent to which the project achieves **positive effects that will be ongoing once the intervention is over** and verify whether the **post-project phase is anticipated and planned from the outset**.

In addition, according to ToR, the evaluation was expected to deliver the following outcomes:

- A **participatory, impartial, and inclusive external final evaluation** is conducted, providing a comprehensive understanding of project processes and governance while measuring the results of the project in accordance with its objectives.

- **Best practices of the project are identified** and **evidence-based recommendations** are formulated. This should contribute to HI knowledge management of the project's approaches and interventions;

- **Strengths and weaknesses** of the HELASIA project in the countries of intervention are **evaluated and contextual factors** underlying differences across the 5 countries are **identified**;

- Cross-cutting topics such as **gender and intersectionality, innovation and inclusion are taken into account** at both strategic and operational levels;

- The **impact of Covid-19** pandemic in the intervention and the adaptations made by the project **is examined**.

- While acknowledging that the field phase might not target all the 5 project countries to the same extent, **consistency and harmony in terms of approaches and quality** of the findings are expected across project locations.

The evaluation covered the **entire duration and geographic scope of the HELASIA project**. The **primary intended users** of the evaluation are **Humanity & Inclusion (HI), partner staff, partner board members and the donor**.

2.2 Evaluation questions

The evaluation used the six OECD DAC standard evaluation criteria[2] as the guiding framework, namely relevance, effectiveness, efficiency, impact, sustainability and coherence. The evaluation sought to answer a set of evaluation questions that are listed below. The questions are presented at the beginning of each respective findings section and form the basis of the narrative.

1. To what extent do the final **beneficiaries** of the project, made up of people with disabilities with various functional limitations, of different ages and different genders, **testify to positive and lasting changes in their quality of life** attributable to the project activities?

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[2] OECD (undated), '*Evaluation Criteria*',
https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

2. What are the main **changes, in terms of inclusion, reported by the final beneficiaries,** that could be attributable to the project executed activities?

3. To what extent have the implementing **partners developed** or installed sustainable **capacities** through the HELASIA project that can enable them **to continue the activities driven by the project after its closure?**

4. To what extent has the **project improved the capacities of its targeted OPDs** and implementing partners to lead a project autonomously and to **fulfil their mandate** as an organisation representing persons with disabilities, women and young people?

5. To what extent have the modes of intervention chosen by the project and the implementation of its activities made it possible to **achieve the objectives set in its results framework** by maximizing the use of available resources?

6. To what extent have the modes of intervention chosen by the project and the implementation of its activities made it possible to **achieve the objectives set in its results framework** by maximizing the use of available resources?

7. To what extent do the intervention logics selected has been **adapted to the context of each of the five countries**?

8. What are the main **differences in the 5 country intervention logics** aiming to achieve the same objectives, and which of those interventions resulted to be more result driven?

9. To what extent are partners' **inputs communicated, analysed and integrated** into the project's strategic decisions in order to improve its implementation and its results?

10. Are top-down and bottom-up processes implemented to ensure the **participation of all stakeholders in decision-making,** promote sharing of knowledge to promote sustainability of missions and structures?

11. To what extent the project was **compatible with other actions targeting similar challenges**/having similar aims in the country/region?

A detailed evaluation matrix including evaluation criteria, indicators and methods to answer the evaluation questions can be found in <u>appendix 6.2 – Inception report</u>.

2.3 Methodology

The evaluation adopted a **theory-based approach** which guided our data collection and whose main objective was to test the existing project Theory of Change (ToC) and its causal linkages. Furthermore, the evaluation used the following qualitative data collection methods:

Desk review of relevant documentation: the evaluation team reviewed project and (to a lesser extent) non-project related documentation provided by HI and its partners. A full list of project documentation consulted is available in <u>appendix 6.6 – Documentation reviewed</u>.

Key stakeholder interviews and focus groups: these constituted a central element of our engagement with stakeholders. The interviews and focus groups were conducted with a

variety of stakeholders and majority of them was held in person by engaging local consultants based in the respective project countries. The remote interviews were conducted by the core evaluation team. Interviews were semi-structured, allowing interviewees to elaborate on any additional topics and/or aspects they deem relevant. A list of stakeholders consulted in this evaluation is presented in the appendix 6.5 – List of consulted stakeholders. Interview and focus group questionnaires and guides can be found in in the Inception Report (appendix 6.2) and further in appendix 6.4 – Data collection questionnaires.

Overview of Participants: 29 focus group discussions and 62 interviews were undertaken, and a total of 217 people participated in the evaluation. The types of evaluation participants are shown in Figure 1.

Figure 1: Evaluation Participants - Type
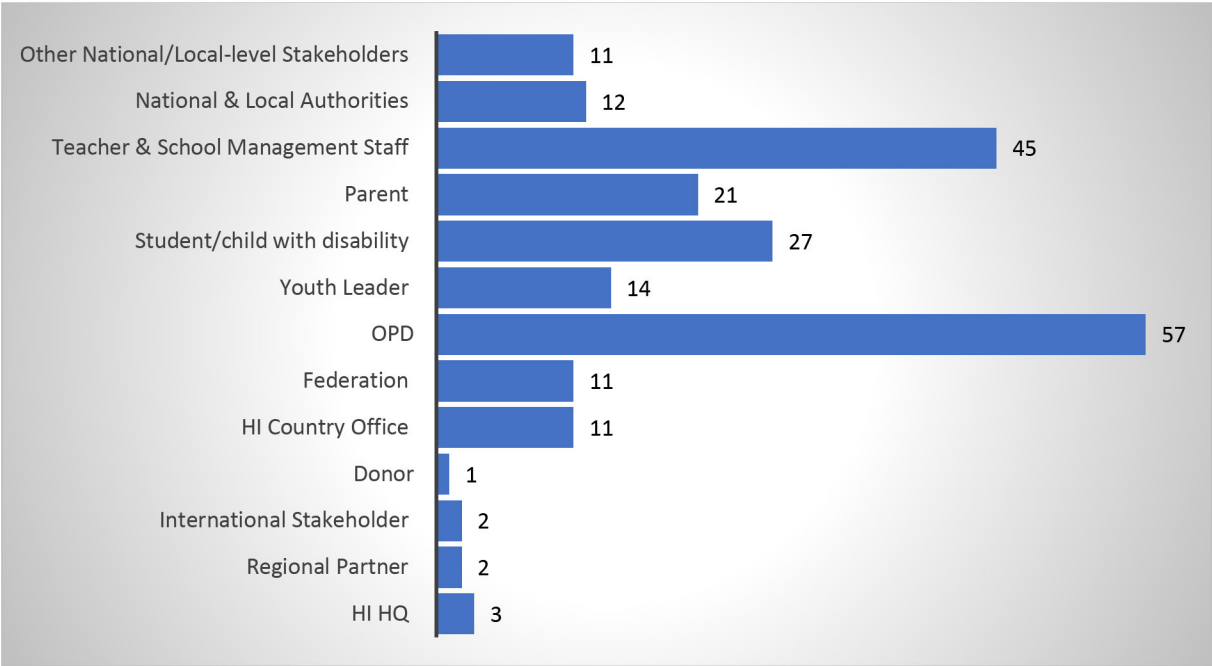
Evaluation participants who responded to the Washington Group Questions (WGQs) Short Set, with parents responding on behalf of school pupils, are shown in Figure 2.

People with difficulties in mobility function (45) constituted the largest group of evaluation respondents followed by people with visual impairments (33). The least represented were people experiencing difficulties with self-care (14). 40% of respondents reported experiencing difficulties in more than one functional domain. A limitation of using the Washington Group Short Set of Questions was that it did not identify all participants with mental health and psychosocial impairments.

Figure 2: Evaluation Participant Responses to WGQs

Evaluation participant responses to the Washington Group Short Set Questions
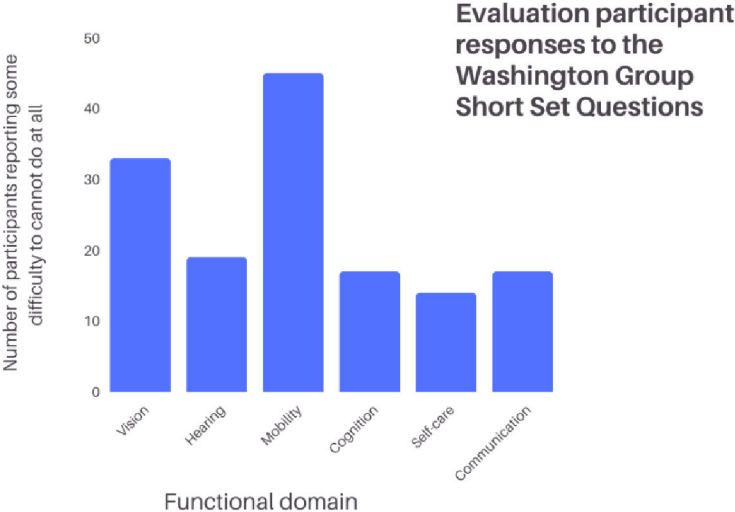
Participatory Approach

To ensure that participation in the evaluation was transformative rather than nominal, participatory approaches and considerations of accessibility were woven into all aspects of the evaluation process from the data collection design stage through to the validation of findings. To avoid reinforcing any inequalities and to ensure that diverse perspectives were represented throughout this evaluation, all stages of this study were informed by the guiding principles of the HI Policy on Disability, Gender and Age, namely: participation, equality and non-discrimination, accessibility and safeguarding. The evaluation team made efforts to remain aware that discrimination and exposure to risk can be impacted by the intersection of disability and other identifying factors.

Participatory workshops: three workshops were conducted during the course of this evaluation:

1. **The Fieldwork preparation workshop** was conducted by the evaluation team prior to the fieldwork, with the objective of sharing key information on the evaluation, HI policies, ethical considerations, logistics particular to each country, disability research, and provided the opportunity for participants to learn from mutually relevant experiences in inclusive and participatory approaches. A brainstorming session on inclusive, accessible & child friendly data collection methods resulted in an accessibility checklist that field experts used to plan for FGDs and KIIs (see appendix 6.2 – inception report).

2. **Theory of Change (ToC) reconstruction workshop** (see appendix 6.5) at the start of the evaluation, whose purpose was to revisit the existing ToC of the project. Participants of this workshop included HI staff as well as project beneficiaries. Section 2.4 presents the reconstructed ToC.

3. **A validation workshop with key stakeholders** was held at the end of the evaluation. This objective of this workshop was to present and validate the evaluation findings as well as co-create realistic and actionable recommendations. The feedback collected from this workshop was used to further refine and revise the final evaluation report.

2.3.1 Data analysis

The information and data collected by desk review and interviews were coded and analysed using the **MAXQDA programme**. The coding framework was developed at the end of the data collection phase. It was based on the OECD DAC evaluation criteria which were the main evaluation framework and the related evaluation questions. The use of a unique coding framework allowed the application of a comparative approach and distinction of the similarities and differences between the different countries and consulted stakeholders. To ensure the validity of our findings, the evaluators applied triangulation throughout the evaluation data collection, data analysis and reporting process. The **triangulation approach** was based on comparison of the acquired data on the same question/issue across different sources of information. The evaluators applied triangulation in three main steps: (1) by identifying potential sources of information for specific questions/issues; (2) by using both desk review and interviews to obtain evidence on the same questions/issues; and (3) by comparing and assessing all data from different sources.

In addition, the evaluation used **contribution analysis** that allowed us to generate evidence on whether the HELASIA project contributed to a specific outcome and more importantly in what ways. For the purpose of this evaluation, the evaluators selected an outcome related to the inclusive education which was a sector covered to the largest extent by the project and thus offering sufficient evidence for the elaboration of a contribution analysis story that is presented in the effectiveness section below (section 3.2: Outputs 3 and 4). More details on the contribution analysis approach can be found in appendix 6.2 – Inception report.

2.3.2 Ethical Considerations

The following ethical considerations were taken into account during the data collection phase:

- **The data collection tools and methods were tailored to the needs of individuals**. Field experts checked that the information conveyed had been understood by the participants. They also made the necessary accommodations when required. Accessibility requests were mainly related to sign language: where it was necessary to do so, the field expert provided an interpreter; in other cases, relatives of the interviewee provided interpretation themselves (e.g. in Rwanda) or came with their own interpreter or guide (in the case of persons with visual impairments), who were recompensated (e.g. in Ethiopia). The HI Country Offices generally contacted the

participants well in advance, and in some countries like Madagascar, they made the accessibility arrangements themselves. Instances of lack of accessibility were reported from Parakou in Benin and Kigali, Rwanda, where either the ramp leading to the office was too narrow for wheelchairs, forcing the person to crawl up the ramp; or the lift in the HI Office was too small to accommodate persons who use larger wheelchairs. Respondents with visual impairments in Benin also noted the lack of information sheet and consent form in Braille.

- In advance of any interviews, all participants were provided with:

  o A **Participant Information sheet in plain language** (with an easy read version where necessary) in the local language

  o **Informed Consent Forms** (also available in plain language (local language) and easy read).

- Prior to the fieldwork ([see section 2.3](#)), field experts were made aware – by the evaluation team - of **power dynamics (including those with regard to gender, age, status, hierarchy, ethnicity, and other cultural factors) within focus group** discussions and group interviews to enable them to facilitate the process to ensure everyone has the opportunity to contribute. They were also trained in consensus building in the event of any tensions between actors to avoid any negative outcomes. The evaluation team was available throughout the data collection phase to provide ongoing support to the field experts when required.

- For some of the interviews and focus groups, **translation / interpretation** was needed. The field experts were briefed on the **power dynamics** involved in translation and the necessity for the interpreter to be briefed on the topic and key words used prior to the interview / focus group in order to **avoid losing important content in translation**. They were also briefed on the best qualities of an interpreter, that is, someone who knows the region / province where the fieldwork was to be held in order to have a smoother data collection process and **partly mitigate the power dynamics between the 'privileged' researcher and the research participants**.

2.3.3 Challenges and Limitations

The following are the main challenges that arose during the implementation of the evaluation and the corresponding mitigation strategies that were put in place:

- **Selective sampling of research participants.** The fact that the participants for the field data collection were mainly – and in this case, necessarily – selected by the HI Country Offices meant that there could have been some bias in participant selection, for example towards beneficiaries / partners / stakeholders who could demonstrate the successes of the project. Mitigating this, the field experts were instructed to cast as wide a net as possible when collecting data, and to probe for beneficiaries / stakeholders who might not have benefited as much from the project.

- **Lack of availability of research participants.** In some of the countries where data was collected, the original selection of evaluation participants could not completely be adhered to, due to the participants' lack of availability or response. Nonetheless, these were either replaced by other key participants (for example, the *Directeur Régional de l'Education Nationale* (project partner in Diana, Madagascar), was replaced by a trainer from the same Ministry); or were covered through other interviews. Furthermore, in some countries, additional interviews / focus groups (e.g. an FGD with parents in Hawassa, Ethiopia) were held than originally planned, also helping to mitigate any potential loss of essential information.

- **Lack of coherence of project documentation.** Some of the reports submitted to HI by the participating countries contained disparities amongst themselves as to the period of project implementation covered (e.g. some covered until the end of 2022 while others covered only until the summer of 2022); the division of time periods reported on (e.g. whether per trimester or quarterly); and the progress indicators (e.g. some reports were based on each output indicator, while others only provided a general overview of progress). This made it difficult for the evaluators to understand the progress in each country and give an overview based on these reports. Nonetheless, the data gathered from the evaluation participants as well as from other project documentation partially filled in this gap.

- **Large amount of data**. The vast amount of data gathered from the participants, as well as the different foci of the project in the participating countries, provided quite a challenge to evaluate holistically. This was mitigated by the fact that the evaluation team involved three experienced evaluators working closely together in order to gain and present the overall picture, while honing in on specific aspects of the project where necessary. The processing of such a large amount of data was facilitated by the use of the MAXQDA software that made the whole process quicker and more coherent.

2.4 Reconstructed Theory of Change

This section presents the reconstructed ToC. It was developed drawing primarily (1) on the findings from the ToC reconstruction workshop held by the evaluation team before the start of the field work and (2) on the findings from the data collection itself.
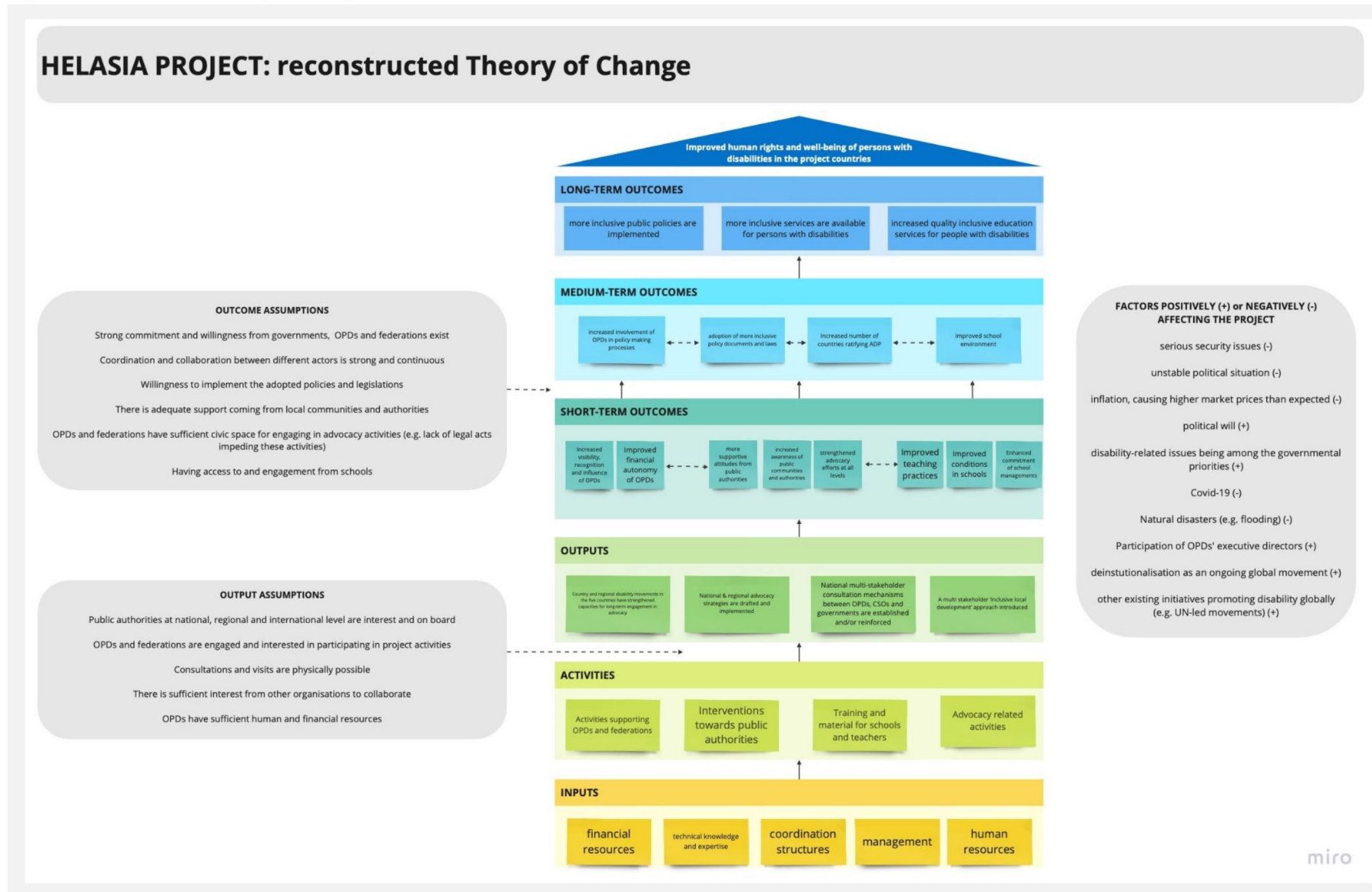
3. Evaluation findings

3.1 Relevance

Relevance Extent to which an intervention is meeting the needs of intended beneficiaries	To what extent does the project **address the needs of beneficiaries**?
	To what extent have the selected intervention logics been **adapted to the context of each of the participating countries**?
	To what extent were partners' (including federations' and OPDs') inputs communicated, analysed and integrated into the project's strategic decisions to improve its implementation and results?
	To what extent were the project activities and deliverables inclusive of persons with disabilities?

Summary of key findings: HELASIA was extremely relevant to all seven implementing countries and regional partners. It was highly relevant in addressing the capacity strengthening needs of OPDs in being able to fulfil their goal as representative organisations of persons with disabilities; as well as filling in the gap in disability rights awareness and knowledge among different stakeholders.

3.1.1 To what extent does the project address the needs of the beneficiaries?[3]

Strengthening OPDs, Partners and Stakeholders

→ **OPDs in the seven countries** – as well as international partners interviewed (see appendix 6.5) **testify to the need to strengthen OPDs and federations[4]** for them to be able to better protect and promote the rights of persons with disabilities. While in some of the regions there were no OPDs prior to HELASIA, in others (e.g. in Parakou, Benin; Addis Ababa & Sidama, Ethiopia), OPDs existed prior to project implementation but many were not well organised or working effectively.

✓ **HELASIA addressed this need by**:

▪ **Providing capacity strengthening through training and consultation services to OPDs** in the five main countries, following a needs assessment in the beginning of the project, which served as a basis to develop a capacity building plan for each OPD. These enabled OPDs to fill in knowledge gaps on planning, finance management, leadership and advocacy, among others. For example, AMUSAM representatives in Maputo, Mozambique, highlight the fact that the capacity strengthening methodology implemented by HELASIA was useful in that it sought to reconcile theory and practice, as well as providing individual consultation to support OPDs in developing their plans;

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[3] Most of the points in this section are further elaborated on in section 3.4 Impact.
[4] 'Federations' refers to federations of OPDs.

while in Ethiopia, OPDs whose advocacy skills have been strengthened are now

> *"If we empower and strengthen organisations and persons with disability, they can be effective and contribute a lot. Empowering persons and organisations with disability is the right intervention in order to have a lasting impact on disability issues."*
>
> **FEAPD Representative, Addis Ababa, Ethiopia**

lobbying regional and city government on matters such as infrastructural accessibility. In Mozambique, HELASIA supported FAMOD in, among others, being more effective in project implementation and the mobilisation of new projects.

- **Supporting OPDs in developing the necessary documents** such as strategic plans (e.g. in Maputo, Mozambique), policies (e.g. in Kigali, Rwanda), and codes of conduct (e.g. in Addis Ababa, Ethiopia).

> *"With… [HELASIA], now we have different documents that the organisation didn't have before, like child protection policy document and anti-corruption document. And they will help the organisation in the future. The members of the organisation now know too much about their rights and they can do self-advocacy when their rights are violated. HELASIA project is needed by any organisation, both new and existing ones."*
>
> **OPD Representative, Kigali, Rwanda**

- Providing financial support (enabling, for example, the federations in Ethiopia and Mozambique to engage more technical persons) and office material to OPDs (e.g. in Addis Ababa & Gambella, Ethiopia).

- **Rendering OPDs and federations visible** and enabling them to **build partnerships with CSOs and NGOs** (e.g. in Benin and Kigali, Rwanda).

- **Rendering OPDs independent and sustainable** through income generating activities (e.g. in Analamanga, Madagascar, where AFHAM was rendered financially sustainable through IGAs).

- ✘ **What still needs to be addressed:**

- Buttressing human resources within OPDs: the issue for many OPDs, as attested by interviewed international partners, is that they do not have enough staff to implement their activities.

- Deeper capacity strengthening within the same OPDs. For example, OPDs in Kigali, Rwanda, affirm that they need more knowledge on the UNCRPD as well as grants to implement their activities; while OPDs in Maputo, Mozambique, need further support in lobbying policy-makers such as the Ministry of Health.

- Strengthening the capacities of OPDs in other regions of the participating countries. For example, the federation in Benin attests to the fact that the project was so useful that it would need to be implemented in all the country's departments in order for all persons with disabilities to experience the benefits.

→ **Regional Partners (ADF and PANPPD)** are, as also indicated by interviewed international partners, young organisations.

  ✓ **HELASIA addressed this need by:**

  - Providing financial support to ADF to employ more people. Through HELASIA, ADF engaged four members of staff.

  - Enabling them to build partnerships to fulfil their mission. For example, through HELASIA, ADF set up a working group with the African Union (AU) and Sightsavers to focus on lobbying for the ADP (Protocol to the African Charter on Human and People's Rights) ratification.[5]

  - Providing capacity strengthening to PANPPD in order to be able to fulfil its mandate in promoting mental health rights at pan-African level.

→ **National-level partners and stakeholders** (e.g. authorities, police force). Prior to HELASIA, most of these stakeholders lacked awareness and knowledge of disability rights and disability issues, thus unable to support the integration and inclusion of persons with disabilities.

  ✓ **HELASIA addressed this need by**:

  - Working in collaboration with local authorities and other partners – in all seven participating countries - thus also strengthening their capacities vis-a-vis the inclusion of persons with disabilities. For example, in Cotonou, Benin, training was given to mayors and district leaders among others, whose knowledge and understanding of persons with disabilities was improved. In Maputo, Mozambique, microgrants enabled AJOSMO to train the police force on how to engage with Deaf persons; while in Ethiopia, the federation, in collaboration with the HI Country Office, presented the findings of the OPD participatory assessment during a three-day workshop attended by stakeholders, including regional and city-level Women and Social Affairs Bureaus.

> *"I think HELASIA is one of those projects that should be here to stay because there will always be new organisations that need the support that HELASIA provided."*
>
> **OPD Representative, Maputo, Mozambique**

  �× **What still needs to be addressed**:

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[5] The ADP needs 15 ratifications in total to come into force. At the time of conducting fieldwork (March 2023), only 6 countries had ratified it.

- Evidently, there is always need for further capacity development and awareness-raising with policy makers and policy implementers, as voiced by representatives of the HI Country Office in Rwanda on the need for training in different sectors for leaders to provide inclusive health and employment services at local and national level. This is also necessitated by the fact that there is frequent turnover of Ministry staff, that is, staff who would have been trained leaving their posts, thus necessitating ongoing coaching and / or training.

Filling the gap in Disability Rights Awareness & Implementation

→ In all the seven participating countries, interviewees attest to the **lack of awareness of the rights of persons with disabilities, both at policy-maker level, within society** (e.g. in Botswana, an OPD representative tells of the lack of respect for a person with disability's right to have a relationship and a family), **and among persons with disabilities themselves** (e.g. Benin). Lack of awareness, especially at policy-maker level, is evidently related to lack of implementation of such rights, as evidenced by the HI Country Office in Madagascar (Atsinanana) when talking about the necessity of HELASIA in preparing for the mainstreaming of disability in policies: while Madagascar has ratified the UNCRPD, it has not yet been effectively implemented.

- ✓ **HELASIA addressed this gap by**:

- Providing training on the UNCRPD and disability rights to policy-makers and OPDs, and to society in general, including persons without disabilities. For example, in Cotonou, Benin, an OPD representative testifies to the fact that the project made it possible for persons without disabilities (e.g. market women) to learn about the rights of persons with disabilities.

- Enabling ADF to focus on lobbying African governments to ratify the ADP, including through partnerships with international and regional stakeholders such as Sightsavers and the AU.

- Providing training on the ADP in The Gambia and Botswana. As attested by OPD representatives, focusing on the ADP – and not solely on the UNCRPD - is essential in an African context. OPDs in The Gambia, for example – who, through HELASIA - had the opportunity to raise awareness on the ADP and the importance of its ratification with the new cabinet – confirm that the ADP deals with important issues for people with albinism that are not dealt with in the UNCRPD.

- Enabling PANPPD to document best practices to share with other partners and explore the compatibility of mental health laws across Africa with the UNCRPD. This then enabled PANPPD to lobby the AU and national governments to talk about mental health in Africa. In some countries like Zimbabwe and Zambia, PANPPD noted that after their interventions, there is a greater sense of awareness and more people are talking about mental health laws.

- Supporting the revitalisation, in Madagascar, of an observatory in order to advocate for the rights of persons with disabilities.

✘ **What still needs to be addressed**:

- Knowledge on advocating for improved mental health laws. Through PANPPD's documentation of mental health laws across Africa, it was found that only three to four countries (including Ghana, Nigeria and Uganda) have progressive mental health laws. At AU level, PANPPD would like to see a specific stand-alone policy on mental health. Furthermore, PANPPD representatives note that the participation of people with mental health difficulties is still difficult.

Improving Persons with Disability's Quality of Life

→ Persons with disabilities in the seven participating countries do not enjoy a quality of life at par with persons without disabilities.

✓ **HELASIA addressed this need by:**

- Enabling persons with disabilities to build their self-confidence through the trainings received: in many of the countries of implementation, persons with disabilities testify to the fact that HELASIA enabled them to move away from self-pity and begging (e.g. in Cotonou, Benin).

- Opening up spaces - through support groups - for persons with mental health difficulties to speak about the challenges they encounter with persons going through similar experiences (e.g. in Maputo, Mozambique), thus enabling them to better manage their mental health.

- Enabling respect for persons with disabilities, which is cited by several interviewees (e.g. representatives of the Benin federation) as a 'collateral effect' of the project. This is linked to the inclusivity promoted by the HELASIA activities.

- Rendering persons with disabilities visible through awareness-raising, training and microgrants. In Botswana, for example, a federation representative states that prior to the project implementation "there was nothing on disability" and persons with disabilities were spoken for by persons without disabilities. HELASIA changed this through training and awareness-raising activities with community leaders. Similarly, in Maputo, Mozambique, OPD representatives testify to the fact that persons with albinism are generally not involved in meetings about albinism. HELASIA opened up spaces for them to represent themselves and produce a video to raise awareness on social media.

