



NORAD COLLECTED REVIEWS

6/2021

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

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Midterm Review

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

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

External evaluation

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Patrick Crump, LLC, with

THISAbility Consulting-Ethiopia, Flora Mutezigaju, Emmanuelle Tchotchom, Gabriel DeBarros, and Falihery Razafindrakoto



PE | FP



Norad

Author(s)

Patrick Crump

Contributor(s)

Dagnachew Wakene

Flora Mutezigaju

Emmanuelle Tchotchom

Gabriel DeBarros

Falihery Razafindrakoto

Edition

Humanity & Inclusion

Operations division

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List of Acronyms

ACHPR	African Commission on Human and Peoples' Rights
ADEMO	Association of the People with Disability of Mozambique
ADF	African Disability Forum
ADP	Africa Disability Protocol
AFHAM	Association des Femmes Handicapées de Madagascar
AMMD	Mozambican Association of Disabled Women
AU	African Union
AUC	African Union Commission
AUM	l'Autisme Madagascar
CASP	Child and Adolescent Scale of Participation
CLM	Causal Link Monitoring
CONAMEPT	Coalition National Malgache pour l'Education Pour Tous
COPH	Collectif des Organisations de Personnes Handicapées de Madagascar
CoPil	Comité de Pilotage (Steering Committee)
CREI	(Mozambique)
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DWG	Disability Working Group (Mozambique)
FAMOD	Forum das Associações dos deficientes de Moçambique
FAPHB	Fédération des Associations de Personnes Handicapées du Bénin
FEAPD	Federation of Ethiopian Associations of Persons with Disabilities
FGD	Focus group discussion
HELASIA	Health, Education, Livelihood in Africa: a Sustainable Inclusion Approach
HI	Humanity and Inclusion
IDA	International Disability Alliance

IE	Inclusive education
INGO	International non-governmental organisation
JD	Job description
KPI	Key performance indicator
MEPT	Mozambican Education for All Network
MHPSS	Mental Health and Psychosocial Support
MoLSA	Ministry of Labour and Social Affairs (Ethiopia)
MOU	Memorandum of understanding
MTE	Mid-term evaluation
NCPD	National Council for Persons with Disabilities (Rwanda)
NOUSPR	National Organisation of Users and Survivors of Psychiatry in Rwanda
NUDOR	National Union of Disability Organisations of Rwanda
OCA	Organisational capacity assessment
OIPPA	Organisation for Integration and Promotion of People with Albinism
NPC	National Paralympic Committee of Rwanda
OPD	Organisation of Persons with Disabilities
PANPPD	Pan African Network of People with Psychosocial Disabilities
PFPH	Plateforme des Fédérations de Personnes Handicapées de Madagascar
PM	Project manager
PME	Planning, monitoring and evaluation
PO	Project officer
PPE	Personal protective equipment
PSF	Private Sector Foundation (Rwanda)
PwD	Persons with Disabilities
RUB	Rwandan Union of the Blind
RULP	Rwandan Union of Little People
SDG	Sustainable Development Goals

SWOT	Strengths, weaknesses, opportunities, threats (exercise)
ToR	Terms of Reference
ToT	Training of Trainers
TVET	Technical and Vocational Education and Training
UNAPHAMM	l'Union Nationale des Associations pour les Personnes Handicapées Mentales à Madagascar
UNICEF	United Nations International Children's Emergency Fund

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1. Presentation of the intervention evaluated

1.1 HI and the intervention concerned

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.

The HELASIA project is directly implemented by country teams and national partners in each location and in addition counts a regional coordination unit based in Ethiopia and two regional partners, the Africa Disability Forum (ADF) and the Pan African Network of People with Psychosocial Disabilities (PANPPD). The first phase of the project (Ethiopia, Rwanda, Benin, regional level with ADF) covers the period October 2019-December 2022, while the second phase (Mozambique, Madagascar, and regional level with PANPPD) covers the period December 2020-December 2022.

1.2 Objectives of the intervention

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.

1.3 Activities deployed during this intervention

The project works with stakeholders and implements activities in specific regions in each of the five countries, per the table below:

Country	Implementing Partners	Regions
Benin	FAPHB	Cotonou and Parakou communes
Ethiopia	FEAPD	Addis Ababa, Hawassa Region and Gambella Region
Rwanda	NUDOR	Rutsiro and Nyamasheke Districts
Madagascar	PFPH, CONAMEPT, AFHAM, COPH, UNAPHAMM, AUM	Regions of Analamanga, Atsinanana and Diana
Mozambique	FAMOD, ADEMO, AMMD	Provinces of Maputo (Matola city) and Gaza
Region	ADF, PANPPD	Regional and international advocacy

The ToR lists a set of project activities that are to be implemented:

Output 1:

- Capacity development OPDs
- IDA-IDDC Bridge CRPD-SDG training participation
- 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 and Rwanda)

Output 3 and 4:

- Barrier Assessment related to obstacles encountered by persons with disabilities (if not done previously)
- Service mapping and assessment on 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 – web document

In the Results section of this report (Section 3), we summarise activities undertaken to date for each country and at the regional level.

2. Presentation of the evaluation

2.1 What is at stake and what objectives

The objectives presented in the Terms of Reference (see Annex 6.1) are to evaluate the performance and quality of the activities carried out as well as the project mechanisms; to assess project progress and to identify areas requiring attention for improvement and scale up, allowing taking appropriate measures based on the findings.

The mid-term evaluation is deemed 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 HI's PME policy is based, but represent the key elements around which the evaluation will revolve.

The Terms of Reference specify five objectives:

1. Assess whether the project promotes and achieves meaningful participation, 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; 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.

2.2 Evaluation questions

The ToR specifies five evaluation criteria, sub-criteria and evaluation-related questions:

COOPERATION

Involvement: Were partners kept regularly and transparently informed and meaningfully involved in decision-making processes concerning the project's

governance (monitoring, steering and implementation)? 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?

Results: Did HI, project partners and stakeholders (at regional and national levels) contribute sufficiently and optimally to the results and successes of the project?

ADMINISTRATION

Organization: Has a clear role division been set up between project and support teams (both, within and between HI and partners) to offer a timely, cost-effective and quality contribution (operational, financial...) to the project? Have resources been allocated in a cost-effective way?

EFFICIENCY

Flexibility: Is the project flexible enough and, in line with project outputs, adapts to the evolving needs and risks (constraints and opportunities) linked to political, social or environmental (Covid-19) context changes?

CAPACITIES

Autonomy: To what extent is the project improving the internal and organizational capacities of its official partners to lead project autonomously and to fulfil their mandate as an organization representing persons with disabilities, women and young people?

Competencies: Does the project help to build the general and specific technical capacities of project partners and stakeholders and to develop the right skill sets for project implementation?

SUSTAINABILITY

Continuity: Are strategies installed to increase the consideration, inclusion and social participation of persons with disabilities within the community? What can be put in place? How is the project planning to achieve positive effects that will be ongoing once the intervention is over?

2.3 Methodology

As per our inception plan (see Annex 6.2), we have used [Causal Link Monitoring](#) (CLM) as our guiding methodology for this mid-term evaluation. CLM examines how the project expects associated actors to transform results from one level into results at a higher level, i.e. causal links, and tests these assumptions based on observed results. CLM was incorporated into our approach through the following measures:

- Identification of expected practices and behaviours for the project's various stakeholder groups;
- Data collection tools designed to solicit stakeholders' perceptions of their adoption of these practices, and the factors shaping their adoption;
- Triangulation across primary and secondary sources to validate stakeholders' perceptions.

Our evaluation approach also sought to adhere to the seven universal principles of research ethics. In particular, our measures for ethical research included the following:

- Respect/autonomy: our evaluation team was trained in ethical research, and our Participant Information Sheet, shared with each primary source, emphasized voluntary participation;
- Informed consent: participants were provided with an Informed Consent form, which they signed for in-person data collection, or verbally respond to for virtual, recorded activities;
- Justice: we assembled a team of empathetic researchers, familiar with disability issues, most of whom have lived experience of disability to draw from. We used accessible venues and communication, and offered reasonable accommodation measures, including PPE and reimbursement for participants' expenses, including for personal assistants.

Our analysis used triangulation to verify our principal findings, between our primary sources, our survey of OPDs, secondary sources, and validation meetings with country steering committees.

2.4 Implementation

Our evaluation proceeded through three phases:

- a) Desk phase: conducted during the period September 13 to October 8, this consisted of a literature review; development of data collection tools; a remote workshop for evaluator training; engagement of HELASIA management and the CoPil to present our evaluation approach, plan and tools; and introductory meetings with the HI team and partners in each country and at regional level, to agree on interviewees, logistics, and any reasonable accommodation requirements;
- b) Field phase: during the period October 11 to December 8 our team conducted remote and in-person data collection activities with project stakeholders. Our Ethiopian and Rwandan consultants each visited project districts (Hawassa,

Ethiopia and Nyamasheke and Rutsiro Districts, Rwanda) to interact with project stakeholders in-person. Our Mozambique, Madagascar, and regional evaluators were also able to conduct some in-person interviews in Maputo, Antananarivo and Addis Ababa respectively;

- c) Reporting phase: each consultant prepared a summary report of country findings, after which they met for an analysis/synthesis workshop. We presented our preliminary findings, conclusions and recommendations to the CoPil on December 8, and then submitted a draft report on December 13. This final report addresses comments and questions from the CoPil.

Our data collection methods and tools consisted of (see Annex 6.4):

- Literature review of project and partner documents from the five countries and the regional level (see Annex 6.6, Bibliography);
- OPD survey, designed to compare expected to actual causal links (behaviours), and to solicit partner views on support provided by the project;
- Interviews and FGDs with representatives of stakeholder groups, using five distinct discussion guides for operational and beneficiary partners, service providers, decision makers, HI staff, and external stakeholders. Interviews focused on stakeholder perceptions of causal links, as well as project performance;
- Validation meetings with country and regional steering committees, designed to elicit stakeholders' feedback on the major findings emerging from the data collection in the relevant country/region, and to elicit their assessment and recommendations regarding the project's attention to risks and sustainability.

