



Disability Audit of Humanitarian Response- NENTAD (300432-116)

Final Report

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Foreword

An estimated 134 million people around the world need humanitarian assistance and protection¹. Conflict remains the main driver of humanitarian needs, while natural disasters continue to cause many people to need emergency aid. Yet despite the humanitarian principle of impartiality, whereby assistance is provided based on need, most humanitarian assistance still does not reach some of the worst affected individuals. The needs and capacities of people with disabilities and older people continue to be systematically overlooked by the humanitarian system, with low levels of awareness and limited capacity amongst humanitarian actors, and inadequate action plans or budgetary allocation by implementing agencies.

CBM has been at the forefront of disability inclusive development for over a hundred years, and has been active in Nigeria for over thirty. We very much welcomed the approach from the UK Government's Department for International Development (DFID) in Nigeria who were keen to measure to what extent their North East Nigeria Transition to Development (NENTAD) programme was reaching people with disabilities, and to review this through the lens of the recently launched Humanitarian Inclusion Standards. We would like to thank all those in the DFID Nigeria team who have given invaluable input and suggestions during our face-to-face interactions and correspondence. Particular credit must go to Simon Narbeth, Senior Social Development Adviser, whose vision and energy drove this proposal in its early stages, and to Mary Anyankpele, Deputy Programme Manager-Humanitarian Programme and to Joseph Uwazie, Regional Programme Officer, North East, who have worked most closely with CBM throughout the process.

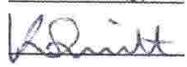
CBM works alongside people with disabilities and their representative organisations wherever possible, and so this audit was carried out by a team from CBM and the Joint National Association of Persons with Disabilities (JONAPWD). We were fortunate to find the NENTAD partners open and keen to increase their capacity in what has been a relatively low priority area for all of them.

Humanitarian response cannot achieve its purpose of providing assistance and protection to all people according to need, and without discrimination, if it continues to exclude some of the most vulnerable and marginalised people in the world. We hope that the findings of the audit and the individualised organisational action plans will help to raise awareness and build capacity within partner staff but also at community level, that it will result in a much more intentional focus on identifying people with disabilities and older people in humanitarian and post-emergency contexts, will provide guidance for overcoming the barriers that they face, will increase their participation not only in receipt of assistance but also in decision making about appropriate methods of response, and will ensure that the demands of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) for "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters²" will be better met.

¹ Global Humanitarian Overview 2018, available [here](#)

² Article 11 of CRPD, available [here](#)

This initiative represents an important and timely first step towards a more inclusive humanitarian approach globally. Changing attitudes is a long-term process and embedding practice into systems and structures is something that requires ongoing commitment from leadership, but we commend DFID's ambition for the learning from this audit to provide insights and guidance not only in the North East of Nigeria context, but that it can act as transferable learning for all DFID humanitarian response.



K Smith

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Acknowledgments

The review team would like to thank all NENTAD partners for their support and cooperation during the audit review process. Particular thanks go to all staff members who gave their time to participate in Key Informant Interviews, to complete the self-assessment survey, or to respond to the team's numerous queries.

The review team would also like to thank the persons with disabilities of all ages and community members who participated in this process through Focus Group Discussions or interviews, giving their time generously and sharing their views freely.

It has been a pleasure to collaborate with the DFID office in Nigeria in their efforts to ensure their humanitarian programmes are fully inclusive of persons with disabilities and older people.

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Executive Summary

The situation in North East Nigeria represents a complex and protracted emergency. North East Nigeria has been the scene of hostilities between the Nigerian military forces and non-governmental armed forces since 2009, part of a wider conflict in the Lake Chad Basin. The deployment of international humanitarian response has been slow, and the large-scale response now in place dates from late 2015. Part of this scale up, the DFID North East Nigeria Transition to Development programme (NENTAD), is a five-year programme (2017-2022) with a budget of £300m, designed to support the transition from humanitarian aid to longer-term development across Adamawa, Borno and Yobe States. The programme was designed to be responsive to the changing humanitarian context and thus evolve from a more emergency approach to early recovery programming.

Humanitarian response cannot achieve its purpose of providing assistance and protection to all people according to need, and without discrimination, if it continues to exclude some of the most vulnerable and marginalised people in the world. A clear legal and policy framework underpins the commitment of the humanitarian community to include persons with disability and older people, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Sendai Framework and Humanitarian Disability Charter. In 2018, the Humanitarian Inclusion Standards (HIS) for older people and people with disabilities were published to help address the gap in understanding the needs, capacities and rights of older people and people with disabilities, and to promote their inclusion.

“The needs of persons with disabilities are often overlooked in the early phases of response to humanitarian emergencies and difficulties are often faced in accessing services and assistance, including rehabilitation and assistive devices which are critical for recovery. Refugees with disabilities are often exposed to discrimination in the places where they seek to live”.

United Nations Department of Economic and Social Affairs, 2018, Realization of the Sustainable Development Goals by, for and with Persons with Disabilities: UN Flagship Report on Disability and Development 2018. p38.

Across Nigeria, persons with disabilities experience a high level of social exclusion due to a number of factors. In Nigeria, disability is not seen as a human rights issue, but “viewed in terms of charity and welfare”⁴, and due to limited resources, mismanagement and a lack of legislation, the country is not able to provide the necessary social care provision for persons with disabilities. However, a national policy on Internally Displaced Persons (IDPs)⁵ in Nigeria recognises the right of displaced persons with disabilities to humanitarian assistance, and seeks to remove barriers that prevent access to services for displaced persons with disabilities, including children. In 2019 the President of Nigeria assented to the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, which prohibits all forms of discrimination on ground of disability.

³ Based on the ADCAP guidelines (developed by the Age and Disability Capacity Programme led by the [Age and Disability Consortium](#))

⁴ See full report commissioned by the DFID in 2008 and realised by Leonard Cheshire Disability and Inclusive Development Centre with the support of JONAPWD: Scoping study: Disability issues in Nigeria [here](#).

