PHASE 3
Leave no one behind!

Final evaluation

cbm christian blind mission

handicap international humanity & inclusion

IFHV
Institut für Friedenssicherungsrecht und Humanitäres Völkerrecht
Institute for International Law of Peace and Armed Conflict

Introduction

Phase 3 - Leave no one behind (LNOB) focused on supporting the operationalisation of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. It was Implemented by HI, CBM, and IFHV (2022–2024) at global level, in Germany and six pilot countries: Cameroon, Niger, Nigeria, Somalia/ Somaliland, South Sudan, and Uganda.

Financed by the German Federal Foreign Office, it aimed to improve programming, response capacities and coordination for inclusive humanitarian efforts.

Evaluation Methodology

- Mixed-method approach, primarily qualitative with some quantitative analysis
- Desk review - Extensive analysis of project documents
- Interviews with 22 external keyinformants and 23 project staff
- Surveys - Two on-line surveys with 229 respondents collected information on project outcomes

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Project Key Pillars

- **Capacity Development** – Training and guidance for humanitarian actors and OPDs
- **Tools Adaptation** – Adaption of programming tools for inclusion
- **Localised Technical Support** – Establishing Disability Inclusion task teams
- **Applied Research & Documentation** - Increasing evidence and documentation

- **410 humanitarian actors and persons with disabilities trained**
- **78 Humanitarian tools made disability inclusive**
- **318 humanitarian disability inclusion focal persons trained**
- **5 field researches, 10 case studies collected, 1 book published and 2 forthcoming**

Project Major Achievements

1. The project was highly **relevant and effective** in addressing the need for disability inclusion in humanitarian action and the four project pillars aligned with global commitments and the IASC Guidelines. Capacity development efforts were well-received, increasing awareness and institutional commitment among humanitarian actors and OPDs.
2. Localised technical support mechanisms were established and showed promise but need further investment. Disability Inclusion Task Teams in Somalia/Somaliland and South Sudan improved coordination, while the Disability Working Group in Northeast Nigeria boosted OPD recognition, secured funding and strengthened disability inclusion in humanitarian programming.
3. It was effective in creating **change** on disability inclusion knowledge and practice – through training, tool adaptation, and localised technical support, humanitarian organisations integrated disability considerations into their programmes. 86% of survey respondents reported changes in humanitarian practice, such as engaging OPDs, updating data collection tools, and improving post-distribution monitoring tools.
4. The project leveraged the **partnership** of the consortium where each partner contributed with its expertise, shared resources and strengthened collaboration between humanitarian actors and persons with disabilities. Collaborations with the ICRC, WFP, and the Disability Reference Group were impactful. Establishing formal partnerships with OPDs can strengthen cooperation and improve inclusion in the next phase..
5. The academic collaboration and the applied research contributed to much-needed evidence in the sector. More efforts can be made on dissemination of findings to gain wider impact.
6. The project was **efficient** despite challenges – it remained within budget and aligned with activity timelines, albeit some recruitment delays, staff turn-over and few gaps in monitoring affected implementation. Strengthening the Monitoring, Evaluation, Accountability, and Learning (MEAL) function, including increasing the human resources could enhance future projects.

Conclusion and way forward in Phase 4

Localised technical support

Strengthen disability inclusion in humanitarian coordination and sector-specific training sessions.

Deploy disability inclusion experts during emergencies. Translate and adapt training materials for accessibility.

OPD engagement and partnerships

Establish formal partnerships and small grants for OPDs.

Ensure OPDs are actively involved in training and capacity development.

Research and evidence

Prioritise dissemination of research and practical resources.

Strengthen internal knowledge sharing and humanitarian-academic collaboration.

Coordination and capacity building

Reinforce MEAL functions and OPD consultation in project planning.

Build staff capacity and explore strategic advocacy partnerships.