Phase 2 – Leave No One Behind



Name and location of the project	Phase 2 – Leave No One Behind, Germany
Duration of the project	09/2018 – 31/12/2021 (40 months, including 4 months no-cost extension).
General objective of the project and expected results	Overall Objective Persons with disabilities enjoy equal and meaningful participation, safety, and protection in international humanitarian action, both in general and in Germanfunded assistance in particular. Expected Results 1. Support for the development of the global IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action and sharing good practices on disability mainstreaming in global coordination mechanisms. 2. Capacity and awareness-building activities for humanitarian actors in Germany and their local partners at the field level on both an operational and organisational level to mainstream disability and the inclusion of persons with disabilities in humanitarian action. 3. Collaboration with two German universities and applied research to strengthen the evidence base for disability inclusive programming and coordination of humanitarian action.
Specific objective and expected results in relation to the good practice	Capacity and awareness-building activities for humanitarian actors in Germany and their local partners at the field level on both an operational and organisational level to mainstream disability and the inclusion of persons with disabilities in humanitarian action.
What particular aspect of the project does this good practice address?	Strengthened operational and programmatic capacities

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Background

Persons with disabilities are estimated to represent 15 per cent of the world's population¹ and are among the most marginalised people in crisis-affected communities². In disasters, their mortality rate is two to four times higher than that of persons without disabilities³. Hence, there is a need to focus on including persons with disabilities in various aspects of humanitarian actions such as disaster preparedness, response and recovery.

Handicap International Germany (HI), Christoffel-Blindenmission (CBM) and the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum implemented together the project "Phase 2 – Leave No One Behind!". The project's activities brought awareness on disability inclusion in humanitarian action, supported the development of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, built capacities of German NGOs and their local partners, strengthened inclusion of persons with disabilities in academic curricula and events, and enhanced the evidence base through applied research.

The project team conceptualised, developed, and implemented trainings and technical support to build capacity among NGOs in Germany and their partners in the field.

What is the problem being addressed?

The project "Leave No One Behind", in its 1st phase, had built awareness about inclusion. Building awareness will not be sustainable if the humanitarian workers do not have sufficient skills to promote inclusion in practice. Hence, there was a need to build capacity, strengthen existing skills and, where needed, add new ones.

What happened?

There were two streams of capacity-building activities, i.e. trainings and, coaching and technical support.

In November 2018, the project team conducted an online pre-needs assessment among seventeen German NGOs working in humanitarian action. The Phase 2 LNOB trainings were designed based on the needs expressed in the survey.

The project conducted the following trainings:

- 1. In-house -training (>4 hours) DiPCM
- 2. In-house awareness sessions (<4 hours)
- 3. Disability-inclusive Disaster Risk Reduction (DiDRR) (face-to-face)

¹ WHO and World Bank, World Report on Disability (2011)

 $^{^2}$ Report of the United Nations Secretary-General for the World Humanitarian Summit, One Humanity, Shared Responsibility

³ Katsunori Fujii, 'The Great East Japan Earthquake and Disabled Persons', in Disability Information Resources, Japan

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- 4. Disability-inclusive Project Cycle Management (DiPCM) (face-to-face)
- 5. Disability-inclusive Primary Health Care in Humanitarian Action (DiPHC) (online)
- 6. Online webinar Inclusion of Persons with Disabilities in Humanitarian COVID-19 Response.
- 7. Meaningful Participation of Persons with Disabilities in Humanitarian Action (online)
- 8. Regional Trainings East Africa Disability-inclusive Project Cycle Management (DiPCM) (online)
- 9. Regional Trainings Central and Southeast Asia Disability-inclusive Project Cycle Management (DiPCM) (online)
- 10. Disability-specific inputs by HI or CBM in the trainings of other actors (e.g., GTO, THW, VENRO)

The project had to change its training and technical support from physical to virtual mode due to Covid-19 restrictions. The project procured suitable tools to enable accessible trainings, including group sessions and scenario work. In addition, to the above-mentioned trainings, the project provided in-house trainings for German NGOs and state-actors, i.e. the German Federal Foreign Office. The project had also effectively introduced and delivered inputs on inclusion in the trainings by VENRO, THW and GTO et al. within the WASH network.

As part of the second stream of capacity building, HI and CBM provided technical advice and coaching to German NGOs, such as arche noVa, German Red Cross, Caritas Germany, ADRA, and Ärzte der Welt. The technical support comprised in-house trainings and targeted support e.g. support the organisations in adapting their policies, their tools and project proposals to make these more disability inclusive.

What changed?

The trainings and technical support have increased awareness of humanitarian actors about the vulnerable situations that persons with disabilities are exposed to in crises and the need to plan for their meaningful participation, access to humanitarian action and protection proactively. As some of the training was virtual and needed no travel, it allowed those who usually do not have the opportunity to travel to participate. The participants of the trainings confirmed increased confidence in programming for inclusion and have started using the knowledge, tools, and best practices for their work. Some examples they reported were

 One of the significant results of the capacity building initiatives was ensuring disability aggregated data. Most of the evaluation participants stated that they have started collecting disaggregated data with the Washington Group of Questions. The German Red Cross (GRC) in Bangladesh reported that disaggregated data had become an integral part of their planning and implementation after the training. When GRC

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Bangladesh implemented a Covid-19 response project, they collected data about persons with disabilities in each household and prioritised them in the distribution of relief materials. World Vision Bangladesh gave orientation to their staff in charge of sponsorship programme to be conscious and collect data on children with disabilities for their sponsorship programme.

- Citizens' Disaster Response Center Foundation, Philippines and German Red Cross (GRC), Bangladesh reviewed their tools to ensure inclusion. When GRC reviewed their Early Action Protocol and Evacuation protocol, they reviewed it with an inclusion lens. "Seeing tools and processes with an inclusion lens has become part of our work", states staff of GRC Bangladesh. Arche Nova, Germany, reviewed Equality, Inclusion and Diversity Policy for inclusion.
- NGOs in Germany and the Central and Southeast Asia region participants reported discussing inclusion at the management and partner levels. CDRC, Philippines, plans to orient 16 of its partners on disability inclusion and further train its staff in 2022.

How?

The project team developed trainings based on the humanitarian actors' needs through a pre-needs assessment survey and in line with the IASC Guidelines and the four must do actions upon their launch. Experienced humanitarian workers from HI and CBM delivered the trainings. Examples and case scenarios from the field increased the effectiveness of the trainings. Participants also learned from the lived experiences of persons with disabilities, as they were also resource persons in the trainings. Participants were able to understand the situation of persons with disabilities in crises and the need for proactive planning to protect them.

The project team ensured accessibility both in face-to -face and in online trainings. Ensuring accessibility was not only to include persons with disabilities but also to showcase how organisations can provide accessibility in such a virtual environment. Such a practical demonstration gave confidence to the participants that inclusion is possible with proactive planning.

Recommendations

- When training is planned for capacity building, it is essential to have experienced professionals to deliver them. Examples and case scenarios from the field are vital.
- Advanced planning and preparation are needed when several resource persons provide the trainings. The facilitators of the trainings should ensure coherence of the sessions of guest speakers with the main focus of the trainings.