- Making institutions and services inclusive through providing training to schools and other educational institutions (e.g. Ethiopia, Mozambique); and vocational training centres (e.g. Benin).

✘ **What still needs to be addressed:**

- Since each of the main five participating countries were obliged to choose one / two sectors of intervention – from among health, education and livelihoods – many respondents voice the need to address the sector that was not addressed through HELASIA. In Benin, The Gambia and Ethiopia, for example, beneficiaries attest to the need to address the health sector. Persons affected by leprosy in Addis Ababa indicate that since leprosy is primarily a health issue, there is a need to raise awareness on prevention and treatment, as well as focus on livelihoods and mobility support. The livelihoods sector is also considered crucial by beneficiaries. Representatives of the Fikir Ethiopian National Association for intellectual disability, for example, convey the importance of livelihoods for single mothers of children with intellectual disability who are often abandoned by the father of the child, thus leaving them in economic hardship; while the HI Country Office in Rwanda notes that there are persons with disabilities who are willing to be self-employed but lack sufficient materials to start an IGA.

- Training more teachers in inclusive education (e.g. in Ethiopia, where educational institutions in rural areas and the peripheries of Hawassa which were not targeted by HELASIA are in a poor state vis-a-vis inclusive education).

Enabling cross-country learnings:

→ Federations in countries like Botswana, for example, were unaware of the possibilities of inclusion of persons with different types of disabilities. BOFOD representatives indicate how they were unaware that persons with disabilities in other countries were also included at policymaking level before exchanging experiences with other countries.

✓ HELASIA addressed this need by providing fora in which the participating countries could exchange best practices and learn from each other. HELASIA enabled federations and OPDs (e.g. in Mozambique and Botswana) in the participating countries to learn about disability inclusiveness in other countries and organised a Good Practices Workshop in November 2022. Such knowledge exchange between countries was felt by beneficiaries to be beneficial in order to replicate good practices.

3.1.2 To what extent have the selected intervention logics been adapted to the context of each of the participating countries?

Intervention logics adapted to country context:

✓ The priority intervention sectors were chosen by each of the five main participating countries (see section 3.3. on Efficiency) from within the overall HELASIA intervention sectors (livelihoods, education and health), based on in-country needs assessments carried out at the beginning of the project implementation.

✓ The intervention logics were - to a certain extent - adapted to the specificities and needs of each country, in terms of focus and stakeholder selection. For example, in

Benin, the partners were able to work with the *Centres de Promotion Sociale* (CPS)[6] - which do not exist in the other countries - in order to promote the integration of children with disabilities in such centres to be trained in the necessary skills. In Madagascar, HELASIA played a big part in the re-establishing of the much-needed *Observatoire du Handicap.*[7]

✓ The activities – and relevant budget allocation – carried out within each country were also – to a certain extent - adjusted to the needs of each context. For example, partners in Ethiopia could partner up with the schools and government ministries they deemed to be able to contribute to the project success, and chose to hold a workshop with the Women and Social Affairs Bureaus at regional and city level on the OPD assessment findings.

✓ HELASIA allowed in-country partners to utilise already existing networks for the project implementation. For example, in Ethiopia, FEAPD used its OPD network for the capacity strengthening component, simultaneously strengthening its partnership with its members.

✓ The range of OPDs involved in the project was adapted to the extent of civil society development in the particular country. For example, in Madagascar, civil society is more developed than in the other participating countries, hence the higher number of OPDs involved.

✓ The geographical scope of each country was also taken into consideration in developing the logical frameworks. For example, in Madagascar, some schools are based in very remote areas and thus could not be addressed in the same manner as the others.

What needs to be addressed:

✘ Adapting the tools used for measuring the impact of the project activities. Beneficiaries in Benin, for example, voice their concerns about the lack of adaptability of the tools used to measure baseline and endline indicators, which were more focused on inclusive education, whereas in their country they had focused on professional training, thus making it difficult to properly measure the impact.

✘ Having separate theories of change for each country reflecting the different contexts and intervention logics adopted in each country.

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[6] Centres for Social Promotion
[7] Disability Observatory

3.1.3 To what extent were partners' (including federations' and OPDs') inputs communicated, analysed and integrated into the project's strategic decisions to improve its implementation and results?

Integrated:

- ✓ While a number of OPDs' inputs (e.g. in Maputo, Mozambique) were communicated through the federation; others (e.g. in Gambella, Ethiopia), attest that they participated in project design and provided feedback on its planning. They also contributed to the selection of sector on which HELASIA would focus in the region.

- ✓ The project design (both the selection of sectors of intervention as well as activities and material) was participatory (see <u>section 3.3 on Efficiency</u>), involving federations at country-level.

- ✓ Feedback mechanisms and systems for project stakeholders were in place throughout the project implementation, including WhatsApp groups, direct communication with HI staff (whether the project managers or the coordination team) during trainings, and the fact that they were easily reachable by phone or email when they needed. These mechanisms facilitated the reception of beneficiaries' and partners' inputs (see <u>section 3.3 on Efficiency</u>).

Not integrated:

- ✘ Some OPD and federation representatives interviewed (e.g. in Benin) feel that persons with disabilities were not involved enough at the operational level (e,g. the ToR was developed by HI), but rather solely in implementing the activities of the project. Such respondents feel that their involvement in designing the project would have ensured sustainability and their ability to capitalise on the project results. On the other hand, other OPDs (e.g. in Maputo, Mozambique) feel that while they were not involved in the design of the project, everything that HELASIA implemented was still relevant to them.

- ✘ The rigidity of microgrant calls for proposals did not always allow OPDs (e.g. in Mozambique) to address their needs. Respondents mainly note the disparity between the activities that the funds were meant to support and the timeframe allotted for such activities.

3.1.4 To what extent were the project activities and deliverables inclusive of persons with disabilities?

→ HELASIA included persons with disabilities in various aspects of project implementation. On the other hand, they were less involved in project design and decision-making (<u>see section 3.3 on Efficiency</u>). Below are some main examples highlighting this.

- ✓ **Inclusive aspects:**

- ▪ At regional level, ADF, together with federations from the seven participating countries, developed a regional Inclusive Education manifesto as a tool for lobbying policy-makers on education for all.

- Federations and OPDs were involved in selecting the priority sectors of intervention in their respective countries, mainly through the needs assessments carried out in the beginning of the project.

✖ **Less inclusive aspects:**
- In general, it was underlined that the HELASIA project was designed to not merely provide funds to persons with disabilities but to also empower them. Nevertheless, it was noted that persons with disabilities were mostly involved during the implementation phase (participation at different meetings, trainings and awareness raising activities), and not that much in the design/inception phase of the project.

- In Benin, for example, persons with disabilities note that none of the project documents were provided in Braille, which was felt to be a lack of consideration for persons with visual impairments.

3.2 Effectiveness

Effectiveness Extent to which an intervention is achieving its objectives.	What are the **variances observed between results** finally achieved **and** the **objectives** originally targeted?
	What are the main **differences in the 5 country intervention logics** aiming to achieve the same objectives, and which of those interventions resulted to be more result driven?

Summary of key findings: HELASIA project achieved significant results towards meeting each of the planned objectives (output level). The national disability and regional movements reported strengthened capacities for long-term advocacy (output 1), several new national multi-stakeholder consultation mechanisms were established and the existing ones enhanced (output 2), the inclusive local development approach led to increased efforts to enhance the quality service delivery and promote inclusive education for persons with disabilities (outcomes 3 and 4) and important results have been documented in the area of the African Disability Protocol (ADP) ratification and other advocacy objectives at the regional level (output 5). Stakeholders however acknowledged that additional efforts and work are needed to fully attain these objectives country-wide, perceiving the above-mentioned achievements as an important starting point for their future work.

3.2.1 What are the variances observed between results finally achieved and the objectives originally targeted

This section looks at the effectiveness of the project by comparing the objectives originally targeted by the project at the output level as described in the ToR and the actual achievements identified under each through the data collection conducted in the framework of this evaluation (including desk review, field work and remote data collection).

Output 1: Country and regional disability movements in five African countries are strengthened for long-term engagement in advocacy.

A number of different activities were conducted for national disability movements in the five countries with objective to strengthen their capacities to engage in advocacy activities.

In general, the capacity building of OPDs on different frameworks such as SDGs, UNCRPD, policy impact and the ADP were positively perceived by the evaluation participants and led to not only an increased understanding of these frameworks but also an enhanced interaction with them. HELASIA activities also enhanced OPDs' understanding of their rights which in turn contributed to an increased self-confidence to start pursuing advocacy initiatives on their own.

The OPDs and federations reported to be more active and functional. In Ethiopia, the project has contributed to the establishment of new OPDs. In Madagascar, OPDs noted an increased experience sharing with other organisations. HELASIA also contributed to expanding the working areas of some of the OPDs to include beneficiaries located in remote areas (e.g. in Rwanda) and/or start cooperating with other districts within the region (e.g. Madagascar).

Despite these positive achievements, feedback across numerous stakeholder consultations indicates that further capacity building is needed to achieve more tangible and lasting changes. More specifically, stakeholders expressed a need to train more OPDs, involve additional regions and cover other areas under the capacity building such as data collection as key for achieving effective advocacies at national and/or regional level.

In addition, while the microgrants received by some of the OPDs were appreciated, it was reported that the timeline for their implementation was relatively tight. At the same time, the timing of the microgrants (towards the end of the project) was well chosen as it allowed to put in practice the previously acquired knowledge and skills. For future initiatives, further support to the OPDs with the microgrants implementation could be considered, while keeping the timing unchanged. Lastly, HI could consider disbursing these grants at the same time for all beneficiaries, thus allowing them to create synergies between their actions or even undertake joint action, which could potentially have bigger effects on the ground.

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 themselves but also OPDs and local authorities, with the latter being reported to be more engaged in the disability-related issues and work of OPDs in general.

One of the key aspects that contributed to this change has been an increased recognition of OPDs as valuable partners in policy making processes, thanks to their enhanced capacities acquired through the different capacity building and training activities. For instance, in Ethiopia, OPDs were invited to a validation workshop in the framework of a development of a new 10-year inclusive education strategy. Similarly, FEAPD participated in a feedback session organised by the Ministry of Women and Social Affairs (MOWSA) and OPDs constituted an advisory committee for this specific occasion.

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. For instance, in Benin, a Committee for the Defence of the Rights of Persons with Disabilities was established in October 2021 in the Parakou district following an appointment of a disability focal point in the town hall. A month later, the National-level Consultation Framework for the Inclusion of Persons with Disabilities was created, bringing together OPDs, ministries' disability focal points and other relevant organisations. In Rwanda, the National Union of Disability Organisations of Rwanda (NUDOR) was invited to participate in the revision of the education policy and a new questionnaire for the 2022 national census was developed by the National Institute in consultation with OPDs drawing from the Washington Group Questions.

HELASIA furthermore technically and financially supported organisation of different workshops, consultations and meetings with key public authorities and stakeholders that resulted in reinforcement of the existing consultation mechanisms as well as creation of new ones. For instance, in Madagascar, a new informal consultation space with quarterly meetings between OPDs, CSOs and local authorities in the Atsinanana and Diana regions was set up; four additional ministries appointed representatives to the National Disability Observatory. In Mozambique, the Inclusive Education Network - a new coordination mechanism - was signed by the ministry of education and human development.

Still, some OPDs and federations noted difficulties to engage in important existing networks, mainly due to the lack of staff having skills in the given area. That is also why further capacity building is needed, as described in <u>section 3.1 - relevance</u>.

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.

The following achievements towards an enhanced quality service delivery for persons with disabilities were reported by the consulted stakeholders:

- Increased participation of OPDs in the processes related to the development of important policies: this was the case for instance in Benin, where FAPHB was invited to participate in a workshop related to the development of the National Employment Policy.

- Understanding and capacities of the public authorities on the importance of inclusive policies and quality services for persons with disabilities increased: in Ethiopia for instance, the Disability Directorate was established under the Ministry of Women and Social Affairs. In Mozambique, a mental health and psychosocial support component was incorporated in the National Plan of Action for the Area of Disability.

- With technical and financial support from HELASIA, new strategy/policy documents and tools with potential to enhance the quality of services have been developed: In

Rwanda for instance, an implementation roadmap of the observations from the UNCRPD was developed by representatives from the National Council of Persons with disabilities, OPDs, CSOs as well as the National Commission for Human Rights (NCHR). This was followed up by a consultative session to assess progress in this respect. In Mozambique, an action plan harmonising and adopting a screening tool inspired by the WGQ is foreseen to be adopted by the local authorities.

While lot of additional efforts still need to be done in this area, the above-mentioned results indicate that disability-related issues have received more attention and importance from the public sector stakeholders, which is an important precondition for achieving inclusive services for persons with disabilities.

A significant progress towards inclusive education has been reported across the countries of implementation. The evaluation team analysed this specific aspect (i.e. inclusive education) using the contribution analysis method, whose objective is to help understand how the HELASIA project contributed exactly to this outcome and in which ways. More precisely, the contribution analysis answered the following questions:

1. Has the HELASIA project made an important contribution to the inclusive education in the countries of implementation?

2. Why has the change occurred?

3. What elements of the project have been particularly causal for delivering this change?

The contribution analysis drew from the reconstructed ToC, looking specifically at the ToC components related to the inclusive education, from the activity through to output until the outcome level. By gathering evidence on each these casual components, the evaluators built a contribution claim. The latter can be understood as '*the empirical evidence confirming the chain of results, the assumptions behind the causal links in the ToC and the related causal narratives explaining how causality is inferred.*'[8]

Table 1 below provides an overview of the evidence gathered in this respect. The table includes different types of information described below. These terms have been adapted to the purposes of this evaluation from Delahais T. & Toulemonde J. (2012)[9]:

*   Description of the evidence: this is a brief description of the finding drew from the data collection, predominantly based on the feedback from consulted stakeholders and/or desk review.

*   Type of source: the evaluators distinguish between primary or secondary sources. In case of a primary source, the evidence came from the stakeholder(s) affected by the evidence (e.g. teachers identifying improvements in their teaching practices). In case of a secondary source, the evidence was provided by a stakeholder or stakeholders

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[8] Mayne, J. (2020), A brief on contribution analysis: principles and concepts.

[9] Delahais T. and Toulemonde J. (2012), 'Applying contribution analysis: lessons learnt from five years of practice'. SAGE

that are not directly affected by the evidence (e.g. parents identifying improvements in the teachers' teaching practices and skills).

- Character of the evidence: confirming (or partially confirming) and 'not contributing'. Confirming evidence confirms the casual links between the different ToC elements as described in the reconstructed ToC. 'Not contributing' evidence indicates that the existing causal links do not correspond to the way changes happened in reality, based on the findings gathered throughout the data collection. In case the evidence is not directly linked to the causal links but rather to the assumptions or factors influencing the project, we included the following options: supporting factor, hindering factor, other contributor.

- Type of the causal mechanism: we distinguish between an intended contribution and a condition to the intended contribution. Intended contribution is a contribution foreseen and planned by the project. Condition to the intended contribution is any factor or condition that is necessary for the intended contribution to happen.

- Strength of evidence: we distinguish between strong, rather strong, rather weak and weak evidence. The strength of evidence is determined by the number of stakeholders indicating or pointing out to the same issue constituting evidence. The following scale for measuring the strength of evidence was set up:

  - weak evidence: 1 or 2 stakeholders noted such issue
  - rather week evidence: between 3-4 stakeholders noted such issue
  - rather strong: between 5-7 noted such issue
  - strong: 8 and more stakeholders noted such issue.

Upon gathering and analysing the evidence, a contribution story was produced, describing the contribution claim in detail. This can be found in Table 2.

Figure 4 provides a visual representation of the different steps used in this method. More details about the contribution analysis can be found in section 2.3 – methodology and in the inception report (see appendix 6.2).

Figure 4: Contribution Analysis

CONTRIBUTION ANALYSIS

1 — RECONSTRUCTING THE TOC

The existing ToC was reconstructed during a participatory workshop held at the beginning of the evaluation. The objective was to produce a ToC with a greater level of detail against which we would analyse the evidence at the later stage.

2 — DEFINING QUESTIONS TO BE ADDRESSED

We defined three specific questions the CA aimed to answer:
1. Has the HELASIA project made an important contribution to the inclusive education in the countries of implementation?
2. Why has the change occurred?
3. What elements of the project have been particularly causal for delivering this change?

3 — GATHERING AND ANALYSING EVIDENCE

Evidence was gathered on each ToC casual component throughout the data collection phase of the evaluation. Most of the evidence came from the stakeholder consultations and to a lesser extent review of the project documentation.

4 — BUILDING A CONTRIBUTION CLAIM

By gathering and analysing the available evidence we built a contribution claim that can be understood as "empirical evidence confirming the chain of results, the assumptions behind the causal links and the related causal narratives explaining how causality is inferred" (Mayne J.).

5 — DRAFTING THE CONTRIBUTION STORY

As a final step, a contribution story was drafted where the contribution claim was described in more detail.

Table 1: Evidence analysis table

Items of evidence	Type of source	Confirming/ refuting	Causal Mechanism	Strength of evidence
Stakeholders report increased awareness of local communities	Secondary	Confirming	Intended contribution (awareness raising activities)	Weak
Examples of students having received material and equipment reducing their physical barriers (crutches, sight glasses, wheelchair, educational material, etc.)	Primary	Confirming	Intended contribution (direct provision from the project's budget)	Strong
Parents report additional needs to be able to ensure schooling of their child (e.g. lack of sanitary supplies such as diapers due to which children miss classes), medical treatment (to improve the physical conditions and be able to attend school)	Primary	Hindering factor	Condition to intended contribution	Rather strong
Stakeholders report an improved environment in schools (better perception of children with disabilities by teachers and other children, more adequate and suitable teaching methods and skills, possibility to enrol children with disabilities at any time of the year)	Primary Secondary	Confirming	Intended contribution (capacity building of teachers)	Strong
Teachers reduce negative attitudes towards children with disabilities and report more confidence to attend the needs and provide support to children with disabilities	Primary Secondary	Confirming	Intended contribution (capacity building and training of teachers)	Strong
Interviewed teachers report an enhanced commitment coming from school administrations	Primary Secondary	Confirming	Condition to intended contribution	Rather strong

Examples of other organisations outside HELASIA having provided necessary equipment for children (making their mobility easier and thus being able to attend school)	Primary	Other contributor	Intended contribution	Weak
Children having a better understanding of their rights to education and increased knowledge about the existence of such schools	Secondary	Confirming	Condition to intended contribution	Rather strong
Parents have an increased understanding of their children's needs	Primary	Confirming	Intended contribution (part of awareness raising activities)	Rather strong
Some interviewed children expressed need for extra lessons and materials	Primary	Partially confirming	Intended contribution	Strong

Note: This table was structured according to Delahais T., Toulemonde J. 2012, 'Applying contribution analysis: lessons learnt from five years of practice.'

Table 2: Contribution story

Contribution story: Improvement in inclusive education
The quality and inclusive education services in the schools and training centres supported by HELASIA have been clearly improved in the countries of implementation. Progress has been mainly made in terms of perceptions and attitudes of schools, training centres and their staff towards children and people with disabilities towards which the project contributed through capacity building and training activities aimed primarily at teachers and school/TVET management. In this context, teachers acknowledged being more confident to attend the needs and provide support to children with disabilities. Teachers in the TVET centres acknowledged increased understanding of how to work with people with disabilities. This was supported with claims from parents that have equally perceived positive changes in the attitudes of schools and training centres. Importantly, increased ownership and commitment from school administrations were reported and seem to be key for creating an enabling school environment for inclusive schools.

Indeed, in both Madagascar and Mozambique, cases where children with disabilities had not been accepted to the schools before the involvement in the project, but are now, were identified. This example shows that supporting schools with limited or no pupils with disabilities might attract children with disabilities at a later stage. This was furthermore confirmed by feedback from caregivers several of which acknowledged that they have been selecting schools for their children according to the adequacy of the environment and conditions.

Physical improvements such as new classes, better accessibility, more adequate and suitable teaching material and machines have been equally identified. Consulted children and their parents also positively assessed the provision of devices and equipment such as wheelchairs, crutches, sight glasses which enable children to attend classes. Nevertheless, it must be noted that HI is not the only organisation that supported children this way. Some of the interviewed teachers from Ethiopia mentioned other NGOs that provide medical support to children (wheelchairs, glasses) and education material and supported the school's meal programme. This was also confirmed by some of the interviewed children mentioning they were given a wheelchair in the past from one of these NGOs.

Furthermore, the evidence collected indicates that many children now better understand their rights to education and don't see it as a privilege anymore. Similar improvements have been noted by caregivers consulted who acknowledged a better understanding of their children's needs. Both aspects are important supporting factors for inclusive educational services.

Despite these positive achievements, awareness and understanding of local communities in this respect remains weak. Evidence furthermore shows that not all the needs of children have been met and there is still a lot to be done to achieve quality and inclusive education in these countries. Some children noted a need for extra lessons and additional material to fully grasp the schoolwork. This indicates that the current methods and material might not be sufficient or adequate in some cases. A strong consensus among the consulted stakeholders was made about the need to include more schools in such programmes as HELASIA and train more teachers on inclusive methods.

Finally, parents noted a lack of available medical support for their children, mostly due to the lack of finances which, on many occasions, impeded their children from attending classes. For instance, lack of nappies in one household has resulted in the child skipping the school on several occasions. Similarly, frequent health issues and insufficient financial resources to get a proper medical care resulted in a child not attending the school on a regular basis. While this aspect was not within the HELASIA scope, it is a factor that is hindering the access of children to school and should be taken into account in future initiatives.

Output 5: National & regional advocacy strategies are drafted and implemented to promote disability at their respective level.

Regional advocacy efforts under HELASIA were led by ADF and PANPPD, often in cooperation with other international actors such as IDA or Sightsavers. The regional advocacy work mainly revolved around the advocacy towards the AU and the ratification of the ADP by the AU member states. The following achievements were indicated by stakeholders working at the regional level:

- ADF has developed a regional strategy for the ratification of the ADP by AU member states which was presented to national OPDs during a workshop organised by HELASIA.

- PANPPD was able to organise a meeting with the AU, specifically with the department of Health, Humanitarian Affairs and Social Development and proposing to discuss mental health issues in Africa and to engage with governments. PANPPD has been furthermore working and continue its efforts to get an observer status which would allow for direct collaboration with AU.

- ADF was able to obtain a meeting with the AU and a draft partnership memorandum of understanding was prepared to boost the collaboration between the two organisations.

Another initiative that HELASIA financially supported in two countries were the CRPD-SDGs Bridge trainings[10] whereby HELASIA collaborated with IDA, who co-developed this initiative. They have equipped a number of disabilities advocates to influence public policies. Indeed, it was noted that committees influencing the ADP are mostly composed from Bridge alumni.

At the national level, several countries were able to draft and start implementing their advocacy strategies that contributed to the following results:

- In Mozambique, stakeholders successfully set up an advocacy committee with different working groups, although contribution of other programme besides HELASIA towards this achievement was acknowledged. Furthermore, a national advocacy strategy towards the adoption of a resolution on the Marrakesh treaty was drafted and has been progressively implemented.

- Continuous lobbying and advocacy efforts, albeit the objective have not been achieved yet, have been also reported in Madagascar.

- In Rwanda, the Government ratified the ADP in 2021 and in February 2022 deposited it at the AU.

- In The Gambia, stakeholders positively perceived the ADP advocacy process supported by the project. After a statement coming from one of the members of the

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[10] Bridge CRPD-SDGS is a training programme implemented by IDA and IDDC with support from the Disability Rights Fund, with the aim of supporting OPD activists to develop an inclusive and comprehensive CRPD perspective on development, and reinforce their advocacy for inclusion. More information can be found here: https://www.internationaldisabilityalliance.org/content/bridge-crpd-sdgs-training-initiative

Gambian National Assembly about the ADP ratification, stakeholders acknowledged the likeliness of the ADP ratification in the near future.

- In Benin, FAPHB organised a workshop with participants from different key ministries with objective to start off the advocacy processes towards the ADP ratification.

- Stakeholders in Ethiopia acknowledged that the advocacy at the AU level was not implemented, albeit initially foreseen in the scope of the HELASIA project. This was due mainly to the time constraints.

3.2.2 What are the main differences in the 5 country intervention logics aiming to achieve the same objectives, and which of those interventions resulted to be more result driven?

The main difference between the five intervention logics lies in the weight of the different sectors/areas that the project stakeholders have been working on in each country. Naturally, this resulted in different intervention modalities being used in each country. At the same time, the project developed only one overarching theory of change for all countries, making it too general and lacking a sufficient level of detail that would outline the different modalities the project intended to use in each country.

Stakeholders consulted during this evaluation highlighted the following intervention modalities as being particularly effective and result driven:

- **Holistic approach of HELASIA**: Several stakeholders positively perceived the fact that the project has worked with different types of stakeholders, such as children with disabilities, teachers, OPDs and national federations, public authorities (whether at local or national level) and conducted various types of activities ranging from capacity building, through financial and technical support until awareness raising and advocacy (both at national/local level as well as at the regional level). The effectiveness of such approach lies in its ability to better grasp the complexity of the problem in each country.

- **Personalised social support approach** was also identified as result driven as it focuses on specific individual needs taking into consideration the local realities in which they live and make it easy to see the specific results achieved. While in quantitative terms this approach was able to tackle only a limited number of people, in terms of effectiveness it achieved important results at the individual level.

- Finally, **combination of theorical and practical side to the advocacy activities** of the project was praised as a good practice. While the theoretical part was assumed by capacity building, the practice side was supported financially through provision of microgrants. Such an approach ensured the use and application of knowledge and skills acquired in practice.

3.3 Efficiency

Efficiency Extent to which resources are being used well	To what extent have the modes of intervention chosen by the project and the implementation of its activities made it possible to **achieve the objectives set in its results framework** by maximizing the use of available resources?

Summary of key findings: HELASIA used participatory and inclusive project design and implementation that supported the overall project efficiency. The coordination and management were relatively smooth throughout the project implementation and the partnership between HI Country Offices and the federations benefited from a good working relationship. According to the stakeholder feedback, the available resources were used efficiently, but could have been distributed in a way that would entrust more responsibilities to the project partners. Finally, the project showed good flexibility, but the timeframe of the project did not entirely correspond to the ambitions that the project set up in its planning phase. Overall, the project was implemented in an efficient manner and significant results have been achieved with limited resources.

The evaluators assessed the project efficiency looking at four different intervention aspects that came out as the most salient from the data collection phase, namely: (1) participative and inclusive project design and implementation, (2) coordination and management, (3) budget distribution and spending and (4) timeliness of the project implementation.

3.3.1 Participative and inclusive project design and implementation

Consulted stakeholders highlighted the participatory design of the project which consisted of involving different stakeholders such as the HI country offices, federations and OPDs in the selection of project thematic sectors (e.g. education was selected as the main sector area to focus on in Ethiopia) and activities. One of the federations was also involved, albeit not from the very beginning, in the coordination of project activities. Furthermore, stakeholders underlined the demand-driven provision of equipment and materials, especially for schools.

Participation and inclusion of project stakeholders were further supported by existence of different formal and informal feedback mechanisms and systems (e.g. WhatsApp groups and presence of project coordinators/managers that were reachable by email, phone or directly during trainings) and accessibility of the project documentation and activities (e.g. sign language interpretation, braille translations), although in some countries it was reported as not totally sufficient (e.g. some of the documentation was not adapted for persons with visual impairment.

As noted in <u>section 3.1.4</u>, persons with disabilities were mostly involved during the implementation phase (participation at different meetings, trainings and awareness raising

activities). Stakeholders suggested that collecting the views of people with disabilities during the development of the project's ToR could be a useful exercise.

Participatory and inclusive mode of intervention positively contributed to efficiency given that the available resources were used to provide material and equipment and implement activities, while responding to the actual needs and areas identified by the project beneficiaries. This aspect could be further strengthened by involving persons with disabilities and organisations representing them in the project design to a larger extent (e.g. by engaging broader disability communities with the support of OPDs to review the project design, development of logical framework and monitoring indicators).

3.3.2 Coordination and management

The coordination of the HELASIA project was two-fold: (1) the HI HQ coordinating and overseeing the work of HI country teams and (2) the latter coordinating and overseeing the work of project beneficiaries on the ground. In addition, there was a HELASIA regional unit based in Ethiopia (and moved to Rwanda later on due to political insecurity) that was coordinating the activities at the regional level. Stakeholders assessed the overall management of the project positively. Well-established organisational processes and internal regulations and policies contributed to the relatively smooth and flexible management throughout the project implementation. However, a few internal HI stakeholders acknowledged that balancing between the obligations and responsibilities of the HI country teams and the regional unit was often challenging, and on some occasions resulting in delays.

At country level, the partnership between HI Country Offices and the federations benefited from a good working relationship and project implementation in some countries (see, for example, the Best Practice in Ethiopia below). However, other federations (e.g. in Mozambique) feel that they have more legitimacy to implement the advocacy and institutional capacity components, given their mandate. Similarly, in Benin, the federation feels that since HI – rather than the federation – was in charge, they cannot always evaluate their performance on the activities.

Best Practice Example: Partnership & Project Implementation in Ethiopia

According to the federation, in Ethiopia, the partnership developed for the implementation of HELASIA was effective as it was based on the organisational suitability/competencies between HI and the FEAPD. Thus, the responsibility of OPDs' capacity strengthening component was taken care of by the FEAPD, based on the rationale that it has an already established organisational network and common interest. This ensured smooth coordination and easier communication. Further, the project provided FEAPD with the opportunity to strengthen its partnership with OPDs and to fulfil its main goal: supporting and strengthening the capacity of its members.