Our identification of sources was based on a mapping of the project's key stakeholder groups. Specific sources were identified by the MTE CoPil members (both HI staff and partners), or were referred by local sources using "snowball" technique, such as for the beneficiaries. Actual sources were those who agreed to participate (per ethical research guidelines), and included the following (see Annex 6.5):

- OPD survey: the survey generated 33 responses, representing 50 percent of the 66 OPDs whose capacities were assessed by the operational partners;
- Operational partners: we met with representatives of 12 of the 14 operational partners. Only two partners, from each of Mozambique and Madagascar, declined to participate;

- Beneficiary OPDs: to complement the OPD survey, our FGDs included representatives from 22 OPDs who are members of the national federations/operational partners and benefitting from project activities. In each country we sought a sample representative of the different constituencies of the OPD population (by impairment type, demographic group, etc.);
- Local authorities/service providers: we met with representatives of 14 different local authorities and service providing organisations. Service providers reflected the thematic focus of the project in each country, whether education, livelihoods or health;
- Decision makers: we met with seven individuals who were part of the decision-making stakeholder group, from both the national and district/state levels, representing bodies that the project had engaged;
- Beneficiaries: we met with six beneficiaries from project sites in Hawassa, Ethiopia and Nyamasheke and Rutsiro, Rwanda, drawn from groups with different impairments (mobility, visual, hearing). Such a small sample was not meant to be representative but rather illustrative of their behaviours and feedback in response to the project;
- HI staff: we met with the regional and country teams, as well as representatives of field teams in each country; and
- Steering committees: we met with representatives of the project's six steering committees, including from both HI staff and operational partners.

3. Results of the analysis and project appreciation

This section presents results by country and the regional level. Within each sub-section we describe principal activities undertaken to date; sources' feedback on these activities; practices observed and contributing factors for each stakeholder group; and steering committees' assessments of project management and performance.

3.1 Ethiopia Results

Our primary data collection sources included representatives of five stakeholder groups: 1) beneficiary OPDs (6); 2) service providers (2); 3) regional decision makers (2); 4) beneficiaries (2); and 5) HI team and operational partner (FEAPD).

Based on our literature review, the principal activities of the HELASIA project in Ethiopia to date include the following (sources: Oct 2019-December 2020 progress report; Jan-June 2021 bi-annual progress report);

- Result 1: the organizational capacity needs assessment and reports of the OPDs in Addis Ababa and Hawassa were done and covered a total of 15 OPDs (7 from Addis Ababa, 6 from Hawassa, 2 from Gambella); material support that was provided to the federation FEAPD and the national-level based OPDs in Addis Ababa and to the 6 DPOs in Sidama; capacity development planning workshops in Addis, Hawassa and Gambella; selection of a consultant firm to support national OPDs in developing/revising/updating their strategies and statutory documents; support for the establishment of two OPDs in Gambella;
- Result 2: workshop on policy gap analysis, leading to a recommendation that inclusive education be the thematic area of intervention for the HELASIA project, supported by a technical advisory committee chaired by MoLSA; recruitment of a consultant to conduct the policy study and data analysis on existing education policy/legal frameworks at national and regional level, as well as compare this with their impact on the daily life of persons with disabilities;
- Result 3: Gambella Covid response activity providing hygiene materials to 400 people with disabilities, complemented by Covid-19 training of local officials, awareness raising and safety measures; selection of 5 target schools from each of the two regions, with accessibility audits conducted; provision of assistive devices (i.e. wheelchair, CP chair, white cane, and crutch) to 35 school-age children, supported by a professional physiotherapist with the support of social workers from woreda-level BoLSA.

OPD survey respondents (N=6 beneficiary OPDs from Hawassa) rated all the HELASIA inputs between 2 and 3 on a scale of 0-3 ('satisfied' and 'highly satisfied'), with capacity training/support and Covid relief activities receiving the highest average scores of 2.8, followed by multi-stakeholder mechanisms at 2.5. Survey respondents' comments on the most valuable inputs included the organisational capacity assessment (OCA) (3), monitoring services and engaging in multi-stakeholder mechanisms (3), leadership training (2), and understanding disability and rights (2). Responses on influencing factors was not collected, and so is not reported below.

Highest rated project interventions (3-0)	Most widespread new practices (3-0)
Capacity training and support (2.83)	Outreach to a broader range of persons with disabilities (2.83)
Covid relief activities (2.83)	More effective organisational practices (2.33)
Multi-stakeholder consultation mechanisms (2.5)	Work with local authorities and service providers (2.17)

Our data collection confirmed three new or enhanced OPD behaviours:

- a) *Outreach to a broader range of persons with disabilities*: FEAPD highlighted this practice, as they have sought to animate the OPDs in Sidama Region (Hawassa). The representatives highlighted their data collection of the disability constituency and assessment of their OPDs. Whereas FEAPD is made up of a number of disability- or gender-specific networks, they emphasised a more integrated approach they are promoting under the HELASIA project of “All for one,” where “all disabilities are being addressed with one” approach. The Sidama OPD survey respondents also scored this behaviour highest, at 2.8, and mentioned examples of connecting women to TVET services, or deaf people to inclusive education and free medical services;
- b) *Work with local authorities and service providers*: the Sidama survey respondents mentioned numerous examples of this behaviour, such as monitoring access and inclusiveness of different schools, working with schools and communities to enrol children with intellectual disabilities, or working on removing communication barriers in schools and medical facilities. This behaviour received an average score of 2. The FEAPD representatives mentioned their accessibility audits of primary schools which are expected to be put into action in the next half of the HELASIA project;
- c) *Adopt more effective organisational practices*: Although survey respondents generally gave this behaviour the second highest score, at 2.3, they provided no specific examples. FEAPD arranged for and equipped office spaces for the Hawassa OPDs and prioritised leadership training, but also mentioned some of the leadership challenges they continue to encounter (such as, for instance, capacity limitations and conflict of interest issues), and recognise that these relatively nascent OPDs will need time to mature and develop.

The factors influencing the adoption of these behaviours include:

- Positive: the HELASIA project is not the only entity working with the disability sector in Sidama. OPDs have also received support from other NGOs, including ECDD, Light for the World, and several others;
- Negative: the FEAPD representatives mentioned examples of conflict of interest, where OPD leaders at times prioritized their individual interests and agendas at the expense of HELASIA's goals and the needs of PwDs;
- Negative: assessing the Gambella OPDs was difficult as in that region the OPDs did not have clear structures and systems in place;
- Negative: launching of FEAPD's new strategy (more voting rights for OPD branches) overlapped with the launching of the HELASIA project, which initially caused some confusion amongst the OPDs and partners.

Based on interviews with service providers and other HELASIA stakeholders, we can identify one emerging behaviour amongst service providers in Hawassa:

- a) *Engage with OPDs, civil society actors*: OPDs engage in some follow-up of the inclusiveness of different services, and OPDs share experiences in different meetings and trainings. The regional Education Bureau mentioned having invited an OPD to share its experience on inclusion at a teacher training event, while the BoLSA representative mentioned working closely with the six OPDs in Hawassa, and listed a number of budget support items provided, such as for Disability Day celebrations. The service provider representatives in the FGD rated their frequency of engagement with OPDs at 3, 'very much';

Factors shaping the quality of these practices and relationships include:

- Positive: newly revitalised OPDs, expressing their interest in engaging on inclusive services;
- Negative: local authorities and service providers in the regions are still relatively unfamiliar with disability issues; the Kebelles in Gambella, for example, did not have accurate numbers of children with disabilities due to their lack of awareness of the whole subject of disability. These officials still exhibit something of a charity mentality toward persons with disabilities. Service provider representatives were proud to list some of the benefits they had provided to persons with disabilities, such as educational material and uniform support to a student with a disability, free medical support to children with disabilities in collaboration with the local hospital, or financial and in-kind support so that children can spend the holidays with their families. It was unclear, however, if the examples reflected any systemic changes.

“It is good to support persons with disabilities to get skills and job opportunities. I also feel empowered and can be a model for other women with disabilities.”

Beneficiary with a disability, Hawassa

During the fieldwork in Hawassa, our evaluators met with two beneficiaries. The first, a woman with physical disability and member of Hawassa Women with Disabilities Association which linked her up with the TVET college to get tailoring skills. After completing the training, the association used its connections with local authorities, established during the HELASIA project launch, to get her a job at the Hawassa industrial park.

A second beneficiary is a male primary school student with a hearing impairment and member of the Deaf Association. The school had assigned a sign language interpreter to translate the teacher’s classroom lessons, but most of the time he and the other deaf students had trouble understanding the translated communication. After he attended sign language training his communication with the translator and the special needs educator improved; “This has made a positive change in my educational performance as well as contributions to my family and society. It is good if teachers and school communities can communicate using sign language.”

The list of sources recommended by the HELASIA Ethiopia team did not include any national decision makers. Rather, based on Ethiopia’s federal structure, they recommended regional representatives of the Ministry of Labour and Social Affairs (MoLSA), also known as the Bureaus of Labour and Social Affairs (BoLSAs). The roles and practices of regional authorities, however, are closer to those of the local authority/service provider stakeholder group than those expected of decision makers. The data collection session, moreover, was held with local education officials using the service provider discussion guide. The BoLSA, responsible for disability issues, does have some convening authority, and seems to be playing a facilitating role in promoting inclusive education as well, in addition to matters of social affairs. The discussion did not touch on the policy gap work being conducted by the project with the Education Bureau and MoLSA.

In terms of project management, both FEAPD and the HI team provided generally positive scores, though FEAPD’s scores were sometimes lower than those of HI. Both are satisfied with their cooperation (scored 4 by both, on a scale of 1-4) through the steering committee, and both felt that the project had flexible, user-friendly systems that had adapted well to Covid and security risks. FEAPD scored capacity at a slightly lower level (3.5 vs HI’s 4) due to the four-month delay at the

start of the project; FEAPD has in some cases struggled to fulfil its project role due to capacity constraints. Both scored administration at 3, mentioning the resource constraints they both face. And both offered modest scores on sustainability (2.75 and 2), recognising that this dimension had yet to be broached.

3.2 Rwanda Results

Our data collection in Rwanda involved interviews with five groups of stakeholders: 1) OPDs; 2) local authorities and service providers; 3) one representative of a national authority (decision maker); 4) four beneficiaries; and 5) the project implementation team, including the HI Rwanda staff and representatives from NUDOR, the operational partner.

The following is a summary of the principal HELASIA activities undertaken in Rwanda to date (sources; Oct 2019-December 2020 progress report; semester report Jan-June 2021; quarterly progress report May-Aug 2021):

- Result 1: 22 OPDs joined the capacity assessment, involving 72 persons; OPD capacity building, including safeguarding and support services; organisational support provided to several OPDs, such as establishing new branches and expanding membership, or holding a general assembly meeting (NOUSPR); Bridge replication trainings; and processing sub-grants to foster effective collaboration between OPDs and CSOs;
- Result 2: Training 22 OPD representatives in National Voluntary Review process; policy gap study, analysing the level of inclusiveness of education sector policies and the reality of their applications at the local level; disability data awareness-raising workshop; development of a disability inclusion and advocacy toolkit; and participation in multi-stakeholder consultation mechanisms (OPDs, CSOs and government), including the Disability Coordination Forum with the National Council for Persons with Disabilities (NCPD), and the Social Protection Sector Working Group;
- Result 3: barrier assessment of 574 services, in Nyamasheke (324) and Rutsiro (250); production of a directory of health, education, and livelihood services, to be digitalized; and personalised social support plans for TVET students.