⁵ Federal Republic of Nigeria. August 2012. National Policy on Internally Displaced Persons (IDPs) in Nigeria.

In light of the challenges for inclusion in Nigeria and in humanitarian contexts generally, and in line with the UK Government Department for International Development's (DFID) *Strategy for Disability Inclusive Development 2018-23, Now is the time*, a team from CBM and the Joint National Association of Persons with Disabilities (JONAPWD) undertook a disability review of the humanitarian response in North East Nigeria under NENTAD in late 2018. Funded by DFID Nigeria, this is the first time such a review has been conducted based on the recently published HIS, representing an important pilot for the application of the standards. Four out of the thirteen projects under NENTAD were identified to be included in this review. These were:

1. ProSPINE Consortium: "Promoting Rights and Supporting Protection Needs in North East Nigeria"
2. INP+ Consortium: "Integrated Basic Nutrition Response to the humanitarian Crisis in Borno and Yobe"
3. International Rescue Committee (IRC)-led Education in Emergencies Consortium
4. UNICEF-led Education in Emergencies Consortium

The review assessed the extent to which people with disabilities are systematically and consistently included in, and benefit from, DFID's NENTAD humanitarian response in Nigeria, with reference to the HIS and data disaggregation. The review team, comprised of CBM and JONAPWD staff, with other international disability experts, worked with DFID Nigeria and the international and local humanitarian organisations delivering the NENTAD programme. The methodology for the review, based on the HIS, incorporated a desk review of relevant project documents, a self-assessment questionnaire, more than 33 key informant interviews with staff working on NENTAD programmes and other actors in the humanitarian sector, observations of project sites and nine Focus Group Discussions (FGDs) with people with disabilities in the areas where NENTAD programmes were operating during November 2018. Security constraints, delayed access to NENTAD partner documents, and a high number of different interlocutors within each organization limited the efficiency of the review process; however the team were able to meet all partners and interviewed valuable staff working across all three states. Data was analysed and findings were triangulated against the findings of observations and the nine FGDs with 85 participants. Two working sessions for NENTAD partner staff were also organised during the field visits, on disability models and Washington Groups Questions.

The review results are presented in the report by consortia and are structured around the three key areas or lenses of inclusion of the HIS⁶:

- a. Data and information management
- b. Addressing barriers (mainly attitudinal, environmental and information barriers)
- c. Participation and strengthening older people and people with disabilities' capacities.

⁶ The Humanitarian inclusion standards for older people and people with disabilities consist of nine Key inclusion standards, derived from the Nine Commitments of the Core Humanitarian Standard on Quality and Accountability (CHS), and seven sets of sector-specific inclusion standards: protection; water, sanitation and hygiene; food security and livelihoods; nutrition; shelter, settlement and household items; health; and education. The sector inclusion standards are structured around three key areas of inclusion. The sector-specific inclusion standards are intended to be used in conjunction with the Key inclusion standards are intended to be used in conjunction with the nine Key inclusion standards. [See the HIS for more details.](#)

An action plan has been developed for each of the organisations implementing these programmes, to take steps to increase levels of inclusion in NENTAD-funded activities.

Conclusions

Overall the review's findings are perhaps unsurprising, given the relatively recent increased focus on disability inclusion in the humanitarian sector, the very considerable challenges posed by the operating environment in North East Nigeria and the resulting impact on staff turnover, community displacement and Disabled People's Organisation (DPO) activity in the region. The review highlighted that increased awareness of inclusion issues amongst NENTAD partners has led to the introduction of some good practice, particularly around identification of people with disabilities. However, the very complex humanitarian environment presents multiple challenges in implementing programmes, and these have diverted time and attention away from implementing inclusive practices more widely. Going forward, partner staff recognise considerable opportunities to make progress towards meeting the HIS.

The following infographic summarises the findings from the review of the four consortia:

Summary of Disability Audit of Humanitarian Response - NENTAD

Context of review

Increasing international commitment to inclusion in humanitarian action

- Adoption of the UN Convention
- Sendai Framework
- Humanitarian Disability Charter
- Humanitarian Inclusion Standards (HIS) for older people and people with disabilities
- Disability IASC Guidelines (forthcoming)

In Nigeria "disability issues are viewed in terms of charity and welfare" rather than human rights

- Lack of awareness of social model of disability

Extremely difficult operating environment

- Volatile security situation
- Attacks against humanitarian workers
- Rapid scale up and high staff turnover ⇒ inexperienced staff

Key findings from review of four NENTAD programmes

1. NENTAD partners staff were enthusiastic to work in more inclusive ways; however all partners acknowledged **capacity gaps amongst staff** relating to disability and age inclusion skills. Developing these skills is an important investment. **(KIS 8)**
2. **Identification** of persons with disabilities was usually carried out using **direct observations** by staff at field level, rather than a clearly drafted and implemented process. Some progress made in late 2018 to use Washington Group questions. **(KIS 1)**
3. **Access to humanitarian services** can be expanded by conducting a barriers analysis and where possible, adapting activities to address these barriers. Some programmes have focused on people with disabilities due to their vulnerability, or have provided assistive devices, without analysing specific barriers. **(KIS 2)**
4. Persons with disabilities tended to participate less than others in decision making processes. Work with DPOs in the area can reinforce both the **resilience** and **participation** of persons with disabilities. **(KIS 3 and 4)**
5. **Feedback and complaints** mechanisms need to be adapted for anyone to use, whatever their impairments, and people need to be informed and trained on their use. In a few cases steps have been taken to make these mechanisms accessible in particular ways; however without awareness of the opportunity to give feedback amongst people with disabilities. **(KIS 5)**
6. There is currently no coordination amongst agencies (including the UN) on disability issues in the humanitarian response, and very little learning on these issues shared with other agencies and DPOs due to contextual constraints. **(KIS 6 and 7)**
7. **Budgets** must be **allocated to support inclusion activities**; for example in some cases, inaccessible public buildings were used without funds for accessibility measures. **(KIS 9)**
8. Surveying or communicating with people in households rather than at facilities was more likely to reach people with disabilities, who often stay within their homes and local communities due to attitudinal, environmental and communication barriers.