This situation is similar to the one at regional level, where these partners felt to be in a better position than HI to engage with their members directly, in terms of supervising and supporting them in implementing the project activities.

The overall coordination of the project was furthermore challenged by working in several countries with different context and realities (e.g. language wise but also in terms of different technical capacities and human resources) which required a lot of adaptations.

Furthermore, relatively frequent turn-overs in the HI HQ (including changes at the positions of a technical referent, operations officer, finance and the MEAL person) have been identified by HI internal staff as negatively affecting the project implementation.

3.3.3 Resource distribution and spending

The HI Organisational Review commissioned by Norad noted that while the largest proportion of funds went to the countries of implementation (and not the HI HQ), most of it was allocated and spent by the HI country offices and not by the project partners/beneficiaries. As such, HI was the principal implementing actor throughout the entire project duration. Stakeholders consulted during this evaluation perceived the existence and engagement of the HI country offices positively but acknowledged that more implementation responsibilities could have been delegated to the partners to ensure stronger ownership and learning. Ultimately, projects that are not merely made for people with disabilities but also implemented and driven by them might have stronger effects on the local communities and authorities.

Another challenge identified was budgetary constraints caused by very high inflation rates. This has been mitigated by regular budget revisions and to some extent compensated by favourable currency exchange rates. Flexible and agile budget features as a key element for ensuring good management and efficient implementation.

Some stakeholders also suggested that the distribution of available resources could have been enhanced by an improved and clearer allocation of roles and responsibilities between the HI staff. Indeed, it was noted that on some occasions it was not totally clear to the project beneficiaries whom to approach or contact.

Finally, it was acknowledged that while the provision of material and equipment was relevant, more stakeholders should be trained to use it. This concerned mainly the Montessori teaching aid material that was provided to schools, and which can be, without a proper training, used incorrectly given the different purposes of each of the five boxes that it includes. While a training on the use of the Montessori kit was organised by the HELASIA project, the interviewed stakeholders noted a need for more teachers from each school to participate in such training. Despite the initial intention to share the knowledge acquired during the training with more teachers by those that were trained, some of the stakeholders acknowledged that this did not materialise due to the resource constraints.

3.3.4 Timeliness of project implementation

The project was planned to run for 44 months (from October 2019 to June 2023) which can be considered as a usual implementation period. Nevertheless, the beginning of the project was affected by the Covid-19 pandemic which negatively affected the project implementation. Indeed, several activities had to be postponed or done remotely. This was also the case of the kick-off meetings in different countries to start off the project.

In addition, the project started with three countries (Rwanda, Benin and Ethiopia) and later on added two more (Mozambique and Madagascar). Coupled with the fact that each country experienced different issues (e.g. conflict escalation in Ethiopia, elections in the federations' boards, governmental pressure on OPDs in some countries), the progress in implementation resulted different in each country.

Overall, stakeholders consider that the project showed good flexibility (e.g. when adapting to the COVID-19 related challenges) but the timeframe of the project did not entirely correspond to the ambitions that the project set up in its planning phase.

3.4 Impact

Impact Extent to which an intervention contributed to change.	To what extent do the final **beneficiaries** of the project, made up of people with disabilities with various functional limitations, of different ages and different genders, **testify to positive and lasting changes in their quality of life** attributable to the project activities?
	What are the main **changes, in terms of inclusion, reported by the final beneficiaries,** that could be attributable to the project executed activities?
	To what extent has the **project improved the capacities of its targeted OPDs** and implementing partners to lead a project autonomously and to **fulfil their mandate** as an organisation representing persons with disabilities, women and young people?

Summary of key findings: The evaluation surmises that final beneficiaries were significantly impacted by the project which was mirrored by beneficiary accounts of interventions having contributed to improving their quality of life. The inclusive education activities created schools and TVETs that were not only more physically accessible but also staffed with trained teachers who had the skills and commitment to adapt their teaching methods to individual needs. As a result, pupils reported higher levels of happiness, social opportunities and feelings of hope for the future.

There are both long-term and immediate impacts for OPDs resulting from the actions undertaken as part of this project. OPDs members consistently reported feeling more self-aware and confident about their ability to initiate positive change whilst OPD structures have more effective systems, leadership and advocacy skills and benefit from increased visibility and strengthened partnerships.

Throughout the evaluation, results were obtained on the impact indicator "quality of life" that measures social participation and opportunities which, according to the Theory of Change,

will contribute to perceptions of a better quality of life in the long run. It is important to note, however, that whilst this section evidences project contributions to perceived positive changes, the ultimate achievement of lasting changes to quality of life is a long-term outcome and results will only be visible beyond the duration of the project.

The evaluation questions in sections 3.4.1, 3.4.2 and 3.4.3 correspond with the outcome levels identified in the reconstructed ToC.

3.4.1 To what extent do the final beneficiaries of the project testify to positive and lasting changes in their quality of life attributable to the project activities?

During the course of the interviews **the final beneficiaries were overwhelmingly cognisant of the positive changes that their participation in the project has had on their quality of life** and this view was complemented by the feedback from service providers and local authorities.

School pupils in Hawassa and Gambella, Ethiopia and Diana, Madagascar reported feeling happier now that they were attending school and had opportunities to learn, play and interact with their peers whilst pupils in Maputo, Mozambique felt more hopeful about their future and in particular about finding a job. There was also a recognition from pupils that the assistive devices they received gave them much valued independence. Parents of pupils in Hawassa revealed that they were unable to attend school prior to the project due to a lack of access and mobility equipment.

Following school supervision visits, the Ministry of Education representative in Hawassa

Best Practice Example: Lasting Change with Youth Leaders in Benin

"The project has somewhat freed us from our fear and inaction."
Youth leader, Benin

Of particular significance to youth leaders in Benin is the change in their perception of what they are capable of achieving that was brought about through their participation in project activities. Youth leaders revealed that they had always being told what they couldn't do and the project has helped them realise what they can do.

"We are now able to communicate more in public and not be afraid. We are able to claim our rights because we are now aware that we have rights." **Youth leader, Benin**

Through implementing what they have learnt by advocating and delivering training they feel that they have been equipped with the skills and tools to have an impact in their local communities and improve their employability.

perceived changes in the learning outcomes of children with learning disabilities after

participating schools began using the Montessori teaching materials. They stated that "*There is an observed gap between schools that get HELASIA support with those that did not receive the support.*" Factors that contributed to this gap include: the resource centres, adaptations to improve physical access, trained teachers, adapted teaching materials and personalised plans delivered through the project.

Longer term impact on sustainable livelihoods was reported by TVET students in Rutsiro, Rwanda who were supported with equipment to start up their own business and now feel positive about their potential to earn a living and to pass on new skills and opportunities to other people with disabilities. TVET students in Nyamasheke believed that they now had a role to play as part of their community whilst their parents also conveyed that the communities view of persons with disabilities had changed now that they see them attending college.

3.4.2 What are the main changes, in terms of inclusion, reported by the final beneficiaries, that could be attributable to the project executed activities?

The evaluation explored the impact of the range of approaches adopted by the project to address the physical, institutional and attitudinal barriers to inclusion. Physical adaptations were made to TVETs and schools to ensure that educational establishments were accessible to children and young people with disabilities. In addition to the adaptations funded by the project, a number of advocacy campaigns led by project partners focused on the physical inaccessibility of public buildings and there were reports in interviews of service providers and local authorities improving physical access. Further impact is likely beyond the scope of the project as OPDs continue their advocacy.

To facilitate inclusion, equipment was also adapted. The *Centre de Formation* and *Centre de Tissage*[11] in Benin both adapted sewing machines following training to meet the needs of their students. Teachers at these Centres reported positive changes to their attitudes and teaching practices following the disability awareness training. In addition to the physical adaptations made to the sewing machines and centre buildings, they introduced new inclusive ways of working that responded to the needs of their pupils, for example colour coding to support learners with visual impairments to differentiate between colours. The *Centre de Formation* also reported now having more teachers with disabilities in their staff team. These positive steps towards more inclusive teaching methods have also created new opportunities for the Centre as they have been approached by organisations in Togo and the United States about potential partnerships. Other physical obstacles were overcome through the provision of mobility equipment and assistive devices for school pupils in Ethiopia and Mozambique.

At an attitudinal level, teachers at TVETs and schools confirmed that their views on disability had changed significantly since participating in the project and they had learned how to adopt inclusive approaches. In Madagascar teachers had refused to accept children with disabilities

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[11] Training Centre and Weaving Centre

Best Practice Example: Inclusive Education in Maputo, Mozambique

The holistic approach to inclusive education adopted in Maputo was particularly impactful on the inclusion of beneficiaries within the school, community and home spheres. Teachers in Maputo, Mozambique confirmed that their views on disability had drastically changed since the training. They received relevant teaching materials and learnt how to develop individual education plans which provide a roadmap to achieving each child's goals and facilitate their inclusion.

"Before the training, I did not know how to assess, I considered that they did not learn anything. I started to pay attention, with the implementation of individual plans, and indeed, changes happen. For example, I had a student who couldn't hold a pencil. With the training, I learned how to stimulate the child's fingers. I worked with the parents so that they could support her at home as well. After some time, we saw that she could already write visible letters, including her name." Teacher, Maputo

Teachers worked with parents to build their understanding of inclusive approaches and how the child could be supported at home and also sensitised the local community. The project empowered parents to understand their children's right to be included at all levels of society and helped them feel less isolated. A parent in Maputo felt that the project has also provided her with the knowledge to better support her daughter. Parents felt the activists that supported the children with their homework helped improve their school performance. Physical adaptations were made to the schools including the installation of ramps, accessible toilets and handrails and assistive devices were provided to children. As a consequence, higher numbers of children with disabilities are now registered.

prior to the training but are now much more aware of the rights of children with disabilities and of how they can be included in educational settings. The knowledge they have acquired has created a more welcoming school environment with teachers that seek to overcome barriers. Parents in Diana appreciated the different methods used by the school to help their children overcome any challenges and felt their children had gained some independence.

Teachers in Hawassa reported positive examples of children who are now thriving as a result of the project intervention including the case of one child who has physical and communication impairments and who struggled when he started but has since received assistive devices and is now top of his class.

3.4.3 To what extent has the project improved the capacities of its targeted OPDs and implementing partners to lead a project autonomously and to fulfil

their mandate as an organisation representing persons with disabilities, women and young people?

The evaluation considers that there is strong evidence of the project having improved the capacities of OPDs to lead projects autonomously. The advancements made by OPDs in terms of improved governance, leadership and professionalism are collaborated by the Federations, local authorities, HI Country teams and the OPDs themselves. The extent to which capacities have improved varies on a case by case basis as some OPDs were newly established whilst others had much more experience. The following impacts were identified:

Increased visibility and influence

Federations and OPDs highlighted how office space, equipment and additional human resources funded by the project helped improve their credibility and professionalism with partners and in Benin they felt it had enabled them to secure further projects. In Ethiopia the project provided some equipment for newly formed OPDs in Hawassa and solicited the support of the Social and Labour Affairs Bureau in Hawassa to provide office space for these OPDs.

OPDs, federations and local authorities reported that relationships between municipalities and OPDs had been strengthened as a result of the project interventions and that OPDs are more involved in community activities and decision-making processes. The project built the organisational and technical capacities of OPDs to enable them to advocate for their rights and it is noteworthy that there was evidence of OPDs in all target countries being invited by local and regional authorities to give their views and to be involved in decision-making processes concerning new developments and policy changes. The awareness raising sessions delivered as part of the project as well as the ongoing advocacy at an OPD level have served to increase knowledge on disability rights amongst local authorities. Local leaders in Benin are in the process of creating district coordinations on disability and there are now 13 disability focal points at a commune level in Cotonou; whilst in Parakou people with disabilities are represented in the census committee and consultation frameworks.

Within Madagascar the reinvigoration of the Disability Observatory in Madagascar has helped OPDs gain prominence within civil society and amongst Ministries as they are now consulted on mainstreaming disability and have 34 stakeholders working together to achieve the same objective. They have also learnt how to carry out surveys and collect data, skills that will strengthen their advocacy work. Another key impact has been the sense of solidarity amongst OPDs who feel supportive of one another and ready to defend the rights of all persons with disabilities not just those they represent.

The microgrant system enabled OPDs to have the autonomy to target their interventions to identified priority areas, in Mozambique they directed their advocacy to focus on issues of concern that were specific to each OPD. Through this approach persons with disabilities were equipped with the tools to become actors in the change process.

'Often, meetings about people with albinism have had small numbers of participants with albinism. In this case, 80% of participants were people with albinism. They had space to discuss in depth issues related with their protection. As part of the microgrant we managed to produce a video which we used for awareness rising on social media. I think that campaign, in part, contributed for reduced cases of violence against persons with albinism.'

ALBIMOZ Representative, Mozambique.

In a similar vein, the association for parents of children with learning disabilities, *ACRIDEME*, used their microgrant to carry out awareness raising sessions on access to education for children with intellectual disabilities. During the course of the activities, they were able to develop relations with partners and they now have a network of support services to which they refer children.

Increase in skills, knowledge and expertise

All federations and OPDs interviewed consistently reported that the skills they had acquired through their participation in training had served to strengthen the impact of their organisation. OPD members reported feeling empowered by their participation in the training with many asserting that it created more self-awareness about what people are capable of achieving. OPDs in Rutsiro, Rwanda felt that the training on the UNCRPD had equipped them with the tools and knowledge to defend their member's rights. Similarly, an OPD representative in Gambella reported that the training they had received has strengthened their ability to advocate on behalf of others and resulted in them securing employment for people with disabilities who had faced challenges finding work. Results such as these strengthened their belief in their ability to create positive change.

OPDs are able to function more effectively thanks to the training on governance, leadership and resource mobilisation and now have the necessary policies and procedures in place. In addition to the training, the process of participating in the HELASIA project also impacted organisational capacity, for example, FAMOD felt that the financial management requirements of the project strengthened their own internal processes and support from HELASIA helped them to be more effective in their program delivery. OPDs are in a better position to orientate their work effectively and increase their reach as testified by an OPD in Madagascar who had increased the number of direct beneficiaries impacted by their work following their participation in the project.

The undertaking of project activities such as the mapping served to increase knowledge and provided evidence for organisations to extend their impact through their research-based advocacy. PANPPD felt that the mapping research they conducted gave them a better

understanding of some of the challenges faced by people with MHPSS needs and as a consequence they made regional submissions to UNCRPD country committees and the African Union to speak about the need for deinstitutionalisation. They attribute the HELASIA project with helping to raise awareness of MHPSS and creating opportunities to engage with AU platforms and governments.

Improved financial autonomy

Concerns about having sufficient resources to continue to have an impact were inevitably raised frequently during the interviews. However, OPDs in Madagascar had the opportunity to apply for micro-grants for income generating activities to help address this worry. AFHAM highlighted the importance of activities such as the *tuktuk* and the foodtruck (*bouffe-mobile*) that are enabling the organisation to be more financially sustainable and providing jobs for persons with disabilities. An indirect impact of this initiative is that businesses have approached them for advice on employing persons with disabilities.

Across all countries, OPDs felt the training on fundraising strategies and resource mobilisation was beneficial as it encouraged them to consider their own financial autonomy and better understand the resource mobilisation process. OPDs in Ethiopia appreciated the experience of applying for funds following on from their training as it gave them the opportunity to implement what they had learnt.

Legislative changes

There were a number of legislative changes that were influenced by the project and the impact of longer-term advocacy on the ratification of the ADP will be seen in the years to come.

After a long delay, an OPD in Botswana felt that the support and training provided by the project was instrumental in helping BOFOD advocate for ratification of the UNCRPD and

"Whenever we have some challenges, we communicate with other countries…In The Gambia their constitution includes disability issues (providing the voting to person with disabilities in the local government). Afterwards in our country, there was a constitutional review and we pushed the agenda with the government to put disability in the constitutional review. Also, right now there is a parliament sitting and the MPs are going to discuss disability issues that we got from The Gambia and Rwanda". **BOFOD representative, Botswana**

Best Practice: Towards the ratification of the ADP in The Gambia

The project raised awareness of the existence and function of the ADP. The Gambian Ministry of Social Welfare confirmed that the training they received on the ADP was instrumental in learning the key steps that needed to be taken to ratifying and implementing ADP.

"The Project gave us the opportunity to sit with the National Assembly and raise their awareness throughout the process so they understood the need for the ADP - led people to commit towards ratification of ADP and a commitment to further the rights of persons with disabilities."
Representative of the Gambian Albinism Association

The National Assembly member confirmed that the draft paper on the ratification of the ADP is now with the Cabinet and if is it approved it will be tabled before the National Assembly.

ultimately in getting Botswana to accede to the UNCRPD. The federation in Botswana spoke of the importance of sharing experiences with federations in other countries and learning from other nations at difference stages of the inclusion process.

There are numerous examples of positive impact on system and policy changes at a local and national level. Following advocacy in Parakou, Benin, the municipality issued a decree to create a committee that was put in place to protect the rights of persons with disabilities. Whilst in Ethiopia, the findings from the gap assessment of the national education policy fed into the revision of the national special need education strategy which is currently under Ministry cabinet review and project partners have also participated in the implementation plan of the national disability act.

3.5 Sustainability

Sustainability Extent to which the benefits are likely to last	To what extent have the implementing **partners developed** or installed sustainable **capacities** through the HELASIA project that can enable them **to continue the activities driven by the project after its closure?**
	Are top-down and bottom-up processes implemented to ensure the **participation of all stakeholders in decision-making,** promote sharing of knowledge to promote sustainability of missions and structures?

Summary of key findings: The evaluation found strong evidence of the partners having acquired sustainable capacities in the areas of governance, leadership, resource mobilisation, an increased awareness of disability rights, and improved visibility and influence of OPDs that place them in a sturdy position to continue activities beyond the duration of the project.

3.5.1 To what extent have the implementing partners developed or installed sustainable capacities through the HELASIA project that can enable them to continue the activities driven by the project after its closure?

Sustainability planning for the post-project period

Exit strategies have been produced by each HI Country team with partner input and were accompanied by action plans outlining: activities to be delivered before and beyond the end of the project, how to transfer activities to key partners lessons learned and how to close the project. Amongst many OPDs and Federations there was a call for a second phase to consolidate learnings and to roll out activities to other regions to promote a more equitable access to services. However, stakeholders also accept that some activities will end and demonstrate recognition that the increased capacities, visibility and influence gained by OPDs through the project strengthens their ability to continue certain activities.

Evidence from the interviews with all stakeholders establishes the potential for the benefits of the project to continue beyond its duration and will now largely depend on OPDs utilising the skills they have acquired to develop further projects, mobilise resources and nourish the partnerships that have been formed.

More donors are now making disability inclusion a transversal requirement for future funding and simultaneously a number of funds are adopting a localisation agenda that prioritises local organisations over INGOs. These trends in the funding landscape mean that OPDs are better placed now than they were at the beginning of the project both in terms of the opportunities available and their capacity to respond to these funding calls.

FEAPD and FAMOD both believe that OPDs now have increased capacity in proposal writing, resource mobilization and partnerships and are in a better position to prepare proposals and manage projects. FAPHB are looking for funding from other partners to replicate the activities in the other regions but they feel that ending the project now is akin to "premature weaning" as there is still so much more work to do and support required.

Challenges to sustainability

When asked about factors that could limit the sustainability of project benefits, the loss of core funds for regional, federation and OPD partners was frequently mentioned particularly by those organisations who have staff posts funded by the project. OPDs in Ethiopia expressed the difficulties they experience in finding funds to support their overhead costs and feel that their effectiveness is limited without paid members of staff as volunteers usually have their own jobs and struggle to find time to dedicate to the OPD. There was also concern about the turnover of trained staff who are vital to ongoing work on inclusion within OPDs as well as within service providers. An OPD in Ethiopia reported that some of their staff who were trained under the project had already left because they do not have competitive salaries.

The issue of capacity amongst service providers is also problematic, for example, when there are a limited number of schools with expertise in inclusive education. Teachers in Diana, Madagascar confirmed that they currently have 45 children with disabilities attending their school but there is demand for at least 60 children so 15 children with disabilities are unable to attend until there is greater capacity.

Despite some work taking place on inclusive data collection, the lack of reliable data to support advocacy work was raised as an issue by the HI Management and federations in Ethiopia, The Gambia and Benin and is an area that requires further technical support. If people with disabilities are not counted within surveys and censuses, it is difficult to provide evidence for further inclusive responses to meet the need.

The scale and breadth of activities was very ambitious within the timeframe as advocacy is often a long-term piece of work that requires ongoing pressure and follow up. The Federations are now expected to take responsibility for the implementation of the advocacy plans but it is not clear that they all have the human and financial resources to continue to lead and monitor progress at the same pace. Similarly, the OPDs and Youth Leaders are now tasked with

supporting service providers to deliver inclusive services but this may be challenging without the means to cover the basic costs of consistently providing this support.

There is also some concern that the multi-stakeholder mechanisms that have united to drive forward disability inclusion may not maintain momentum without the financial and administrative backing of the project.

Capacities for continuation

There are several examples of project activities that have the capacity to continue albeit in a different format. Increased capacities in leadership, governance and advocacy skills mean that OPDs are in a better position to support their members, improve effectiveness and increase the likelihood of organisational longevity.

Adaptations made to public buildings including schools and TVETs in partner countries will continue to be of benefit to current and future generations and the awareness raised amongst public authorities should translate to the consideration of access issues in plans for any new public buildings.

The training of the trainer approach adopted throughout the project has created a pool of trainers who are equipped with the skills to cascade this training to new partners and it is worth exploring the possibility of OPDs monetising this expertise as an income generating activity to deliver training to mainstream organisations looking to improve their own disability inclusion practices.

In Benin, the Ministry of Social Welfare and FAPHB both confirmed that some of the results that are likely to continue include the consultation framework, outreach initiatives, capacity building and the sharing of the knowledge gained through the project. NUDOR has committed to continue to use internal resources to build capacities of OPDs and CSOs. In Rutsiro, Rwanda, District level Education taskforces have been put into place to continue some of the activities already started and trained learners will be supported to form small saving groups in order to follow up their income generating activities.

In Ethiopia, FEAPD feels that the project is finishing too early because not enough work was done to sustain project impact for newly established OPDs in Sidama who need further capacity building. However, there is some sustainable support in terms of the regional network established among OPDs which will contribute to the continuation of their advocacy work. The Government will also continue to support the work of OPDs and provide the office premises solicited during the project.

The Disability Observatory in Madagascar has been revitalised by the project and has now united a cross-section of stakeholder to fulfil their objectives. They have already begun to finance their monthly meetings and it is intended that it will become autonomous.

Inclusive education

Inclusion is an ongoing process with many stages but as schools build on their experience of delivering inclusive education and parents gain confidence in a school's ability to care for and educate their children, the numbers of children with disabilities will continue to increase. In terms of sustainability, it is significant that parents, teachers and school management reported that more parents were now aware that schools were inclusive and other parents of children with disabilities had approached them to enquire about opportunities.

"Parents are encouraged when they see the changed environment and the available support in the school. Children with disabilities already in schools have also served as a role model inspiring others to follow their footsteps."

Teachers, Gambella, Ethiopia

The involvement of families and local communities is crucial to the longevity of inclusive practices within schools and this was particularly evident in Maputo, Mozambique where teachers reported that the project also supported children and parents at home and parents showed an interest in learning more about inclusion strategies as they were involved in the development of the individual education plans. At the opening of the school year, the Headteacher sent out a clear message about the school's inclusive approach that was important for the community to hear and further awareness raising campaigns were implemented throughout the project. In contrast, teachers in Hawassa, Ethiopia stated that the project didn't do enough awareness raising with parents to encourage them to send their children to school. The increase in pupil numbers was echoed by teachers in Gambella, Ethiopia and at TVETs in Rutsiro, Rwanda and these numbers are expected to continue to increase.

Teachers at CREI, Mozambique stated that the lessons learnt under the HELASIA project have been incorporated into CREI's work plan which includes training of mainstream school teachers and such approaches will continue to sustain the benefits of this project. Teachers in Gambella and Nyamasheke also reported sharing learnings and teaching aids with colleagues to expand the reach of their knowledge.

The training centres in Benin have now made all of their courses accessible to persons with disabilities rather than directing everybody with a disability towards a specific course as they used to do. As well as improving current inclusive practices internally, these changes will help create more learning opportunities and subsequently more work opportunities for young people with disabilities. As people with disabilities gain visibility as active members of the community, this will in turn, challenge some of the negative stereotyping surrounding disability. These physical and attitudinal changes have also influenced staff recruitment as one teacher with a visual impairment noted that he used to be the only teacher with a disability but now there are several teachers with disabilities. As a result of their move towards inclusive practices the Centre de Formation have increased opportunities for partnerships as they have already been approached by organisations in Togo and the United States.

In Mozambique, support mechanisms have been created which will ensure continuation beyond the project such as the presence of Ministry of Education district supervisors who supervised the teachers alongside the HI team and will continue to support teachers as well as Inclusive Education focal points within schools who provide ongoing support. Schools have also formed partnerships with OPDs, therapy services and hospitals where they can get further advice. Support was given to empower parents in Mozambique and they now know where to look for relevant support services and community referral systems are now in place. Mozambique responded to the problem of staff not knowing how to work with children with hearing impairments by forming a partnership with AMAMUS, an OPD of people with hearing impairments and there is a mutual desire to continue such partnerships.

Similarly in Ethiopia, the collaboration established between OPDs and the respective Regional Education Bureaus will help continue promoting inclusive education. OPDs have engaged in school inclusiveness assessments as part of the project intervention and therefore, have a sense of ownership and responsibility and are equipped with the skills to conduct similar activities in the post project period. In Gambella, the Women and Children Affairs Bureau has also began conducting community awareness within their structure and are facilitating linking children with disabilities to schools.

ADP ratification

At an overall regional level, a significant focus on the long-term impact of the project will surround the lasting influence of the African Disability Protocol. HELASIA played a large role in ensuring that the ratification of the ADP became a priority in the focus countries, the African Union and also for other INGOs such as Sightsavers, Light for the World and African Union of the Blind who are now supporting advocacy for ratification. ADF is continuing to work with these organisations to advocate for other countries to ratify the protocol which needs a total of 15 countries to ratify it before it comes into force (see section 3.1.1). In addition to bringing disability rights to the agenda, the work on the ADP has served to raise the profile of ADF as well as the OPDs who have been advocating for its ratification.

> *"Actions like advocacy and work on ADP and Bridge help towards sustainability. Today you cannot talk about the African protocol without mentioning ADF. The Bridge is strengthening and equipping the advocates – this is scaling up the ADF."*
>
> **Bridge CRPD-SDGs coordinator, International Disability Alliance**

A representative from The Gambia National Assembly confirmed that the ADP is close to being ratified. The Gambian Federation of the Disabled suggested that a Bridge training module specific to the ADP is needed as there are certain areas that are not addressed by the UNCRPD and it would be helpful to have guidance on monitoring implementation.

Partnerships

There is no doubt that one of the key components of the continued sustainability of the project is the partnerships that were either formed or strengthened through the project including those with other OPDs, service providers, local authorities, civil society and government institutions as well as with the African Union. Improved relationships contribute to a more holistic approach when disability inclusion is considered by a wider network of stakeholders working together.

> *"The preliminary funding from HELASIA facilitated/encouraged and set the path for other donors to invest in the sector… We received support from UNDP for the development of the consultation framework, and an evaluation under the coordination of the United Nations systems."*
>
> **Ministry of Social Welfare, Benin**

There is already evidence of OPDs forging partnerships with other INGOs who can continue to provide technical and financial support. An OPD in Ethiopia succeeded in securing another grant because of HELASIA training and the representative of the Ministry of Social Welfare in The Gambia felt that the advocacy had influenced other donors to consider what support they could give persons with disabilities.

PANPPD have signed a MOU with CBM and will now continue some of the important work started under the project. They also felt that the project has helped HI realise that there is a big gap in term of support for MHPSS so there may be scope for further partnership work. PANPPD also raised awareness on MHPSS at a regional level but also amongst the disability movement itself which often has its own hierarchies in terms of who is represented.

As well as the financial and technical partnerships that have arisen there are also a large number of collaborative partnerships that were facilitated through the project. OPDs in Rwanda, Madagascar, Benin and Ethiopia all reiterated that they now have a strong partnership with other CSOs and NGOs which will continue to serve them well beyond the project.

3.5.1 Are top-down and bottom-up processes implemented to ensure the participation of all stakeholders in decision-making, promote sharing of knowledge to promote sustainability of missions and structures?

The general consensus amongst Federation level stakeholders was that participation was limited during the project design stage, however at the implementation stage there were more opportunities to engage in decision making processes when identifying the types of intervention specific to each country.

FAMOD, the Mozambican Federation was vocal in advocating for a change to what they perceived to be a top-down approach and they felt that more responsibilities should have been placed at a Federation level rather than centralised at a HI level such as the advocacy and governance components of the project which they felt they were better placed to deliver to its members. They believe that a greater emphasis on co-production would have increased

sustainability as partners would feel an increased sense of ownership over the project. This was echoed by FAPHB in Benin who believed that sustainability could have been improved by including them at an operational level. They also felt that some disagreements occurred because people with disabilities were not represented on the HI Project management team and do not have the lived experience of disability to inform their ideas on project activities.

FEAPD recognised the participatory nature of the design and implementation of the project and felt that this was replicated with the OPDs too. They collaborated on the project from the conception stage as a co-applicant to the project and a member of steering committee where they had the opportunity to discuss challenges and find solutions together.

3.6 External Coherence

	To what extent the project was **compatible with other actions targeting similar challenges**/having similar aims in the country/region?
Coherence Extent to which an intervention fits with other efforts.	