OPD survey respondents (N=12) were positive about most of the HELASIA inputs, particularly the organisational capacity assessment and organisational capacity support, with average scores of 2.7 and 2.6 respectively (3 = 'highly satisfied'). Survey respondents rated the interventions highly across all quality indicators as

well (average scores above 2.5), with the project has supported us in ways that align with our mission and priorities scoring 2.8.

Highest rated project interventions (3-0)	Most widespread new practices (3-0)	Most prevalent influencing factors (3-0)
Organisational capacity assessment (2.73)	More effective organisational practices (2.73)	+ Encouragement from our members and peer organisations (2.5)
Capacity training, support (2.64)	Promote awareness of rights, and of CRPD (2.67)	+ Technical guidance and support from our federation or other partners (2.45)
Barrier analysis of services (2.43)	Connect, network w other OPDs, CS actors (2.55)	+ Staff with the right skills (2.2)

The project has interacted with a significant number of OPDs in Rwanda, at the national level and in the two implementation districts, Nyamasheke and Rutsiro. Based on interviews and survey data, we encountered four new prevalent behaviours:

- 1) *Adopt more effective organisational practices*: most OPDs have worked to improve on their organization capacities. Some have developed safeguarding policies after the organization capacity assessment. Several, including OIPPA, RUB, RULP, NPC have created new branches in Nyamasheke District. Survey respondents’ average score for this practice was 2.7, with the majority rating it at 3, ‘very much’;
- 2) *Promote awareness of rights and CRPD*: the 12 OPD survey respondents all rated this behaviour at 2 or 3 (a behaviour practiced ‘very much’ or ‘a fair amount’), and seven of them mentioned rights awareness as the most important practice they had engaged in. FGD participants mentioned participating in the Bridge training, and several had then participated in replication training, but noted they hadn’t been involved in HELASIA’s regional advocacy activities;
- 3) *Monitoring and engaging service providers for inclusion*: FGD participants reported close collaboration with district authorities and service providers. Survey respondents’ average rating for this practice was 1.7, between ‘somewhat’ and ‘a fair amount’. This was confirmed by the Director of Social

Protection in Nyamasheke District, who mentioned working closely with OPDs for training service providers and for service referrals;

“We work so closely with the district and the private sector, and we engage the para-social team to monitor services provided to persons with disabilities.”

OPD representative, Nyamasheke District

- 4) *Outreach to a broader range of persons with disabilities:* OIPPA, RULP, NPC and RUB all opened new branches in Nyamasheke and/or Rutsiro. RULP reported its membership had increased from 55 to 105 members. Survey respondents scored this behaviour at 1.73 only, but two respondents scored this behaviour at 3. Survey respondents also scored connecting and networking with other OPDs and CSOs at 2.55 (third highest behaviour score); this was not mentioned, however, in any of the FGDs, and the May-August 2021 quarterly report cited only one of three joint actions implemented with other CSOs (Roadmap on CRPD concluding observations).

When asked about the factors that had helped or hindered their adoption of these new practices, OPDs most frequently mentioned the following factors:

- Positive: Encouragement from peer organisations and members was the highest-rated positive factor amongst Rwandan OPD survey respondents, at 2.5 on a 0-3 scale;
- Positive: Trainings on rights of persons with disabilities, advocacy and inclusive services. Survey respondents rated technical guidance and training from their federation as second highest amongst the positive contributing factors, at 2.45;
- Negative: Lack of financial means to reach out to many OPD members and support new organization branches.

The HELASIA project in Rwanda has also undertaken significant efforts under Result 3, ‘Inclusive local development’ enhances quality service delivery. In interviews in Nyamasheke District, representatives of local authorities and service providers mentioned the following new or enhanced behaviours:

- *Engagement with OPDs and civil society:* Following the study on inclusiveness of services in Nyamasheke and Rutsiro, local authorities created a task force comprising services providers, district authorities and OPDs that follow up on how services are available and accessible for persons with

disabilities. The president of the Nyamasheke's Private Sector Foundation (PSF) reported that some PSF members have employed persons with disabilities, while a carpenter with a disability is now a member of the PSF;

- *Service referrals:* authorities worked with persons with disabilities to refer them to get specialist services from the Gatagara hospital, and more youth with disabilities are enrolled in TVET (18 students at Kirimbi Karenga technical school, 27 in Rutsiro District);
- *Increased inclusiveness of services:* Schools have made their building accessible (building ramps, lowering black boards, changing attitude towards students with disabilities). The TVET school reportedly meets some accessibility standards and, as a result, students with disabilities have enrolled. Hospital staff were trained on inclusive services and rights of persons with disabilities, and how to treat them and give them quality health services.

Commonly cited factors related to these behaviour changes included the following:

- Positive: OPDs have a committee at the district level and are now part of the PSF;
- Positive: training on rights awareness for persons with disabilities;
- Negative: some CSOs are reluctant to engage. Not many CSOs are in the domain of disability inclusion;
- Negative: limited financial resources to extend training to more service providers.

During her visits to Nyamasheke and Rutsiro Districts, our Rwandan evaluator was able to meet three beneficiary TVET students with disabilities, and the mother/ guide of a disabled student. The students spoke of more welcoming and understanding attitudes from teachers, and several mentioned being referred to health services. All spoke of the increased self-confidence that resulted from having trades they could practice and generate income from.

“I earn some money though little, but I don’t beg. Most importantly, I can reach out to people for help when I need it with confidence.”

TVET student, Rutsiro District

“My daughter could not go outside home. When she was supported by HELASIA to do tailoring, although she first hesitated and was reluctant to go to school, now she goes out.”

Mother/guardian of TVET student, Rutsiro District

The one decision-making respondent interviewed felt that the project had accomplished little regarding national-level work on Result 2, multi-stakeholder consultation mechanisms. The representative from the NCPD, recently replacing his predecessor, was unaware of the project’s collaboration with his office. He did not report any new or changed behaviours as a result of the project, and said, “If we are not engaged, we cannot support.” Though he reported working with HI on Disability MIS, he did not mention the technical support that the HI team reported they are providing for the MIS.

In terms of project management, both the HI team and NUDOR, the operational partner, are largely satisfied with their engagement and the project’s performance. In their self-assessment of project management both parties scored a 4 or 3 (high or moderate levels of practice) for each evaluation criterion on the 1-4 scale. The NUDOR representative reported getting technical support to understand the monitoring process, though the HI representatives felt there is a need to better understand the project indicators and adapt them to the Rwanda context. Both parties scored Sustainability at 3, noting some concern about whether the district-based task forces led by the vice mayors in charge of social affairs would in fact take over the HELASIA activities.

3.3 Benin Results

Our primary data sources included representatives from OPDs including la Fédération des Associations de Personnes Handicapées du Bénin (FAPHB), le Réseau des Associations des Personnes Handicapées du Borgou, and the Réseau du Littoral, as well as three survey respondents from the three participating networks; and representatives of the HI team. Despite repeated efforts, our evaluator was unable to meet service providers, and the decision maker she met confused the HELASIA project with another HI project, so that her responses were not relevant to the evaluation.

Our literature review revealed the following principal activities of the HELASIA project in Benin to date (sources: Oct 2019-December 2020 progress report; Jan-July 2021 bi-annual report);

- Result 1: capacity assessment of the main project partner, FAPHB and its 12 regional networks; capacity strengthening trainings for FAPBH and three of its regional networks on association governance, corruption and accountability, monitoring of international instruments; OPD capacity strengthening trainings on advocacy, disability and inclusion, and revision of internal governance documents; support for the Bridge CRPD-SDG Module 2 training organised in Benin in October 2020;
- Result 2: support to the Directorate of People with Disabilities and the Elderly in the activation of a national consultation platform (cadre de consultation national) for the inclusion of people with disabilities; parameter setting for the policy gap study, to focus on employment, and selection of a think tank to conduct the study; work with ministries to train disability focal points who participate in the national consultation platform (26, of whom 9 are women and 2 are persons with disabilities)
- Result 3: participatory barrier assessment in both project areas, the urban Cotonou region and more rural Parakou region; establishment of mechanisms (a steering committee in Parakou, the re-activated consultation framework in Cotonou) to monitor the implementation of the actions planned in response to the assessment; training of key local service providers (education, employment, municipal services) in disability and inclusion; participation of persons with disabilities in municipal council meetings.

The OPD survey generated some feedback on these HELASIA inputs. Survey respondents (N=3, representing the three participating regional networks) scored the capacity assessments and the barrier analysis of services highest among the project's inputs, at 2.3, while the policy gap analysis received the lowest score. Their comments praised the capacity assessments of the regional networks, as well as the revision of their governance documents. The level of satisfaction with the quality of the HELASIA inputs varied significantly between the three respondents; overall, they agreed most that 'the project has supported them in ways that align with their mission and priorities', and that had 'made their organisations more visible in the disability movement' (2.3 each), while they agreed least that 'the project had connected them with other stakeholders in the disability movement' (average score of 1.3).

Highest rated project interventions (3-0)	Most widespread new practices (3-0)	Most prevalent influencing factors (3-0)
Organisational capacity (2.33)	More effective organisational practices (3.0)	- Disabling external conditions (2.5)
Barrier analysis of services (2.33)	Promote awareness of rights, and of CRPD (2.67)	+ Encouragement from our members and peer organisations (2.3)
Multi-stake consult mechanisms (2.0)	Engage in policy analysis and advocacy (2.5)	+ Technical guidance and support from our federation or other partners (2.0)

Unlike other countries, the secondary and primary sources for Benin focus on the actions of the national partner and its regional networks, rather than on the member OPDs. The reported behaviours, therefore, certainly apply to FAPHB structures; we cannot say with confidence that they apply to the member OPDs;

- a) *Adopt more effective organisational practices*: The FAPHB representatives reported that the OPDs trained in organizational governance revitalized the functioning of their organizations, leading to the general renewal of the management teams. Other examples tended to focus on OPDs' participation in the project activities and trainings. The three regional survey respondents scored this practice the highest, at 3;
- b) *Engagement in policy analysis and advocacy*: FAPHB has exerted considerable effort to ensure the involvement and participation of people with disabilities in the National Consultation Platform for Disability Inclusion, and in the Parakou Communal Council, and in the Communal Committees for the Defence of the Rights of Persons with Disabilities in the pilot communes of the project. Survey respondents scored this practice at 2.5;
- c) *Promote awareness of rights and CRPD*: Numerous sources mentioned the changes in mentalities among OPDs and people with disabilities towards a rights-based approach, and their recognition that it is their role to defend their rights. They suggest that the persons with disabilities now participating in council and committee meetings are using these opportunities to promote rights awareness. Survey respondents scored this practice at 2.7.

