Synthesis of the review of participatory approaches used on Handicap International’s programmes
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Introduction

This paper summarises a review conducted between January and September 2015 of the participatory approaches used on Handicap International’s programmes. Funded as one of the cross-cutting activities in the 2014-2016 Framework Agreement signed with the Belgian General Directorate of Development Co-operation and Humanitarian Aid (DGD), this review, intended to help strengthen knowledge and practices, has given Handicap International (HI) a more detailed picture of current approaches and partner and beneficiary involvement in multi-annual funding agreements. The resulting recommendations are based on observation and the study of project and programme documents, and will help improve analysis and practice at project level.

The review set out to analyse the direct and indirect participation of individual beneficiaries, Disabled People’s Organisations (DPO) staff, service providers and representatives of state services at all administrative levels (national, provincial, district, and town).

It further analysed the skills required to promote participatory approaches and any gaps in the current skills and resources of Handicap International’s teams.

Methodology

The selection of the countries and projects to be included in this review was made by HI and its partners when developing the 2014-2017 framework agreement signed with the DGD. The following table shows the projects and countries visited:
### Table of projects visited by country

<table>
<thead>
<tr>
<th>Country</th>
<th>Intervention themes</th>
<th>Project title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuba</td>
<td>Community-based rehabilitation</td>
<td>Pilot project to focus community attention on children and young people with severe or profound intellectual disability in the province of Pinar del Río.</td>
</tr>
<tr>
<td>Haiti</td>
<td>Socio-economic inclusion</td>
<td>Socio-economic inclusion of people with disabilities in Puerto Príncipe.</td>
</tr>
<tr>
<td>Burundi</td>
<td>Rehabilitation</td>
<td>Improving the quality of rehabilitation services and promotion of their inclusion in the Burundi health services.</td>
</tr>
<tr>
<td>Burundi</td>
<td>Support to Civil Society</td>
<td>Support to Disabled People’s Organisations.</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Maternal and child health</td>
<td>Promoting access to health and community integration for epileptic patients through a global and innovative intervention in the western province of Rwanda.</td>
</tr>
<tr>
<td>China</td>
<td>Community-based rehabilitation</td>
<td>Improving access to services and social inclusion in China.</td>
</tr>
<tr>
<td>Laos</td>
<td>Support to Civil Society</td>
<td>Moving towards an inclusive society in Lao PDR: reinforcing the organisational capacities of DPOs to significantly contribute to their country’s development.</td>
</tr>
<tr>
<td>Laos</td>
<td>Socio-economic inclusion</td>
<td>An inclusion project within a regional programme financed by the European Union contributing towards poverty reduction through the socio-economic inclusion of people with disabilities in Laos, Vietnam and China.</td>
</tr>
</tbody>
</table>
The analysis of participatory approaches was based on the following questions:

- Are there any specific factors (political, socio-economic, intervention-related) influencing the formalisation, implementation and outcomes of a participatory approach?
- Are Handicap International’s current tools (policies, internal skills, project identification, etc.) adapted to implementing a participatory approach?
- Can a direct link be shown between the level of participation possible on Handicap International’s projects and the empowerment, whether individual or collective, of their beneficiaries?

The analysis of participation was carried out using Sarah Whites’ methodology, according to the type of participant and at two levels:

- Participation of the final beneficiaries (people with disabilities, their families and care providers).
- Participation or degree of participation of Handicap International’s partners (public and private).

A questionnaire on participatory approaches and the perception that Handicap International’s team members have of these approaches was sent to each project manager and programme director prior to the arrival of the consultants.

The consultants’ field visits took place between February and May, 2015 and involved a combination of individual and group interviews and focus groups. Upon their return, workshops were organised in Brussels to provide technical advisers and desk officers and deputies with feedback (27th May). A presentation of the overall findings will take place in Brussels in October and a final restitution at Handicap International’s Head Office in Lyon in December 2015.

342 people, including beneficiaries, authorities, Handicap International staff and partners took part in this study.
The review confirmed that participation is a key concept at Handicap International, raising huge interest and seen as a major priority by the organisation’s staff. They consider it to have been emblematic of Handicap International’s actions since the organisation’s creation and describe it as a fundamental aspect of its interventions. Nevertheless, those interviewed were not always able to define the concept of participation, finding it difficult to differentiate clearly between participation and partnership. On the other hand, Handicap International’s team members were seen to be extremely modest on a subject they consider complex, despite the fact that most of their projects already promote a participatory approach in some form or another.