Summary of key findings: In most participating countries HELASIA was the only project working on such initiatives, thus making it even more relevant and necessary. At regional level, HELASIA worked well in conjunction with other initiatives such as the IDA's Bridge training and ADF's work with international NGOs on the ADP ratification. Nevertheless, the full synergetic potential between various projects funded by Norad was not reached.

→ Most of the partners participating in HELASIA were not receiving support from other projects during the HELASIA implementation: HELASIA was the only one working on such aspects in most of the countries / provinces. Where there are / were other initiatives (mainly at regional level), they mostly worked well with HELASIA's initiatives:

✓ **Compatibility – Regional / International Level**
- HELASIA enabled ADF to join up with the AU and Sightsavers (with other international NGOs expressing interest to work on this issue) to lobby for the ADP ratification in the seven participating countries. Simultaneously, ADF is also involved in another multi-country project, through which they are also working on the ADP in South Sudan, Burundi and Uganda, thus enabling ADF to combine its efforts across countries towards the same goal.
- HI's and ADF's partnership with IDA on HELASIA enabled the use of Norad funding to implement the Bridge CRPD-SDG Sub-Saharan African training – together with

FEAPD - for – HELASIA participating countries, including Ethiopia, Botswana and The Gambia.

✓ **Compatibility – Country Level**
- While at country level there are / were some initiatives being implemented by other international NGOs (e.g. Save the Children, People in Need and World Vision International in Hawassa, Ethiopia, supporting schools through, for example, feeding programs; CBM empowering youth with disability through training, technical support and entrepreneurship), beneficiaries do not note any overlap or duplication with HELASIA's intervention.
- Furthermore, where there *are /were* other interventions, beneficiaries note that these are not always adequate / reliable / regular in terms of support and follow-up (e.g. in the interventions in Hawassa; government subventions to OPDs in The Gambia), thus making HELASIA both relevant and necessary.

✗ **More synergy could have been achieved on:**
- Other external initiatives funded by Norad's 2018 call for proposals focusing on the inclusion of persons with disabilities (including through strengthening civil society) in sub-Saharan Africa.

4. Lessons learnt

4.1 Lesson learnt 1

Meaningful and participatory inclusion of persons with disabilities and their organisations in the conception, design, inception, implementation and closure of the project, especially ones concerning them directly, ensures that the project is 'owned' by the beneficiaries, who are experts on their own lived experiences and thus more relevant to their lives and the realities on the ground. It also enables the project to capitulate on the already existing networks and knowledge of OPDs and federations, maximising efficiency and success; and increasing ownership of the project activities. Participatory and inclusive modes of intervention furthermore promote efficiency as they ensure that the available resources (which are usually scarce and limited) are invested in the most pressing needs and thematic areas.

4.2 Lesson learnt 2

Awareness and understanding of mental health and psychosocial disabilities remains weak at a government and community level and even amongst the disability movement itself where stigmatisation still surrounds people with MHPSS impairments. There are still a number of policy gaps that need to be addressed alongside advocacy campaigns calling for the end of institutionalisation where there are often abuses of the rights of persons with disabilities. Further sensitisation needs to take place at a community level to raise awareness of the

challenges faced by people with MHPSS impairments and efforts made to promote and protect their rights

4.3 Lesson learnt 3

Use of holistic approach to address complex problems resulted as an effective way of project implementation. HELASIA aimed at contributing to a better quality of life and more inclusive services for people with disabilities. These are objectives that require systemic changes. As such, the adoption of a holistic approach consisting from variety of activities of theoretic as well as practical nature (capacity building, awareness raising, training, advocacy, research/mapping of policies and gaps, grants), involvement of different types of key stakeholders (OPDs, federations, public authorities, schools, teachers), working at different levels (local, national, regional) in the project has been a good decision, allowing to grasp the complex realities that affect the situation of persons with disabilities in the countries of implementation.

4.4 Lesson learnt 4

Combining theorical and practical side of the advocacy activities was acknowledged as a good practice by several interviewed stakeholders. Theoretical part was assumed by the project's capacity building training on advocacy. This was then followed by a possibility to apply for a micro-grant, some of which were used to support small advocacy projects. Such approach seems to be an effective way of ensuring that the knowledge and skills acquired are used in practice.

4.5 Lesson learnt 5

Clear processes need to be in place when providing equipment to project partners including a plan of future training and how it will be rolled out. Some teachers reported using the Montessori teaching aids incorrectly until they requested training and once training was received the number of participants was restricted with the intention that it would be cascaded to other staff, however, this did not always happen.

5. Recommendations

5.1 Recommendation 1

There is consensus, amongst practically all the partners and beneficiaries interviewed, that **HELASIA needs to be extended - or have a second phase - in order to continue building upon what it started during its implementation period** (which, again, is agreed upon by the majority of interviewees, was too short to achieve all that was planned): in terms of furthering the capacity strengthening of OPDs (e.g. in data collection as key for achieving effective advocacy) and other stakeholders (e.g. authorities, especially in view of the ever-changing political contexts of the countries involved) ; and strengthening OPDs in rural or remote areas; reaching persons with disabilities in other regions of the country (after an assessment carried

out by the federation in order to select the regions within the country which are most in need of the intervention/s); and intervening in the sector of intervention which was not covered in the country (e.g. inclusive education in Benin), among others.

5.2 Recommendation 2

Future similar initiatives should consider having a global project-level and separate country-level theories of change for each country of implementation. The country ToCs could be adapted from the project-level ToC. This process could be participatory and ideally would include key stakeholders as well as persons with disabilities to adapt the ToC in the best possible manner to their needs and country context. Sufficient time should be foreseen for such exercise, and the latter held during the inception phase of the project.

5.3 Recommendation 3

While most of the project funds went to the countries of implementation, majority was allocated to HI country offices and not the project partners. **HI could consider delegating more responsibilities (including management and coordination) - with clear allocation of roles and responsibilities for each implementing party - to the national federations in activities where they have more experience, knowledge, contacts and existing relationships with OPDs.** This would enhance the overall ownership of the project by local stakeholders, provide important learning opportunities for the federations, and could yield more visibility on the disability-related issues as the local communities and public authorities would see a project directly implemented by persons with disabilities.

5.4 Recommendation 4

HI Country Offices, federations, OPDs and local and national government partners should continue to explore ways to support the schools that have adopted an inclusive education approach and spread these inclusive teachings to further schools in order to not lose the momentum created and the good practice implemented. The approach to continuing this work will vary by country context and could take the form of a new regional or country wide programme, however, in the absence of this, the approach could also include small scale activities that can be incorporated into strategic plans: advocating for policy changes that reinforce every child's right to inclusive education, strengthening partnerships with local and national education departments, supporting OPDs and parents to monitor inclusive education practices and assigning Inclusive Education Focal Points to monitor implementation and provide technical support. It is also recommended that any new projects include further capacity building to empower parents to understand their child's rights and advocate on their behalf. This would strengthen long term sustainability as parents contribute to holding schools and local authorities accountable beyond the duration of the project. Further work in replicating the learnings in inclusive education would also lead to more equity for children in country areas not covered by the project and help tackle the issue of some schools not having the capacity to accept more children with disabilities.

Research from the evaluation leads to a further recommendation that a personalised support approach such as that used in Mozambique is adopted in order to tailor responses to individual needs and provide holistic solutions to barriers encountered. It is also recognised that the presence of pedagogical assistants within the classroom are likely to further facilitate inclusive practices that are responsive to any needs identified.

5.5 Recommendation 5

Further training to raise awareness of the ADP and advocate for its ratification needs to target a wider group of stakeholders including OPDs, CSOs, NGOs, INGOs, parents and children with disabilities, media outlets and local and national authorities to encourage a unified call for ratification. Whilst ADF, regional partners, IDA and other INGOs continue to support the vital work towards the ratification of the ADP, it would also be beneficial to **work with a range of stakeholders to develop training modules similar to BRIDGE on the implementation and monitoring mechanisms of the ADP**. This would offer clarity on how to proceed to those countries that have already or are about to ratify the protocol. ADF would take the lead on this work with HI playing a supporting role.

5.6 Recommendation 6

As an organisation advocating for better employment opportunities for people with disabilities, **it would be appropriate for HI to be showcasing best practice in this area with more persons with disabilities in management positions at a country and regional level**. A concerted effort to offer internships and professional training opportunities within HI and the federations targeted at people with disabilities would provide opportunities for people with disabilities to acquire the necessary skills to be represented at all stages of the decision-making process.

5.7 Recommendation 7

While microgrants that HELASIA provided to implement small advocacy initiatives were appreciated by the stakeholders, it was noted that their amounts were limited and the time for implementation timeframe tight for achieving more significant results. Furthermore, some stakeholders noted a need for additional assistance during the implementation of their small projects due to the challenges related to grant management. Stakeholders appreciated that the microgrants were introduced after having received a more theoretic capacity building and training on advocacy and this sequence, i.e. first having a theoretical training then a possibility to put the knowledge and skills acquired into practice, should not be changed. Microgrants could be further used as a means to increase the cooperation between OPDs and create synergies. To this purpose, **HI could consider distributing the microgrants to all partners in the country at the same time, avoiding multiple rounds of microgrants or/and having calls for joint actions.** (This would give the partners an opportunity for co-creation of joint advocacy initiatives. Joint initiatives would benefit from more financial resources, potentially having bigger impact or larger scale. At the same time, the burden of the financial

management, that some partners found challenging, would be shared between several partners.

5.8 Recommendation 8

As lack of reliable data has been identified as a factor hindering long term sustainability, 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**. Such data will strengthen advocacy work by providing an evidence base to argue for the need for more inclusive services and systems.

6. Appendices

6.1 Terms of reference of the evaluation

Project Evaluation – HELASIA Health, Education and Livelihoods in Africa: a Sustainable Inclusion Approach

TERMS OF REFERENCE

PROJECT EVALUATION

HELASIA

Health, Education and Livelihoods in Africa: a Sustainable Inclusion Approach

Oct 2019 – June 2023

Editor: Clément Delors – HELASIA MEAL Expert

Date of writing: September 2022

1. **GENERAL INFORMATION**

- **About Humanity & Inclusion**

Outraged by the injustice faced by people with disabilities and vulnerable populations, we aspire to a world of solidarity and inclusion, enriched by our differences, where everyone can live in dignity. Humanity & Inclusion is an independent and impartial aid and development organisation working in situations of poverty and exclusion, conflict and disaster. We work alongside disabled and vulnerable people to help meet their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

For further information about the association: http://www.hi.org [http://www.hi.org]

- **About Humanity & Inclusion in the country/region**

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The HELASIA project is focused on generating conclusive experience and change in the quality of life of people with disabilities by demonstrating the interaction and interdependence between advocacy for people with disabilities' rights and practical efforts in supporting them obtain access to quality, inclusive services. To achieve this, in consultation with its national and regional Organisation of Person with Disabilities (OPD) partners, the project focuses on five different sub-Saharan African countries, namely Benin, Madagascar, Mozambique, Ethiopia and Rwanda, each with its own challenges and particularities, to define access to service interventions in health, education, and livelihoods – with the balance between each sector the reflection of the specific priorities identified in each country. The experiences gained will hence form the basis for rigorous learning development and exchange between the countries, both to reinforce country-level practices, as well as to provide practical evidence to advocate for change at the Africa regional level.

This latter aligns with the second pillar of the project: to demonstrate the value and practicalities of establishing clear lines of interaction between advocacy, project experience in seeking inclusive access to services, and generating an environment that is conducive to affecting such change. This will therefore animate and reinforce a 'virtuous circle' between: states' existing obligations and commitments to people with disabilities' rights (notably but not limited to UNCRPD); the experience gained by the project in efforts to meet those commitments at the local and national levels; and using advocacy in regional-level fora to move the five focus countries forwards in meeting their disability inclusion commitments. The OPD partners will play a central, critical role in carrying forward these combined efforts as well as using the project experience to make decisive progress in strengthening their capacities in advocacy and in accompanying the strengthening of inclusive service provision in their countries.

The HELASIA project is directly implemented by country teams and national partners in each location, and in addition, counts on a regional coordination unit based in Rwanda and two regional partners, the Africa Disability Forum (ADF) and the Pan African Network of People with Psychosocial Disabilities (PANPPD).

2. EVALUATION CONTEXT

2.1 Presentation of the project to be evaluated

Project title	HELASIA – Health, Education and Livelihoods in Africa: a Sustainable Inclusion Approach
Implementation dates	44 months (October 2019 – June 2023)
Location/Areas of intervention	**Benin:** Cotonou and Parakou communes **Ethiopia:** Addis Ababa, Hawassa Region and Gambella Region **Rwanda:** Rutsiro and Nyamasheke Districts **Madagascar:** Provinces of Analamanga, Atsinanana and Diana **Mozambique:** Provinces of Maputo (Matola city) and Gaza. **Africa region:** for regional and international advocacy.
Operating Partners	**Regional Partners**: · African Disability Forum (ADF); · Pan-African Network for People with Psychosocial Disabilities (PANPPD) **In Rwanda**: National Union of Disabilities Organizations of Rwanda (NUDOR). **In Ethiopia**: Federation of Ethiopian Associations of Persons with Disabilities (FEAPD). **In Madagasacar**: · Plateforme des Fédérations des Personnes Handicapées de Madagascar (PFPH) · Coalition Nationale Malagasy pour l'Education Pour Tous (CONAMEPT) · Association des Femmes Handicapées de Madagascar (AFHAM) · Collectif des Organisations de Personnes Handicapées (COPH) · Union Nationale des Associations des Personnes Handicapées Mentales de Madagascar (UNAPHAMM) · Autisme Madagasar (AUM). **In Mozambique**: · Fórum das Associações Moçambicanas dos Deficientes (FAMOD) · Associação dos deficientes de Moçambique (ADEMO) · Associação Moçambicana das Mulheres portadoras de Deficiência (AMMD). **In Benin**: Fédération des Associations de Personnes Handicapées au Bénin (FAPHB)
Target Groups	The programme focuses on having an impact on people (including children) with disabilities' quality of life, combining both improved respect for their human rights and effective access to inclusive and quality services. In order to reach that change, persons with disabilities through their representative organisations, are empowered and to fully and meaningfully engage with public stakeholders at all levels -local, national and African region- and guarantee the ownership and the sustainability of the project.
Objectives of the project	HELASIA is a multi-country project, implemented in five countries (**Benin, Ethiopia, Madagascar, Mozambique and Rwanda**) that aims to « improve the situation of people with disabilities in Africa through their effective participation in the development and implementation

of policies and programmes at local, national and regional levels ».

As project impact, persons with disabilities in Rwanda, Benin, Madagascar, Mozambique and Ethiopia will have improved their rights and quality of life.

Expected results and indicators	**Project Impact:** Persons with disabilities in Rwanda, Benin, Madagascar, Mozambique and Ethiopia have improved their rights and quality of life.

Project Outcome: Persons with disabilities in Rwanda, Benin, Madagascar, Mozambique and Ethiopia have an increased level of inclusiveness of services.

OUTPUT 1: Country and regional disability movements in five African countries are strengthened for long-term engagement in advocacy.

OUTPUT 2: National multi-stakeholder consultation mechanisms between OPDs, CSOs and governments are established and/or reinforced.

OUTPUT 3: A multi-stakeholders 'inclusive local development' approach in Rwanda, Benin and Ethiopia promotes an enhanced quality service delivery for persons with disabilities.

OUTPUT 4: A multi-stakeholder 'inclusive local development' approach in Madagascar and Mozambique promotes enhanced quality inclusive education services and MHPSS piloting.

OUTPUT 5: National & regional advocacy strategies are drafted and implemented to promote disability at their respective level.

Indicators for each level are outlined in the project result framework (Annex1)

Main activities implemented	Output 1:

- Capacity development OPDs
- IDA-IDDC BRIDE CRPD-SDG training
- Rights and policy monitoring
- Advocacy plans
- Micro-advocacy projects with OPDs

Output 2:

- Assessment of the inclusiveness of policies
- Multi-stakeholder consultation
- Disability data collection and/or research
- Youth advocates (Benin & Rwanda)

Output 3 and 4:

- Barrier Assessment related to obstacles encountered by persons with disabilities (if not done previously)
- Service mapping and assessment of level of inclusiveness of services
- Capacity building of services related to inclusion
- Awareness raising, community mobilisation

Output 5:

- National governments as mobilisers
- African Union Advocacy and awareness raising
- Additional Protocol on Disability
- Lessons learning – a web documentary

The HELASIA project focuses on identifying the key challenges faced by people with disabilities in the five countries of implementation (Benin, Ethiopia, Madagascar, Mozambique and Rwanda) and how a programme of experience-exchange (based on practical actions with people with disabilities in improving their exercise of rights and living conditions) could feed into country-level and, eventually, Africa regional advocacy for change. These provided the basis for the development of a comprehensive theory of change which sets down challenging but realistic ambitions for the programme.

2.2 Justification of the evaluation

The project is implemented since October 2019 in three target countries, namely, Benin, Ethiopia and Rwanda. The expansion of the project in Madagascar and Mozambique resulted from a grant top-up requested on June 2020 and approved in December 2020. The final evaluation is an integral part of the project agreement existing between HI and Norad. This evaluation will be led by external consultants contracted by HI. Processes of learning are currently (September 2022) ongoing as well as a good practices workshop will be planned in November 2022, both can be used as resources for the consultants.

The final evaluation takes place after 39 months of project implementation in Benin, Ethiopia and Rwanda and after about 25 months of project implementation in Madagascar and Mozambique. The Covid-19 pandemic ran parallel with the project launch in Benin, Ethiopia and Rwanda, it had a different impact on the project implementation.

The final evaluation is a key element of the Planning, Monitoring and Evaluation (PME) Policy for projects at HI. Accountability, learning and quality are not only the pillars on which the PME policy is based, but represent the key elements around which the final evaluation will revolve.

Quality: the evaluation will look into the quality of processes (Implementation, support, steering systems and measurement); the project technical quality (project's products and/or services) and the quality of the response to identified needs, which examines the way in which HI helps to introduce positive changes for the benefit of target populations.

Learning: the evaluation represents a key opportunity to learn from project implementation and results. The project is looking to have recommendations based on the findings, aiming to support possible adjustments of the project's approaches. The identification of good practices and lessons learned will also lead to necessary modifications to ensure the achievement of its objectives within the lifetime.

Accountability: account to project stakeholders in a transparent manner is one of the evaluation objectives. The final evaluation findings will be used to report on project changes both internally and externally. The evaluation is intended to provide guidance and learning to Norad, HI and its project partners on the project's overall performance, quality and effectiveness.

3. DESCRIPTION OF THE REQUIRED SERVICE PROVISION

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3.1 Overall objectives and expectations of the evaluation

The objectives of this final evaluation are to evaluate the performance, the quality of the activities carried out, the results and the sustainability.

The intended primary users of the evaluation conclusions and of the recommendations that will be made, are the project teams – consisting of HI, partner staff and partner board members.

Evaluation findings will be also shared within HI and partners' organizations, assisting them in decision-making, by capitalizing the experience and building upon it. Project stakeholders (OPDs, project advisory board and project beneficiaries), will be also informed about the final evaluation findings and the way forward, in a way that will be accessible and easy to understand to them. Finally, the evaluation report will be duly submitted to the project funding agency, Norad, as part of contractual obligation and accountability.

3.2 Specific objectives

More specifically, across the 5 countries of implementations, as well as at regional level, the evaluation will:

1. Assess whether the project promotes and achieves meaningful participation of persons with disabilities, being its governance transparent, accountable and with a programming that is adapted to partners' capacity and own needs;
2. Evaluate if the project has the appropriate management and organizational capacities;
3. Verify whether the project makes optimal use of its resources (human, financial, logistics, technical…);
4. Evaluate the extent to which the project helps strengthen internal and external capacities of HI and partners in a sustainable manner; and
5. Assess the extent to which the project achieves positive effects that will be ongoing once the intervention is over and verify whether the post-project phase is anticipated and planned from the outset.

The above-mentioned specific objectives are linked to the evaluation criteria and questions detailed in the chapter below.

Specifically, the expected outcomes are:

- A participatory, impartial, and inclusive external final evaluation is conducted on the engagements defined below, providing a comprehensive understanding of project processes and governance while measuring the results of the project in accordance with its objectives.
- Best practices of the project are identified and evidence-based recommendations are formulated. This should contribute to HI knowledge management of the project's approaches and interventions;
- Strengths and weaknesses of the HELASIA project in the countries of intervention are evaluated and contextual factors underlying differences across the 5 countries are identified;
- Cross-cutting topics such as gender and intersectionality, innovation and inclusion are taken into account at both strategic and operational levels;
- The impact of Covid-19 pandemic in the intervention and the adaptations made by the project is examined.
- While acknowledging that the field phase might not target all the 5 project countries to the same extent, consistency and harmony in terms of approaches and quality of the findings are expected across project locations.

3.3 Evaluation criteria and evaluative questions

The consultant(s) will articulate the analysis around a set of evaluation questions and indicators as presented in the evaluation grid below, in line with HI's project quality framework. These questions might be reviewed during the evaluation inception phase, in light with the preparatory works that will have been finalised before the field phase takes place. Any substantial change needs to be agreed with HI and partners and reflected in the Inception Report. The below criteria should be looked into, for all 5 implementation countries.

For a participative selection of commitments to be assessed in the final evaluation, an internal survey with country teams and Head Quarters colleagues was performed at the end of August 2022. Hereunder, is a detailed description of categories, criteria, and the 5 HI commitments that will guide the evaluation, based on the next evaluative questions:

BENEFICIARIES category, CHANGES criterion

Commitment selected (1):

– Effect: To what extent do the final beneficiaries of the project, made up of people with disabilities with various functional limitations, of different ages and different genders, testify to positive and lasting changes in their quality of life attributable to the project activities?

What are the main changes, in terms of inclusion, reported by the final beneficiaries, that could be attributable to the project executed activities?

BENEFICIARIES category, CAPACITIES criterion

Commitment selected (2):

– Autonomy: To what extent have the implementing partners developed or installed sustainable capacities through the HELASIA project that can enable them to continue the activities driven by the project after its closure?

To what extent has the project improved the capacities of its targeted OPDs and implementing partners to lead a project autonomously and to fulfil their mandate as an organization representing persons with disabilities, women and young people?

MANAGEMENT category, EFFICIENCY criterion

Commitment selected (3):

– Strategy: To what extent have the modes of intervention chosen by the project and the implementation of its activities made it possible to achieve the objectives set in its results framework by maximizing the use of available resources?

What are the variances observed between results finally achieved and the objectives originally targeted?

Commitment selected (4):

– Consistency: To what extent do the intervention logics selected has been adapted to the context of each of the five countries?

What are the main differences in the 5 country intervention logics aiming to achieve the same objectives, and which of those interventions resulted to be more result driven?

STAKEHOLDERS category, COOPERATION criterion

Commitment selected (5):

– Involvement: To what extent are partners' inputs communicated, analysed and integrated into the project's strategic decisions in order to improve its implementation and its results?

Are top-down and bottom-up processes implemented to ensure the participation of all stakeholders in decision-making, promote sharing of knowledge to promote sustainability of missions and structures?

4. EVALUATION METHODOLOGY AND MISSION ORGANISATION

4.1 Collection methodology

The exact methodology should be proposed by the consultant(s) in the applications.

Considering the Covid-19 situation in the countries, its related restrictions and the precautionary principle not to accelerate the spreading of the virus.

The evaluation should consider the opinions of the different targeted actors, across the 5 project countries as well as the regional level and compare their views and perceptions on the project's processes and results. The methodology is required to have accessible, inclusive and user-friendly approaches and a strong participatory focus where people with and without disabilities are consulted. The consultant will adopt a mixed approach where she or he will apply qualitative and quantitative methods. Data collection approaches and tools, as well as the dissemination of evaluation findings, should be inclusive and accessible and align with the evaluation's specific objectives. The technical feedback on the tools and the inception and final report will be delivered by the CoPil. The CoPil is a small group of people that will provide feedback during the process of the evaluation, it consists out of technical referent, MEAL referent, project coordination referent and main regional partner referent.

A wide range of project documents and existing studies will be made available to the evaluator(s) for desk review. This includes project key documents and reports, baseline reports, products of the MEAL activities (including After Actions Reviews and field visits reports) and HELASIA accountability framework amongst others.

4.2 Evaluation and project stakeholders

The HELASIA project works directly at policy level, with national and regional federations, targeting OPDs, CSOs and services, rather than providing direct service provision to the population.

Among the project stakeholders there is a multitude of levels of organisations of people with disabilities, that are interlinked but also all have different ways of functioning.

At the regional level, the African Disability Forum (ADF) takes the lead in the advocacy component and is linked to the national federations of OPDs in the five project countries: Benin, Ethiopia, Madagascar, Mozambique, Rwanda. It could be interesting, depending on the strategic vision for the evaluation, to also include virtually The Gambia and Botswana. Another regional partner is involved, the Pan-African Network for People with Psychosocial disabilities (PANPPD), which is also a member of ADF, but is still quite new as a network.

Each of the national federations of OPDs (national partners in the different countries) also has a different way of working with their membership: through national OPDs per region or per type of disability constituency (with regional offices or not).

Given the nature of HELASIA project, it would be essential to accurately capture the views, opinions and appreciations of the project partners. A selection should be made out of the total of 12 implementing partners. Selection criteria will be defined by the evaluator(s), in consultation with the CoPil members, during the inception phase of the assignment.

The CoPil will be present in the key moments of the exercise (kick-off, presentation of evaluation methodology, presentation of findings) and is in charge to validate each step of the evaluation process, i.e., the ToRs, the evaluators' selection, the methodology and all the evaluation deliverables.

It is composed of core members at the regional level (representatives from HELASIA regional coordination and the regional partner ADF). The CoPil core members will oversee the evaluation general framework, develop necessary documents (as the case of the ToR), select the consultants and validate the evaluation deliverables. Depending on the necessity and capacity to involve internal country advisors, some virtual presentations will be organized to provide necessary inputs before the validation is done, or to collectively validate the methodology and the final draft presentation. A focal point for the evaluators will be identified, as well as a focal point for the core members; they will be the main entry door for contacts between consultants and the CoPil.

4.3 Organization of the mission

The assignment will consist in:

1. Desk phase, during which the consultant will:
- Review existing project documents and all other relevant documents;
- Initial Teams discussions will take place with the Regional Coordination, HQ and country teams (, Operational and/or Technical Coordinator and Project Managers, regional partner staff).
- Adjust the evaluation grid if needed;

- Develop the inception report (including evaluation protocol based on the evaluation grid presented above, identification/selection of the countries for the field phase, number of interviews and meetings; data collection tools and sampling methodology; questionnaires, focus group guide and semi-structured interviews guide and any other participatory methodology, work plan including the list of stakeholders to meet during the field phase);
- Prepare the surveyors' training and materials if applicable;
- Coordinate the translation of the tools from English to French and Portuguese.
2. Field phase (steps/methodology to be detailed by the consultant and approved by HI staff)

This includes the collection of primary data through direct consultations with key stakeholders and beneficiaries at the field level. In light of the remaining Covid-19 pandemic and visa restrictions in some of the project countries, the consultant team will preferably take this into consideration for the primary data collection phase.

3. A reporting phase during which the consultant will:
- Organise a debriefing workshop with the HELASIA Regional team (HI and partners), remotely at the end of the field phase to present the findings, with the aim of exchanging and sharing feedback;
- Submit the preliminary report to get comments and feedback from HI team and partners (regional coordination and partners, country teams and partners, and HQ) within 10 calendar days after the field visit;
- Submission of a final survey report to HI of 30-pages maximum including Annexes.

5. PRINCIPLES AND VALUES

5.1 Safeguarding and Anti-Corruption Policies

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| **Code of Conduct** [https://hi.org/sn_uploads/document/ID_CodeOfConduct.pdf] | **Protection of beneficiaries from sexual exploitation, abuse and harassment** [https://hi.org/sn_uploads/document/PI03_HI_Protection-Beneficiaries_EN.pdf] | **Child Pr** [https://hi Child-Prc |

- Code of conduct: https://hi.org/sn_uploads/document/ID_CodeOfConduct.pdf [https://hi.org/sn_uploads/document/ID_CodeOfConduct.pdf]
- PSEAH policy: https://hi.org/sn_uploads/document/PI03_HI_Protection-Beneficiaries_EN.pdf [https://hi.org/sn_uploads/document/PI03_HI_Protection-Beneficiaries_EN.pdf]
- Child protection policy: https://hi.org/sn_uploads/document/PI02_HI-Child-Protection_EN_1.pdf [https://hi.org/sn_uploads/document/PI02_HI-Child-Protection_EN_1.pdf]
- Anti-fraud and anti-corruption: https://hi.org/sn_uploads/document/PI04_IP_antiFraud-bribery-corruption-policy_1.pdf [https://hi.org/sn_uploads/document/PI04_IP_antiFraud-bribery-corruption-policy_1.pdf]

- **Ethical measures and participation***

-

As part of each evaluation, the project is committed to upholding certain ethical measures. It is imperative that these measures are taken into account in the technical offer:

- Guarantee the safety of participants, partners and teams: the technical offer must specify the risk mitigation measures.
- Ensuring a person/community-centred and participatory approach: the technical offer must propose methods adapted to the rights and needs of the target population (e.g. tools adapted for illiterate audiences/ sign language / child-friendly and accessible materials, etc.). Persons with different disability types need to be targeted and included in the evaluation process.
- Obtain the free and informed consent of the participants: the technical proposal must explain how the evaluator will obtain the free and informed consent and/or assent of the participants.
- Ensure the security of personal and sensitive data throughout the activity: the technical offer must propose measures for the protection of personal data.

*These measures may be adapted during the completion of the inception report.