The following factors were mentioned as shaping these OPD practices:

- Positive: the project's training and awareness-raising campaigns have provided the OPDs and persons with disabilities with the information and confidence to become more proactive, both within their organisations and in the public committees they participate in. The one positive factor receiving a high survey score was 'positive encouragement from our members and peer organisations', at 2.3;
- Negative: Covid-19 lockdown measures were frequently cited as having limited opportunities for assembly and slowed progress. Survey respondents scored 'negative external environment' highest amongst the negative factors, at 2.5.

Our evaluator was unable to secure any interviews with service providers. Based on interviews with the FAPHB and HI stakeholders, as well as the secondary sources provided, we can deduce the following new or enhanced service provider behaviours:

- a) *Engage with OPDs, civil society actors:* Several actions taken by local authorities reflect an increased responsiveness to OPD input. Local authorities participated in the barrier assessment, and have since created the Communal Committees for the defence of the rights of persons with disabilities on issues related to the inclusion of disability at the municipal level. One concrete result of an OPD advocacy action was the municipality of Parakou's allocation of a budget line on disability inclusion in the municipal budget;
- b) *Work with service users to increase access or referral to services:* the FAPHB respondents reported lobbying by communal authorities toward the private sector for the recruitment of people with disabilities, as well as positive discrimination measures granted to persons with disabilities in the public services of the project intervention areas. Sources from both the OPDs and the HI team reported some examples of persons with disabilities having been newly hired into private sector jobs.

The following factors were cited as contributing to these service provider changes:

- Positive: the many pleas initiated by the OPDs themselves and the awareness campaigns of the HELASIA project contributed to increased access to services. The participation of other CSOs in project activities added weight to OPDs' advocacy efforts;
- Negative: once again, Covid-19 restrictions were cited as hampering progress, limiting social gatherings during the lockdowns in 2020, and

intimidated government officials seeking explicit approval from their superiors to hold meetings.

Our findings related to decision makers' new behaviours are based on input from the FAPHB and HI primary and secondary sources. These indicate at least two new or enhanced practices:

- a) *Engage civil society*: Sources reported good collaboration between OPDs, CSOs, and government actors within the project steering committee, the national consultation platform and project monitoring committees at municipal levels. One concrete achievement has been persons with disabilities becoming members of the national consultation platform;
- b) *Coordination mechanisms advocate for inclusive policies and services*: Disability focal points across ministries have been trained on disability and inclusion. These government officials are instructed to increase awareness of disability and inclusion to take into account the needs of people with disabilities (policy, strategic plan, or decrees). Ultimately, each focal point will produce an action plan at the level of its ministry for the inclusion of disabled persons.

Contributing factors cited by sources included:

- Positive: the capacity strengthening and awareness-raising of government officials and focal points by the project; and
- Positive: the existing National Policy for the Protection and Integration of People with Disabilities provided for a consultation mechanism which, after a dormant period, was revived at the project's initiative.

Steering committee ratings for project management covered the full range of scores, with some variations between the FAPHB scores and the HI scores. Both parties were satisfied (4 and 4) with cooperation, citing the partner-inclusive steering committee as a forum for shared exchange and decision making; the FAPHB representatives also noted that the multi-stakeholder structures sponsored by authorities also included representatives of persons with disabilities. The FAPHB representatives scored capacities at 4 and expressed their recognition of the capacity strengthening and resource support they receive to perform their role; the HI representatives gave a more modest score of 2, citing some confusion on roles of and accountabilities to members of the regional HI team. Regarding administration, the FAPHB representatives' score of 3 indicated satisfaction with the funding that supports both the federation's and the participating regional networks' roles, while the HI score of 2 reflected their sense of the mismatch between resources and time

to achieve the project objectives. Both parties gave low scores for sustainability (1 and 2), recognising that sustainability planning and future stakeholder roles had not yet been addressed.

3.4 Mozambique Results

Our primary data sources included 1) OPDs (FGDs with the two implementing partners, FAMOD and ADEMO, as well as with seven beneficiary OPDs); 2) service providers, including representatives from 6 of the 20 primary schools (school focal points, school council representatives, trained teachers, and school management committees), and two teacher training organisations; 3) decision makers (focal points from the provincial and district education departments); and 4) HI staff (PM, POs, IE agents and activists).

Summary of activities (sources: Jan-March 2021 quarterly report; April-June 2021 quarterly report; Project Review Sept 2021)

- Result 1: capacity assessment of 15 CSOs, of whom 12 are OPDs; 2 OPDs with focus on mental/intellectual disabilities identified; FAMOD trainings on CRPD and PWDs rights, advocacy and inclusive services, and governance and accountability;
- Result 2: HELASIA participation in recent Disability Working Group coordination meetings and MEPT coordination meetings;
- Result 4: personnel and volunteers for the IE component have mostly been recruited and trained, such as the Inclusive Education officer and agents; 20 community inclusion workers from ADEMO and AMMD; 10 education supervisors were trained on coaching and supervision mechanisms to teachers; ToT was carried out for inclusive education technicians from the project and teacher trainers from ADPP; training needs assessment was carried out at CREI, followed by an action plan linked to specific support methodologies such as Braille and sign language; 55 students from the teacher training center (ADPP) have been trained in special education strategies. The 20 pilot schools are receiving project support, including identification of 156 (83 F; 73 M) children with different types of impairments; creation of 20 funds aimed at supporting children with disabilities and their caregivers /families to remove accessibility barriers to education. Also, two important studies were carried out in the inclusive education component: 1 regarding the level of inclusiveness of services (schools) and Child and Adolescent Scale of Participation (CASP) (starting process of data collection).

Our OPD survey results found that OPDs (N=8) were ‘satisfied’ with the project activities (average score of 2), though the list of activities did not cover all of the IE activities mentioned above. The most popular activities listed in the survey were Covid relief (average score of 2.5); barrier analysis of services (2.33); and capacity training and support (2.29). The least popular was regional advocacy planning with ADF (1.4); and multi-stakeholder consultation mechanisms (1.7). Respondents were quite satisfied with the quality and impact of the project interventions as well, with all scoring 2.4 and above, with ‘project has made our organisation more visible in the disability movement’ averaging 2.8.

Highest rated project interventions (3-0)	Most widespread new practices (3-0)	Most prevalent influencing factors (3-0)
Covid relief activities (2.5)	Connect and network with other OPDs and CS actors (2.88)	+ Enabling external conditions (2.88)
Barrier analysis of services (2.33)	Promote awareness of rights, and of CRPD (2.75)	+ Staff with the right skills (2.38)
Capacity training, support (2.29)	Outreach to a broader range of persons with disabilities (2.63)	+ Technical guidance and support from our federation or other partners (2.29)

While activities related to OPD capacity strengthening got off to a late start, there are some promising indications of new practices:

- a) *Adopt effective organisational practices:* With support from FAMOD, 15 OPDs and CSOs are addressing governance issues; the comprehensive OPD organisational development plans facilitated by the project are ground-breaking for Mozambique. The participation of some general assembly members as well as staff and board from each OPD in the assessment has brought the issue of organisational accountability to the fore for the first time in most of these OPDs. Members’ questions about internal governance have prompted some OPDs to take new steps. For example, ACAMO held its first general assembly session in over 10 years, to elect a new board. ADEMO submitted to HI a proposal to operationalize its Strategic Plan. Realising a gap in its internal operations, Amor a Vida (for albinism) drafted a finance, administration and operations plan. Several have cascaded the training they have received, and are developing safeguarding policies. Survey responses for

new organisational practices averaged 2.3, with one respondent identifying this as the most important new practice, mentioning governance, safeguarding and human resource management in particular;

- b) *Connect and network with other OPDs*: The Organisational Capacity Assessment revealed that OPDs face similar challenges; this has fostered a spirit of collaboration to replace competition. The FAMOD representative reported that “After seeing each other’s SWOT analyses, the OPDs are now planning together, working together and sharing information both about the project’s and their own purposes, activities and principles because they see themselves not as competitors.” Amor a Vida not only developed its own internal operations plan, but also mobilized and provided training to the others OPDs to develop their own an operations financial and administrative plans. Many OPDs, recognising the importance of visibility, have become more active on social media, posting photos and updates on the Facebook pages. Survey respondents seemed to concur, scoring this practice at a full 3.0, though there were no specific comments about this;
- c) *Promote awareness or rights and CRPD*: Another outcome has been a change in mindset of OPDs from charity and medical model of thinking to rights-based approach, with organisations realising that they cannot expect donor funding simply because they are OPDs, but rather that they need to register and profile themselves to be seen in the forefront in servicing persons with disabilities. Survey respondents scored this practice at 2.9, with three listing this as the most important new behaviour. Individually, OPDs described how they have benefitted from the new CRPD knowledge and skills for their own individual work; however, they are not working collectively on commonly defined advocacy objectives;
- d) *Work with local authorities and service providers*: As operational partners, ADEMO and AMMD have provided the IE activists working in the 20 pilot schools. Other than these partners, however, no OPDs have engaged in the implementation of IE component.

Interviewees, survey respondents and secondary sources identified a range of factors shaping OPDs’ adoption of new practices:

- Positive: relevant capacity strengthening interventions. The trainings on governance provoked the above examples of improved internal and compliance practices. Several survey respondents also highlighted the value of the interventions on their internal governance documents and on advocacy. They scored ‘enabling external conditions’ (2.9) and ‘staff with the right skills’

(2.4) highest amongst the facilitating factors. FAMOD, for its part, has demonstrated high commitment to this project component, adjusting and adding interventions in response to need;

- Negative: delays in delivery of capacity strengthening interventions. After a late start on Result 1 activities, FAMOD's pace in delivering capacity interventions has been constrained by the OPDs' absorption capacity. Reports also noted delays in the project's recruitment of an MHPSS Specialist, thereby delaying OPD capacity strengthening in this education-related area. Survey respondents scored 'disabling external conditions' highest, at 2.0;
- Negative: limited capacity of OPDs to design organisational development proposals. The project issued a call for proposals, but rejected the 12 proposals received due to their low quality. FAMOD has agreed to provide additional training to ensure higher quality OPD proposals next year;
- Negative: lack of an agreed advocacy agenda to mobilise OPD efforts. Although there are some obvious priorities, such as to advocate that the existing draft of the Mozambican disabilities bill be aligned with CRPD, or that Parliament should ensure the bill is not below CRPD standards. However, from classroom training on CRPD, there has not been follow up with concrete advocacy operations in the field, such as meetings with MPs or the Ministry of Education.

Secondary sources indicated that the inclusive education activities related to Result 4 have been the most active to date. Interviews pointed to service providers' prevalent adoption of one new practice:

- a) *Work with OPDs, CSOs to increase the inclusiveness of services:* Schools were supported by HI to develop their inclusive education strategic plans based on the accessibility audits. Some schools, such as T3, are working to make their building accessible by building ramps, and renovating their toilets with their own resources. The schools have also started to cascade teacher training to other teachers who have not received the training. Interviewees described changing attitude towards children with disabilities and those of SEN by teachers trained on IE, using new pedagogical skills and criteria to assess children with special needs. Inclusive education activists and some trained teachers reported cases where children with visual impairment were assessed orally, while those children with attention-deficit/hyperactivity disorders are no longer considered mannerless, arrogant or undisciplined kids.