However, they feel that they don’t always have the skills or resources necessary for implementing participatory approaches on their projects. Most of them pointed to a lack of standardised procedure which would facilitate implementation and guide them in contexts that are often complex and projects that already involve a whole range of cross-sector issues, such as discrimination, governance, gender, and the environment. They were familiar with participatory approaches for the diagnosis, needs assessments and project evaluation phases, but lacked tools for involving final beneficiaries and partners in the monitoring and interim evaluation phases.

The analysis of available tools proved particularly interesting. It confirmed that Handicap International already has a number of manuals and guides that refer to partnership-building, such as the Partnership Guide, the Project Quality Framework (a large section devoted to partnership criteria), and the new guide to drafting a COP (multiannual operational framework), which provides technical guidance on how to involve partners and beneficiaries in the reflection process. But as yet there is no specific training or methodology guide on participation.
Participatory approaches: a rapid assessment of the situation on the missions

There are numerous modalities in place that facilitate the participation of beneficiaries and DPOs and make their needs more visible. Good practices were identified during this review:

- at program level, via steering committees and via COP development meetings to which partners are invited to allow them to contribute to the process;
- at project level, via structured community mobilisation involving self-help groups, disabled people’s committees, KAP (Knowledge, Attitudes and Practices) studies, assessments or studies of the barriers preventing access to services and social inclusion in families and the community.

There are also “participatory subcultures” according to the type of intervention being conducted by Handicap International. Certain types of intervention, such as those centred on individual-based mobilisation (personalised social support, PSS) or community-based mobilisation (community-based rehabilitation, CBR), for example, lend themselves particularly well to participatory methodologies. PSS involves individualised follow-up in which the beneficiary decides on his or her own trajectory and, in a more advanced, community-based version, the beneficiaries are chosen to participate by a committee of former beneficiaries and members of their community. Community-based rehabilitation, for example, can involve setting up village committees, self-help groups or village saving funds. However, these mechanisms are not always easy to sustain as they tend to depend for their survival on income-generating activity (IGA) projects to ensure a regular income for member families.

The Support to Associations or “AAA [Appui Aux Associations]” projects designed to strengthen DPOs, as well as the projects directly managed by Handicap International appear to facilitate participatory methodologies. In fact, although DPOs are close to people with disabilities, they are not always receptive to or capable of implementing these methodologies. The AAA projects observed in the course of this review are endeavouring to strengthen the governance of DPOs, provide them with management tools (personnel and funding), and also finance the smooth running of associative aspects (meetings, general assemblies and conferences), to help make room for the participation of the member beneficiaries.

The tools developed for partnerships (when these partnerships are considered ‘strategic’, and the focus of capacity strengthening and project co-construction and implementation strategies) are extremely participatory and adaptable to other projects where participation is a cross-cutting aspect. Although the partnership strategies were seen to be very varied, there did not appear to be a permanent strategy that was not dependent on donor funding cycles, irrespective of the duration of the projects financed. This is a problem for the development of long-term strategic collaboration. Experience in Laos, China and Cuba has shown that solid and high-quality partnerships are possible even in “authoritarian” countries. An in-depth study into the reasons for this success and the dissemination of good practices are crucial to stimulating these approaches at Handicap International.
Factors limiting participatory approaches

Before implementing participatory strategies, an analysis of the organisation’s working environment is required to identify any constraints.

External factors to the organisation

- The political system and organisation of civil society determine to a certain extent the legal existence of disabled people’s organisations, and their scope of action and for dialogue. Nevertheless, and contrary to popular belief, observation of missions in authoritarian countries has shown that strategies that are innovative and respectful of the system give very promising results in terms of beneficiary and DPO participation.
- Illiteracy among many people with disabilities is a barrier to certain types of participation and Handicap International’s teams are often at a loss to know how to adapt their strategies to overcome the problem. Iliterate people are therefore excluded from participation processes.
- The discrimination faced by people with disabilities in most of the countries observed in this review explains why so many of them live hidden from society and are marginalised by their community and sometimes their own families. This often leads to situations of self-discrimination on the part of people with disabilities, limiting their participation in Handicap International’s projects. They are not accustomed to being asked for their opinions or taking part in public activities, and often refuse to participate or even represent their colleagues.