Figure 1 Summary of context and findings

The findings from the four consortia have been analysed against each of the nine Key Inclusion Standards of the Humanitarian Inclusion Standards on Age and Disability. The findings for each standard are outlined below.

Key Inclusion Standard 1: Identification

The review found some examples of partners identifying people with disabilities, particularly as part of vulnerability assessments, but did not find systematic practices and methodologies in place to ensure they access the humanitarian assistance they are entitled to. The review team noted an absence of written protocols on how to identify persons with disabilities and an over-reliance on enumerators, community leaders or field staff to identify disability rather than consulting households and individuals. Partners' understanding of disability remains largely rooted in a medical model of disability. This results in low awareness among NENTAD partners that deliberate omissions of persons with disabilities by community leaders - or even sometimes by families - could be an issue. Where data on disability was collected, it was not collated in a usable format for sharing with the review team.

Key Inclusion Standard 2: Safe and accessible access

To date, access to NENTAD programmes by people with disabilities does not appear to be widespread. It seems likely that access to services is hampered by information barriers related to communication; in a rights based approach, an analysis of the barriers to access would support the development of a response which was inclusive for all. In the absence of a more systematic approach, action to address the barriers has tended to be on a case-by-case basis, reflecting more of what could be considered a charity approach⁷.

Key Inclusion Standard 3: Resilience

NENTAD partners demonstrated some success in identifying people with disabilities as beneficiaries. There was little evidence, however, of steps to ensure this particularly vulnerable group is represented and participates in NENTAD preparedness, response and recovery actions.

Key Inclusion Standard 4: Knowledge and Participation

The concept of beneficiary participation is embedded in NENTAD partners' policies and practices. This commitment to participation amongst staff demonstrates that a significant attitudinal barrier has been overcome. However, there remains a gap between this positive attitude and meaningful engagement with and learning from people with disabilities: identification mechanisms have not been made fully accessible, no attention has been systematically paid to ensure the representation of people with disabilities, and there has been little engagement with DPOs. This means that persons with disabilities continue to be excluded from most consultations and decision-making in matters directly affecting their lives in host communities and camps. This could be countered by increased understanding of the social model of disability (see **Annex H. Models of Disability**).

⁷ For example, where mobility aids were provided, no prior discussion was had with the individuals and they were not interviewed about their needs to identify the most appropriate aids.

Key Inclusion Standard 5: Feedback and Complaints

The review team found clear evidence of feedback and complaints mechanisms for all NENTAD partners and all partner staff interviewed believed their mechanisms to be clearly accessible to all people within their site of operation. However, unrecognised environmental and communication barriers continue to prevent people with disabilities from utilising these mechanisms, and often from even knowing about them in the first place.

Key Inclusion Standard 6: Coordination

In some humanitarian crises such as Syria, Lebanon⁸ and Ukraine⁹, organisations working on inclusion create a crosscutting subgroup attached to the protection sector; in Turkey, there is a Trauma & Physical Rehabilitation and Disability Working Group under the Health Sector. This does not yet seem to be the case for North East Nigeria¹⁰. Data collected suggested disability issues are not addressed at the level of any of the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) coordination bodies.

Key Inclusion Standard 7: Learning

Learning has been hampered by the time constraints faced by all partners and the highly volatile security context. Interviews with staff and an analysis of NENTAD programme documents suggests a lack of emphasis on achievements related to disability inclusion, and hence a lack of learning in this area. Very few or no contacts have been made with local DPOs in order to gain knowledge on the situation of persons with disabilities. This is exacerbated by the fact that the capacity of the DPOs in Nigeria, particularly in the North East, is generally weak, and they have only limited capacity to advocate for themselves or engage with International Non-Governmental Organisations (INGOs). The review did not find any evidence of alliances forged between INGOs to improve skills and learning on other good practices.

Key Inclusion Standard 8: Human resources

All interviewees acknowledged capacity gaps in their staff's skills relating to disability and age inclusion. None of the organisations indicated in the self-assessment survey or interviews that they had an "Inclusion Advisor" or "Inclusion focal point" within their staff in country. There was some evidence of inclusion of persons with disabilities amongst NENTAD partner staff, which is linked to inclusive human resource policies¹¹.

Key Inclusion Standard 9: Resources management

None of the representatives of the four consortia responding to the self-assessment survey knew how much budget was allocated to taking disability into account in their projects. As

⁸ The cross-sectoral Disability and Older Age Working Group, available [here](#).

⁹ There is an Age and Disability Technical Working Group (chaired by HelpAge) set up in December 2015 and active under the Protection Cluster and a Housing, Land and Property Rights Technical Working Group (chaired by NRC), under the umbrella of the Protection and Shelter/NFI Clusters, available [here](#).

¹⁰ Turkey Health Cluster Bulletin July 2018, available [here](#).

¹¹ Humanitarian Inclusion Standard 8.2: Implement inclusive human resources policies.

IEC (Information, Education and Communication) materials are regularly reviewed, there are opportunities to update information provided to mention and picture persons with all type of impairments, and hence to highlight the resources available for older people and people with disabilities as part of NENTAD projects.