The following factors influenced adoption of this new behaviour:

- Positive: staff and partners with technical expertise: HI has expertise and relationships in IE in Mozambique. Several stakeholders, particularly CREAS, have relevant skills and relationships;
- Positive: The willingness of local authorities and service providers (DPE/DDE/Schools) to support and involve persons with disabilities. Even the school council in the 20 schools covered by the project are starting to mainstream disabilities and SEN into their work;
- Negative: Covid measures delayed the school calendar, created multiple shifts: Covid-19 restrictions prevented future teachers from ADPP primary teachers training school to support the project in developing individual children SEN development plans. On the positive side, school closures meant that teachers and other personnel had time to attend training;
- Negative: limited engagement of OPDs in this component. Other than ADEMO and AMMD, no OPDs are involved in the implementation of IE component. FAMOD is not a member of MEPT (Mozambican Education for All Network) and is therefore not well positioned to promote MEPT engagement amongst its membership. Despite their roles as implementing partners for IE, ADEMO and AMMD have only provided the IE activists working in the 20 pilot schools, paying their allowances but not managing their day-to-day work.

Project reports indicate that work on Result 2, 'National multi-stakeholder consultation mechanisms between OPDs, CSOs and governments are established and/or reinforced', have just begun. The April-June 2021 quarterly report notes that "contacts with representatives of DWG (FAMOD) and MEPT need to be undertaken to explain the frame of the project and actions that need to be undertaken in terms of coordination and facilitation". FAMOD has convened several Disability Working Group meetings, but this work targets humanitarian organisations; it seems somewhat divorced from the HELASIA stakeholder groups, as OPDs do not participate in the platform. The June 2021 report notes one virtual meeting with MEPT (FAMOD, ADEMO, HI and several INGO and Government) in the frame of the Global Week of Education. We were unable to verify any emerging decision maker practices at this point.

Both parties assigned fairly high marks to the project's management performance, except on sustainability. Both gave high scores to participation (FAMOD, 4; HI, 3), noting some issues at the beginning of the project, regarding MOUs and budget allocations, that they felt had been worked through. Both parties also gave high scores on administration (FAMOD, 4; HI, 3), although the HI team noted FAMOD's budget constraints; in particular, there is some concern that all of FAMOD's

implementation responsibilities lie with one staff member. And both parties assigned modest scores to sustainability (FAMOD, 2.75; HI, 2). In their remarks, however, both parties referred to capacity building activities and OPD organisational development plans as causes for optimism regarding sustainability.

3.5 Madagascar Results

Our data collection in Madagascar involved interviews with four groups of stakeholders: 1) national and local branch representatives of the five OPDs who are operational partners; 2) two local education service providers; 3) one representative of a national authority (decision maker); and 4) the HI project implementation teams at the head office and regional offices.

We were unable to obtain any progress reports for Madagascar. Based on our primary sources and other secondary sources we discern the following activities to date;

- Result 1: capacity training and support to OPDs in the targeted regions;
- Result 2: Disability Observatory set up;
- Result 4: re-activation of service coordination platforms in the regions;

OPD survey respondents (N=4 out of 5 solicited) were generally ‘satisfied’ (average score of 2) with the HELASIA inputs, with capacity training and support receiving the highest score (2.5). Respondents scored nearly all quality criteria close to ‘highly satisfied’, with each giving a top score to ‘the project has connected us with other stakeholders in the disability movement’.

Highest rated project interventions (3-0)	Most widespread new practices (3-0)	Most prevalent influencing factors (3-0)
Capacity training, support (2.5)	More effective organisational practices (3.0)	+ Encouragement from our members and peer organisations (2.5)
Multi-stake consult mechanisms (2.33)	Promote awareness of rights, and of CRPD (2.75)	+ Enabling external conditions (2.5)
National advocacy planning with federations (2.0)	Connect, network w other OPDs and CS actors (2.5)	+ Staff with the right skills (2.25)

The OPD focus group participants highlighted new practices related only to Result 1, while survey respondents mentioned practices related to other results as well.

Examples suggest fairly widespread adoption of two new practices:

- a) *Adopt more effective organisational practices*: FGD participants mentioned numerous examples of this; UNAPHAM, for example, said that finally having a separate office for the executive team further motivates its members. Others spoke of revitalised federations, with an increase of new members, both associations and individuals. All four survey respondents scored new organisational practices at 3, with one citing this as its most important new practice;
- b) *Promote awareness of rights and of CRPD*: Autism Madagascar mentioned its efforts to mobilize actors around the recognition of disability as an expression of human diversity and the right to be different which should be made concrete through the adoption of a law on difference. Survey respondents scored this practice at 2.75, with three of the four mentioning awareness as amongst the most important practices they have adopted;
- c) *Monitor implementation of public policies*: COPH mentioned its participation in analysis of policy gaps and barriers to access via the Disability Observatory. OPDs are also represented in the revived regional service coordination platforms, though these are not yet very active. COPH's field representative noted that the OPDs in the region have different and uncoordinated approaches toward engagement of authorities and service providers.

The most commonly cited factors influencing OPDs' adoption of new practices include the following:

- Positive: FGD participants mentioned support from various projects, including HI, which are now bearing fruit. In a similar vein, survey respondents scored 'encouragement from members and peer organisations' the highest amongst the positive factors (2.4 average survey score);
- Negative: lack of agreed IE advocacy agenda amongst partners. Some are promoting separate special education classes, while others focus on integrating children with disabilities in school classrooms. Advocacy targets are also not well coordinated; no partner has targeted the Ministry of Education's own IE platform, for example;
- Negative: Few operational partners mentioned engagement of decision makers and service providers as being within their mandates.

Service providers were difficult to reach and had little to report, due to the only recent initiation of Result 4 activities. Sources mentioned that in the Diana region decentralised education actors have begun to engage, and that they are open to the inclusive education approach. Some service providers have been involved in earlier HI inclusive education activities. Nevertheless, evaluation of HELASIA's activities with service providers, they felt, is premature.

Our Madagascar evaluator met with a representative of the Ministry of Population, Social Protection and Women's Promotion to discuss the Ministry's involvement in the project. She reported that the Ministry, at HI's request, has assigned two staff to support HI's Disability Observatory. She also mentioned that a committee, chaired by the Minister of Population that will pilot test the Washington Group Questions, has received training via HELASIA. These efforts demonstrate the Ministry's willingness to engage with civil society and to adopt new practices related to improved collection and use of data on persons with disabilities. This progress builds on earlier collaboration with HI.

Both the operational partners and the HI team gave modest scores on project management and performance due to the short timeframe since start-up as well as the inhibiting context of Covid-19 in Madagascar. On the cooperation criterion, both parties praised the Steering Committee (scores of 2.8 and 3) as a forum for sharing information, though the partners felt that decision-making can be slow. Partners scored the efficiency criterion at 2.4, noting that although the project manager is very approachable, the project and budget had been pre-designed by HI. The HI team scored this criterion at 3, convinced that the project addresses the needs of OPDs and persons with disabilities, but also that the project team needs more specific training in the thematic focus of the project, inclusive education. All felt that sustainability planning needs to be initiated urgently.

3.6 Regional Results

Our regional primary sources for the mid-term evaluation included the following: 1) the two partners, ADF and PANPPD; 2) the HI regional HELASIA coordination team; and 3) project stakeholders, including an IDA representative and the Norad project officer.

The following is a summary of the principal HELASIA activities undertaken at the regional level to date (sources; ADF bi-quarterly report Jan-June 2021; PANPPD quarterly report, Feb-June 2021):

- Result 1: MOUs signed (ADF Dec 2020; PANPPD, March 2021); recruitment of ADF staff and procurement of office equipment; ADF, South Africa meeting on project implementation and to identify organisational priorities, June 2021; Bridge trainings: Module 2, Benin, October 2020; Module 1, Addis, Oct 2021; capacity strengthening workshops, eg safeguarding workshop, online data workshop;
- Result 2: PANPPD and ADF have each carried out numerous high-level regional webinars and consultations under the auspices of the HELASIA project;
- Result 5: Regional advocacy workshop, Nairobi, focused on Africa Disability Protocol ratification (ADF); research and content development for best practice in Mental Health document, including regional webinars on related topics (PANPPD); AU Regional Mental Health Strategy (PANPPD).

Based on primary and secondary data, we highlight the following new or improved practices by the two regional partners:

- Improved organisational practices:* sources were in agreement that both regional partners, beginning from very low capacity baselines, were making important progress. The IDA source reported that the ADF secretariat had shrunk after several grants ended, and consisted of two staff at the start of the grant. The project has helped it rebuild the ADF Secretariat. He felt that ADF had been wise to rebuild its credibility by focusing its efforts on a small number of high-profile events, such as the Bridge trainings. Meanwhile, PANPPD is still in the process of registering in Malawi; its secretariat consists of three staff, including one on the HELASIA project. Based on the capacity assessments, both partners are developing safeguarding policies;
- Outreach and capacity support to branch OPDs/member:* ADF's trainings, such as the Bridge trainings and advocacy trainings have strengthened the capacities of some of its members, such as the national federations in the Gambia, Botswana, Ethiopia Rwanda, Benin, Mozambique and Kenya. PANPPD is also in the process of expanding its membership with the addition of several organizations from African countries (Zimbabwe, Namibia, Zanzibar and Somalia);
- Development of national and regional advocacy strategies:* after several delays, ADF was able to hold a regional advocacy workshop in Nairobi, focused on a strategy to fast-track ratification of the ADP. As a result of the Gambia federation's participation in the advocacy workshop, the Gambian

government is now considering ratifying the protocol, reflecting ADF's deliberate strategy. ADF sources also reported encouraging beginnings of collaboration with governments and the AUC as well as the WHO and UNICEF. PANPPD also reported progress, with its Mental Health Best Practices document almost completed, following which it plans to launch its AU Mental Health Strategy. In anticipation, PANPPD is applying for African Commission on Human and Peoples' Rights (ACHPR) Observer Status which can considerably bolster visibility and impact.