- **Participation of stakeholders and beneficiaries**

The HELASIA project works directly at policy level, with national and regional federations, targeting OPDs, CSOs and services, rather than providing direct service provision to the population.

Among the project stakeholders there is a multitude of levels of organisations of people with disabilities, that are interlinked but also all have different ways of functioning.

At the regional level, the African Disability Forum (ADF) takes the lead in the advocacy component and is linked to the national federations of OPDs in the five project countries: Benin, Ethiopia, Madagascar, Mozambique and Rwanda. And there is an additional regional partner, the Pan-African Network for People with Psychosocial disabilities (PANPPD) that is a member of ADF, but are still quite new as a network.

Each of the national federations of OPDs (HIs national partners in the different countries) also have a different way of working with their membership: through national OPDs per region or per type of impairment (with regional offices or not).

- **Others**

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Safety is very important, although the 5 project countries are quite stable politically and are not very dangerous areas, decisions for field phase will incorporate the safety aspect. This mostly focusing on safety in the field of health and administratively, avoiding situations of risks where the evaluator could be blocked in a country.

There are no sensitive topics in the project, but the evaluator(s) are requested to respect HI ethical measures as mentioned above.

6. DELIVERABLES AND CALENDAR

- **Deliverable**

- Contents (schedule), language, format, and quantity
- An inception report refining / specifying the proposed methodology for answering the evaluation questions, selection of the field destination(s) and an action plan. The report will include all proposed tools (protocol: sample size, data processing and rating systems, detailed schedule of FGDs, KII, etc), to be introduced at the end of the desk phase. The inception report and tools will have to be validated prior to launching the field phase by the Copil.
- A presentation document presenting the first results, conclusions and recommendations, to be presented to the Copil and country focal points. The document will include:
1. A detailed explanation of the methodology and tools used and timeframe;
2. A preliminary analysis of findings/results of the evaluation;

III. Proposed recommendations addressing the findings for each of the project's components;

1. Mains lessons learnt and best practices capitalized during the evaluation.
- A final report of approximately 30 pages structured with the following sections:
1. Executive summary;
2. Introduction to the context;

III. Evaluation methodology, including selection and sampling methods, and mention any constraints and challenges encountered, and strategies used to overcome them;

1. Detailed key findings and conclusions presented per criteria and including case studies and lessons learned;
2. Recommendations.

Annexes – all data collection tools; success stories and best practices; Database (if any);

List of persons met during the evaluation process and salient points of the meetings.

- Easy-to-read and/or accessible formats of the report will be required.

- Reporting dates: 30th April 2023 (first draft of the final evaluation report)

12th of May 2023 (the final version of the final evaluation report)

All reports will be delivered in English and the report will be submitted in soft copy.

Within the report, confidentiality will be respected when representing personal information.

NB: For reasons of confidentiality, the evaluation report remains the intellectual property of HI.

| The final report should be integrated into the following template: | The quality of the final report will be reviewed by the CoPil of the evaluation using this checklist: |

6.2 Final evaluation questionnaire

An end-of-evaluation questionnaire will be given to the evaluator and must be completed by him/her, a member of the CoPil and the person in charge of the evaluation.

6.3 Evaluation calendar

- Start date

At earliest 2nd of January 2023

- Mission end date

At latest 12th of May 2023

- Proposal submission date

11th of November – 23.59h CET

- Estimated Consultancy timetable and number of days to be spent by the Consultant

The evaluation consultancy is expected to last approximately 80 working days (without counting approximately 20 days of in-between time for Copil validation of the Inception report, and revision/validation of the final report for finalisation by the consultancy). The field phase in the selected countries should take place between February and March 2023. The deadline for the

submission of the final evaluation report for Copil comments is 30th April 2023. The final report, including Copil validation should be submitted by the 12th of May 2023. The evaluation visits will be planned in accordance with the project team (HI and partners) and dependent on activities planned for the proposed timeframe. A final debriefing session will take place with the CoPil at what time the end-of-evaluation questionnaire will also be completed. And findings of the evaluation will be shared with partners during the closure workshop of the project and the remaining project period to share information to project beneficiaries.

It is to note that the project expects to contract the consultant by mid of December 2022.

- <u>Service location(s)</u>

It is expected that the field phase will take place, at least, in all 5 countries of implementation, some interviews can be done remotely with for example partners or target OPDs in other countries.

-

- <u>Work schedule</u>
- 11th of November: submission of applications
- 30th of November latest: selection of consultants
- 15th December 2022: contracting of selected consultants
- 2nd of January 2023: earliest possible start of the desk review.

7. RESSOURCES

7.1 Consultant's profile

The evaluation can be carried out by a team of experts/support staff and will be put under the responsibility of one team leader chosen among the team of experts. This person will ensure all communication with the HELASIA final evaluation CoPil and will be the sole responsibility for managing the organization of the evaluation.

The team of experts should combine the following skills, experience and knowledge:

- <u>Training, experience and references required for each expert</u>

- Proven experience in external and final project evaluations, including experience in evaluation of regional/ multi-country programmes/projects delivering a complex intervention (required);
- Background in disability inclusion and the rights-based approach, preferably with a working knowledge of Inclusive Governance and support to OPDs (required);
- Proven experience in a wide range of data collection and data analysis tools/methods (required);
- Experience in conducting participatory (qualitative and quantitative) evaluation techniques, including universally accessible techniques (required);
- Experience working with International Non-Governmental Organizations (required);
- Cross-cultural & field-based experience in developing contexts (preferred);
- Experience working in countries of intervention (Benin, Ethiopia, Madagascar, Mozambique and Rwanda) – (preferred).

<u>Working languages</u>

- Written and spoken English and French (required);
- Knowledge of Portuguese (preferred);

- **Budget**

The candidate must detail their offer in Euros:

- The daily cost of each contributor or associate;
- The breakdown of intervention times by worker and by work stage;
- Ancillary costs (services and additional documents);
- The overall cost of the intervention including transport costs (international and local), logistics costs, translation costs, etc., and the proposed terms of payment.

The proposed payment modality is as follows:

- 25% upon signature of the service contract
- 25% after the validation of the inception report
- 50% after the receiving of all deliverables and validation of the final report.

If other payment modality is requested, this must be justified in the offer.

<u>Note</u>: No per diem will be paid to the consultant(s). The consultant will be responsible for its own security in all countries, HI will not cover any insurance fee during the consultancy period.

7.3 Resources

Within the framework of the service provision, the Consultant will be asked to collaborate with Handicap International's teams and in particular with Mr Clément Delors who will be the focal point from HI side.

Relevant project data and documents will be made available to the evaluation team at desk review stage. For the field phase, HI can provide invitation letters for visa applications and facilitate transportation by land, where needed.

8. **ADMINISTRATIVE AND TECHNICAL APPENDICES**

Contractor (Last name Forename Position Date and Signature)   Consultant (Last name Forename Date and Signature)

Proposals from interested consultant(s) should include:

1. Letter of expression of interests, including how the skills and competencies described in the Terms of Reference are met (compulsory);
2. Curriculum vitae (compulsory) detailing the consultant's experience and qualifications on impact evaluations and in the disability field; reference of previous assignments done or sample of work accomplished (if it is a team of consultants, all CVs should be included);
3. Technical proposal (compulsory) including the evaluation design and methodology, data collection and analysis, activities proposed to accomplish the objectives of the assignment. It should include a proposed timeline considering contextual limitations (see details below);
4. Financial proposal in Euro (compulsory). All costs related to the consultancy without exceptions (including VAT, if applicable) should be figured in the financial plan of the consultant, the cost per day for each evaluator differentiating i) field days; ii) desk days; and iii) report development and the breakdown of the time spent per evaluator and per stage of work (phase 1,2,3), the overall cost of the intervention including accommodation and local transport costs (e.g. internal flights) for the field phase,(transportation by land will be provided by HI), the ancillary costs (services and additional documents), any interpretation or translation cost (including sign language), data entry, logistics, stationary, accessibility costs of final deliverables, etc.; The interested candidate (or team) must include a budget in the offer that details:

If other payment modality is requested, this must be justified in the offer.

Note: No per diem will be paid to the consultant(s). The consultant will be responsible for its own security in all countries, HI will not cover any insurance fee during the consultancy period.

5. 3 references of which 2 should be from a previous similar experience;

Evaluation of the applications will be made through a selection committee in 2 phases:

- Administrative selection: checking for completeness of application (all compulsory items listed above). Incomplete applications will not be taken into consideration for technical selection.
- Technical selection: criteria to select the best application will be based on the quality of the technical proposal, competitive financial proposal, human resources skills and previous experiences, and demonstrated expertise of the applicant.

The deadline for submission of applications is 11th November, 2022.

Proposals should be submitted to the following email: dao@rwanda.hi.org [mailto:dao@rwanda.hi.org] , including the email subject: "HELASIA Final Evaluation Consultancy".

Only candidates who pass the administrative selection will be taken into consideration for the technical assessment and they will be afterward notified of the final decision. Selected applicants may be invited for a (phone/skype) interview. Interviews will be aimed to be conducted on 24-25th of November, 2022.

HI reserves the right to contact the applicants for further information before the final selection of the selection committee.

9. **APPENDICES**

- HI's Quality Framework [https://hi.org/sn_uploads/document/QualityFramework_EN.pdf] , on which all evaluators must base their evaluation. https://hi.org/sn_uploads/document/QualityFramework_EN.pdf [https://hi.org/sn_uploads/document/QualityFramework_EN.pdf]
- The Disability – Gender – Age Policy [https://hi.org/sn_uploads/document/IP_DisabilityGenreAge_1.pdf] , must guide the approach and the construction of evaluation tools in the technical offer. https://hi.org/sn_uploads/document/IP_DisabilityGenreAge_1.pdf [https://hi.org/sn_uploads/document/IP_DisabilityGenreAge_1.pdf]
- HELASIA Results Framework https://drive.google.com/file/d/1xM3e7knJqtIIxNHfL0ZvWkIDxWqxtE2o/view?usp=sharing [https://drive.google.com/file/d/1xM3e7knJqtIIxNHfL0ZvWkIDxWqxtE2o/view?usp=sharing]
- HELASIA Theory of Change https://drive.google.com/file/d/11wYrTIZgB4FDlLiyC0OWYOf76jeVi5Uz/view?usp=sharing [https://drive.google.com/file/d/11wYrTIZgB4FDlLiyC0OWYOf76jeVi5Uz/view?usp=sharing]

6.2 Inception report

The Inception report submitted by PIL was approved by HI on the 1st March 2023.

Inception report

EXTERNAL EVALUATION OF THE HELASIA (Health, Education and Livelihoods in Africa: A Sustainable Inclusion Approach) PROJECT

Prepared for: Humanity & Inclusion (HI)

Date submitted: 28 February 2023

Submitted by: Policy Impact Lab (PIL)

policy impact lab

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Abbreviations and Acronyms

Abbreviation / Acronym	Definition
ACHPR	African Commission on Human and People's Rights
ADEMO	Associacao dos deficientes de Mocambique
ADF	African Disability Forum
ADP	African Disability Protocol
AFHAM	Association des Femmes Handicapées de Madagascar
AMMD	Associcao Mocambicana das Mulheres portadoras de Deficiencia
AU	African Union
AUM	Autisme Madagascar
BOFOD	Botswana Federation of the Disabled
CA	Contribution Analysis
CNPD	Conseil National des Personnes en situation de Handicap (Rwanda)
CONAMEPT	Coalition Nationale Malagasy pour l'Education Pour Tous
COPH	Collectif des Organisations de Personnes Handicapées (Madagascar)
CoPIL	Comité de Pilotage
CPS	Centre de Promotion Sociale (Benin)
CREI	Resource Centre for Inclusive Education (Mozambique)
CSO	Civil society organisation
FAMOD	Forum das Asociaciones Mocambicanas dos Deficientes
FAPHB	Fédération des Associations de Personnes Handicapées au Benin
FEAPD	Federation of Ethiopian Associations of Persons with Disabilities
GFD	Gambia Federation of the Disabled
HELASIA	Health, Education and Livelihoods in Africa: A Sustainable Inclusion Approach Project
HI	Humanity & Inclusion
IDA	International Disability Alliance
MEAL	Monitoring, Evaluation, Accountability and Learning
MINALOC	Ministry of Local Government (Rwanda)
MHPSS	Mental Health and Psychosocial Support
MTE	Mid-term Evaluation
NCHR	National Commission for Human Rights (Rwanda)

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NGO	Non-governmental organisation
NUDOR	National Union of Disability Organizations of Rwanda
Norad	Norwegian Agency for Development Cooperation
OPD	Organisation of Persons with Disabilities
PANPPD	Pan-African Network of Persons with Psychosocial Disabilities
PFPH	Plateforme de Fédérations des Personnes Handicapées de Madagascar
SAFOD	Southern Africa Federation of the Disabled
ToC	Theory of Change
ToR	Terms of Reference
TVET	Technical and Vocational Education Training
UNAPHAMM	Union Nationale des Associations des Personnes Handicapées Mentales de Madagascar
VDC	Village Development Committee (Botswana)

v

1 Introductory note

This introductory note aims to facilitate the reading of the inception report for the final evaluation of the 'Health, Education and Livelihoods in Africa: A Sustainable Inclusion Approach' (HELASIA) project.

This inception report has been prepared on the basis of a kick-off meeting with the HELASIA Chief of Party on 4 January 2023, scoping interviews with a range of stakeholders (see Annex 1 – Interviewed stakeholders), and the initial review of the project documentation (see Annex 2 – Documentation reviewed).

The inception report is structured in eight parts:

- This **introductory note** (Section 1);

- **Evaluation background**, outlining the evaluation scope and objectives, the adopted evaluation approach and our understanding of and first reflections on the project's Theory of Change (Section 2);

- **Stakeholder map**, providing an overview of different types of stakeholders involved in the project and their role within the project (Section 3);

- **Methodology**, detailing the proposed methodology including the data collection methods, consultation strategy and detailed evaluation matrix (Section 4);

- **Analysis of risks and mitigation measures**, describing the possible risks we might encounter in the course of the assignment and related measures that would mitigate them (Section 5);

- **Ethical considerations,** presenting our approach towards areas of the assignment that have and/or might have ethical implications (Section 6);

- **Work plan**, outlining the evaluation schedule (Section 7); and

The report includes three **annexes**, namely:

- Annex 1 – Interviewed stakeholders

- Annex 2 – Documentation reviewed

- Annex 3 – Interview questionnaires

1

2 Evaluation background

2.1 Evaluation scope and objectives

This is a **final evaluation**, covering the **entire duration and geographic scope of the HELASIA project**. The **primary intended users** of the evaluation are **Humanity & Inclusion (HI), partner staff and partner board members**.

The **overall objective** of this evaluation is to '**evaluate the performance, the quality of the activities carried out, the results and the sustainability**' as well as to **provide recommendations** for future similar initiatives.

According to the Terms of Reference, the evaluation has **five specific objectives**:

1. Assess whether the project promotes and achieves **meaningful participation of persons with disabilities**, being its governance transparent, accountable and with a programming that is adapted to partners' capacity and own needs;

2. Evaluate if the project has the **appropriate management and organisational capacities**;

3. Verify whether the project makes **optimal use of its resources** (human, financial, logistics, technical);

4. Evaluate the extent to which the project helps **strengthen internal and external capacities of HI and partners in a sustainable manner**;

5. Assess the extent to which the project achieves **positive effects that will be ongoing once the intervention is over** and verify whether the **post-project phase is anticipated and planned from the outset**.

In addition, drawing on the evaluation objectives above and linking them to the evaluation criteria described further below, the ToR refers to the following **expected outcomes of the evaluation**:

- A **participatory, impartial, and inclusive external final evaluation** is conducted, providing a comprehensive understanding of project processes and governance while measuring the results of the project in accordance with its objectives.

- Best practices of the project are identified and **evidence-based recommendations** are formulated. This should contribute to HI knowledge management of the project's approaches and interventions;

- **Strengths and weaknesses** of the HELASIA project in the countries of intervention are evaluated and contextual factors underlying differences across the 5 countries are identified;

- Cross-cutting topics such as **gender and intersectionality, innovation and inclusion** are taken into account at both strategic and operational levels;

- The **impact of Covid-19** pandemic in the intervention and the adaptations made by the project is examined.

- While acknowledging that the field phase might not target all the 5 project countries to the same extent, **consistency and harmony in terms of approaches and quality** of the findings are expected across project locations.

2

2.2 Evaluation approach

To conduct this evaluation, we have adopted a **theory-based evaluation approach** which will also guide our data collection. Drawing on HELASIA's intervention logic, this approach will allow us to determine not only what the observed results of the project are, but also to identify why the foreseen results occurred or not. As such, the main objective of this approach is to test the project's Theory of Change (ToC) and its causal linkages. Figure 1 provides an overview of the main aspects of the theory-based evaluation.

Figure 1: Key elements of a Theory-based Evaluation

- They are designed to answer the **question of what worked** (by measuring or assessing the changes brought about by a development intervention), but also **why and how it worked** (by examining the processes that led to those changes).

- They generally **examine wider contributions to change**, such as the actions of other interventions or changes in the wider socio-economic environment.

- They **work with an explicit theory** – a theory of change or logic model – that underpins the development intervention being evaluated.

- They **are based on two distinct parts**: a **conceptual part**, which concentrates on developing the theory of change or logic model and using it to guide the evaluation; and a second part that involves **collecting evidence to establish whether and/or how an intervention produced the desired changes**.

Taken from INTRAC: Theory-Based Evaluation, available at: https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Theory-based-evaluation.pdf

In addition, we have opted to further extend the theory-based approach by using **Contribution Analysis (CA)** in order to generate plausible evidence on whether the HELASIA project contributed to the observed outcomes and more importantly in what ways. Contribution Analysis is closely linked to the theory-based evaluation approach as it bases itself on the project's ToC. While the ToC explains how a desired change was supposed to happen, the contribution analysis focuses on whether the project contributed to the changes observed, thus reducing the uncertainly about the project's contribution to the observed changes, and if so, how exactly. Ultimately, the CA either confirms the existing ToC or might result in a need to revise it based on the observed causal relations.[1]

According to John Mayne, the author of the CA approach, the latter is composed of six specific steps (see Figure 2).

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[1] Better Evaluation, Contribution analysis, https://www.betterevaluation.org/methods-approaches/approaches/contribution-analysis

Figure 2: Contribution Analysis Steps

1. Determining the questions to be addressed by CA
2. Developping a ToC
3. Gathering existing evidence
4. Drafting the contribution narrative
5. Seeking out additional evidence
6. Revising and strenghtening the contribution narrative
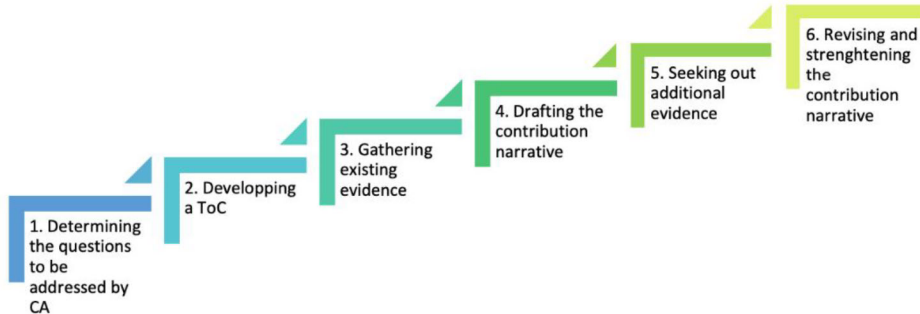
Based ON: INTRAC (2017), Contribution Analysis

The following section below briefly describes each of the six steps, drawing on the INTRAC 2017 Contribution Analysis fiche.[2]

STEP 1

As a first step, drawing on the evaluation questions and in consultation with HI, we will determine **the questions / attribution problems to be addressed by the CA approach.** Based on the project documentation, the overall HELASIA goal is to improve the rights and quality of life of people with disabilities. This is to be achieved by enhancing the participation of people with disabilities in the development, implementation and monitoring of public policies, leading to an increased access of people with disabilities to inclusive services.

We suggest to link Step 1 with Step 2 (development/reconstruction of the ToC), as the attribution problem/question to be addressed by CA will be closely related to the ToC and should be related to one of the causal mechanisms that will be reflected in the ToC. Below, we list a few examples of questions that would be suitable for the CA approach.

1. Has the HELASIA project made an important contribution to an observed change [an observe change to be determined after the ToC reconstruction workshop and in consultation with HI]?

2. Why has the change occurred?

3. What elements of the project have been particularly causal for delivering this change?

The attribution problem will also determine which stakeholder groups will be consulted (in the step 3) to gather evidence needed for the development of the contribution narrative (step 4). The stakeholder groups might include both internal (e.g., HI staff, country offices) as well as beneficiaries and other external stakeholders (e.g., public authorities, partner organisations, service providers, etc.)

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[2] INTRAC (2017), Contribution Analysis, https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Contribution-analysis.pdf

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Secondly, we have started **reconstructing the existing HELASIA ToC** by analysing the available project documentation and conducting several scoping interviews (see Annex 1 for the overview of stakeholders consulted at this stage of evaluation). While the existing ToC provides a good general understanding of how the project intended to achieve its desired results, the level of detail is not sufficient for the purposes and needs of the contribution analysis. As such, we will reconstruct the existing ToC with the objective of making it more detailed, including an overview of risks and assumptions for each level of the ToC (activities, outputs, outcomes, impact) and identification of potential factors that might have influenced the desired results (i.e., other possible contributors to, and explanations for, the observed results). Besides the desk review and scoping interviews, we would like to hold a participatory ToC reconstruction workshop with key stakeholders involved in the HELASIA project aimed at validating the reconstructed ToC. The workshop (see section 4.1.3) will be held in February 2023, before the data collection phase (taking place in March), as the latter will be used to gather existing evidence that will inform the contribution narrative (steps 3 and 4 of the CA approach).

STEP 3

The evidence will be gathered on three different areas of the TOC: on the observed results, on the different causal links in the ToC logical chain and on the alternative explanations for how change might have happened. This will be done as part of the general data collection, i.e., gathered through the documentation review, remote interviews and field work.

STEP 4

Based on these findings, a **contribution narrative will be developed,** explaining how the project contributed to the observed results and highlighting, where relevant, the role of other possible contributors. The strength and credibility of the contribution narrative will be in turn assessed. In case the contribution narrative is not credible enough, further evidence will be gathered, if possible.

STEP 5

This step will consist of gathering addition evidence to further strengthen, support and shape the contribution narrative developed in the previous step.

STEP 6

As a final step, the contribution story will be revised on the basis of the additional evidence gathered, with the objective of making the final narrative more credible and robust. The contribution story should be able to credibly answer the question determined at the very beginning of the CA (step 1).

2.3   HELASIA's Theory of Change

In this section, we present our first understanding of and initial reflection on the existing ToC. We also provide first insights into how we would like to reconstruct the ToC (see section 4.1.3).

Theories of Change are useful for a logical assessment of programmes' relevance, effectiveness, impact and sustainability since they illustrate how and why a desired change is expected to happen in a particular context. Below, we present our preliminary understanding of HELASIA's ToC and its underlying assumptions. At this stage, it is worth emphasising that this is only a preliminary understanding which might have its limitations and will be refined in the course of the evaluation, drawing on the desk research, stakeholder interviews and focus groups.

The ToC points us to a set of challenges, outputs, outcomes and impact that aim to address the needs of relevant stakeholders.

<u>Challenges:</u>

1. Policy and practical commitments and actions often lagging significantly behind legal or declared commitments. This is often rooted in poor knowledge or misapprehensions concerning specific issues, notably education, MHPSS, TVET.

2. OPDs facing significant challenges in having the capacity and reach required to meet the needs and expectations of their members, particularly in terms of influence and mobilisation of duty bearers in relation to education, MHPSS, TVET.

3. People with disabilities face significant disabling environments, whether personal, familial, or social, leading to exclusion of access to education, MHPSS, TVET and a diminished exercise of rights.

<u>Outputs:</u>

1. Country and regional disability movements in the five countries have strengthened capacities for long-term engagement in advocacy

2. National multi-stakeholder consultation mechanisms between OPDs, CSOs and governments are established and/or reinforced

3. A multi stakeholder 'inclusive local development' approach promotes enhanced quality inclusive services and MHPSS piloting

4. National & regional advocacy strategies are drafted and implemented to promote disability inclusion at their respective levels

<u>Outcome:</u>

1. Effective multi-stakeholder dialogue between DPO, CSO, Public Authority and service providers nurtures the development, implementation and monitoring of public policies providing equal access to inclusive services for people with disabilities implemented in the five project countries

<u>Impact:</u>

1. Persons with disabilities in the five project countries have improved their rights and quality of life

<u>ToC Narrative</u>

Albeit not explicitly depicted in the project's ToC, we understand that the project deployed **resources (inputs)** such as expertise, staff and money (funded by Norad) and conducted preliminary assessments on the organisations' capacities, inclusiveness of policies and services, obstacles faced by people with disabilities (barrier assessments) and service mapping at the early stage of the project. These inputs were used for organisation of a number of different **activities** such as capacity development sessions, development of regional and advocacy strategies, coaching, awareness raising and community mobilisation, multi-stakeholder consultations, data collection and research activities. These activities resulted in a number of **outputs**, namely (1) strengthened capacities of regional and national disability movements for long-term engagement in advocacy, (2) establishment/reinforcement of national multi-stakeholder consultation mechanisms between OPDs, CSOs and governments, (3)

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establishment/promotion of an inclusive local development approach and (4) existence of national and regional advocacy strategies. This in turn led to an enhanced multi-stakeholder dialogue between OPDs, CSOs, Public Authorities and service providers **(short-term outcome)** which in turn resulted in the development, implementation and monitoring of more inclusive public policies **(medium-term outcome)**. Ultimately, this might contribute to **the long-term goal** of ensuring improved rights and quality of life for people with disabilities in the five countries of project implementation **(impact).**

In Table 1, we briefly describe our initial reflections on the limitations of the current ToC (namely in the view of the needs and purposes of the CA approach) which will serve as a basis for the reconstruction of the ToC:

Table 1: Ideas for the reconstructed ToC

Current ToC	Ideas for the reconstructed ToC
Absence of inputs and activities level.	Include inputs and activities levels, preceding the outputs.
Only one, rather medium-/longer-term outcome, defined.	Define the outcomes in more detail, possibly dividing them into immediate (short-term), intermediate (medium-term) and long-term outcomes or changes in capacities, changes in behaviours and direct benefits.
Assumptions related to the intervention logic are missing.	Define and include assumptions that need to be met for the intervention logic to work. Assumptions will be ideally defined for each level of the logical chain, i.e., inputs assumptions, activities assumptions, short-term outcome assumptions, medium-term outcomes assumptions, impact assumptions.
Description of external factors that might influence the project is missing.	For the purposes of the CA approach, we would include external factors that might have influenced the project's objectives. This will also include positive factors that might have contributed to the outcomes observed by the project. This is especially useful when using the CA approach, whose objective is to assess the contribution of a specific project towards a particular outcome.

Figure 3 below depicts the current ToC of the HELASIA project. Figure 4 then outlines our initial idea of how the logical chain of the reconstructed ToC might look like.

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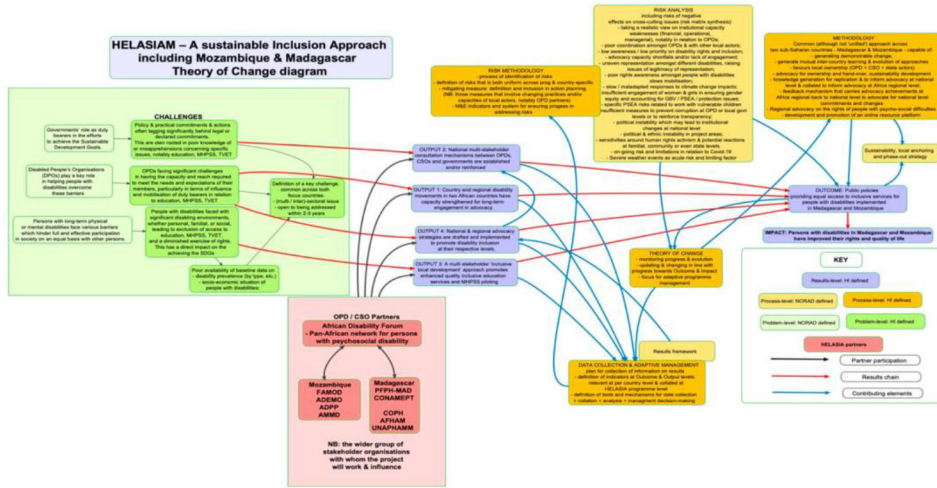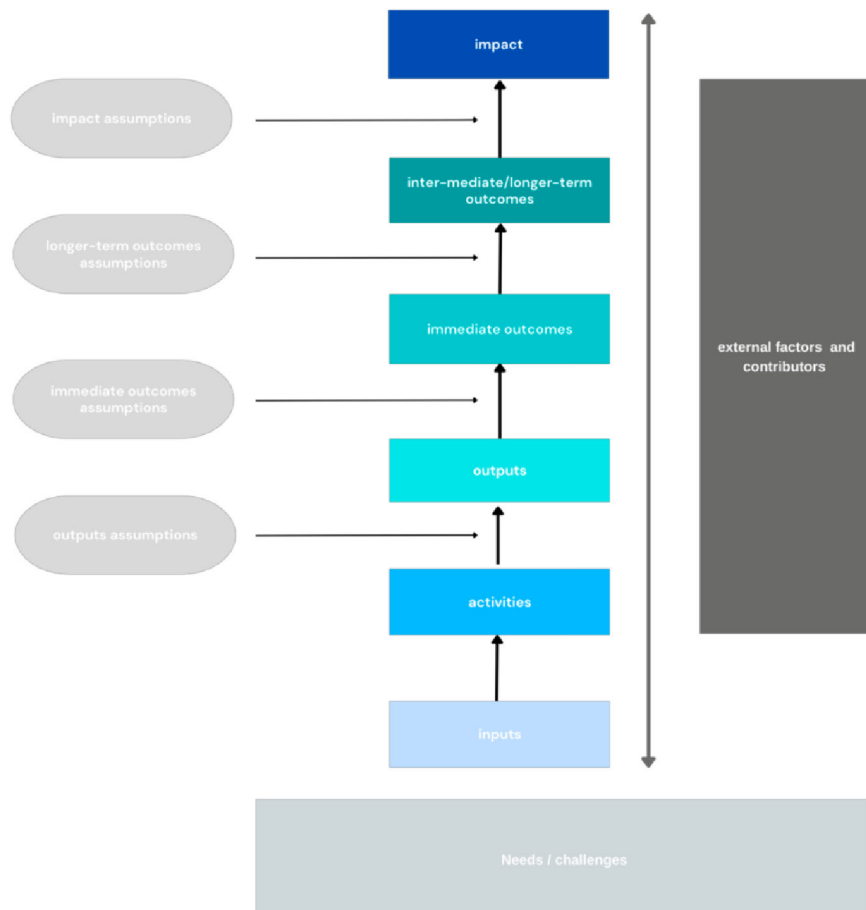*Figure 3: Original Theory of Change of the HELASIA Project*

Figure 4: Proposed template of the logic chain for the reconstructed ToC

Source: Adapted from Michie, Atkins and West COM-B Theory of Change Model (2014) in Evaluating Advocacy (2020), A brief on contribution analysis: Principles and concepts, https://evaluatingadvocacy.org/doc/A-brief-on-contribution-analysis-Principles-and-concepts.pdf

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3 Stakeholder Mapping

Table 2 provides an overview of the main stakeholders that have been involved in the project. Due to time and travel constraints it will not be possible to involve every stakeholder identified in the project evaluation, however the evaluating team seek to gain a representative view across all individuals and agencies and elaborate on the sampling method in section 4.2. Consultation Strategy. The mapping is non-exhaustive and is based on initial scoping interviews and desk research conducted during the inception phase. The Evaluation team expects to elaborate on the mapping during the data collection period.