There are a number of reasons for these findings. In a context of complex humanitarian crisis, it is difficult for newly engaged staff to tackle all these issues while delivering assistance as the main objective, especially as disability inclusion is fairly new for humanitarian practitioners in the field. The humanitarian crisis in North East Nigeria has spread to hard-to-reach areas where the security context is still highly volatile, and requires day-to-day adaptation from humanitarian teams to continue activities. The security situation has often overshadowed other considerations. Moreover, none of the humanitarian organizations present in North East Nigeria today were present prior to the outbreak of the crisis. Field teams (who are large in number, due to the scale of the crisis) are often "first missions", and acculturation to humanitarian principles occurs as staff gain experience and become more senior. This often results in little consideration of how to take into account the needs of older people and people with disabilities, including limited knowledge of relevant international policy frameworks. In addition, staff turnover has been (and remains in some organisations) significant, which works against developing the capacity of staff in this area.

A radar chart has been developed for each programme reviewed, to evaluate progress against the nine key inclusion standards (KIS) of the Humanitarian Inclusion Standards:

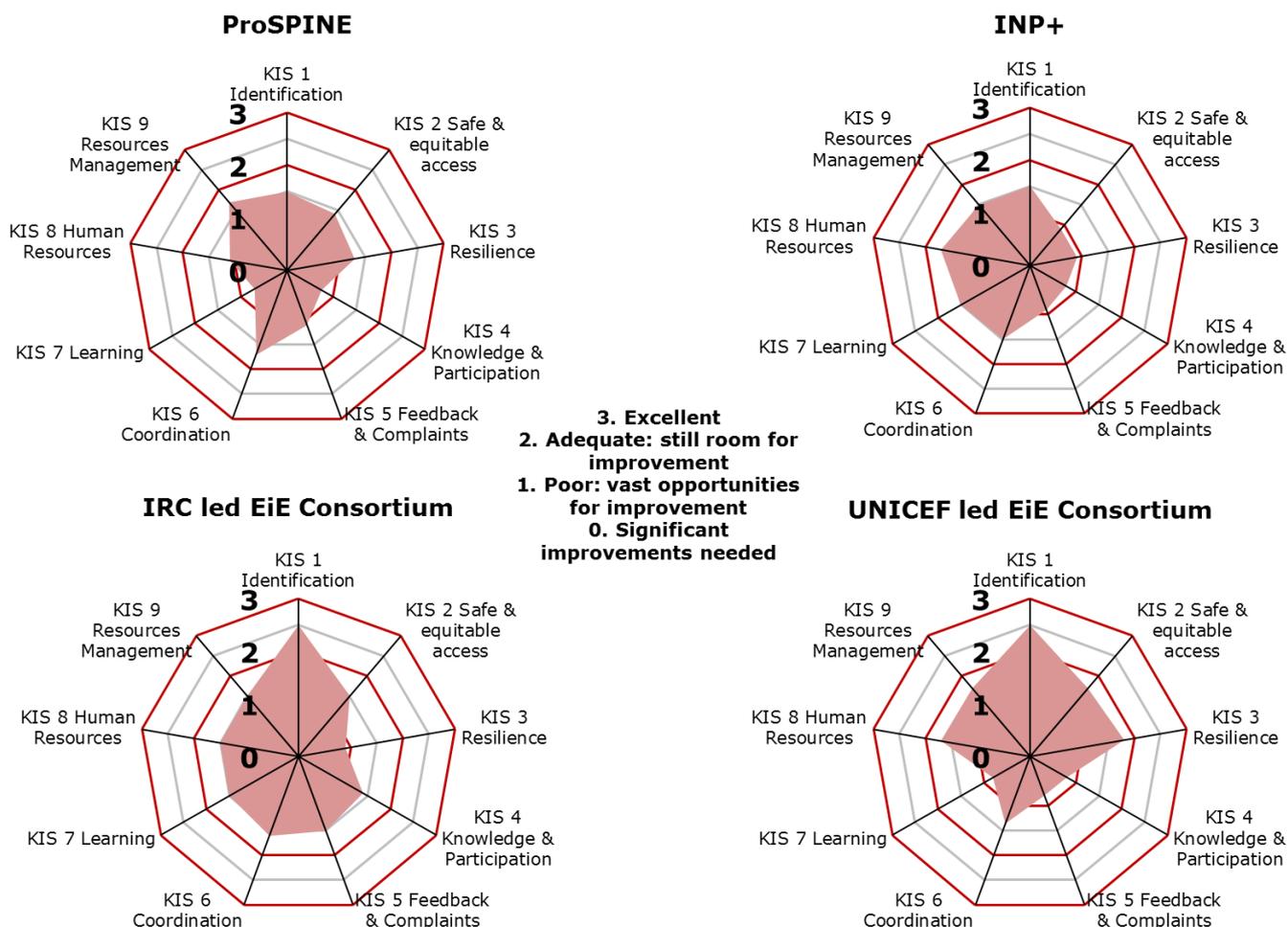


Figure 2 Radar charts showing progress against KIS for the four NENTAD programmes reviewed

Recommendations

Based on the gaps identified above under the different KIS, the following recommendations have been developed, to build on the steps taken so far and make practices more inclusive in the future, alongside DFID's own demonstrated commitment to this work. The first four recommendations are for DFID Nigeria, with the remaining five more specifically for the mainstream humanitarian organisations delivering NENTAD projects. Two recommendations are cross-cutting, applicable for DFID, humanitarian mainstream organisations implementing NENTAD and other humanitarian sector organisations.

The ease of implementation, budget required and urgency has been tentatively proposed to assist in prioritising these; partners and DFID may, based on further knowledge of their own organisational context, wish to shape these further and reprioritise them.

