

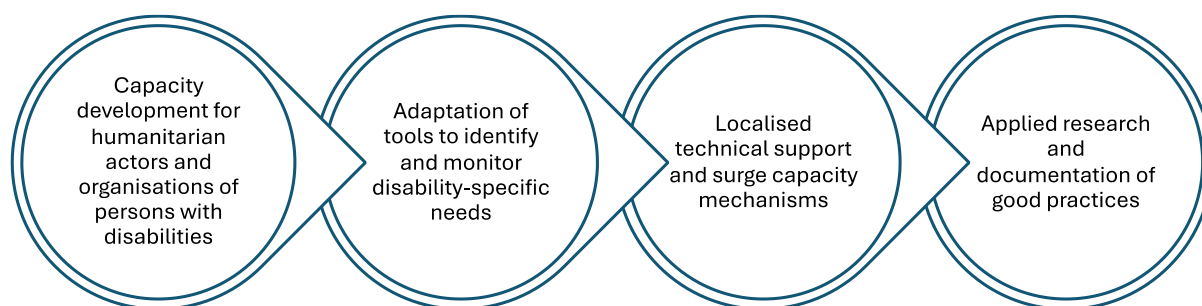
# Executive summary

## Phase 3 – Leave no one behind!– external evaluation

### What is this project about?

The Phase 3 – Leave no one behind!" (LNOB project) focused on supporting the operationalisation of the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (IASC Guidelines). It was implemented by Humanity & Inclusion (HI), Christoffel-Blindenmission (CBM) and the Institute for International Law of Peace and Armed Conflict (IFHV) from January 2022 to December 2024, at global level and in Germany and six pilot countries: Cameroon, Niger, Nigeria, Somalia and Somaliland, South Sudan and Uganda. The project was funded by the German Federal Foreign Office and aimed to enhance the response capacities for inclusive programming and coordination of humanitarian actors to ensure equitable access, meaningful participation, and equal protection for persons with disabilities. This initiative follows two previous phases: 2016–2018 and 2018–2021.

The project focused on the **practical application of the IASC Guidelines across four pillars**:



This evaluation report shares the findings and recommendations from an independent review of the LNOB project Phase 3. It assesses the programme's relevance, effectiveness, partnerships, and efficiency, while also offering insights and recommendations to guide future activities.

### How was the evaluation done?

The evaluation employed a mixed-method approach, primarily qualitative, complemented by quantitative analysis of survey data. It included an extensive desk review of project documents, 22 external key informant interviews, 22 project staff interviews, and two online surveys. The evaluation aimed to provide a valid, objective, and reliable assessment of the project's outcomes.

### What did the project accomplish?

**It proved relevant.** The project was highly relevant in addressing the need for disability inclusion in humanitarian action. The four pillars aligned with global commitments and the IASC Guidelines, and the needs of humanitarian actors. Capacity development efforts were well-received among the humanitarian organisations and organisations of persons with disabilities (OPDs), strengthening awareness and institutional commitment.



The project introduced practical applications, such as the adaptation of programming tools, particularly in the pilot countries, with the RAAL Labs methodology proving effective. Participants valued the relevance and practical application of these workshops and training sessions.

Localised technical support mechanisms were initiated in several countries, such as the Disability Inclusion task teams in Somalia and South Sudan. These were linked to Disability

Inclusion Working Groups within cluster structures. Though more time and resources are needed to fully establish and sustain them, the task teams provided inputs on humanitarian response plans and supported disability inclusion in coordination mechanisms.

The applied research component helped address evidence gaps on disability inclusion in humanitarian action with a number of articles and books published or in process to be published. However, differences in priorities and working methods between academia and humanitarian actors and staff changes resulted in occasional delays in implementation and publication.

**It was largely effective.** The project successfully expanded disability inclusion knowledge and skills among humanitarian actors through training, tool adaptation, evidence generation, and local technical support.

- The RAAL Labs approach was effective, helping revise nearly 80 programming tools, such as needs assessment and monitoring tools, with input from over 200 participants across 40 organisations. Though, delays in rolling out some activities and difficulties in engaging certain stakeholders affected overall efficiency.
- The technical support component was also effective, with 12 humanitarian organisations requesting specific disability inclusion guidance. Notably, the technical partnership with ICRC advanced their disability inclusion strategy, and the collaboration with WFP in South Sudan resulted in a case study on inclusive nutrition and livelihoods programming.
- Several disability inclusion resources were developed and disseminated, including the Disability Reference Group e-learning course, sector specific training modules on inclusive health and WASH, a RAAL Lab guidance, with materials regularly updated on the project website.
- Five field researches were conducted, 10 case studies on disability inclusion in humanitarian actions across various countries, one book published and two books in the pipeline. These works examine disability inclusion in humanitarian programming, coordination mechanisms, funding structures, IASC Guidelines implementation, and sector-specific good practices across multiple countries.
- The evaluation suggests that the next phase of the project should place greater emphasis on strengthening mechanisms for uptake and improving follow-up strategies on resources and research produced.