- Gender-based inequalities in the countries visited have a major impact on the participation of women. They experience discrimination in all spheres: for women with disabilities, considered undesirable in certain societies and even hidden away by their families, the chances of finding a job or starting a family are slight; women who take care of disabled people are also considered inferior and excluded. Female DPO members often hold less strategic jobs (with respect to decision-taking, for example) than their male counterparts.
- Internal governance in DPO is does not always benefit from democratically elected and regularly renewed governance bodies, or from a system of information and consultation for members.

Internal factors to the organization

- A lack of experience of certain types of impairment (especially intellectual impairment) and the architectural barriers in offices and meeting rooms all hinder participation.
- A lack of training for Handicap International staff who try to apply common-sense solutions but lack tools.
- The absence of tools for promoting the participation of children.
- The absence of a common cross-cutting participatory strategy implemented over the long-term and not dependent on institutional funding. An institutional framework and financial commitment of this nature are essential preconditions for developing a shared framework for all the missions and the tools necessary for implementing it.
Next stages in the active promotion of participatory approaches

Knowledge capitalisation and the dissemination of information can attenuate the effects of each of these limitations by facilitating mutual learning and experience-sharing between Handicap International and its partners. Handicap International’s staff and partners also require training and awareness-raising so they can learn to work round these limitations and find innovative solutions for facilitating the participation of beneficiaries with the means available to them. This means that Handicap International must make participation a cross-cutting priority and require its partners to implement participatory mechanisms similar to those in place for preventing gender inequality and discrimination.

The next stages will therefore involve:

- **Continuing and promoting participatory approaches**, with the aim of sharing experience and contributing to the debate on participation issues emerging in France and Belgium among the NGO and donor community.

- **Developing a global framework for participation** similar to that adopted for applying Handicap International’s principles of intervention. This framework should define the concept of participation and the notions of partnership, consultation and involvement presented in the new project quality framework.

- **Defining clear priorities for developing the participation of beneficiaries and partners**, as well as the outcomes expected from the various participatory approaches, and creating simple tools for measuring participation and incorporating it into project cycle and identifying indicators for monitoring and evaluation purposes.

- **Working with Training Unit on the different contents to be included in existing training courses** (principally project management training), and examining possibilities for creating specific training with classroom-based and online modules focused on the design, implementation and monitoring of participatory approaches. These modules could also be used to familiarise trainees with existing tools to make sure that Handicap International’s staff all acquire the same knowledge and use the same practices.

- **Reviewing the limitations identified** in this review and any existing alternatives in order to find a way round them and facilitate participation by people with disabilities and partner organisations.

- **Estimating the cost involved in implementing participatory approaches** with a view to incorporating these expenses into the projects’ budget (especially when they involve the need for human resources, an organisational assessment, support for consultation and monitoring mechanisms or funding strategies for capacity-strengthening or improving the associative management of DPO partners).

- **Promoting the hiring of people with disabilities on the projects** and among Handicap International staff and partners. The feasibility of developing a disabled peer worker set-up on the projects to increase beneficiary participation and of conducting pilot experiences will be studied.

- **Conducting a joint review of partners’ governance and its composition** with a view to promoting regular contacts with “grassroots” beneficiaries, ensuring the regular renewal of leadership, promoting access for people with disabilities to key positions, stimulating information exchange and putting in place consultation and exchange mechanisms with the final beneficiaries.
Maintaining a permanent focus on the participation of women and children in the projects and among DPO partners. This should be presented as an intervention strategy in funding proposals (through collaboration with women’s organisations and the implementation of initiatives for empowering women with disabilities or supporting women caring for people with disabilities). This issue should be the subject of reflection and part of training/awareness-raising for teams and partners, all of whom should also be trained in child protection issues and techniques for fostering the participation of children and young people.

Including Handicap International’s Protection of Beneficiaries against Sexual Exploitation and Abuse and Child Protection policies in partnership agreements, as well as providing training and implementing appropriate measures in these areas.

Recommendations could also be submitted to the DGD. As it financed this review, it is clearly interested in participation issues and may be willing to provide the resources needed for producing materials and organising training, and perhaps even coordinate a multi-actor think-tank on the subject.
Synthesis of the review of participatory approaches used on Handicap International’s programmes

This summary presents the main findings and recommendations of a review of participatory approaches used in projects implemented by Handicap International and its partners in 6 countries. The review was conducted by two consultants between January and September 2015. It aims to analyze the participation of individual beneficiaries, partner Disabled People’s Organisations, service providers and representatives of state services at different levels, related to the observed projects.