Ease of implementation	Budget requirements	Urgency
Implementation very challenging 	High costs involved 	High urgency 
Implementation moderately challenging 	Moderate costs involved 	Moderate urgency 
Implementation not challenging 	Low costs involved 	Low urgency 

Figure 3 Key to symbols used to categorise recommendations

Recommendations for DFID Nigeria

Notes

Ease of implementation

Budget requirements

Urgency

1. Strengthen infrastructure within DFID Nigeria to support inclusive programming

1a. Invest in human resources to support disability inclusion	Appointment of a dedicated Humanitarian and Development Disability Advisor			
1b. Increase DFID humanitarian team capacity building in disability	Ensure DFID programme staff are trained on disability awareness and inclusion			
2. Disability inclusion principles and indicators should be clearly and precisely stated to the implementing partners.	Call for proposals and the grant agreement or contract to state principles of inclusion, and resources for grantees.			
3. Build inclusion into next phase of NENTAD programme	Complement funding to mainstream organisations with a disability pool fund for specific inclusion activities. Logframe indicator on inclusion.			
3a. Increase efforts to build better disability data	Technical seminars, forming links with organisations experienced in this area, or networking partners to share their learning			
3b. Ensure partners allocate budget lines for inclusive humanitarian response	Reviewing budgets submitted by implementing partners for inclusion			

4. Bridge the gap between disability-specific and mainstream stakeholders to ensure mainstream organisations respond effectively to the needs of persons with disabilities	Funding for technical assistance and trainings delivered by disability-specific INGOs and DPOs			
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Figure 4 Recommendations for DFID Nigeria

Recommendations for NENTAD partners	Ease of implementation	Budget requirements	Urgency
5. Adopt an inclusive project cycle management approach to ensure disability inclusion at all stages of the project cycle			
6. Appointment of an "Inclusion Advisor" or "Focal point for inclusion" within each organisation or consortium			
7. Conduct a barriers analysis to understand what limits the participation and access to services of persons with disabilities			
8. Support staff and hold them accountable for disability inclusion			
9. Institutionalise disability inclusion within the organisation's way of working, including training processes and human resource policies			

Figure 5 Recommendations for NENTAD partners

Recommendation for DFID, humanitarian mainstream organisations implementing NENTAD and other humanitarian sector organisations	Ease of implementation	Budget requirements	Urgency
10. Work towards the accessibility of public sector infrastructure, through constructing new facilities using principles of universal design, accessibility modifications to existing structures, and advocacy to Government.			

11. Share learning about disability inclusion between humanitarian organisations



Figure 6 Recommendations for DFID, humanitarian mainstream organisations implementing NENTAD, and other humanitarian sector organisations

Core commitments are still necessary to ensure that humanitarian aid delivered in North East Nigeria is inclusive of all people of all ages. Whilst recognising the limited progress made on inclusion to date, partner staff showed a high degree of support and enthusiasm for making their NENTAD interventions more inclusive. Staff buy-in and organisational will to be more inclusive amongst NENTAD partners is an important foundation on which to implement these recommendations, alongside DFID's own commitment to this work.

Acronyms

AAH / ACF	Action Against Hunger/ Action Contre la Faim
BSFP	Blanket Supplementary Feeding Programme
CBM	Formerly Christoffel-Blindenmission (or Christian Blind Mission).
CBT	Cash-Based Transfers
CCC	UNICEF's Core Commitments for Children in Humanitarian Action
CFS	Child Friendly Spaces
CHS	Core Humanitarian Standard on Quality and Accountability
CP	Child protection
(UN) CRPD	(United Nations) Convention on the rights of persons with disabilities
CSO	Civil society organisation
DDG	Danish Demining Group
(UN) DESA	UN Department of Economic and Social Affairs
DFID	Department for International Development.
DRC	Danish Refugee Council
DPO (OPD)	Disabled People's Organisation (also known as Organisations of Persons with Disabilities or OPD)
EiE	Education in Emergencies
EMOP	Emergency Operation (World Food Programme)
EU	European Union
FGD	Focus Group Discussion
GBVIMS	Gender-Based Violence Information Management System
GBV	Gender-Based Violence
HIS	Humanitarian Inclusion Standards
IASC	Inter-Agency Standing Committee
ICLA	Information, Counselling and Legal Assistance activities
IDA	International Disability Alliance
ID/CD	Identity and Civil Documents
IDC	International Development Committee of the UK Parliament ¹²
IDP	Internally displaced person
IED	Improvised explosive device

¹² UK Parliament website of IDC, available [here](#).

IEC	Information, Education and Communication
IGA	Income generating activities
INEE	Inter-agency Network on Education in Emergencies
INGO	International Non-Governmental Organisation
INP+	Integrated Basic Nutrition Response to the Humanitarian Crisis in Borno and Yobe
IOM	International Organisation for Migration
IRC	International Rescue Committee
JONAPWD	Joint National Association of Persons with Disabilities
KII	Key Informant Interview
KIS	Key Inclusion Standards (from the HIS)
LF	Learning Facilitators
LGA	Local Government Authority
MEL	Monitoring, Evaluation and Learning
MHPSS	Mental Health and Psychosocial Services
MRM	UN Monitoring and Reporting Mechanism on grave violations
MRE	Mine risk education
NENTAD	North East Nigeria Transition to Development
NFI	Non-Food Items
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHC	Primary Healthcare Centre
PLW	Pregnant and lactating women
ProSPINE	Promoting Rights and Supporting Protection Needs in North East Nigeria
ROHI	Restoration of Hope Initiative
SCI	Save the Children International
SBMC	School-Based Management Committees
SAM	Severe acute malnutrition
SGBV	Sexual and gender-based violence
SOP	Standard Operating Procedures
StC	Save the Children
UN	United Nations
UNICEF	United Nations Fund for Children

VAF	Vulnerability Assessment Framework
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WG	Washington Group Questions on disability
WHO	World Health Organisation
WRC	World Refugee Council

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1. Introduction to the Disability Audit of Humanitarian Response - NENTAD

This disability audit of DFID’s humanitarian response in North East Nigeria is important because humanitarian response cannot achieve its purpose of providing assistance and protection to all based on need, and without discrimination, if it excludes persons with disabilities who are highly vulnerable in disaster, emergency or complex emergency situations¹³. They may not be properly informed of what is going on, they may be left behind if they are physically unable to evacuate, they may lose their carer, their assistive devices and their means of independence, and they may struggle to access shelters, camps, and food distribution sites¹⁴. The recently published UN Department of Economic and Social Affairs (DESA) report on disability and the Sustainable Development Goals notes that persons with disabilities are regularly neglected in the contingency planning, assessment, design, and delivery phases of humanitarian relief.