Primary and secondary sources point to a range of factors that have shaped the regional partners' adoption of these practices:

- Positive: the regional partners have been granted flexible funding and scopes of work by HI, and have supportive partners; ADF has a good relationship with IDA, for example, who is its fiscal agent on the project;
- Positive: ADF cited its regional scope and mandate, and its ability to undertake continental interventions that attract national and sub-regional OPD federations' support;
- Negative: significant limitations in communication and feedback-exchange with members; the relationship between and among the members of ADF was below expectation, and contributed to delays in signing the MOU as well as limited bottom-up feedback on documents and strategies;
- Negative: Frequent delays in communications between HI and regional partners in various instances. Monthly coordination meetings have been initiated to ensure timely resolution of issues and delays;
- Negative: regional partners' capacity constraints at baseline. ADF faced a difficult start-up as the previous executive director left without a proper hand-over, and hirings for the project were delayed. PANPPD continues to have unclear membership and governance structures;
- Negative: unfavourable regional operational and advocacy environment, e.g. the AU closed due to the pandemic, and a key AU lobbying target, the Social Welfare Officer at the Department of Social Affairs, is soon retiring. PANPPD had to delay technical assistance visits due to Covid-19. And visa restrictions forced ADF to shift its regional advocacy workshop from Ethiopia to Kenya;
- Negative: limited inclusion and representation of persons with disabilities in active leadership and decision-making roles at different levels of the project implementation, including in regional activities.

The ADF representative assigned generally lower scores to the project management criteria than the HI regional team. Both scored cooperation highly (3.5 and 4 on a score of 4), seeing the steering committee as a safe space for partnership and shared project management. In a recent quarterly report, ADF also noted its appreciation of the recent practice of monthly project review meetings between ADF and HI, as well as opportunities to input into project activities, such as the MTE TOR and the accountability toolkit consultancy. Both scored administration modestly (3 and 3), citing budget and capacity constraints; ADF also mentioned the difficulty posed by the lack of hand-over from the departing executive director during HELASIA start-up. ADF scored capacities lower than HI (3 vs 4), perhaps reflecting ADF’s recognition of the struggle they have faced in trying to fulfil the role they have been entrusted with. Both also scored sustainability at 2, acknowledging this still needs to be addressed. The ADF representative felt that the capacity strengthening agenda for OPDs was in fact an important base to build on for sustainability planning.

3.7 Summary of Results

In line with our principal evaluation methodology, Causal Link Monitoring, we now present trends in stakeholders’ adoption of expected behaviours across project countries and levels, and the prevalent factors shaping or constraining adoption.

OPDs

As the central stakeholder group benefiting from the project, OPDs exhibit a range of new behaviours related to the project components they are involved in, notably Results 1 and 3-4, as shown in the summary table below.

Practices Encountered	Eth	Rwa	Ben	Moz	Mad	Reg
OPDs						
Adopt more effective organisational practices (R1)	X	X	X	X	X	X
Promote awareness of rights (R1)		X	X	X	X	
Outreach and support to broader membership (PwDs, branches) (R1)	X	X				X
Engagement in policy analysis, advocacy (R2)			X		X	
Work with local authorities and service providers (R3-4)	X			X		
Network with other OPDs, CSOs (R1)				X		

Practices Encountered	Eth	Rwa	Ben	Moz	Mad	Reg
Monitor, engage services for inclusion (R3-4)		X				

Under Result 1, “Country and regional disability movements in five African countries are strengthened for long-term engagement in advocacy”, the most widespread new or enhanced behaviours we were able to verify are the following:

- 1) *Adopting more effective organisational practices*: we found evidence of this across all five countries and at the regional level, from new internal governance and management practices to safeguarding policies. Operational partners were able to expand their staffing and office infrastructure, and strengthen their relations with and support to their members;
- 2) *Promoting awareness of rights*: we found clear examples of this practice from four countries. This generally took the form of awareness raising amongst their members or constituencies, but there were also examples where OPDs have helped to train service providers (Hawassa) or coordination committees (Benin). Many OPDs seem to have found a new sense of purpose following the Bridge or other rights trainings;
- 3) *Outreach and support to broader membership*: as a result of project support national OPDs in Ethiopia and Rwanda have created new branches in targeted regions such as Hawassa and Nyamasheke, leading to increases in membership. Both ADF and PANPPD have added new federation or OPD members to their ranks; and
- 4) *Network with other OPDs and CSOs*: we found notable examples of this in Mozambique, where OPDs are collaborating and sharing experiences as they address common issues of internal governance and management.

While the project has undertaken significant work toward Results 3-4, “a multi-stakeholder 'inclusive local development' approach promotes enhanced quality service delivery for persons with disabilities”, widespread OPD engagement with service providers is less prominent. We found noteworthy examples in three of the countries:

- 1) *Work with local authorities and service providers*: the project in Ethiopia has brokered relations between OPDs and local authorities and service providers in Hawassa, where we found examples of OPDs now helping to sensitise service providers to the exclusion experienced by persons with hearing or mobility impairments. Mozambique was the other country with examples of

OPD engagement with service providers; these examples, however, were limited to the two IE operational partners, whose IE activists work with the target schools;

- 2) *Monitor, engage services for inclusion*: OPDs in Nyamasheke (Rwanda) spoke of working with the districts' para-social teams to monitor services provided to persons with disabilities, and to refer persons with disabilities for services.

Similar to Results 3-4, the project has initiated activities related to Result 2, national multi-stakeholder consultation mechanisms, but OPD engagement is less visible.

We found examples of one behaviour:

- 1) *Engagement in policy analysis and advocacy*: Benin was able to describe concrete examples of OPDs' engagement in policy analysis and advocacy through the National Consultation Platform for Disability Inclusion and communal structures in Parakou Commune. In Madagascar one operational partner mentioned participating in the Disability Observatory, while representatives of several partners are members of the multi-stakeholder platforms in the regions which, however, are not yet fully active.

Influencing Factors	Eth	Rwa	Ben	Moz	Mad	Reg
Positive						
Relevant, motivating, empowering project activities		X	X	X		
Support from peers, members	X	X			X	
Flexible project support to partners						X
Negative						
Poor coordination amongst project partners	X			X	X	X
Lack of OPD structures, systems, capacities	X			X		X
Inadequate resources to implement project activities		X			X	
Unfavourable external environment, e.g. Covid, regional advocacy environment			X			X
Conflict of interest, personal interests of OPD leaders	X					
Policy influence not in OPDs' mandates					X	

In terms of factors influencing OPDs' adoption of these practices, sources and survey respondents tended to highlight two positive factors, one internal and one external:

- 1) *Relevant, motivating, empowering project activities*: OPDs in three countries spoke of highly relevant project services, including capacity strengthening, rights awareness and advocacy;
- 2) *Support from peers, members*: OPDs in Ethiopia, Rwanda and Madagascar mentioned receiving complementary support from other INGOs or from past HI projects.

The list of negative factors constraining adoption of new OPD practices was somewhat longer and more diverse:

- 1) *Poor coordination amongst project partners*: stakeholders from three countries and the regional level cited factors related to poor internal coordination. The need for an agreed advocacy agenda was mentioned in both Mozambique and Madagascar. Regional steering committee members acknowledged some delays in communication between them, while in Ethiopia, FEAPD launched its own federation reforms as the project was initiating activities in Hawassa, causing some confusion about the status of regional OPDs;
- 2) *Lack of OPD structures, systems, capacities*: weak OPD capacities and organisational structures were mentioned by Ethiopia and Mozambique, who have had to calibrate their capacity strengthening activities to OPDs' absorptive capacity. ADF's weak relations with its member federations have hampered participation around the ADP ratification strategy;
- 3) *Inadequate resources to implement project activities*: Stakeholders from Rwanda and Madagascar mentioned that limited activity budgets constrained the reach of their activities in capacity strengthening and the multi-stakeholder platforms respectively;
- 4) *Unfavourable external environment*: Covid-19 was cited by stakeholders from Benin, who mentioned restrictions on gatherings, while ADF spoke of the AU's closure due to the pandemic, creating an unfavourable environment for regional advocacy.

Local Authorities/Service Providers

Our primary and secondary data reveal examples of three new or enhanced practices amongst service providers (Madagascar not filled out as our evaluator was unable to meet representatives from this stakeholder group):

- 1) *Engage with OPDs and civil society actors*: in Ethiopia's Hawassa, the regional Education Bureau has engaged an OPD in a teacher training event, while the district mayors in Rwanda's two project districts lead service coordination task forces bringing together government services, the private sector and OPDs, and Benin's target communes ensure participation of persons with disabilities in commune meetings;
- 2) *Work with service users to increase access or referral to services*: in Rwanda service providers coordinated with persons with disabilities to refer them for specialist hospital services and to attract and enrol more youth with disabilities in TVET. In Benin, local authorities have adopted positive discrimination measures to ensure persons with disabilities have priority in accessing public services in the project intervention areas;
- 3) *Work with OPDs, CSOs to increase the inclusiveness of services*: in the Rwanda districts schools have made their buildings accessible, with ramps and lowering black boards, while hospital staff have been sensitised to inclusive treatment standards. In Mozambique, some schools are also making their buildings more accessible by building ramps and renovating their toilets with their own resources, while trained teachers are cascading IE training to other teachers.

Practices Encountered	Eth	Rwa	Ben	Moz	Mad	Reg
Local Authorities and Service Providers						
Engage with OPDs and CSOs	X	X	X			N/A
Work with service users to increase access		X	X			N/A
Work with OPDs to increase inclusiveness of services		X		X		N/A

Two positive factors stand out as shaping the new practices of service providers (Madagascar not filled due to lack of data):

- 1) *Proactive OPDs and OPD advocacy*: inspired and supported by the project, participating OPDs in Ethiopia, Rwanda and Benin have reached out to local

authorities and undertaken advocacy campaigns with their members, leading to more responsive service providers;

- 2) *Effective, relevant HELASIA team skills and interventions:* stakeholders in Rwanda and Mozambique agreed that project inputs had made direct contributions to increasing the inclusiveness of services.

Influencing Factors	Eth	Rwa	Ben	Moz	Mad	Reg
Positive						
Proactive OPDs, OPD advocacy	X	X	X			N/A
Effective, relevant HELASIA team's skills and interventions		X		X		N/A
Supportive local authorities and service providers				X		N/A
Negative						
Service providers and CSOs' lack of familiarity with disability issues	X	X				N/A
Covid restrictions delayed activities, limited gatherings			X	X		N/A
Inadequate resources to engage service providers		X				N/A
Project did not engage OPDs in service delivery component				X		N/A

Two negative factors influenced service provider practices in multiple countries:

- 1) *Service providers and CSOs' lack of familiarity with disability issues:* Ethiopia's local authorities cited small donations to OPDs as evidence of engagement, reflecting a persistent charity mentality. In the Gambella region the local authorities did not have any data on persons with disabilities. Stakeholders in Rwanda noted the absence of CSOs engaged in the domain of disability inclusion, and their reluctance to engage;
- 2) *Covid-19 restrictions:* these delayed the school calendar in Benin and Mozambique, and limited gatherings in Benin.

Decision Makers

The project has undertaken activities in each country under Result 2, "National multi-stakeholder consultation mechanisms between OPDs, CSOs and governments are established and/or reinforced," though in the top-up countries these are just beginning. Nevertheless, our limited sample of decision makers who could provide relevant information makes it difficult for us to identify trends across the project.