**It contributed to change.** The project contributed to significant changes in humanitarian programming, with many organisations in the pilot countries and in Germany adapting their

programming tools and engaging more with OPDs. Survey data showed that 86% of respondents reported changes in their humanitarian programming to promote disability inclusion, such as:

- Reaching out to OPDs during assessments.
- Updating data collection tools, integrating the Washington Group Questions which to improve the identification of persons with disabilities and targeting.
- Strengthening post-distribution monitoring tools.
- Conducting internal awareness sessions on disability inclusion.



OPDs strengthened their capacities and played active roles in training and coordination mechanisms, such as co-facilitating training sessions and participation in Disability Inclusion Working Groups. However, they also faced challenges related to resource constraints and organisational capacity to engage in humanitarian actions, highlighting the need for continued support.

While these changes indicate strong progress, lasting impact will require continued technical support, robust monitoring mechanisms, and time to institutionalise disability-inclusive practices.

**It leveraged the partnership to achieve results.** The collaboration between HI, CBM and IFHV was a key component of the LNOB project, and benefited each organisation's different expertise, shared resources and long-standing collaboration. Despite differences in organisational approaches, the partners worked to accommodate these and leverage their respective strengths.

Coordination and communication among partners improved by drawing on lessons from Phase 2. While some challenges remained in aligning timelines and expectations, they did not affect the overall project results. The partnership also demonstrated flexibility in adapting to challenges and changing contexts. For instance, when the concept of a surge mechanism proved premature, the partners redirected their focus to strengthening technical support activities, ensuring that the project remained relevant and impactful.

The academic collaboration provided valuable insights and contributed to much-needed evidence in the sector, though the academic requirements sometimes differed with the need for timely, actionable evidence for humanitarian actors.

The project strengthened collaboration between humanitarian organisations and OPDs, facilitating greater participation of persons with disabilities in decision-making processes. Engagement with global networks, such as the Disability Reference Group, contributed to advocacy efforts. However, formal partnerships with OPDs remained limited, and further engagement is needed to ensure equitable collaboration.



**It maintained efficiency despite challenges.** The project demonstrated resource efficiency through synergies with other initiatives, including HI's "From Guidelines to Action" project.

Certain challenges in human resource management, particularly recruitment delays, impacted implementation timelines. The monitoring, evaluation, accountability, and learning (MEAL) function could have been strengthened to better track the entire project outcomes. Nevertheless, the project remained within budget and schedule, demonstrating strong project management and financial monitoring. Budgetary adjustments were made as needed to align with activity implementation timelines.

## How can results be enhanced and amplified?

The evaluation of the Phase 3 – Leave No One Behind project highlights the need for enhanced institutionalisation of disability inclusion in future projects:

### Localised technical support mechanisms

- Align with good practices and global recommendations for strategic localisation efforts.
- Strengthen disability inclusion in humanitarian coordination mechanisms and explore links with other diversity-specific groups.
- Consider the deployment of disability-inclusion experts during emergencies.
- Focus on sector-specific training tailored to organisational needs.
- Translate training materials into local languages for better accessibility.
- Ensure training materials align with DRG modules and incorporate new evidence and practices.

### Partnership and engaging OPDs

- Engage OPDs more systematically through formal partnerships and small grant schemes with technical support.
- Involve diverse OPDs representing persons with different disabilities and experiences in capacity development activities and engage them throughout training preparation and delivery.

### Applied research and evidence documentation

- Invest in both external and internal dissemination of resources, research, and materials produced in Phase 3.
- Continue collaboration with IFHV to align humanitarian and academic needs and processes ensuring that finalised research is shared as broadly as possible, with relevant academic and humanitarian programmes.
- Ongoing applied research: publications should be practical, easy to understand, and useful for humanitarian actors in the field.

### Partnership, coordination and communication

- Reinforce MEAL functions across partners for better analysis and guidance.
- Co-design the inception phase of the next project with further consultation with, and involvement of, OPDs.
- Strengthen the capacity of country team staff and organise cross-country exchanges and learning opportunities.
- Explore potential partnerships with the International Disability Alliance and African Disability Forum for enhanced advocacy and learning.