Table 2: Stakeholder Map

HELASIA Team	Partners	Other relevant Stakeholders	Beneficiaries
COPIL & HQ	**Regional**		
Griet Van De Voorde – Regional Project Manager Ronny Hou-Kang – Senior Finance Officer Clement Delors – HELASIA Regional MEAL Expert Yamina Issad – Operations Officer Rosalie Rizinjirabake – Communications Officer Ruby Holmes - Global Specialist Inclusive governance Ryan Duly – EAR Regional Office Director	• **African Disability Forum (ADF)** ○ Idris Maiga – President ○ Shuaib Chalklen – Executive Director ○ Abebaw Abebe – HELASIA PM ○ Berhanu Kifle – HELASIA Finance officer • **Pan-African Network of People with Psychosocial Disabilities (PANPPD)** ○ Tafadzwa Rugoho – HELASIA Mental Health Specialist ○ Action Amos – PANPPD Coordinator	• **African Union (AU)** • **International Disability Alliance (IDA)** ○ Priscille Geiser – Program Manager ○ Tchaurea Fleury – Bridge CRPD-SDGs Coordinator ○ Amba Salelkar – Bridge CRPD-SDGs Officer ○ Alradi Abdala – Bridge Training of Trainers Officer • **Norad** •	

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	○ Rose Mutesi – Board Chairperson		
Rwanda	**Areas of intervention: Rutsiro and Nyamasheke Districts**		
HELASIA Project Team **Steering Committee** Dieudonne Mujyambere – Project Manager Ange Mazimpaka – Deputy Project Manager Feston Kiruhura – Policy Analysis Officer	National Union of Disabilities Organizations of Rwanda (NUDOR)	• Regional Directors of Social Protection • Nyamasheke's Private Sector Foundation • Teachers at the Technical & Vocational Educational Training Colleges • Gatagara Hospitals (received training on inclusive services and rights of persons with disabilities) • District representatives of the National Council for Persons with Disabilities (*Le Conseil national des personnes en situation de handicap* (CNPD)	• People with disabilities (members of OPDs) • TVET students • OPD members (board / staff) of larger Union • Youth advocates
Ethiopia	**Areas of intervention: Addis Ababa, Hawassa Region and Gambella Region**		
HELASIA Project Team: Tesfaye Hailu – Project Manager Gatluak Lual - Project Officer Gambella Kibru Alemu – Project Officer[3] Gideon Berhe – Training Officer	Federation of Ethiopian Associations of Persons with Disabilities (FEAPD)	• Ministry of Labour & Social Affairs and regional Bureaus ofv Labour and Social Affairs (BoLSAs – responsible for disability issues) • Teachers and Supervisors at targeted schools in the Inclusive Education programme	• Children with disabilities and their parents • People with disabilities (members of OPDs) • OPD members (board / staff) of larger Federations: (Ethiopian National Association of Blind

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[33] Appointed as project officer very recently – not to be interviewed individually.

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Abraham Ayelaw – Physiotherapist Elias Jote – Accessibility Officer **Steering Committee** (composed of HELASIA Project Team + FEAPD)		• Regional Education Bureaus	(ENAB); Ethiopian National Association of Deaf (ENAD); Ethiopian National Association of Deaf Blind (ENADB); Ethiopian National Development Association of Person with Physical Disability (ENDAPPD); Ethiopian National Association of Person Affected by Leprosy (ENAPAL); Ethiopian Women Disability National Association (EWDNA); and Fikir Ethiopia National Association of Intellectual Disabilities (FENAID))
Madagascar	**Areas of intervention: Analamanga, Atsinanana and Diana Regions**		
HELASIA Project Team : Mamy Rakotomandimby – *Chef du Projet* Monique Ravelonirina – *Chargée de l'Observatoire* Rindra Randriamanandray – *Chargée de Projet ANALAMANGA* Angelo Andrianantenaina – *Chargé de Projet éducation inclusive DIANA* Alexis Manana – *Chargé de Projet ATSINANANA* *Le Comité de Pilotage est l'organe qui assure la gouvernance du Projet. Il se réunit semestriellement. Le*	• *Plateforme des Fédérations des Personnes Handicapées de Madagascar (PFPH)* • *Coalition Nationale Malagasy pour l'Education Pour Tous (CONAMEPT)* • *Association des Femmes Handicapées de Madagascar (AFHAM)* • *Collectif des Organisations de Personnes Handicapées (COPH)* • *Union Nationale des Associations des*	Disability Inclusion Focal Points at the following departments: • ***Service d'assistance aux personnes âgées et personnes en situation de handicap** au sein de la **Direction de la Population** du **Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme*** • ***Direction de l'Education Non Formelle** qui dispose d'un **Service de l'Education Inclusive** au sein du **Ministère de l'Education Nationale*** • ***Direction de Lutte contre les Maladies Non Transmissibles***	• Children with disabilities and their parents • People with disabilities (members of OPDs) • OPD members (board / staff) of larger Federations / Unions in each of the 3 regions

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Comité de Pilotage est composé de 2 Représentants de chacun des 5 partenaires, l'OP Manager, le Chef de Projet et 1 Représentant par ministère : Population et Education.	*Personnes Handicapées Mentales de Madagascar (UNAPHAMM)* • *Autisme Madagascar (AUM)*	***(DLMNT)** qui dispose des services : **Santé Oculaire, Santé Auditive, Santé Mentale, Protection des Personnes Vulnérables,** au sein **du Ministère de la Santé*** • *Les organisations de la société civile* • *Les enseignants des écoles ciblees* • ***Les Ministères qui participent dans le processus de redynamisation de l'Observatoire du Handicap :**1. MPPSPF (Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme) : Direction Générale de la Population et de la Direction en charge des personnes handicapées 2. MPPSPF (Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme) : Direction de la Population 3. MEN (Ministère de l'Education Nationale -la Direction en charge de l'Education Inclusive.) 4. MINSANP (Ministère de la Santé Publique) : DLMNT (Direction de Lutte contre les Maladies Non Transmissibles) 5. MINSANP (Ministère de la Santé Publique) : DEPSI/SONC (Direction des Études, de la Planification et du Système d'Information / Service de l'Observatoire National de la Cybersanté) 6. MTEFPLS (Ministère*	

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Mozambique	Areas of intervention: Maputo (Matola city) and Gaza Provinces		
		• du travail de l'Emploi, de la Fonction Publique et des Lois sociales)	
HELASIA Project Team: Henriqueta Mola – Project Manager Gerson Massinga – Inclusive Governance Officer Jan Mangumbule – Inclusive Education Officer **Steering Committee**	• *Fórum das Associações Moçambicanas dos Deficientes (FAMOD)* • *Associação dos deficientes de Moçambique (ADEMO)* • *Associação Moçambicana das Mulheres portadoras de Deficiência (AMMD).*	• National Commission for Social Action (CNAS) with the task of promoting the development of actions that contribute to the social welfare of children, the elderly, people with disabilities, and other vulnerable groups. • Directorates at the Ministry of Gender, Children and Social Action (MGCAS) dedicated to the issue of disability/inclusion • **"Special Education Directorate"** within the Ministry of Education and Human Development that coordinates inclusive education in Mozambique • Disability Working Group • Mozambican Education for All Network (MEPT) • Service providers -representatives from a sample of the 20 primary schools (school focal points, school council representatives, trained teachers, and school management committees) • Supervisors from Ministry of Education • GAZA CREI – research centre for inclusive education (benefited from training)	• People with disabilities • OPD members of larger Forums • Children with disabilities & their parents

		• Decision makers (focal points from the provincial and district education departments)	
Benin	Areas of intervention: Cotonou and Parakou Communes		
HELASIA Project Team : Adjobidoun NANAKO – *Chef du Projet* Noé Dossou – *Chef Adjoint* Parakou **Steering Committee** (composed of HELASIA Project Team + FAPHB)	*Fédération des Associations de Personnes Handicapées au Bénin (FAPHB)*	• National Consultation Platform for Disability Inclusion • Ministry of the Family and National Solidarity • Ministère des Petites et Moyennes Entreprise et de Promotion de l'Emploi • Ministère des Affaires sociales et de la Microfinance • Ministère de l'Enseignement Maternel et du Primaire • Direction des Personnes en Situation du Handicap et des Personnes Agées • Direction Départementale des Affaires Sociales et de la Microfinance du Littoral • Communal Council – Communal Committees for the Defence of the Rights of Persons with Disabilities • *Centre de Promotion Sociale* (CPS), Parakou • **Service Providers** • Technical and Vocation Education & Training Centres	• Youth advocates • People with disabilities (members of OPDs) • OPD members (staff/board) of larger Federation

		• Private sector – MTE refers to jobs offered to people with disabilities following lobbying from the communal authorities
		• Disability focal points across Ministries
		• CSOs:
		  o Colombe Hibiscus
		  o CBO-EPT	

Gambia[4]	**Areas of Intervention: Unknown as yet**		
	Gambia Federation of the Disabled (GFD)	• Ministry of Justice • National Assembly Members • National Human Rights Commission • African Commission on Human and People's Rights (ACHPR)	• OPDs
Botswana[5]	**Areas of Intervention: Central District**		

	Botswana Federation of the Disabled (BOFOD)	• Members of Parliament
		• Central District (Palapye, Mahalapye & Serowe):
		  o Traditional Council leaders / members
		  o Village Development Committees (VDCs)
		  o Local government (Social Welfare officers, Rehabilitation Officer)
			• Persons with disabilities
			• Persons with psychosocial disabilities
			• Activists with disabilities
			• OPDs (members and non-members of BOFOD:
			  o Keaobaka Amosele (Gallery Albinism Society)
			  o Blindness Thobega Association

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[4] For Gambia and Botswana, some information on the beneficiaries are missing at the time of writing. Further information is being obtained from the respective OPD Federations.
[5] Ibid.

		• SAFOD (Southern Africa Federation of the Disabled)	o Itekeng Batswana Disability Association,
			  o Atlasaone Society
			  o Central Association for the Blind and the Disabled
			  o Neelano Support Group
			  o Sephasong Psychiatric Society
			  o Tsholofelo Rehabilitation Centre

4 Methodology

To ensure that participation in the evaluation is transformative rather than nominal, participatory approaches and considerations of accessibility will be woven into all aspects of the evaluation process from the data collection design stage through to the validation of findings. Consequently, each stage of the process elaborated in this inception report will refer explicitly to inclusive participation. To avoid reinforcing any inequalities and to ensure that diverse perspectives are represented throughout this evaluation, all stages of this study will be informed by the guiding principles of the HI Policy on Disability, Gender and Age, namely: participation, equality and non-discrimination, accessibility and safeguarding. The Consulting Team will remain aware that discrimination and exposure to risk can be impacted by the intersection of disability and other identifying factors.

4.1 Data collection methods

The following section provides an overview of the data collection methods we plan to employ throughout the evaluation.

4.1.1 Documentation review

The desk review will encompass a review and analysis of available project documentation, web content, and primary quantitative data. It also covers the analysis of secondary quantitative data generated from the qualitative data. It will also include the review of the result framework's indicators and values, review of monitoring data and review of existing literature on the project's strategic areas. Documents reviewed so far can be found in the Annex 2 – Documentation reviewed.

4.1.2 Key Stakeholder Interviews & Focus Groups

We expect that interviews will be a central element of our engagement with stakeholders. The interviews and focus groups (discussed more in detail in section 4.2 – Consultation strategy) will be conducted with a range of stakeholders involved in the project including, but not limited to:

- HELASIA CoPil members

- HI Headquarters staff (working on HELASIA and/or MEAL related aspects)

- HI staff in the HI country offices (including HELASIA coordinators)

- Regional & international partner organisations (ADF, PANPPD, IDA)

- HELASIA Steering Committee members at country level

- Direct beneficiaries / partners (Federations of OPDs)

- Final beneficiaries (OPDs & people with disabilities, including children and adolescents)

- National authorities (including at country-level, regional-level and local level) impacted by the project

- Disability service providers and other entities (e.g. schools, vocational centres) impacted by the project

- Other organisations with whom synergies have been created through HELASIA (e.g. Sightsavers, African Union, local CSOs / NGOs)

- Donor (Norad)

4.1.3 Participatory Workshops

We consider participatory involvement to be an important element in an external evaluation, in order to enable the stakeholders involved to own the evaluation and above all to own the lessons learnt from the project, as well as the recommendations emerging from the evaluation. To this end, the evaluation will comprise at least two participatory workshops:

1) A **ToC reconstruction workshop** is planned for February 2023, in order for the evaluators to confirm the logic and explore whether expected pathways of change likely hold. The reconstructed ToC will again be discussed in the final (validation) workshop (see below).

   The stakeholders involved in the ToC reconstruction workshop will be discussed with the CoPil, however we envisage that it will include at least:

   - CoPil members

   - Regional partners (ADF, PANPPD)

   - HI country team HELASIA coordinators

   - Steering committees in the 5 countries[6] (if members are different than HI country team staff & federation)

   - Federations of OPDs from the 7 countries[7]

   - Any stakeholders not mentioned above who have undergone ToC training as part of HELASIA (if relevant).

2) A **validation workshop** is planned for the beginning of May 2023. Once the final evaluation report is drafted, the evaluators will facilitate a workshop with key stakeholders (see ones listed for the ToC reconstruction workshop above) in order to validate the evaluation findings and co-create recommendations and lessons learnt. While the ToC will be revisited by the evaluation team on an ongoing basis throughout the entire duration of the assignment, we would like to include a discussion on ToC into the validation workshop with the objective of presenting the findings related to the accuracy of the intervention's logic. Following this workshop – which will also serve as a 'closure workshop' for the participants – the evaluators will revise the report.

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[6] '5 countries' refers to Benin, Ethiopia, Rwanda, Madagascar & Mozambique

[7] '7 countries' refers to the 5 countries + Botswana & Gambia

4.1.4   Data Analysis

The data analysis will be guided by the principles of **triangulation** to ensure reliability of the gathered data. The triangulation approach is based on comparison of acquired data on the same question/issue across different sources of information. We will apply triangulation in three steps: (1) by identifying potential sources of information for a particular question at hand; (2) by using each feasible source of information to obtain evidence on the same question; and (3) by comparing and assessing all data from different sources. By comparing different sources of information, the evaluation team will avoid subjectivity and partiality in data processing and ensure impartial conclusions. As such, the triangulation is helpful not only to cross-validate the findings but also to see different dimensions of the same question. Where triangulation is not feasible e.g., due to limited sources of data available to the evaluation team on a given question, we will acknowledge this accordingly in the findings.
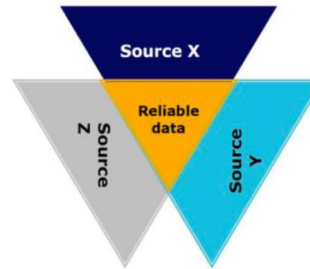
To be able to coherently process all the data gathered during the data collection phase, the evaluation team will consider using a **data analysis software**, such as MAXQDA, which will enable us to quickly analyse the collected data based on pre-defined codes and drawing on the evaluation questions (e.g., 'factors supporting sustainability' could be one of the codes). Using the same 'code system,' will ensure that the data are analysed in a coherent, coordinated, and systematic way, while allowing the evaluation team members to be simultaneously involved in the data analysis. Figure 5 below provides an example of the data analysis process using MAXQDA.

Figure 5: Example of data analysis process using MAXQDA
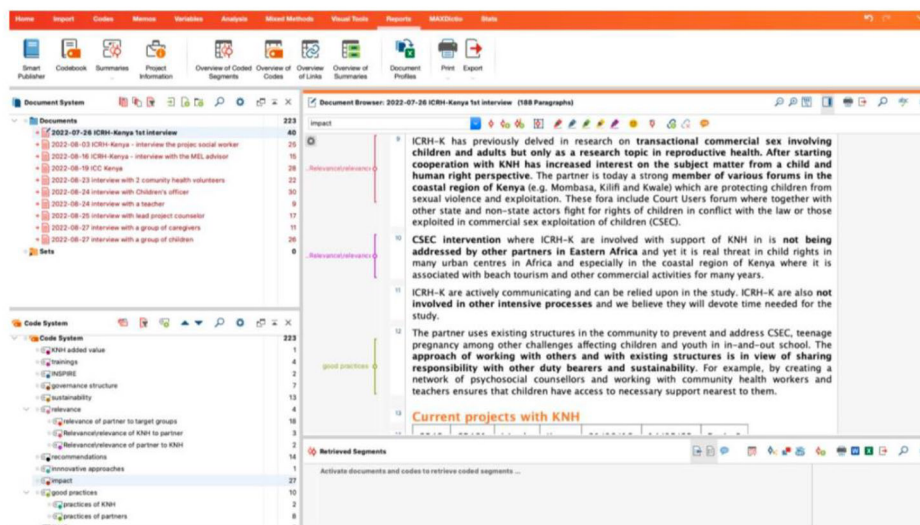
4.2 Consultation strategy

This section presents our strategy and approach towards the consultation of different stakeholders in the course of this evaluation.

The interviews and focus groups indicated in section 4.1.2 will be held through two simultaneous data collection efforts: field data collection and remote data collection. The approach, sampling and rationale for each one are detailed further below.

Data Collection Tools

Interviews will be semi-structured in nature in order to allow interviewees to elaborate on any topics they deem pertinent. An interview guide for all stakeholders can be found in Annex 3 – Interview Questionnaire(s). The questionnaire indicates which questions will be asked to each stakeholder group. Partner organisations (and possibly HI offices) will be invited to provide feedback on the data collection tools before the inception report is finalised. Feedback from all parties will be consolidated and fed into the revised version.

Focus groups are an essential tool in promoting empowerment and dialogue between different groups of stakeholders, through which meaning about project results is generated. Focus groups will be used during the data collection phase to give the evaluators an opportunity to understand how individuals collectively understand and experience the impact of the project. We envisage using focus groups during the field work in each country.

Sampling

The evaluation matrix (see section 4.3) provides an overview of the type of data collection method(s) we would like to employ to answer each of the evaluation questions. Stakeholders to be interviewed (individually or through focus groups) will be finalised with the CoPil and included in the final version of this Inception Report.

For the purpose of this evaluation, we believe that the most suitable sampling method is **purposive sampling,** where research participants are selected by the researchers "based on their knowledge and understanding of the research question at hand or their goals." [8] While this technique does not lead to a wholly representative sample (like random or systematic sampling would), it will enable the Evaluation Team and Field Experts to reach out to stakeholders (whether they be persons with disabilities, local authorities, vocational centres, schools, etc.) which were involved in HELASIA. Using purposive sampling, the Field Experts, guided by the Evaluation Team, will collect data from those impacted by the project, while allowing for the selection of:

- **participants who are traditionally more marginalised** (see below); and
- **stakeholders which were targeted by the project and changed their behaviour / perceptions**, etc. because of the project; **and others which did not**. This will enable the evaluation to cover both 'sides of the picture' in order to be able to explore the impact (and lack of) HELASIA and what could be ameliorated for the future (see section 4.2.1).

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[8] Qualtrics, Non-probability sampling methods: https://www.qualtrics.com/uk/experience-management/research/sampling-methods

In order to gain an understanding of the crucial experiential insight of all persons with disabilities and to engage stakeholders meaningfully at all levels to ensure that their views are valued, the following approaches will be adopted:

- **The sampling of OPDs and persons with disabilities will ensure that inclusion of those who are traditionally more marginalised** such as **women, youth, people with learning disabilities, people with mental health and psychosocial disabilities** and potentially specific ethnic groups, depending on the country involved. A balanced representation is fundamental to understanding the impact of intersectionality of disability, gender, age and other social identify markers on participation and access to services. When partner organisations have collected demographic data on persons with disabilities using the Washington Group Questions we will use this information to identify a representative sample across age, gender and type of impairment. Other identifying factors will also be considered to ensure a fuller representation but this will be dependent on the data available.

- **In order to monitor that a cross-section of persons with disabilities is involved and represented in the evaluation**, the Washington Group Short Set of Questions[9] (or the Child Functioning Module[10] when working with children) will be inserted into the demographic section of data collection tools alongside questions on gender and age and the Field Experts will ask individuals these questions in confidence prior to the commencement of the Focus Group Discussion / Interview. The Washington Group Questions will be used with the steering committees and OPD members as well as final beneficiaries, and will also enable the Evaluation Team to understand if persons with disabilities are represented in the decision-making processes as well as being beneficiaries of the project.

The Field Experts will consult with HI country teams as well as partner organisations to identify project beneficiaries to be interviewed. Information may be also shared at this point on potential barriers that beneficiaries face and every effort will be made to address any identified physical, communication or other form of barriers. Field experts will also complete an accessibility checklist when organising interviews and reasonable participant transport expenses will be reimbursed.

4.2.1 Fieldwork Preparation

There are **five field visits** to the project implementation countries (see section 4.2.2) foreseen as part of this evaluation.

Fieldwork Preparation

The fieldwork will be conducted by local experts that are familiar with the country contexts. Prior to the field work (planned to start in March 2023), the Field Experts will participate in a **Fieldwork Preparation Workshop** (planned for February 2023) that will be facilitated by the Evaluation Team.

The following documents will be shared with the Field Experts before the Fieldwork Preparation Workshop:

- Country profiles featuring stakeholders and an overview of project activities

- HI Disability, Gender & Age Policy

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[9] Available at https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/

[10] Available at https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/

- HI Code of Conduct

- HI Protection of beneficiaries from sexual exploitation, abuse and harassments policy

- HI Child Protection policy

- HI Anti-fraud & Anti-corruption policy

The Field Preparation Workshop will emphasise the focus on participatory and inclusive approaches during the data collection stage and will provide an opportunity for all participants to share and learn from mutually relevant experience in this area. The Workshop will cover:

- Overview of HI policies

- Washington Group Questions (Short set and Child Functioning Module) – how to use them and translation guidelines

- Sampling guidance

- Data collection tools

- Inclusive, accessible & child friendly data collection methods

- Reasonable accommodations

- Consent & ethical considerations

- Power dynamics in interviews, focus groups and language interpretation

- Data storage & transfer.

4.2.2 Data Collection Overview

The data collection phase of the evaluation comprises two efforts: field data collection and remote data collection. Both phases will run concurrently, mainly during March 2023. The bulk of the remote data collection will be carried out by the Evaluation Team.

Table 3 to Table 10 below give an overview of the number of interviews and focus groups to be held in each country as well as at regional and international level. They also specify the type of stakeholders with whom these will be held and the geographical area (region / commune / province) where they will be held. They are detailed separately for each country due to the different foci of the HELASIA project in the different countries, as well as the difference in the number of provinces/ communes / regions in which the fieldwork will be held. The selection of research participants was carried out together with the HI Country teams, who provided information on the key beneficiaries of HELASIA in their respective countries. The selection:

- targets persons with different types of disabilities, genders and ages, where relevant. Where this is not specified in the tables below, the selection will be made with the HI Country Teams prior to the start of data collection.
- targets stakeholders / beneficiaries targeted by the project and who have either changed their actions / behaviour/ perceptions as a result of HELASIA, or who were less impacted, in order to enable the evaluators to identify why a particular activity had or did not have the intended impact. Where this is not specified in the tables below, the selection will be made with the HI Country Teams prior to the start of data collection.

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- does not target stakeholders who were not targeted by HELASIA (e.g. ministry representatives / local authorities / OPDs who were not involved in the project). While this would have provided a basis for comparison (between targeted and non-targeted stakeholders) in order to gauge HELASIA's impact, the scope of the evaluation does not allow for data collection with such entities.

The interviews and focus groups are planned in a manner that will allow the Field Experts and the evaluators to **triangulate and validate the data** gathered from different types of stakeholders, while taking into consideration the scope of implementation and impact of HELASIA in each country. **In total, it is estimated that 39 interviews and 38 focus groups** will be carried out as part of the data collection effort. **The number of interviews and focus groups and type of stakeholders held may vary slightly during actual fieldwork, according to the availability of participants and the travel conditions in each country. Some of the interviews might be transformed into focus groups and vice-versa if necessary.**

Table 3: Benin Field Data Collection

Type of Stakeholder	Commune	No. of interviews [11]	No. of focus groups
Representatives of HI Country Team (including HELASIA coordinator)[12]	Cotonou	1	/
Representatives of Federation of OPDs (FAPHB)[13]	Cotonou	1	/
DPSIPSHPA - Partenaire du Projet (*bénéficiaire d'appui pour mise en place cadre de concertation et formation*)	Cotonou	1	/
Representatives of OPDs (including all types of disabilities & women's OPDs) benefiting from micro-project (including those on whom the project had an impact and those who did not)	Cotonou	/	1
Youth advocates with visual, physical, hearing disabilities & albinism (*Jeunes Leaders*)	Cotonou	/	1
Point Focal Handicap Ministère Décentralisation (bénéficiaire d'appui en formation)	Cotonou	1	/
HELASIA Coordination *Zone Nord*	Parakou	1	/
Representatives of OPDs (including all types of disabilities & women's OPDs) benefiting from micro-project (including those on whom the project had an impact and those who did not)	Parakou	/	1

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[11] Individual or small group.

[12] No separate interview will be held with the Steering Committee, since the latter is made up of HI team and federation members.

[13] For all Federation & OPD interviews, as well as focus groups with persons with disabilities in all countries, the HI Country team will be asked to identify a balanced representation of men and women, of younger and older persons and of persons with different types of disability, if such data has not been already provided / selection has not already been made at the time of revising this Inception report, 15 February 2023.

Type of Stakeholder	Commune	No. of interviews	No. of focus groups
Youth advocates with visual, physical, hearing disabilities & albinism (*Jeunes Leaders*)	Parakou	/	1
Directeurs des Ateliers (bénéficiaires d'appui du projet): one which made changes after support & one which did not	Parakou	2	/
CFTP Director (*bénéficiaire d'appui du projet*)	Parakou	1	/
Representatives from *Mairie Parakou (including Point Focal Handicap) - Partenaire du Projet (bénéficiaire d'appui pour renforcement de capacités)*	Parakou	1	/
Total		**9**	**4**

Table 4: Ethiopia Field Data Collection

Type of Stakeholder	Region	No. of interviews[14]	No. of focus groups
Representatives of HI Country Team (including HELASIA coordinator) [15]	Addis Ababa	1	/
Representatives of Federation of OPDs (FEAPD)	Addis Ababa	1	/
Representatives from OPDs (including persons with all types of disabilities[16]) which received tailored support through HELASIA	Addis Ababa	/	1
Representative(s) from the Ministry of Women and Social Affairs (Disability Directorate) supported through HELASIA	Addis Ababa	1	/

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[14] Individual or small group.

[15] No separate interview will be held with the Steering Committee, since the latter is made up of HI team and federation members.

[16] In Ethiopia, persons with mental health issues are not part of OPDs.

OPD representatives (including persons with all types of disabilities) which received tailored support through HELASIA	Gambella	1	/
Children with disabilities who received assistance through HELASIA	Gambella	/	1
Parents of children with disabilities who were supported through HELASIA	Gambella	/	1
Directors and teachers from 2 schools receiving training on inclusive education through HELASIA	Gambella	/	1
Children with disabilities who received assistance through HELASIA	Hawassa Town (Sidama Region)	/	1
OPD representatives (including persons with all types of disabilities) which received tailored support through HELASIA	Hawassa Town (Sidama Region)	/	1
Directors and teachers from 2 schools receiving training on inclusive education through HELASIA	Hawassa Town (Sidama Region)	/	1
Regional Education Bureau representatives participating in different HELASIA activities	Hawassa Town (Sidama Region)	1	/
Total		**5**	**7**

Table 5: Rwanda Field Data Collection

Type of Stakeholder	District / City	No. of interviews[17]	No. of focus groups
Representatives of HI Country Team (including HELASIA coordinator)	Kigali	1	/

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[17] Individual or small group.