Only in Benin did stakeholders describe new decision-maker practices, related to 1) engaging civil society, where the government’s National Consultation Platform has agreed to accept persons with disabilities as members; and 2) coordination mechanisms advocating for inclusive policies and services, where newly trained disability focal points from across ministries are developing action plans for disability inclusion. Positive contributing factors include an existing policy which provided for a consultation mechanism, and the project’s capacity strengthening and awareness-raising of government officials and focal points.

Practices Encountered	Eth	Rwa	Ben	Moz	Mad	Reg
Decision Makers						
Engage with civil society			X			
Coordination mechanisms advocate for inclusive policies and services			X			

4. Conclusions

We have organised our main conclusions around the five evaluation criteria: 1) cooperation; 2) administration; 3) efficiency; 4) capacities; and 5) sustainability.

4.1 Conclusion 1

Cooperation: Stakeholders are largely satisfied with the project’s inclusive structures.

Cooperation: More could be done to meaningfully engage persons with disabilities, as well as national and regional decision makers.

Partners are largely satisfied with the project’s inclusive structures. The country-level and

	Eth	Rwa	Ben	Moz	Mad	Reg
Partners	4	4	4	4	2.8	3.5
HI	4	3	4	3	3	4

regional steering committees in particular have proven extremely valuable fora to develop the operational partnerships and foster joint ownership of the project. Steering committees’ average scores for this criterion were highest amongst the five (partners, 3.7; 3.5, HI).

This is not to say that the partnerships are trouble-free. Both HI staff and partners acknowledged some communication issues and some frustrations at lengthy decision-making processes. In Madagascar, for example, members complained of the lack of transparency in the selection of some partners, and the Mozambique parties continue to revisit the topic of budget allocations. The steering committees, however, have served as fora to air and address such grievances.

In terms of broader cooperation, the project has fostered many useful relationships with and amongst stakeholders. Project support has re-invigorated federations and national disability movements. In most locations the project has established (or re-established, in the cases of Benin and Madagascar) structures and relations that offer the potential for more widespread interactions between OPDs, local authorities and service providers.

Fostering relationships is less evident with national and regional decision makers, many of whom have had limited engagement with the project. Although there are some plans for engaging Ethiopia’s MoLSA, project staff referred us to regional BoLSA officials as sources to represent their decision-making stakeholders. In Mozambique, after nearly a year of implementation the project has only recently

joined meetings with the DWG and MEPT, its targeted multi-stakeholder coordination mechanisms.

The project and partners still struggle to achieve meaningful involvement of persons with disabilities in some areas, such as leadership or policy/document development. While persons with disabilities and OPDs are engaged in activities and events, it is most often as participants rather than as leaders or facilitators. While persons with disabilities were prominent in our encounters with beneficiary OPDs (well over half the OPD survey respondents, for example, reported having a disability), there were far fewer in our FGDs with HI staff or some key partners such as ADF or FEAPD. Their facilities also did not meet all accessibility standards. We conclude that the project has some way to go to fully embrace the mantra, “Nothing about us without us.”

4.2 Conclusion 2

Administration: In most cases the project has carefully vetted and selected the leading actors of the disability movements across the focus countries and at the regional level, and supported them to play roles that enhance their mandates.

Administration: Tight timeframes for project and budget design, however, have left some unresolved issues that continue to plague some partnerships.

The original HELASIA partners have roles that are clear and complementary to those of the HI team.

	Eth	Rwa	Ben	Moz	Mad	Reg
Partners	3	3	3	4	2.4	2.5
HI	3	4	2	3	3	3

These partners are quite satisfied with their roles. However, individual roles within some partner organisations are not always clear, particularly for FEAPD and ADF.

The partners from the top-up phase, however, were selected hastily and after rushed consultations, due primarily to the tight donor timeframe. The large number of operational partners in Madagascar (five) have yet to develop a coherent advocacy strategy, and have not yet engaged the inclusive education platform coordinated by the Ministry of Education. And in Mozambique the distinct scopes complicate collaboration between the two operational partners, FAMOD and ADEMO, and their networks. Thus the project has not yet found synergies between its capacity strengthening component led by FAMOD and the IE component supported by ADEMO and AMMD.

A number of the operational partners struggle to fulfil their roles and activity plans, and several have been playing catch-up after delayed starts, notably FEAPD,

FAMOD, some of the Madagascar partners, and the regional partners. To ensure timely communication and rapid resolution of issues, the regional team has started the useful practice of monthly meetings with ADF and PANPPD.

Numerous stakeholders felt that coordination and decision-making could be time-consuming, compromising time in the field. One HELASIA field team from Madagascar estimated that office work took 40 percent of their time.

4.3 Conclusion 3

Efficiency: The project has allowed constructive flexibility, particularly regarding the scopes of regional partners, but these partners should explain delayed activities to their member federations.

Start-up and Covid challenges caused significant delays in most countries and at the regional level,

	Eth	Rwa	Ben	Moz	Mad	Reg
Partners	3.5	4	3	4	2.4	3
HI	4	3	4	4	3	4

impacting capacity strengthening, national and regional advocacy. The partner agreement with ADF was not signed until December 2020, due in part to communication challenges and lack of secretariat staff, and start-up was slow as the organisation rebuilt its secretariat. For much of the first year in Ethiopia and Benin, Covid lockdown measures hampered start-up, as stakeholders adjusted to online modes of operation. Insecurity continues to affect Ethiopia. And in Mozambique, partner negotiations took some time, delaying capacity strengthening activities. As one HI staff member put it, “The project pace is too rapid; we have to follow the rhythm of the partners.” Rwanda is the one exception, where it has managed to keep up with its implementation plan despite project and external challenges.

To demonstrate its commitment to inclusion of persons with disability, the project pivoted in response to the Covid pandemic to add relief campaigns in Ethiopia and Rwanda. In addition to distribution of relief supplies and community awareness raising, including via local media, the Gambella response included FEAPD’s engagement of the newly established disability directorate in creating and spreading a public awareness video with sign language interpretation and captions. Other than this example, however, the Covid responses seem to have missed the opportunity to engage local authorities and service providers as duty bearers toward persons with disabilities, and to demonstrate disability inclusion in Covid response.

The project has allowed a constructive level of flexibility, particularly regarding the scopes of regional partners. Rather than holding them to the original scopes and

timelines, the project worked hard to accommodate partner priorities and take advantage of emerging opportunities. The coordination and support for the Bridge trainings with ADF and IDA are good examples of this flexibility. Flexibility did not reflect lax management on HI’s part; the monthly management meetings with the regional partners were initiated earlier this year to quickly identify and address issues that might slow down implementation.

4.4 Conclusion 4

Capacities: OPDs overwhelmingly appreciate the capacity analysis and support, but still demonstrate some passivity.

Capacities: The spirit of “inclusive local development” hasn’t yet been fully understood by some service providers.

The high average scores from the steering committee members (partners, 3.3; HI, 3.5) reflect

	Eth	Rwa	Ben	Moz	Mad	Reg
Partners	3	4	4	4	2.5	2.5
HI	4	4	2	4	3	4

their satisfaction with this aspect of the project. The project has enabled most operational partners to strengthen their operational capacities, with expanded or better trained staff, new offices and equipment, and operating budgets. The partners are also pleased to be entrusted with leadership on the capacity strengthening component of the project, enabling them to provide support to their members.

The lower scores in the table do reflect unmet expectations of some partners. The regional partner score reflects ADF’s sense that its own capacity limitations have constrained its ability to fulfil its project scope. Several of the operational partners are significantly behind in delivering their capacity strengthening activities. The Madagascar partners complained of inadequate capacity resources for the scope of the project, though the Madagascar survey respondents expressed satisfaction with the capacity support they have received. The Mozambique partner FAMOD has raised the same issue, noting its dependency on a single staff member for its capacity strengthening work.

The project’s capacity building activities have resulted in strengthened capacities and a clearer sense of role and purpose amongst many of the 66 OPDs assessed. The survey results reveal that the OPDs are generally ‘satisfied’ with the capacity analysis (average survey score of 2.3) and capacity support (2.0) from the project,

which have given them a new sense of purpose they can articulate, and in some cases new practices they have adopted. Section 3.7 summarises the more effective organisational practices we encountered across the different countries and levels.

Some OPDs exhibit a certain passivity, or culture of entitlement, with heightened expectations of the project to transform their very weak organisational structures. While such attitudes are not uncommon amongst resource-poor organisations, the project may have inadvertently reinforced this through the capacity strengthening planning activities, which suggested that it was the project’s responsibility to address the needs identified, rather than that of the OPDs themselves, with the project’s support. The sense of entitlement may have also been reinforced by the travel allowances or per diem the project pays to training participants in some countries.

The spirit of “inclusive local development” has not yet been fully understood by some service providers, who maintain an attitude of charity toward OPDs and persons with disabilities. This was particularly evident in the FGD with Hawassa local authorities (Ethiopia), who cited subsidies and donations to OPDs and their activities, or travel stipends to students with disabilities, as examples of inclusion.

4.5 Conclusion 5

Sustainability: There is a discrepancy between the project’s delay in sustainability planning, vs Norad’s expectation that a sustainability plan be acted on during project implementation.

Members of all stakeholder groups expressed concern that sustainability planning has not yet

	Eth	Rwa	Ben	Moz	Mad	Reg
Partners	2.75	3	1	2.75	2.4	2
HI	2	3	2	2	-	2

begun. This explains the low scores given by all the steering committees, with the exception of Rwanda.

Stakeholders do not yet have a shared understanding of sustainability. Some associate sustainability with future funding to sustain new structures or to implement unfinished action plans, such as federations’ capacity strengthening plans or service providers’ accessibility plans. In Madagascar, many OPDs pinned their hopes on the project financing income generating activities from which they could fund their operations. Others associated sustainability with capacities and roles; NUDOR in Rwanda, for example, declared its intention to continue to support the district task forces that are coordinating service accessibility.

The project has helped to clarify and reinforce roles and brokered relationships that enable stakeholders to meaningfully engage in disability inclusion. Numerous sources from the regional and national federations, the project's operational partners, declared that the project had "dynamized" or "re-activated" their structures, allowing them to consult and provide services to their members, such as developing an advocacy agenda or providing capacity building training, and broker relationships with local authorities and service providers. ADF was able to demonstrate its value to FEAPD, one of its national members, by bringing UNICEF to a FEAPD event, thereby initiating an important relationship. The task forces and committees chaired by vice-mayors in Rwanda or the communes in Benin are practical examples of how local authorities and service providers can fulfil their roles as duty-bearers towards persons with disabilities. Some key stakeholders, particularly national and regional decision-makers, have not yet been significantly engaged by the project; in these cases, a basis for sustainability has not yet been established.

5. Recommendations

5.1 Recommendation 1

Cooperation: The project should devote more attention to communication and accountability, including more deliberate, inclusive communication channels and activities to stakeholders, and an action plan on ableism.