“The needs of persons with disabilities are often overlooked in the early phases of response to humanitarian emergencies and difficulties are often faced in accessing services and assistance (...). Refugees with disabilities are often exposed to discrimination in the places where they seek to live”.

United Nations Department of Economic and Social Affairs, 2018, Realization of the Sustainable Development Goals by, for and with Persons with Disabilities: UN Flagship Report on Disability and Development 2018. p38.

Emergency situations such as conflicts or natural disasters can also generate an increased number of people who experience disability owing to new injuries, a lack of quality medical care, or the collapse of essential services including health. Persons with disabilities are

Definition of inclusion in emergencies:

“Inclusion in emergency programming focuses on using the analysis of how people are excluded to actively reduce that exclusion by creating an environment where differences are embraced and promoted as strengths. Providing inclusive services means giving equitable access to resources for all. In the longer term, inclusion also focuses on facilitating access to opportunities and rights for all by addressing, reducing and ending exclusion, stigma and discrimination.”

United Nations Department of Economic and Social Affairs, 2018, Realization of the Sustainable Development Goals by, for and with Persons with Disabilities: UN Flagship Report on Disability and Development 2018. p38.

seldom considered as important actors in conflict prevention and disaster risk reduction, even though they are often more exposed during conflicts and displacement¹⁵.

¹³ Walter, J., 2007. World Disasters Report 2007: Focus on discrimination.

¹⁴ WHO, W., 2011. World Report on Disability. Geneva: WHO. Handicap International, 2015. Disability in humanitarian context: Views from affected people and field organisations.

¹⁵ Reilly, R., 2008. Disabilities among refugees and conflict-affected populations. Women's Refugee Commission.

Despite the clear importance of considering disability in the disaster management cycle, the topic of age and disability inclusion is quite new for many humanitarian organizations. Some organizations employ individuals or teams with expertise in inclusion at head office, but at field level, operational teams often lack the experience or technical expertise¹⁶ to include persons with disabilities effectively in their response. Often humanitarian actors are not aware of or engaged with local Disabled People's Organisations (DPOs¹⁷), who could make an important contribution to the response. Programme planning and budgeting may not take into account the resources needed to support inclusion. Furthermore, data on persons with disabilities is often inconsistent or absent in emergency contexts, thus hindering the ability of humanitarian actors to identify needs and monitor inclusion.

This review¹⁸ of disability inclusion in the humanitarian response under the NENTAD (North East Nigeria Transition to Development) programme has been undertaken by a team from CBM and JONAPWD, on behalf of the UK Government's Department for International Development (DFID) in Nigeria. It aims to assess the extent to which people with disabilities are systematically and consistently included in, and benefit from, DFID's NENTAD humanitarian response in Nigeria, with particular reference to the Humanitarian Inclusion Standards for Older People and People with Disabilities (HIS) and to disaggregation of data. It seeks to identify recommendations for improvements, and identify good practice and learning to be shared with other humanitarian actors in Nigeria, within DFID and beyond. This report contains the findings from the review, including examples of good practices, along with recommendations for inclusive humanitarian programming and a collection of resources available to support this.

"We will undertake an inclusion review of DFID's humanitarian portfolio beginning in 2019, and explore the intersection of disability, safeguarding, gender and protection needs in sudden onset and protracted crises. DFID Nigeria will pilot this approach."

DFID, December 2018, DFID's Strategy for Disability Inclusive Development 2018-23: Now is the Time.

Section 1 of this document introduces disability and age issues within the humanitarian set-up, outlining the particular situation of this population at risk. It also recalls the review objectives and expectations.

Section 2 identifies the context in which this review took place, in terms of policy and frameworks for inclusion and the complexity of the humanitarian response in Nigeria which, as highlighted throughout this document, has hindered the implementation of inclusive approaches by humanitarian partners.

Section 3 of this report details the methodologies used to carry out this review work. More detail is provided in Annex B.

Section 4 outlines the main findings of the review work for each programme under NENTAD, including action plans.

Section 5 provides conclusions, recommendations and guidance on developing concrete actions for successful humanitarian engagement toward age and disability inclusion in North East Nigeria.

¹⁶ For example, staff may not be trained in issues of accessibility, or may not be aware of relevant existing standards and guidelines.

¹⁷ Also known as Organisations of Persons with Disabilities (OPD)

¹⁸ The terms "audit" and "review" can both be used to describe the work performed; the team chose to use the term "review" as the term "audit" often refers to the financial sector and risked raising concerns amongst the individuals involved in the process. In addition, the term "review" is also used within DFID's Strategy for Disability Inclusive Development 2018-23.

2. Context of the review

For details of the Nigerian context and the humanitarian crisis in North East Nigeria, please see **Annex A**.

Disability situation in Nigeria

The 2006 population census documented that 2.32% of the population lives with disability (this figure remains controversial in the disability community in Nigeria). This is much lower than the WHO (World Health Organisation) World Report on Disability's¹² global estimate of 15% (around 25-30 million people), but is consistent with the 2-3% with severe disability documented in the same report. Currently national prevalence data tends to underestimate, and the World Report is more likely to be closer to the reality.

In Nigeria, disability is not seen as a human rights issue, but "disability issues are viewed in terms of charity and welfare"¹⁹. The traditional response to social care needs in many African societies, where care is provided by family and (social or religious) community members, is being challenged by rapid and profound social changes over recent decades. Government social welfare ministries are struggling to fill this gap and provide social care for all. Indeed in Nigeria, due to limited resources, mismanagement and a lack of legislation, the necessary social care provision is not available to persons with disabilities, who therefore experience a high level of social exclusion.