Technical Advisory Committee Steering Committee[18] (not part of HI / Federation)	Kigali	1	/
Representatives of Federation of OPDs (NUDOR)	Kigali	1	/
2-3 Representatives of NCHR (including Disability Focal Point) participating in training & in OPD workshop on inclusive practices	Kigali	1	/
Representatives of MINALOC (Ministry of Local Government) participating in national dialogue on disability mainstreaming	Kigali	1	/
Representatives from OPDs trained through HELASIA (including all disabilities targeted & persons with psychosocial disabilities in particular)	Nyamasheke District	/	1
Students with disabilities (including with albinism, hearing, physical and psychosocial disabilities) supported by HELASIA to access TVET school	Nyamasheke District	/	1
School Manager & 1-2 teachers trained in inclusive education through HELASIA (Shangi TVET school)	Nyamasheke District	1	/
Representatives from OPDs trained through HELASIA (including all disabilities targeted)	Rutsiro District	/	1
Students with disabilities (including with albinism, hearing, physical and psychosocial disabilities) supported by HELASIA to access TVET school	Rutsiro District	/	1
TVET school teachers (St Anne school) trained in inclusive education through HELASIA	Rutsiro District	/	1
School Manager & 1-2 teachers trained in inclusive education through HELASIA (Bumba school)	Rutsiro District	1	/

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[18] If made up of different persons than those forming part of the HI country team and the federation.

Local authorities participating in task force meetings (including *Directrice de l'Unite de Protection, Directeur de l'Education, Directeur de la Sante,* Director of Business Development Unit)	Rutsiro District	/	1
Total		**7**	**6**

Table 6: Madagascar Field & Remote Data Collection[19]

Type of Stakeholder	Region	No. of interviews[20]	No. of focus groups
Representatives of HI Country Team (including HELASIA coordinator)	Analamanga / Atsinanana / Diana (F-t-F / R)[21]	1	/
Representatives of Steering Committee (who are not part of HI / Federation)	Analamanga (F-t-F)	1	/
Federations of OPDs (AFHAM, AUM, COPH & UNAPHAM)	Analamanga (F-t-F)	/	1
Observatorie du Handicap (put in place through HELASIA)	Analamanga (F-t-F)	1	/
Representatives of OPDs targeted by HELASIA activity(ies) (including all targeted types of disability & OPDs who were impacted / not impacted by HELASIA)	Analamanga (F-t-F)	/	1
AFHAM & COPH Atsinanana (benefited from financial sustainability support)	Atsinanana (R)[22]	1	/

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[19] Part of the data collection for Madagascar will be conducted remotely in Atsinanana, due to the great distance between the regions.

[20] Individual or small group

[21] Face-to-Face

[22] Remote

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Representatives of OPDs targeted by HELASIA activity(ies) (including all targeted types of disability)	Atsinanana (R)	/	1
Federation of OPDs (PFPH)	Diana (F-t-F)	1	/
Representatives of OPDs targeted by HELASIA activity(ies) (including all targeted types of disability & OPDs who were impacted / not impacted by HELASIA)	Diana	/	1
Children with disabilities (including all types of disabilities targeted by HELASIA) from different schools targeted by the project	Diana (F-t-F)	/	1
Parents of children with different types of disabilities (who are not included in the children's focus groups) from different schools targeted by the project	Diana (F-t-F)	/	1
Teachers trained in inclusive education	Diana (F-t-F)	/	1
Directeur Régional de l' Education Nationale (project partner)	Diana (F-t-F)	1	/
Groupe Pluriacteurs de Concertation de DIANA (mechanism put in place through HELASIA)	Diana (F-t-F)	1	/
Total		**7**	**7**

Table 7: Mozambique Field Data Collection

Type of Stakeholder	Province	No. of interviews [23]	No. of focus groups
HI Country Team (including HELASIA coordinator)[24]	Maputo City	1	/

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[23] Individual or small group

[24] No separate interview will be held with the Steering Committee, since the latter is made up of HI team and federation members.

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Type of Stakeholder		No. of interviews	No. of focus groups
Representatives of Federations of OPDs (FAMOD) & OPDs (ADEMO, AMMD)	Maputo City	/	1
Children with different types of disabilities in primary schools (who received social support through HELASIA)	Maputo City & Province	/	1
Parents of children with disabilities (not those included in children's focus group) targeted by HELASIA	Maputo City	/	1
Teachers trained on inclusive education (teaching children with different types of disabilities, from different schools which changed as a result of the project and those which did not)	Maputo City	/	1
Teachers trained on inclusive education (teaching children with different types of disabilities, from different schools which changed as a result of the project and those which did not)	Matola District (Maputo Province)	/	1
Persons with visual, psychosocial, hearing and albinism disabilities impacted by HELASIA	Maputo City	/	1
OPD (AMDV, ACRIDEME, AJOSMO, ASUMO) representatives (not included in the Federations' focus group or individual interviews) benefiting from inclusive governance training (including persons with visual & hearing impairments)	Maputo City	/	1
OPD (ACAMO, AMA, AMUSM, ALBIMOZ, ATMR, AJOSMO) representatives (not included in the Federations' or inclusive governance training focus groups, or individual interviews) benefiting from subgrants (including persons with visual impairment and albinism)	Maputo City	1[25]	1
Resource Centre for Inclusive Education (CREI) members (teachers) who were targeted by training and work with children with different disabilities	Gaza Province	/	1
	Total	2	9

[25] Since a number of OPDs are involved, they can be targeted through both a small group interview and a focus group in order to include as many participants as possible.

Table 8: Botswana Remote Data Collection[26]

Type of Stakeholder	District	No. of interviews[27]	No. of focus groups
Representatives of Federation of OPDs (BOFOD)	Central	1	/
Representatives of OPDs of persons with psychosocial & visual disabilities taking part in capacity building workshop by ADF	Central	/	1
6-8 Activists with disabilities (physical, albinism, parents of children with disabilities) impacted by ADF capacity building	Central	/	1
6-8 Village Development Committee members + Traditional Council leaders + local government representatives taking part in ADP workshop by ADF	Central	/	1
	Total	1	3

Table 9: Gambia Remote Data Collection[28]

Type of Stakeholder	Region	No. of interviews[29]	No. of focus groups
Representatives of Federation of OPDs (GFD)	Banjul	1	/
Representatives of OPDs beneficiaries of HELASIA	Banjul	/	2

[26] The beneficiaries / stakeholders to be interviewed in Botswana might change according to the information received from BOFOD.

[27] Individual or small group

[28] This table will be further developed upon information received from GFD.

[29] Individual or small group

National Assembly representatives taking part in ADP event(s) by ADF	Banjul	1	/
	Total	2	2

Regional & International Data Collection

Table 10: Regional & International Data Collection

Type of Stakeholder	No. of interviews [30]	No. of focus groups
ADF[31]	1	/
IDA	1	/
Norad	1	/
International stakeholders impacted by the project (e.g. AU, Sightsavers, ACPHR, SAFOD)[32]	3	/
Total	6	0

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[30] Individual or small group

[31] No further interview will be held with PANPPD, since the scoping interview covered all that needs to be covered.

[32] Ibid

4.3 Evaluation matrix

This section includes the revised evaluation matrix. The latter is based on the original evaluation matrix presented in our proposal which has been slightly adapted, drawing on the preliminary documentation review and scoping interviews. Changes made into the original evaluation matrix concern mainly the type of data collection method to be used for each question (i.e., contribution analysis was added as additional data collection/analysis method; and we reconsidered which questions might be answered with the help of focus group discussions). Indicators to be used to answer the evaluation questions were also slightly modified. Finally, additional examples of documents to be reviewed were included under the desk review method. No major changes were introduced when it comes to the designation or phrasing of the evaluation questions.

Table 11: Evaluation Matrix

Criteria	Sub-criteria	DAC criteria	Questions	Indicators to answer the question	Methods			
					Desk research	Interviews	Focus groups	Contribution analysis
BENEFICIARIES								
C H A N G E S	*Effect*	Impact	(1) To what extent do the final **beneficiaries** of the project, made up of people with disabilities with various functional limitations, of different ages and different genders, **testify to positive and lasting changes in their quality of life** attributable to the project activities?	Stakeholders confirm and give examples of positive and lasting changes in the quality of life of final beneficiaries. Clear pathways of project contribution to these changes are identified.	✓ Annual project reports Mid-term evaluation Monitoring country reports Outcome harvesting documents Selected training reports	✓ OPDs & Federations (national-level) Final beneficiaries	✓ Beneficiaries will discuss the changes in their quality of life they experienced and can be attributed to the project. This will provide additional evidence for the CA narrative.	✓ Objective of the CA is to clarify whether the project contributed to the observed outcomes and more importantly describe in what ways it has done so. This is therefore one of the key questions to be addressed through CA.
		Impact	(2) What are the main **changes, in terms of inclusion, reported by the final beneficiaries,** that could be attributable to the project executed activities?	Stakeholders confirm and give examples of increased inclusion of final beneficiaries in different areas of life (health, governance, education).	✓ Annual project reports Mid-term evaluation	✓ National and regional OPDs	✓ Beneficiaries will discuss the changes in inclusion they	✓ Objective of the CA is to clarify whether the project

				Clear pathways of project contribution to these changes are identified.	Monitoring country reports Statistical country data	Educational institutions Local authorities Local duty bearers	noted and can be attributed to the project. This will provide additional evidence for the CA narrative.	contributed to the observed outcomes and more importantly describe in what ways it has done so. This is therefore one of the key questions to be addressed through CA.
C A P A C I T I E S	*Autonomy*	Sustainability	(3) To what extent have the implementing **partners developed** or installed sustainable **capacities** through the HELASIA project that can enable them **to continue the activities driven by the project after its closure?**	Stakeholders give examples on how the project activities affected their capacities. Stakeholders confirm they have sufficient capacities to continue the activities after the project's closure.	✓ Capacity building activity reports Monitoring reports Mid-term evaluation	✓ Implementing partners HI country teams		
		Impact	(4) To what extent has the **project improved the capacities of its targeted OPDs** and implementing partners to lead a project autonomously and to **fulfil their mandate** as an organization representing persons with disabilities, women and young people?	Stakeholders confirm and give examples on how the project activities affected OPDs capabilities of representing persons with disabilities, women and young people. Beneficiaries and local authorities confirm their increased trust and collaboration with the OPDs.	✓ Monitoring reports Mid-term evaluation Outcome harvesting documentation	✓ National and regional OPDs HI country teams Final beneficiaries Local authorities	✓ OPDs will discuss the level of capacities acquired through the project activities and identify possible gaps/further needs.	

EFFICIENCY	Strategy	Efficiency	(5) To what extent have the modes of intervention chosen by the project and the implementation of its activities made it possible to **achieve the objectives set in its results framework** by maximizing the use of available resources?	Stakeholders confirm that resources have been used in an economically efficient way. Absence of examples of more efficient use of resources that could have been adopted.	✓ Monitoring reports Activity reports Mid-term evaluation	✓ National OPDs HI country teams Regional partners	✓ Steering committee members will discuss the selected mode of intervention, which will help us validate findings collected through other methods and inform possible recommendation in this respect.	
		Effective-ness	(6) What are the **variances observed between results** finally achieved and the objectives originally targeted?	Identification of variances (e.g., non-achievement or partial achievement) between foreseen and achieved results. Stakeholders and documentation explain the reasons of these variances.	✓ Project proposal and planning documents Project logical-framework and ToC Final project reports Final country reports Selected training reports	✓ HI country teams Local implementing partners		

				Indicator tracking table			
Consiste-ncy	Relevance	(7) To what extent do the intervention logics selected has been **adapted to the context of each of the five countries**?	Stakeholders confirm the adequacy of the respective intervention logic to the country context. Stakeholders confirm the project activities implemented in the given country were well suited for the country's needs and context. Stakeholders identify aspects of the project that were less suitable for the country context/need.	✓ Logical frameworks Project proposals Project risks analyses	✓ HI country teams Local and regional implementing partners Local authorities Organisations active in the field Final beneficiaries	✓ Stakeholders will discuss the relevance and suitability of the intervention logic adopted in their respective country, possibly providing further insights into what could have been done differently.	
	Effective-ness & Relevance	(8) What are the main **differences in the 5 country intervention logics** aiming to achieve the same objectives, and which of those interventions resulted to be more result driven?	Identification of differences in the five intervention logics. Identification of particularly successful pathways within the intervention logics	✓ Logical frameworks Project proposals Country project documents	✓ HI country teams Final beneficiaries		✓ CA is closely linked to the project's ToC. One of the steps of the CA approach is the reconstruction of the ToC which

									will inevitably look at the intervention logics employed in each country. This will provide insights about the differences between the five intervention logics.

STAKEHOLDERS									
C O O P E R A T I O N	*Involve-ment*	*Relevance*	(9) To what extent are partners' **inputs communicated, analysed and integrated** into the project's strategic decisions in order to improve its implementation and its results?	Stakeholders confirm that the partners' inputs were integrated into the project's strategic decisions.	✓	✓			
					Project revisions / Communication documents / Monitoring reports / Accountability assessments	Implementing partners / HI country teams / Local and regional OPDs			
		Sustainabili-ty	(10) Are top-down and bottom-up processes implemented to ensure the **participation of all stakeholders in decision-making,** promote sharing of knowledge to promote sustainability of missions and structures?	Stakeholders confirm that the decision-making processes were inclusive, ensuring participation of all types of stakeholders. Stakeholders confirm knowledge sharing among stakeholders was promoted	✓	✓			
					consultations minutes / monitoring reports / lists of participants in activities to identify the strategy for	HI country teams / Partner organisations / Final beneficiaries			

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					decision-making and knowledge sharing				

COHERENCE									
A L I G N M E N T		*Coherence*	(11) To what extent the project was **compatible with other actions targeting similar challenges**/having similar aims in the country/region?	Other similar initiatives taking place in the project countries are identified. Complementarity of these initiatives with the HELASIA project is confirmed (e.g., example of complementarity and absence of overlaps) Implementing teams provides examples of how other existing actions were taken into consideration in the project implementation and design.	✓	✓		✓	
					Project proposal / Monitoring reports / Mid-term evaluation / Annual reports / External open sources	HI country teams / Partner organisations / Local authorities / OPDs / IDA / International stakeholders impacted by the project (e.g., AU, Sightsavers, ACPHR, SAFOD)		CA will take into consideration influence and impact of other possible indicatives, which might provide insights into the compatibility of the existing initiatives with HELASIA.	

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5 Analysis of risks and mitigation measures

This section describes the (revised, based on information obtained from scoping interviews and preliminary desk research) main risks related to the evaluation and the preventative and mitigation measures. It is important to note that Table 12: Risks & Mitigation Measures below includes the risks the Evaluation Team foresees at this initial stage of the evaluation. Further risks might be identified in the course of the evaluation at a later stage.

Table 12: Risks & Mitigation Measures

Risk description	Risk probability	Risk impact	Preventive measures	Mitigation measures	Overall risks assessment
Non-conformance with the quality requirements	Unlikely	Major	We will liaise with CoPil on a regular basis, providing updates on the assignment. Furthermore, all the deliverables will undergo a quality review process ensured by an experienced evaluator prior to their submission to CoPil.	We will address any potential feedback CoPil & relevant stakeholders might have. Prior to addressing the feedback, we will consult the client to make sure we have the same understanding.	No-risk
Non-probability sampling	Likely	Minor	Through the exploratory interviews and desk review, we will ensure that while the sampling techniques employed are not random or systematic, the data collection will target a range of stakeholders impacted by / involved in the project, including those most marginalised.	While the initial interviews with HI country offices and Federations during the field data collection will be also used to identify the further stakeholders to be interviewed in the country, the Evaluation Team (guiding the Field Experts) will ensure that the sampling encompasses the target stakeholders identified in the present report.	Low risk

Different start date of HELASIA in Mozambique & Madagascar	Likely	Moderate	We are aware of the later start of the project in these two countries and will take it into account in both the data collection phase as well as the analysis phase.	While the sampling and data collection is consistent across countries, the analysis (e.g. regarding the impacts achieved and sustainability) will take into account the later start in these two countries.	Low risk
Different focus of HELASIA in each country	Likely	Moderate	While the sampling and data collection is consistent across countries, the questionnaires will be adapted according to the different beneficiaries and stakeholders in the different countries, according to the focus of each country.	The analysis of the evaluation findings will take into account the different outcomes and impacts that the project has achieved in the five countries and at regional level.	Low risk
Different levels of stakeholders involved in the project	Likely	Moderate	The evaluation will take into account, and address the different stakeholder levels (regional, local + federations, OPDs, etc.) who most likely have worked on different aspects with different outcomes and impacts.	The analysis of the evaluation findings will take into account the different implementation processes, outcomes and impacts that the project has achieved at country-level (and within countries) and at regional level.	Low risk
Lack of consensus on the ToC	Likely	Moderate	We are aware of the different levels of stakeholders and different country objectives and outcomes. The ToC reconstruction workshop will be facilitated to arrive at a consensus, in a participatory manner, on the ToC.	The Evaluation Team is experienced in employing approaches of consensus building in ToC reconstruction workshops in order to develop a ToC owned by all partners.	Medium risk

Stakeholders not being available / accessible	Possible	Minor	We will discuss our consultation strategy and selection of stakeholders to be interviewed with HI country teams and other relevant stakeholders. We will ask the relevant stakeholders (e.g. HI country teams, OPDs representatives) to inform the stakeholders to be interviewed prior the actual data collection.	We will consider additional stakeholders for the interview/focus group. We will gather data from various sources and through various methods which will result in sound findings based on triangulated data.	Medium Risk
Non-accessibility to regions / provinces in countries during field data collection phase	Possible	Moderate	We will discuss the situation in the five countries with the Field Experts prior to the fieldwork start in order to be informed of any possible challenges (e.g. political unrest, natural disasters) in accessing the fieldwork regions.	We will consider adapting the timeline of the data collection phase and conducting part of the fieldwork remotely in order to conduct all the interviews and the focus groups planned.	Medium risk

Risk impact:	minor	moderate	major
Risk probability:	unlikely	possible	likely

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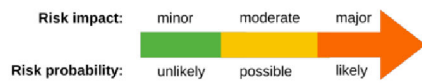
6 Ethical considerations

The evaluation team identifies the following **main ethical considerations** to be taken into account during the data collection phase:

- **The data collection tools and methods will be tailored to the needs of individuals.** This could include: ensuring that a sign language interpreter is made available for the interviewee, providing the opportunity to bring an assistant if required, ensuring that any documents can be read by a screen reader and making such documents available to participants well ahead of such events, using plain language, adopting child-friendly techniques and using visual prompts or other augmentative and assistive communication methods. We will also ensure that when collecting data with persons who are not literate, written documents are avoided and instead, consent will be obtained verbally and recorded. Field Experts will check that information conveyed has been understood by the participants.

- In advance of any interviews, all participants will be provided with:
  - A **Participant Information sheet in plain language** with an easy read version available
  - **Informed Consent Forms** (also available in plain language and easy read) – either signed or verbal consent will be recorded.

- Field Experts will be made aware of **power dynamics (including those with regard to gender, age, status, hierarchy, ethnicity, and other cultural factors) within focus group** discussions and group interviews and will facilitate the process to ensure everyone has the opportunity to contribute. They will also be trained in consensus building in the event of any tensions between actors to avoid any negative outcomes. The Evaluation Team will be available throughout the data collection phase to provide ongoing support to the Field Experts if required.

- For some of the interviews and focus groups, **translation / interpretation** will be needed. The Field Experts will be briefed on the **power dynamics** involved in translation and the necessity for the interpreter to be briefed on the topic and key words used prior to the interview / focus group in order to **avoid losing important content in translation**. Ideally, the interpreter is also someone who knows the region / province where the fieldwork will be held in order to have a smoother data collection process and **partly mitigate the power dynamics between the 'privileged' researcher and the research participants**.

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7 Work plan

Figure 6 below presents the revised evaluation timeline.

Figure 6: Evaluation Timeline

Phases	Description of tasks	January				February				March				April				May			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	Scoping phase																				
Phase 1	Kick-off meeting	█																			
	Desk review	█	█		█																
	Scoping interviews		█	█	█																
	Preparation of draft inception report		█	█	█																
	Submission of draft inception report				█																
	Addressing feedback and prepration of final inception report					█															
	Sumbission final inception report						█														
Phase 2	Data collection																				
	Desk research						█	█	█	█	█										
	ToC reconstruction workshop						█	█													
	Preparation for the data collection + training for experts							█	█												
	Data collection remote									█	█	█									
	Data collection on the ground									█	█	█									
Phase 3	Data analysis and reporting phase																				
	Data processing and analysis													█							
	Prepare draft evaluation report														█	█					
	Quality review															█					
	Submission draft final evaluation report																█				
	Addressing feedback and prepration of final report																█				
	Validation workshop																	█			
	Submission final report																		█		
	Debriefing sessions presentations - findings																			█	█

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Annexes

Annex 1 – Interviewed stakeholders (Scoping Phase)

	Type of stakeholder	Entity	Name and surname	Position	Date of interview
1	HELASIA Coordination	Humanity & Inclusion (HI)	Griet Van de Voorde	Chief of Party HELASIA + CoPil member	10.01.23
2	HELASIA Coordination	Humanity & Inclusion (HI)	Clément Delors	Regional MEAL Specialist HELASIA + CoPil member	25.01.23
3	HELASIA Partner	African Disability Forum (ADF)	Abebaw Abebe	ADF Project Coordinator ADF + CoPil member	07.02.23
4	HELASIA Partner	African Disability Forum (ADF)	Shuaib Chalklen	Executive Director	16.01.23
5	HELASIA Partner	Pan-African Network of Persons with Psychosocial Disabilities (PANPPD)	Tafadzwa Rugoho	Mental Health Specialist	03.02.23
6	HI Headquarters	Humanity & Inclusion (HI)	Ruby Holmes	Global Specialist Inclusive Governance + Technical referent	19.01.23
7	HI Headquarters	Humanity & Inclusion (HI)	Yamina Issad	Operations Officer	13.01.23
8	HI Field Office	HI Madagascar	Mamy RAKOTOMA NDIMBY	Chef de projet HELASIA Madagascar	13.01.23
9	HI Field Office	HI Benin	Adjobidoun Nanako	Chef de projet HELASIA Benin	30.01.23

Annex 2 – Documentation reviewed

Project documentation

- HI, Terms of Reference for the HELASIA final evaluation

- HI-Norad, HELASIA Application Form Regime 1 – adjusted for Civil Society and Disability Rights (2020)

- HI-Norad, HELASIA Application Form (2019)

- HELASIA Project: What's it all about? (2021)

- HI, HELASIA Theory of Change (2019)

- HI, HELASIA Theory of Change (2020)

- HI, Logic of Intervention, Theory of Change and Project Cycle – HELASIA (ppt presentation) (2021)
- HI-Norad, HELASIA Final Results Framework (2020)

- HI, HELASIA Risk Analysis for the overall initiative (2020)

- HI, HELASIA Standard Type Indicators

- HI, Presentation of the Outcome Harvesting in the five project countries

- HI, Presentation of the voting on Outcome Harvesting in the five project countries

- HI, GLOBAL – HELASIA Indicator Tracking Tool – Annual Report 2021-2023

- HI, HELASIA October 2019-December 2020 Progress Report (2021)

- HI, HELASIA January 2021-December 2021 Progress Report (2022)

- HI Disability – Gender – Age Policy

- HI Quality Framework

- HI, Country Presentations of the HELASIA project in Madagascar, Rwanda, Ethiopia and Mozambique

- HI Madagascar, Note de cadrage de la redynamisation de l'Observatoire du Handicap à Madagascar (2021)

- HELASIA Benin: Mise en place du comité technique de pilotage de l'analyse des gaps des politiques publiques dans les secteurs de l'éducation et de l'emploi (2021)

- ADF, Capacity Building Program for BOFOD & Stakeholders: Advocating for universal ratification of the African Disability Protocol in Botswana report (2022)

- ADF, Follow up Meeting with ADF member National Federations on their progress for ratification of the African Disability Protocol (2021)

- ADF, HELASIA Quarterly Reporting (January – June 2022)

- ADF, Outcome Timeline (2022)

- LLSC and THISAbility Consulting, HELASIA Mid-Term evaluation final report (2021)

- LLSC and THISAbility Consulting, HELASIA Mid-Term evaluation inception report (2021)

- Norad, Final Report – Organisational Review of Humanity & Inclusion (2022)

Non-Project documents

- Better Evaluation (undated), Contribution analysis, https://www.betterevaluation.org/methods-approaches/approaches/contribution-analysis

- Evaluating Advocacy (2020), A brief on contribution analysis: Principles and concepts, https://evaluatingadvocacy.org/doc/A-brief-on-contribution-analysis-Principles-and-concepts.pdf

- Hopkins L. (2021) for itad, Tools and tips for implementing contribution analysis: A quick guide for practitioners, https://www.itad.com/wp-content/uploads/2021/03/Contribution-Analysis-Report.pdf

- INTRAC (2017), Contribution Analysis (fiche), https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Contribution-analysis.pdf

- Riley B. et coll. (2018), Using contribution analysis to evaluate the impacts of research on policy: Getting to 'good enough', in *Research evaluation* 27(1), 2018, 16-27, Oxford, https://academic.oup.com/rev/article/27/1/16/4554784?login=false

- TASO (undated), Contribution Analysis Case Study, https://s33320.pcdn.co/wp-content/uploads/TASO-Contribution-Analysis-Case-Study.pdf

The following are the questionnaires for each type (9 in total) of stakeholder participating in interviews and focus groups in the data collection phase. The first section below is common to all questionnaires.

My name is _____ and I am here as an external consultant carrying out a final evaluation of the HELASIA Project on behalf of Humanity & Inclusion. Through this evaluation, Humanity and Inclusion would like to better understand how effective the HELASIA Project activities have been in order to inform future interventions. The information you give will help us assess this. Your honest response to the questions here will be very helpful and will be handled with confidentiality.

Name	
Gender	Male ☐ Female ☐
Organisation	
Role in organisation	
Location	
Date & time of interview	

INTERVIEW GUIDE FOR COPIL, FEDERATIONS, STEERING COMMITTEES (OR TECHNICAL ADVISORY COMMITTEES)

Background questions

1. Please, tell us about yourself.
   <probe - what is your background, your organisation, topics you work on, etc.?>

2. Please, tell us about your involvement with the HELASIA Project:

   - How did you get to know about the project?

   - When and how did you get involved?

   - Why did you get involved?

3. Please, tell us about your role in the project.

Relevance

4. What were your expectations for the project?

5. Were they satisfied? How/why?

6. To what extent do you find a project such as HELASIA is necessary in the current context?

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- Why is it important?

Coherence

7. What needs did you aim to address with this project?

8. Which elements of the project addressed these needs?

   <probe: elements - capacity development, training, advocacy projects, awareness raising, etc.>

9. How did you collaborate with HI / ADF on HELASIA?

10. Would you have done something differently if given the opportunity?

11. What were the main impacts resulting from your collaboration with HI / ADF?

Effectiveness & Efficiency

12. Have you managed to achieve everything planned?

    - If yes, achieved what?

    - If not, why?

    - What was helpful/not helpful to achieving your aims?

    - How did Covid-19 affect the implementation of activities?

    - How were any challenges mitigated?

    - Were there any changes from the original plan of the project? Why?

13. How would you assess the development process of the deliverables? Why?

14. How would you assess the effectiveness of the deliverables? Why?

    <probe: service mapping, training, micro-advocacy projects, etc. >

15. What worked well and what would you possibly change?

    <probe: if you were to implement a similar project>

16. Were the resources allocated how and where they should be? Why?

    <probe: micro-grants, income-generating activities>

17. How did you find the management process?

18. To what extent was the project design & implementation participatory, i.e. meaningfully involving the partners, country-level offices, federations, etc.? Why?

19. How did you find the partnership put in place for the project?
    <probe: in terms of effectiveness, communication, etc.>

20. How did you find the reporting requirements?

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Impact

21. What are the main results or changes this project has contributed to for you (& for your organisation), whether expected or unexpected?

22. In what way did the project contribute to the said changes/outcomes? What elements (even if not part of HELASIA) were key for achieving them?

    <probe: micro-grants, income generating activities>

23. Have the OPDs / service providers / CSOs received support from any other external body? If so, which one and for what?

Inclusion

24. Were persons with disabilities involved in the project design, planning and implementation? At which stages and how?

25. Were the deliverables, activities and project documentation accessible? How?

26. What feedback systems are in place for beneficiaries of the project?

Sustainability

27. Which, of the outcomes achieved, are likely to continue after the end of the project?

    <Probe: e.g. national governments as mobilisers, web documentary of lessons learnt, community mobilisation, etc.>

28. Which of the elements of the project can/should be replicated?

29. What plans have been put in place for the post-project phase?

Lessons Learnt

30. What were the lessons learnt for you in the course of participating in / implementing the project?

INTERVIEW GUIDE FOR MINISTRIES / LOCAL AUTHORITIES

Background questions

1. Please, tell us about yourself.
   <probe - what is your background, your organisation, topics you work on, etc.?>

2. Please, tell us about your involvement with the HELASIA Project:

3. How did you get to know about the project?

4. When and how did you get involved?

5. Why did you get involved?

6. Please, tell us about your role in the project.

Relevance

7. What were your expectations for the project?

8. Were they satisfied? How/why?

9. To what extent do you find a project such as HELASIA is necessary in the current context?

10. Why is it important?

11. What else is needed/necessary in the given country/region?

Impact

12. What are the main results or changes this project has contributed to for you (& for your organisation), whether expected or unexpected?