The HELASIA project has an ambitious scope and a broad array of stakeholders, in line with its aim to demonstrate the interaction and interdependence between advocacy for people with disabilities' rights and practical efforts in supporting them to obtain access to quality, inclusive services. With such an agenda, stakeholder engagement is as important as implementing project activities. Communication, therefore, is a critical function for project success.

The project would do well to invest more time and effort in communications with the full range of stakeholders. This should involve more dedicated staff time as well as communication channels. The project should consider hiring a communications officer and/or specifying communications responsibilities in key staff members' job descriptions within country teams and partner organisations. The project should also invest more in communication channels, such as newsletters and websites of national and regional federations, with opportunities for feedback. A specific item where better communication seems warranted is around the regional advocacy agenda; a number of OPDs we spoke with expressed some expectations of

involvement, and yet the Nairobi event was fairly limited in terms of ensuring a continuum in post-workshop communication, feedback exchange and follow-up. Regular reports and briefings should also be provided to key national decision makers and mechanisms, with the aim of identifying opportunities for further engagement. In the interest of inclusion and synergy, the project should also update and invite participation of other major disability actors in its countries of operation in disability movement issues, beyond the project partners.

The HELASIA project can also enhance cooperation by sharing lessons and emerging better practices across countries and stakeholders. In Ethiopia, Hawassa local authorities reported involving OPDs in training service providers; this could be a model practice for both service providers and OPDs in other countries. Rwanda’s barrier assessment and subsequent plans and task forces are also admirable examples of engagement of local authorities and service providers, worthy of dissemination to stakeholders in other countries.

Finally, there is room for improvement on cooperation with persons with disabilities. The project and its structures should develop clear policies with KPIs, recognizing and addressing ableism. Taking a cue from gender policies, this is much more than simply about hiring more people with disabilities. Rather, it is about clear principles and proactive, resourced steps to ensure that persons with disabilities are meaningfully represented and able to fully participate as well as take the lead at various levels of the HI team, its partner organisations, and its interventions. While persons with disabilities in some of our FGDs occupied leadership positions, a review of disability-inclusion policies and practices would probably be a useful exercise for all partners.

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
Develop communication plan and target audiences, specifying responsibilities/level of effort from the project	X	X	X	X	X	X
Ensure project and partner strategic plans include disability inclusion plan w targets	X	X	X	X	X	X
Engage OPDs more deliberately in coordination fora with service providers	X			X	X	
Engage OPDs more deliberately in national multi-stakeholder platforms	X			X	X	

5.2 Recommendation 2

Administration: Use the project CoPil as a forum for sharing better practices around coordination and operational partner support.

Our review of project management with the country and regional CoPils naturally revealed some tensions and issues, but also some better practices. Issues varied across countries, except for the common gap regarding sustainability planning. Specific issues included burdensome project coordination, slow decision-making processes, unclear roles of some regional or partner staff, lack of coordination between partners, or inadequate resources for partner scopes. Some better practices include joint quarterly risk assessment and plan revision (Ethiopia, Mozambique), flexible support combined with close follow-up (regional level), or training in project systems (Rwanda).

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
Revise roles of operational partners to foster synergies, more OPD engagement				X	X	
Clarify staff roles in JDs, communicate to stakeholders	X					X
The HI teams should initiate or continue monthly review meetings with partners	X	X	X	X	X	X
Streamline coordination via deliberate management cycles, meeting-free days					X	

5.3 Recommendation 3

Efficiency: A cost or no-cost extension is merited, to enable country and regional teams and partners to complete their workplans.

After start-up and Covid-related delays, most project initiatives have been launched and structures created; capacity assessments have been completed, several multi-stakeholder coordination mechanisms initiated, barriers to access analyses conducted and service providers engaged, and regional advocacy strategies launched or in development. These initiatives will need more time to fulfil their potential and generate expected outcomes. Most importantly, our mid-term evaluation has found evidence of emerging practices amongst all stakeholder groups (though evidence is slim regarding national decision makers), that need to be reinforced. Given the status of project implementation, we expect that a six-month

extension would allow for most project activities and outputs to be achieved, enhancing the likelihood of achieving the project outcome; such an extension is of highest priority for the top-up countries and the regional activities, but all countries could benefit from an extension.

We do not have enough information to recommend whether the extension include additional budget or not. The most recent report available to us shows an overall underspend of 23 percent of the 2020 approved Norad budget, though rates vary widely by location, from underspending of 78 and 57 percent for Mozambique and the regional office respectively, to overspending of 5 and 38 percent in Rwanda and Madagascar respectively.

The constructive flexibility we note and support comes with a caveat; all project stakeholders should demonstrate accountability for their roles to the other stakeholders. In keeping with our recommendations on cooperation (5.1), we feel the operational partners should do more to communicate and explain activity delays not just to HI management, but more importantly, to their constituencies and relevant project stakeholders.

There should be much more communication and consultation around the regional advocacy strategy, and national federations should demonstrate more accountability to their members, for example explaining delays in delivering capacity strengthening activities. ADF should secure national federation input into regional strategy through 1) regular communication channels; 2) allocating adequate time at the end of each training for participants to complete feedback forms on the spot; and 3) emphasising for each participating OPD that providing feedback to a given training is as important as the training itself.

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
Sound out Norad on possibility of project extension						X
Link extension activities and budget to sustainability plans	X	X	X	X	X	X
Ensure regular communication and widespread dissemination of regional advocacy strategy to national federations' members	X	X	X	X	X	X

5.4 Recommendation 4

Capacities: Foster OPD initiative, through capacity self-development and accompaniment in new roles.

While the capacity analyses revealed long lists of OPD needs, many of which have not yet been addressed, we recommend that during the second half of the project the focus shift from breadth to depth. Rather than delivering training on each need identified, the project should shift to helping OPDs practice some of the skills they have already learned. Many OPDs have found the training on advocacy and rights enlightening, and express interest in pursuing these. Work on by-law revisions is being done by consultants in some countries such as Ethiopia; OPDs should be supported to adopt new governance practices, such as holding board elections or general assembly sessions, or adopting codes of conduct.

The operational partners could reinforce new OPD capacities in several ways. They could conduct ToT sessions, to help OPD trainees roll out training to more of their fellow staff or members. Where these do not yet exist, they could facilitate planning sessions where OPDs develop their own organisational development plans with milestones, and then organise learning and exchange sessions, to get OPDs to share their experiences in managing organisational change. And they could accompany OPD members as they practice new roles, such as mentoring the persons with disabilities who now attend the consultation platform and commune meetings in Benin, or supporting the Hawassa OPDs (Ethiopia) in training service providers on inclusion. We also encourage the HI team to explore with operational partners how to instil some accountability around trainee per diems and travel allowances, perhaps through some sharing of the costs.

While some local authorities and service providers still demonstrate attitudes of charity toward persons with disabilities, others have clearly embraced disability inclusion. The project should facilitate reflections amongst this stakeholder category on better practices, and share these across countries.

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
Consolidate OPDs' organisational development plans, and revise Result 1 plans/budgets to focus on accompaniment	X	X	X	X	X	
Federation partners to track and report on OPDs' progress in achieving milestones in their OD plans	X	X	X	X	X	

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
Revisit policy of per diems and travel allowances for trainees, seeking some level of match from participant or organisation	X	X	X	X	X	X
Hold OPD workshops in targeted regions focused on sharing better organisational practices and lessons learned	X	X	X	X	X	X
Share better practices on inclusive services across countries	X	X	X	X	X	X

5.5 Recommendation 5

Sustainability: Sustainability planning should focus on supporting stakeholders to practice their post-project roles.

Sustainability: Engage national and regional decision makers to ensure plans are aligned with their agendas.

All the sources we consulted are acutely aware of the need to begin sustainability planning, and seem ready to engage. Sustainability planning should be based on two elements: 1) inclusive, shared plans, and 2) individual stakeholders' roles. In many cases these two elements are in place. For example, Rwanda's district task forces have action plans, Benin's communes have advocacy agendas, and ADF has drafted a strategy for ADP ratification. In other cases, these plans are glaringly lacking, such as the absence of coordinated IE advocacy strategies in Madagascar and Mozambique. Some individual stakeholders have plans as well, such as ADF's membership plan or Mozambique's schools.

Sustainability planning should be the refinement and careful alignment of these two elements. OPDs have a much clearer sense of the roles and practices they can adopt; their motivation can be reinforced if these roles are linked to objectives in district plans or national advocacy agendas. OPDs in Mozambique, for example, should be engaged in the inclusive education strategy; they could contribute to mobilising community support or ensuring children with disabilities enrol and learn in school. National federations such as FEAPD or FAPHB can consider how to replicate the relationships they have developed with targeted regional networks to other regions.

Sustainability planning offers an opportunity for the project to further engage national and regional decision makers, by ensuring project stakeholders' plans are

aligned with and contribute to national and regional agendas. This should include identifying possible local and regional budget sources to support their plans, such as Rwanda’s proposal for TVET graduate start-up grants.

Sustainability planning should not be a concluding activity. It should proceed immediately, so that the second half of the project can then focus on supporting stakeholders to practice their post-project roles. While capacity strengthening training for OPDs, such as on safeguarding, rights and advocacy, was an important focus during the first half of the project, the emphasis of the second half of the project should shift toward accompanying these OPDs in applying these new capacities in the context of the district or national plans, and fostering sharing and learning between them.

Quarterly reports revealed some underspending in some countries; spending plan revisions should be based on the sustainability plans. Whereas some projects embark on spending sprees to burn their remaining funds before project end dates, we encourage seeing remaining funds as investments in sustainability; operational partners can use unspent funds to incentivise OPD initiative and learning, such as for outreach activities or events for sharing experiences and lessons learned. If donor regulations allow, HELASIA could explore ways to establish small endowment funds to cover future operational costs of some of the new task forces or coordination platforms, or for income-generating activities, to generate future funds.

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
National partners should lead sustainability planning with their OPD members, with a focus on supporting OPD new practices	X	X	X	X	X	
Engage targeted multi-stakeholder consultation mechanisms and service provider coordination mechanisms in developing disability inclusion agendas, and plans for needed resource mobilisation	X	X	X	X	X	
Consolidate individual OPD efforts into coordinated national advocacy plans				X	X	X
Sign an MoU with the AUC, apply for Observer Status at the African Commission on Human and People’s Rights (ACHPR). Invite AUC, ACHPR,						X

Specific Recommendations	Eth	Rwa	Ben	Moz	Mad	Reg
REC (Regional Economic Communities) reps to present papers at all relevant sessions organized by ADF and PANPPD.						

6. Appendices

6.1 Terms of reference of the evaluation

6.2 Inception report

6.3 Interview grids and questionnaires

6.4 Profiles, persons interviewed and localisation (cartography)

6.5 Bibliography (including monographs)

6.6 OPD Survey Results