In addition, the stigma associated with disability within Nigerian society remains significant²⁰. Persons with disabilities are often seen as a disgrace to their families, by relatives, neighbours, and community members. Within rural areas, disability is commonly seen as the result of a "curse". This stigma is partially due to lack of awareness about the genuine causes of impairment and disability²¹, while the perpetuation of traditional beliefs leads to continued prejudice. As noted, the charity and medical approaches to disability remain highly prevalent at all levels of Nigerian society. No major national initiatives or campaigns have been undertaken to date to create awareness or reduce these widespread misperceptions.

Nigeria ratified the United Nations Convention on the Rights of Persons with Disabilities on 30th March 2007 and its Optional Protocol on 24th September 2010²². The Ministry of Women Affairs and Social Development is charged with submitting reports on progress. None has been submitted yet, more than 10 years after ratification. As noted above, the Federal Government of Nigeria recently assented to the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018 in January 2019 (after the audit was concluded, and following a prolonged political process). This prohibits all forms of discrimination on the grounds of disability²³. However at present, only five of thirty-six States – Lagos, Plateau, Ekiti, Bauchi and Jigawa – currently have Disability Acts in place.

¹⁹ See full report commissioned by the DFID in 2008 and realised by Leonard Cheshire Disability and Inclusive Development Centre with the support of JONAPWD: Scoping study: Disability issues in Nigeria [here](#).

²⁰ Etieyibo, E. & Omiegbe, O., 2016, 'Religion, culture, and discrimination against persons with disabilities in Nigeria', *African Journal of Disability* 5(1), a192. Available [here](#).

²¹ See [here](#).

²² See [here](#).

²³ The Act imposes fines of N1,000,000 (around \$2,750) for corporate bodies and N100,000 (around \$275) for individuals or a term of six months imprisonment for violation. The Act provides for a five-

Commitment to inclusive humanitarian response

UNCRPD, Sendai Framework and Humanitarian Disability Charter

Articles 11 and 32 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) require that persons with disabilities benefit from and participate in disaster relief, emergency response and disaster risk reduction strategies. As noted above, disability inclusion is crucial in all phases of disaster management, including disaster risk reduction – preparedness, prevention and mitigation – along with disaster relief, rehabilitation and recovery.

The Sendai Framework for Disaster Risk Reduction 2015-2030 (Sendai Framework²⁴) is the first major agreement of the post-2015 development agenda²⁵. Disability-inclusive language in the Framework document is an important outcome. In addition, the Framework acknowledges the principle of an inclusive “Build Back Better” approach, allowing the reconstruction and recovery period to be taken as an opportunity to address and rectify vulnerabilities in communities.

The Charter on Inclusion of Persons with Disabilities in Humanitarian Action²⁶ – which has been endorsed since May 2016 by key stakeholders, including key humanitarian actors, networks of persons with disabilities and the EU – commits to ensuring non-discrimination, fostering participation, developing inclusive policies and guidelines, fostering inclusive responses and services, and improving cooperation and coordination.

National policy in Nigeria

In line with international commitments, the national policy on Internally Displaced Persons (IDPs) in Nigeria²⁷ recognises the right of displaced persons with disabilities to humanitarian assistance, and seeks to remove barriers that prevent access to services for displaced persons with disabilities, including children. Since January 2019 this has been bolstered by the Disability Bill, which prohibits all forms of discrimination against persons with disabilities. Humanitarian actors are therefore obliged to address the concerns and needs of persons with disabilities in humanitarian response.

year transitional period within which public buildings, structures or automobile are to be modified to be accessible to and usable by persons with disabilities and further states that “before erecting any public structure, its plan shall be scrutinized by the relevant authority to ensure that the plan conforms with the building code”. “An officer who approves or directs the approval of a building plan that contravenes the building code, commits an offence and is liable on conviction to a fine of at least N1,000,000 or a term of imprisonment of two years or both.” Discrimination is prohibited in public transportation facilities and service providers are to make provision for the physically, visually and hearing impaired and all persons. The rights and privileges include education, healthcare, priority in accommodation and emergencies. “Furthermore, all public organisations are to reserve at least 5% of employment opportunities for these persons”.

²⁴ Sendai Declaration [here](#).

²⁵ The Framework has seven targets and four priorities for action. It was endorsed by the UN General Assembly following the 2015 Third UN World Conference on Disaster Risk Reduction.

²⁶ Humanitarian Disability Charter, available [here](#).

²⁷ Federal Republic of Nigeria. August 2012. National Policy on Internally Displaced Persons (IDPs) in Nigeria.

DFID's commitment to inclusive humanitarian action

DFID is a strong supporter of disability issues. DFID was a pioneer in producing high-quality policy papers and reflective literature on disability in development and humanitarian action: notably the updated DFID Disability Framework (December 2015) "Disability Framework – One Year On: Leaving No One Behind", and more recently DFID's Inclusive Data Charter Action Plan (under development since the consultation phase closed in mid-2018). DFID actively supported the finalization of the ADCAP guidelines (developed by the Age and Disability Capacity Programme led by the [Age and Disability Consortium](#)²⁸) and the development of the Humanitarian Inclusion Standards (HIS²⁹), which now form the basis for this review.

The UK government co-hosted the first ever Global Disability Summit with the International Disability Alliance (IDA) and the Government of Kenya in July 2018. Since the Summit, momentum has been building for disability inclusive development worldwide. DFID's 2015 Disability Framework was updated and DFID published their first ever strategy on disability inclusion in 2018, setting out how DFID will put disability at the heart of everything they do³⁰. It includes new standards on disability inclusion for all departments, and four new priority focus areas, including humanitarian action.

DFID are seeking to implement a number of minimum standards that all DFID business units are required to meet in 2019, plus a set of high achievement standards which the organisation is working towards by 2030.