13. In what way did the project contribute to the said changes/outcomes? What elements (even if not part of HELASIA) were key for achieving them?

    <probe: micro-grants, income generating activities>

14. Have the OPDs / service providers / CSOs received support from any other external body? If so, which one and for what?

Sustainability

15. Which, of the outcomes achieved, are likely to continue after the end of the project?

    <probe: e.g. national governments as mobilisers, web documentary of lessons learnt, community mobilisation, etc.>

16. Which of the elements of the project can/should be replicated?

17. What plans have been put in place for the post-project phase?

Lessons Learnt

18. What were the lessons learnt for you in the course of participating in / implementing the project?

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INTERVIEW GUIDE FOR ORGANISATIONS OF PERSONS WITH DISABILITIES (MEMBERS)

Note to Interviewer: The Washington Group Questions (Short Set) will need to be asked to every final beneficiary in confidence prior to beginning the focus group / interview

Background questions

1. How did you get involved with the HELASIA Project? *(Probe: did they participate in any HELASIA supported activities – training / advocacy / microgrants / other capacity building etc)*

Relevance

2. Did you find the HELASIA activities helpful? Why?

Impact

3. What are the main results or changes this project has contributed to for you (& for your organisation), whether expected or unexpected?

4. Would you say your capacities improved as a result of the HELASIA project? If so, in what way?

Coherence

5. Have there been any other similar initiatives (of another organisation) taking place? If so, were there any overlaps between this initiative and HELASIA?

Inclusion

6. Were persons with disabilities involved in the project design, planning and implementation? At which stages and how?

7. Were the activities and project documentation accessible? How?

8. What feedback systems are in place for beneficiaries of the project?

Lessons Learnt

9. Do you have any suggestions on what could have been improved in the project?

INTERVIEW GUIDE FOR ORGANISATIONS OF PERSONS WITH DISABILITIES (STAFF / BOARD MEMBERS)

Note to Interviewer: The Washington Group Questions (Short Set) will need to be asked to every final beneficiary in confidence prior to beginning the focus group / interview

Background questions

1. Please, tell us about yourself.
   <probe - what is your background, your organisation, topics you work on, etc.?>

2. Please, tell us about your involvement with the HELASIA Project:

3. How did you get to know about the project?

4. When and how did you get involved?

5. Why did you get involved?

6. Please, tell us about your role in the project.

Relevance

7. What were your expectations for the project?

8. Were they satisfied? How/why?

9. To what extent do you find a project such as HELASIA is necessary in the current context?

10. Why is it important?

Effectiveness & Efficiency

11. Have you managed to achieve everything planned?

12. If yes, achieved what?

13. If not, why?

14. What was helpful/not helpful to achieving your aims?

15. How did Covid-19 affect the implementation of activities?

16. How were any challenges mitigated?

17. Were there any changes from the original plan of the project? Why?

18. How would you assess the development process of the deliverables? Why?

19. How would you assess the effectiveness of the deliverables? Why?

    <probe: service mapping, training, micro-advocacy projects, etc. >

20. What worked well and what would you possibly change?

    <probe: if you were to implement a similar project>

Impact

21. What are the main results or changes this project has contributed to for you (& for your organisation), whether expected or unexpected?

22. Would you say your capacities improved as a result of the HELASIA project? If so, in what way?

23. In what way did the project contribute to the said changes/outcomes? What elements (even if not part of HELASIA) were key for achieving them?

    <probe: micro-grants, income generating activities>

24. Have the OPDs / service providers / CSOs received support from any other external body? If so, which one and for what?

Coherence

25. Has there been any other similar initiative (of another organisation) taking place? If so, was there any overlaps between this initiative and HELASIA?

Inclusion

26. Were persons with disabilities involved in the project design, planning and implementation? At which stages and how?

27. Were the deliverables, activities and project documentation accessible? How?

28. What feedback systems are in place for beneficiaries of the project?

Sustainability

29. Which, of the outcomes achieved, are likely to continue after the end of the project?

    <probe: e.g. national governments as mobilisers, web documentary of lessons learnt, community mobilisation, etc.>

30. Which of the elements of the project can/should be replicated?

31. What plans have been put in place for the post-project phase?

Lessons Learnt

32. What were the lessons learnt for you in the course of participating in / implementing the project?

INTERVIEW GUIDE FOR PARENTS

INTERVIEWER NOTE: The Washington Group Questions (Short Set) need to be asked confidentially with each parent at the beginning of the interview if their child is also participating in the School Pupil Focus Group Discussion.

Parent's Name	
Gender	Male ☐ Female ☐
Pupil's school	
Pupil's Class	
Pupil's Gender	Male ☐ Female ☐
Pupil's age	
Location	
Date & time of interview	

- Can you tell us about your child's school experience?

- Was your child already attending school prior to the project? If not, why did they start?

- Does your child get all the support they need at school?

- Does your child feel happy going to school?

- Has your child received any additional materials from the project? *(Probe: learning materials, assistive devices, mobility equipment etc)*

- Has attending school made any changes to your child's life? If yes, what are they?

- What impact do you feel this project has had on your child's future opportunities?

- Do you have any suggestions for making the school more inclusive and / or accessible?

- Do you have the opportunity to provide feedback to the school?

My name is _____ and I am here as an external consultant carrying out a final evaluation of the HELASIA Project on behalf of Humanity & Inclusion. Through this evaluation, Humanity and Inclusion would like to better understand how effective the HELASIA Project activities have been in order to inform future interventions. The information you give will help us assess this. Your honest response to the questions here will be very helpful and will be handled with confidentiality.

INTERVIEWER NOTE: These questions have been designed for officials involved in managing both schools and TVETs therefore please amend questions as necessary.

Name	
Gender	Male ☐ Female ☐
School / TVET / College or District / Region	
Job title	
Location	
Date & time of interview	

- How has the HELASIA project supported inclusive education at your schools / TVETs?

- How did the teacher training impact teaching practice in your schools / TVETs?

- Are there Individual Education Plans / Personalised Social Support Plans in place?

- What adaptations have been made to your schools / TVETs?

- Have your schools / TVETs received any additional materials from the HELASIA project? *(Probe: assistive devices, adapted learning materials)*

- Are parents and children / young people in the community aware of the accessible changes that have been made to the school / TVET ?

- Have other parents of children with disabilities / youth with disabilities approached you about sending their child / young person to your schools / TVETs?

- Are there other projects in the region supporting Inclusive education?

- What changes have been observed at a school / TVET level following the activities carried out as part of the HELASIA project?

- Do you feel further support is necessary to ensure the continuation of inclusive education? If yes, what?

- How have parents and children / young people been involved in the inclusive education activities?

- Have there been any negative or positive experiences of inclusive education in your schools / TVETs that you are aware of?

- Have there been any challenges encountered during the implementation of the inclusive education activities and how can these be mitigated against for better results?

- What were the lessons learnt for you in the course of participating in / implementing the project?

INTERVIEW GUIDE FOR SCHOOL PUPILS

Note to Interviewer: The Washington Group Questions (Short Set) will need to be asked to every final beneficiary in confidence prior to beginning the focus group / interview

Name	
Gender	Male ☐ Female ☐
Pupil's school	
Pupil's class	
Pupil's age	
Location	
Date & time of interview	

- Can you tell us about your school experience?

- Were you already attending school prior to the project? If not, why did you start?

- Do you get all the support you need at school?

- Do you feel happy going to school?

- Have you received any additional materials from the project? *(Probe: learning materials, assistive devices, mobility equipment etc)*

- Has attending school made any changes to your life? If yes, what are they?

- What impact do you feel this project has had on your future opportunities?

- Do you have any suggestions for making the school more inclusive and / or accessible?

- Do you have the opportunity to provide feedback to the school?

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INTERVIEWER NOTE: These questions have been designed for teachers at schools and TVETs therefore please amend questions as necessary.

Name	
Gender	Male ☐ Female ☐
School / TVET / College	
Class / Subject taught	
Location	
Date & time of interview	

- How has the HELASIA project supported inclusive education at your school / TVET?

- How did the teacher training impact your teaching practice?

- Have you been able to share what you learnt during training with other colleagues? *(Probe: have trained teachers cascaded their training to other teachers)*

- Are there Individual Education Plans / Personalised Social Support Plans in place?

- What adaptations have been made to your school / TVET?

- Has your school / TVET received any additional materials from the HELASIA project? *(Probe: assistive devices, adapted learning materials)*

- Are parents and children / young people in the community aware of the accessible changes that have been made to the school / TVET ?

- Have other parents of children with disabilities / youth with disabilities approached you about sending their child / young person to your school / TVET?

- Are there other projects in the region supporting Inclusive education?

- What changes have been observed at a school / TVET level following the activities carried out as part of the HELASIA project?

- Do you feel further support is necessary to ensure the continuation of inclusive education? If yes, what?

- How have parents and children / young people been involved in the inclusive education activities?

- Have there been any negative or positive experiences of inclusive education in your school / TVET that you are aware of?

- Have there been any challenges encountered during the implementation of the inclusive education activities and how can these be mitigated against for better results?

INTERVIEW GUIDE FOR YOUTH WITH DISABILITIES

INTERVIEWER NOTE: The Washington Group Questions (short set) should be asked to each individual in confidence prior to commencing the interview.

Some youth may not have attended TVETs and may only be involved in the Youth Advocate activities.

Name	
Gender	Male ☐ Female ☐
TVET / College	
Class / Subject studied	
Age	
Location	
Date & time of interview	

- Can you tell us about your TVET / college experience?

- Were you already attending TVET / college prior to the project? If not, why did you start?

- Do you get all the support you need at TVET / college?

- Do you feel happy going to TVET / college?

- Have you taken part in any other activities with the HELASIA project? *(Probe: advocacy, training)*

- Have you received any additional materials from the project? *(Probe: learning materials, assistive devices, mobility equipment, trade materials and equipment etc.)*

- Has attending TVET / college (or other HELASIA activities) made any changes to your life? If yes, what are they?

- What impact do you feel this project has had on your future opportunities?

- Do you have any suggestions for making the TVET / college more inclusive and / or accessible?

- Do you have the opportunity to provide feedback to the TVET / college?

6.3 Action plan related to the recommendations

This will be co-created with the closure workshop participants to be held in May in Benin and delivered subsequently.

Recommendation	Objective	How?	Who?	With whom?
Title of the recommendation		Activity 1		
		Activity 2		
Title of the recommendation		Activity 1		
		Activity 2		
Etc.				

6.4 Data collection questionnaires

The following are the questionnaires which were amended after the finalisation of the Inception report (see section 6.2)

INTERVIEW GUIDE FOR YOUTH WITH DISABILITIES

My name is _____ and I am here as an external consultant carrying out a final evaluation of the HELASIA Project on behalf of Humanity & Inclusion. Through this evaluation, Humanity and Inclusion would like to better understand how effective the HELASIA Project activities have been in order to inform future interventions. The information you give will help us assess this. Your honest response to the questions here will be very helpful and will be handled with confidentiality.

INTERVIEWER NOTE: The Washington Group Questions (short set) should be asked to each individual in confidence prior to commencing the interview.

Some youth may not have attended TVETs and may only be involved in the Youth Advocate activities.[12]

Name	
Gender	Male ☐ Female ☐
TVET / College	
Class / Subject studied	
Age	
Location	
Date & time of interview	

1. Can you tell us about your TVET / college experience?

2. Were you already attending TVET / college prior to the project? If not, why did you start?

3. Do you get all the support you need at TVET / college?

4. Do you feel happy going to TVET / college?

5. Have you taken part in any other activities with the HELASIA project? *(Probe: advocacy, training)*

6. Have you received any additional materials from the project? *(Probe: learning materials, assistive devices, mobility equipment, trade materials and equipment etc.)*

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[12] This part was applicable to all questionnaires.

7. Has attending TVET / college (or other HELASIA activities) made any changes to your life? If yes, what are they?

8. What impact do you feel this project has had on your future opportunities?

9. Do you have any suggestions for making the TVET / college more inclusive and / or accessible?

10. Do you have the opportunity to provide feedback to the TVET / college?

INTERVIEW GUIDE FOR PARENTS

1. Can you tell us about your child's school experience?

2. Was your child already attending school prior to the project? If not, why did they start?

3. Does your child get all the support they need at school?

4. Does your child feel happy going to school?

5. Has your child received any additional materials from the project? (Probe: learning materials, assistive devices, mobility equipment etc)

6. Has attending school made any changes to your child's life? If yes, what are they?

7. What impact do you feel this project has had on your child's future opportunities?

8. Do you have any suggestions for making the school more inclusive and / or accessible?

9. Do you have the opportunity to provide feedback to the school?

INTERVIEW GUIDE FOR SCHOOL PUPILS

1. Can you tell us about your school experience?

2. Were you already attending school prior to the project? If not, why did you start?

3. Do you get all the support you need at school?

4. Do you feel happy going to school?

5. Have you received any additional materials from the project? (Probe: learning materials, assistive devices, mobility equipment etc)

6. Has attending school made any changes to your life? If yes, what are they?

7. What impact do you feel this project has had on your future opportunities?

8. Do you have any suggestions for making the school more inclusive and / or accessible?

9. Do you have the opportunity to provide feedback to the school?

INTERVIEW GUIDE FOR TEACHERS AT SCHOOLS / TVETs / COLLEGES

1. How has the HELASIA project supported inclusive education at your school / TVET?

2. How did the teacher training impact your teaching practice?

3. Have you been able to share what you learnt during training with other colleagues? (Probe: have trained teachers cascaded their training to other teachers)

4. Are there Individual Education Plans / Personalised Social Support Plans in place?

5. What adaptations have been made to your school / TVET?

6. Has your school / TVET received any additional materials from the HELASIA project? *(Probe: assistive devices, adapted learning materials)*

7. Are parents and children / young people in the community aware of the accessible changes that have been made to the school / TVET ?

8. Have other parents of children with disabilities / youth with disabilities approached you about sending their child / young person to your school / TVET?

9. Are there other projects in the region supporting Inclusive education?

10. What changes have been observed at a school / TVET level following the activities carried out as part of the HELASIA project?

11. Do you feel further support is necessary to ensure the continuation of inclusive education? If yes, what?

12. How have parents and children / young people been involved in the inclusive education activities?

13. Have there been any negative or positive experiences of inclusive education in your school / TVET that you are aware of?

14. Have there been any challenges encountered during the implementation of the inclusive education activities and how can these be mitigated against for better results?

6.5 List of consulted stakeholders[13]

Country	Stakeholder Group	Region	I / FG	M	F	Other details
Ethiopia						
Ethiopia	Parents	Gambella	FG	3	4	Parents of children aged 10-30
Ethiopia	Parents	Hawassa	FG	1	4	Parents of children
Ethiopia	School Pupils	Hawassa	FG	3	2	
Ethiopia	School Pupils	Gambella	FG	2	4	Pupils aged 7-30
Ethiopia	Teachers	Gambella	FG	5	2	2 Principals and 5 teachers
Ethiopia	Teachers	Hawassa	FG	3	4	Teacher at Tabor and Leku Primary Schools
Ethiopia	HI Country Office	Addis Ababa	I	1	0	Project Manager
Ethiopia	Federation - FEAPD	Addis Ababa	I	1	0	HELASIA Program Coordinator
Ethiopia	OPDs staff	Addis Ababa	FG	7	1	Ethiopian National Association of the Deaf; Ethiopian National Association of the Deaf & Blind; Ethiopian National Association of the Blind; Physical Disability Development Association; Ethiopian National Association of Persons affected with Leprosy; Fikir Ethiopian National Association for intellectual disability
Ethiopia	OPDs staff	Hawassa	FG	3	3	Hawassa City Blind Association; Hawassa town Women disability association; Hawassa town intellectual disability association; Hawassa town Deaf Association; Hawassa City Physical Disability association;
Ethiopia	OPD staff	Gambella	I	1	0	Chairperson at Organisation for persons with physical disabilities
Ethiopia	Local authority	Addis Ababa	I	1	0	Disability Directorate Manager at Ministry of Women & Social Affairs
Ethiopia	Local authority	Hawassa	I	1	0	Regional Education Bureau, Special Needs Expert
Rwanda						
Rwanda	TVET Students	Nyamasheke	FG	1	3	Student at Ryazo TVT School
Rwanda	TVET Students	Rutsiro	FG	3	2	Welding student at Bumba TVET
Rwanda	TVET Parent	Nyamasheke	FG	1	2	Parent of student at Cyazo TVET
Rwanda	TVET Teacher	Rutsiro	I	1	0	Teacher at Bumba TSS
Rwanda	TVET Teacher	Rutsiro	I	1	0	Teacher at Bumba TVT

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[13] Other stakeholders were reached out to but did not respond or were not available.

Rwanda	TVET Teacher	Nyamasheke/ Shangi	FG	4	1	Teachers at Shangi TSS
Rwanda	TVET Teacher	Nyamasheke / KIrimbi	I	1	0	School Manager at Karengera TVET /TSS
Rwanda	School Director	Nyamasheke	I	1	0	School Director at Shangi TVT
Rwanda	HI Country Office	Kigali	I	1	0	Empowerment Officer
Rwanda	HI Country Office	Kigali	I	1	0	Inclusion Officer
Rwanda	Federation - NUDOR	Kigali	I	1	0	Project Officer
Rwanda	OPD member	Nyamasheke	I	0	1	Member of NOUSPR
Rwanda	OPD member	Rutsiro	I	0	2	Rwanda Union of the Little People, Troupe des Personnes Handicapees Twuzuzanye
Rwanda	OPD staff	Kigali	I	1	0	Executive Director at Troupe des Persones Handicape Twuzuzanye
Rwanda	OPD staff	Kigali	I	1	0	Executive Director at OIPPA
Rwanda	Local authority	Rutsiro	I	1	0	Director of Education Unit
Rwanda	Local authority	Rutsiro	I	1	0	Director of Social Protection
Rwanda	National Commission for Human Rights	Kigali	I	0	1	Human Rights Protection and Monitoring Officer and Focal Point of Rights of Persons with Disabilities
Rwanda	Human Rights First Rwanda Association	Kigali	I	0	1	Legal Officer
Benin						
Benin	HI Country Office	Cotonou	I	1	0	Charge de Projet
Benin	HI Country Office	Parakou	I	1	0	Project Manager Parakou
Benin	Federation - FAPHB	Cotonou	I	1	0	Executive Director
Benin	Federation - FAPHB	Cotonou	I	1	0	President
Benin	Youth leaders	Parakou	FG	2	4	Youth leaders
Benin	Youth leaders	Cotonou	FG	2	6	Youth leaders
Benin	OPD members	Cotonou	FG	5	4	Miwadagbe, HUMADEV, La Krysalide, Lion Handisport, APES, OFAB, Plein Emploi, ABeDES Benin, LMPH
Benin	OPD members	Parakou	FG	6	2	Réseau Des Associations Des Personnes Handicapées Du Borgou
Benin	Local authority	Parakou	I	1	0	Président, Cellule de Participation Citoyenne
Benin	Local authority	Parakou	I	1	0	City hall of Parakou

Benin	Local authority	Cotonou	I	1	0	Ministry of Decentralisation, Focal Point for Disability
Benin	Local authority	Cotonou	I	1	0	Ministry of Social Affairs, Director of Social Inclusion and Solidarity
Benin	Local partner	Parakou	I	1	0	Director of CEFOP
Benin	Local partner	Parakou	I	1	0	Trainer/director, Centre de Formation des Métiers du textiles
Benin	Local partner	Parakou	I	0	1	Trainer, Centre d'Art de Tissage
Madagascar						
Madagascar	HI Country Office	Analamanga	I	1	0	Chef de projet
Madagascar	HI Country Office	Antsinanana	I	1	0	Charge de projet Antsinanana
Madagascar	HI Country Office	Analamanga	I	0	1	Chargee de l'Observatoire
Madagascar	HI Country Office	Analamanga	I	0	1	Chargee de projet Analamanga
Madagascar	Federation - AFHAM	Analamanga	I	0	1	President
Madagascar	Teachers	Diana	FG	2	1	Teacher at CEG Secondary school
Madagascar	Teachers	Diana	FG	1	2	Teachers at Primary School Pasteur
Madagascar	School Pupils	Diana	FG	3	0	Pupils aged between 12-14
Madagascar	Parents	Diana	FG	2	1	Parents of children aged 12-14
Madagascar	OPD Members	Antsinanana	FG	4	1	Members of COPH, CONAMEPT, AFHAM, PFPH, AUM
Madagascar	OPD Members	Diana	FG	2	2	AFHAM, Maison de sagesse, APDVA, Sakai-Di - 3 are OPD (Maison de Sagesse is not an OPD but carries out activities benefiting OPDs and persons with disabilities)
Madagascar	OPD staff	Atsinanana	I	1	0	President at COPH
Madagascar	OPD staff	Diana	I	1	0	President at APDVA & GPA
Madagascar	Observatory Members	Analamanga	FG	3	3	Association members of the Observatory
Madagascar	Local authority	Diana	I	0	1	Formatrice locale Education Inclusive DREN
Mozambique						
Mozambique	HI Country Office	Maputo	I	1	0	Inclusive Governance Officer
Mozambique	HI Country Office	Maputo	I	1	0	Inclusive Education Officer
Mozambique	Federation - FAMOD	Maputo	I	1	0	Executive Director
Mozambique	Federation - FAMOD	Maputo	I	1	0	HELASIA Focal Point
Mozambique	School Pupils	Maputo	FG	2	2	Patrice Lumumba Primary School
Mozambique	Parents	Maputo	FG	0	3	Parents of children aged 13-18 at Escola Primaria São Damanso

Mozambique	Teachers	Maputo	FG	1	4	Escola Primaria Unidade 29
Mozambique	Teachers	Macia, Gaza	FG	2	3	Teachers at CREI
Mozambique	Teachers	Maputo	FG	2	4	Teachers at Escola Primária Trevo
Mozambique	OPDs members	Maputo	FG	2	1	AMUSAM , Albimoz, AJOSMO
Mozambique	OPD member	Maputo	I	1	0	ACRIDEME
Mozambique	OPD staff	Maputo	I	0	1	Executive Director at AMA
Mozambique	OPD staff	Maputo	I	1	1	Executive Director & Board Vice-Chair at AMUSAM
The Gambia						
The Gambia	Federation - GFD	Remote	I	0	1	Administrative Officer
The Gambia	Federation - GFD	Remote	I	2	0	Chairperson & Executive Director
The Gambia	OPD member	Remote	I	0	1	Member of Gambia Albinism Association
The Gambia	Local authority	Remote	I	1	0	National Assembly members (parliamentarian)
The Gambia	Local authority	Remote	I	1	0	National Disability Focal Point, Ministry of Gender, Children and Social Welfare
Botswana						
Botswana	Federation - BOFOD	Remote	I	1	0	Chairperson
Botswana	Local authority	Remote	I	1	0	Ex social worker, Central District Council
Botswana	OPD Staff	Remote	I	1	0	Co-founder / Programs & Projects Coordinator at IBDA
OTHER / horizontal[14]						
HI	HI HQ	Remote	I	0	1	Global Specialist Inclusive Governance + Technical Referent
HI	HI HQ	Remote	I	0	1	Operations Officer
HI	Regional	Remote	I	0	1	HELASIA Regional Project Manager / Chief of Party
Regional partner	ADF	Remote	I	1	0	Senior Programme Manager
Regional partner	PANPPD	Remote	I	0	1	Mental Health Technical Advisor
International stakeholder	IDA	Remote	I	0	1	Bridge CRPD-SDGs coordinator

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[14] Some of these interviews were conducted at inception phase as scoping interviews.

International stakeholder	Sightsavers	Remote	I	0	1	Sightsavers, Head of global campaign
Donor	Norad	Remote	I	0	1	Senior Adviser, Department for Human Development
		Totals		**121**	**96**	
		Total participants		**217**		

ToC Workshop participants			
No.	**Entity**	**Designation**	**Name**
1	HI Regional	HELASIA Regional Project Manager	Griet Van de Voorde
2	HI Regional	(then) HELASIA MEAL Manager	Clément Delors
3	ADF	Senior Project Manager	Abebaw Abebe
4	PANPPD	Mental Health Specialist	Tafadzwa Rugoho
5	HI Country Office Benin	HELASIA Project Manager	Adjobidjoun Nanako
6	HI Country Office Benin	Deputy HELASIA Project Manager	Noé Dossou
7	HI Country Office Ethiopia	HELASIA Project Manager	Tesfaye Hailu
8	HI Country Office Madagascar	HELASIA Project Manager	Mamy RAKOTOMANDIMBY
9	HI Country Office Rwanda	Deputy Project Manager	Ange Mazimpaka
10	HI Country Office Rwanda	MEAL Manager	Mamisoa Mandimbiarimino
11	FEAPD, Ethiopia	HELASIA Project Manager	Ephrem Assefa
12	FAPHB, Benin	President	Domingo Nassirou
13	NUDOR, Rwanda	Project Manager	Eric Tuyishime

Validation Workshop participants			
No.	**Entity**	**Designation**	**Name**
1	HI Regional	HELASIA Regional Project Manager	Griet Van de Voorde
2	HI Regional	HELASIA MEAL Manager	Estelle-Anne Spicq
3	ADF	Senior Project Manager	Abebaw Abebe
4	HI Country Office Benin	Project Manager	Adjobidjoun Nanako

5	HI Country Office Benin	Deputy HELASIA Project Manager	Noé Dossou
6	FAPHB, Benin	President	Domingo Nassirou
7	FAPHB. Benin	HELASIA Project Manager	Romulus Biaou
8	HI Country Office Ethiopia	HELASIA Project Manager	Tesfaye Hailu
9	HI Country Office Madagascar	HELASIA Project Manager	Mamy RAKOTOMANDIMBY
10	HI Country Office Mozambique	HELASIA Project Manager	Henriqueta Mola
11	ADEMO, Mozambique		Antonio Nhatumbo
12	HI Country Office Rwanda	HELASIA Project Manager	Dieudonné Mujyambere
13	GFD, The Gambia	Chairperson	Lamin Fatty
14	GFD, The Gambia	Executive Director	Muhammed Krubally

6.6 Project documentation reviewed

- HI, Terms of Reference for the HELASIA final evaluation

- HI-Norad, HELASIA Application Form Regime 1 – adjusted for Civil Society and Disability Rights (2020)

- HI-Norad, HELASIA Application Form (2019)

- HELASIA Project: What's it all about? (2021)

- HELASIA Exit Strategies – Regional Project level, PANPDD, ADF, Benin, Ethiopia, Madagascar, Rwanda

- HI, HELASIA Theory of Change (2019)

- HI, HELASIA Theory of Change (2020)

- HI, Logic of Intervention, Theory of Change and Project Cycle – HELASIA (ppt presentation) (2021)

- HI-Norad, HELASIA Final Results Framework (2020)

- HI, HELASIA Risk Analysis for the overall initiative (2020)

- HI, HELASIA Standard Type Indicators

- HI, Presentation of the Outcome Harvesting in the five project countries

- HI, Presentation of the voting on Outcome Harvesting in the five project countries

- HI, GLOBAL – HELASIA Indicator Tracking Tool – Annual Report 2021-2023

- HI, HELASIA October 2019-December 2020 Progress Report (2021)

- HI, HELASIA January 2021-December 2021 Progress Report (2022)

- HI Disability – Gender – Age Policy

- HI Quality Framework

- HI, Country Presentations of the HELASIA project in Madagascar, Rwanda, Ethiopia and Mozambique

- HI Madagascar, Note de cadrage de la redynamisation de l'Observatoire du Handicap à Madagascar (2021)

- HELASIA Benin: Mise en place du comité technique de pilotage de l'analyse des gaps des politiques publiques dans les secteurs de l'éducation et de l'emploi (2021)

- ADF, Capacity Building Program for BOFOD & Stakeholders: Advocating for universal ratification of the African Disability Protocol in Botswana report (2022)

- ADF, Follow up Meeting with ADF member National Federations on their progress for ratification of the African Disability Protocol (2021)

- ADF, HELASIA Quarterly Reporting (January – June 2022)

- ADF, HELASIA Results Report January 2020 – December 2022 (2023)

- ADF, Outcome Timeline (2022)

- ADF and PANPPD – HELASIA Phase II Information Collection (10th February 2023)
- ADF, BOFOD, FAMOD, FAPHB, FEAPD, GFD, NUDOR, PFPH/MAD - A Manifesto to Advance the Inclusion of Persons with Disabilities in Education Across the African Continent (Produced during the Regional Inclusive Education Workshop organized by African Disability Forum in Ethiopia, 10-12 October 2022)
- LLSC and THISAbility Consulting, HELASIA Mid-Term evaluation final report (2021)
- LLSC and THISAbility Consulting, HELASIA Mid-Term evaluation inception report (2021)
- Norad, Final Report – Organisational Review of Humanity & Inclusion (2022)
- HELASIA Benin Quarterly report January-June 2022
- HELASIA Benin Quarterly report July- September 2022
- HELASIA Benin Quarterly report October- December 2022
- HELASIA Mozambique Quarterly report January-June 2022
- HELASIA Mozambique Quarterly report August-October 2022
- HELASIA Mozambique Quarterly report November 2022-January 2023
- HELASIA Ethiopia Quarterly report January-June 2022
- HELASIA Ethiopia Quarterly report July – November 2022
- HELASIA Rwanda Quarterly report January-June 2022
- HELASIA Rwanda Quarterly report July – September 2022
- HELASIA Rwanda Quarterly report October – December 2022
- HELASIA Madagascar Quarterly report January-March 2022
- HELASIA Madagascar Quarterly report April-June 2022