Accompanying the Strategy is a detailed theory of change which is available to all country offices to support their analysis of the specific barriers faced by people with disabilities in their contexts. Crucially it will help to inform the development of action plans to take forward the increased ambition for scale up and achieve the minimum standards in 2019. We are also designing new central guidance and training for country offices on each of the minimum standards, for example, on what

As part of DFID's humanitarian response in the North East of Nigeria, DFID Nigeria also made clear commitments on inclusion; more detail is given in the section below on the scope and objectives of the NENTAD audit.

²⁸ For more details see: <https://www.helpage.org/what-we-do/emergencies/adcap-age-and-disability-capacity-building-programme/>

²⁹ The Minimum Standards were revised and reviewed by key actors in the humanitarian mainstream and disability and ageing sector and key DPO actors in 2018, and launched as the Humanitarian Inclusion Standards for older people and persons with disabilities (HIS) that has now nine standards. This review refers to the Humanitarian inclusion standards for older people and people with disabilities available [here](#). For more details see also [here](#).

³⁰ DFID, December 2018, DFID's Strategy for Disability Inclusive Development 2018-23: Now is the Time.

About the NENTAD programme

NENTAD is a five-year DFID programme (2017-2022) designed to support the transition from humanitarian aid to development across Adamawa, Borno and Yobe States. It has a budget of £300m over five years. It was designed to be responsive to the changing humanitarian context and thus evolve after the end of the “Life Saving Humanitarian Support to North East Nigeria” 2015-2017 programme (also referred to as “Lifesaving” programme) from an emergency approach to early recovery programming. The 2017 NENTAD annual review noted that there were no disruptions to any DFID funded projects between the two phases, highlighting a considerable continuity between the two programmes.

The NENTAD programme delivers humanitarian assistance in several clusters: nutrition and food security (INP+), protection (ProSPINE) and Education in Emergencies (EiE). Some programmes provide multi-sector support including health, Water, Sanitation and Hygiene (WASH), shelter and livelihoods interventions.

The following projects are receiving funding under the NENTAD programme:

1. UNICEF-led project “Integrated Basic Nutrition Response to Humanitarian Crisis in Borno & Yobe, including multi-sectoral pilot (INP+)”.
 - Implemented with the World Food Programme (WFP) and Action Contre la Faim/ Action Against Hunger (ACF - AAH).
 - July 2017-March 2019.
 - Contract value: £14.1m for UNICEF, £11.5m for WFP activities and £7.9m to AAH.
2. UNICEF-led project for Education in Emergencies “Foundation for the Future: Protective inclusive quality education for conflict-affected children in Borno & Yobe”.
 - Implemented with Plan International, Save the Children and FHI 360.
 - October 17 to May 19.
 - Contract value £ 6.5m.
3. IRC-led project “ProSPINE Consortium Project”
 - Implemented with Save the Children, Danish Refugee Council (DRC) and Norwegian Refugee Council (NRC).
 - April 2017 to March 2019.
 - Contract value: £ 10.2m.
4. IRC-led project “Education in Emergency”.
 - Implemented with Creative Associates and local organisations.
 - Oct 17 to May 2019.
 - Contract value: £ 6.5m.
5. ICRC multi-sectoral project
6. International NGO Safety Organization (INSO) activities in the security and logistics sectors
 - April 2017 onwards.
 - Contract Value £ 2.7m.
7. United Nations Humanitarian Air Service (UNHAS) activities in the security and logistics sectors
 - April 2017 onwards.
8. WFP- EMOP

- On a yearly basis, DFID is also co-funding the World Food Programme Emergency Operation (WFP - EMOP) that started in July 2016.

The NENTAD Business Case mentions two commitments on disability:

- “Supporting partners to deliver on DFID’s commitment to include disaggregated data on age and disability as part of its requirements for funding humanitarian proposals, and;
- Advocating for the use of the Minimum Standards on Age and Disability Inclusion in Humanitarian Action (hereafter HIS) with humanitarian partners to improve the mainstreaming of the principles of inclusion.”³¹

It is important to note for this review that the partners implementing programmes under NENTAD faced considerable challenges in implementation due to the protracted nature of the crisis, low levels of infrastructure, high staff turnover and security challenges.

Despite recent efforts, the situation in North East Nigeria remains of serious concern in many of the sectors of humanitarian work. Protection of civilians is high on the agenda for the humanitarian community, as civilians living in conflict-affected areas suffer from grave violations of human rights and dignity. Food security and nutrition remain concerning³². The provision of essential public services, such as health, education, and water and sanitation, is restricted or non-existent, and many related institutions have collapsed in conflict-affected areas; civil servants have not yet returned to these areas.

The humanitarian response has been deployed in this extremely difficult context, aggravated by attacks and a number of recent murders of humanitarian aid workers that violate the principles of humanitarian response, hampering the provision of assistance to vulnerable populations.

Staff turnover in an environment where there is a huge gap in available capacity, as well as an increase in the demand for experienced humanitarian staff by other programmes, leads to knowledge loss, lack of continuity in support and has a resulting negative impact on programme implementation. Several initiatives have been conducted over 2018 to enhance humanitarian workers’ capacities to deliver a quality humanitarian response, such as the iMMAP training and capacity building interventions that benefited 200 professionals across all three states³³. However, challenges remain considerable for INGOs and UN agencies to recruit and retain experienced aid workers.

Scope and objectives of the NENTAD audit on disability and age inclusion

As noted above in the NENTAD business plan, DFID Nigeria has committed to supporting NENTAD partners to collect disaggregated data on age and disability, and to advocate for the implementation of the HIS in their work.³⁴ In its 2017 annual review of the NENTAD

³¹ DFID, “Business Case North East Nigeria Transition to Development Programme (NENTAD)”, available [here](#).

³² INP+ Quarterly report: Quarter 2, Year 2; July to September 2018

³³ iMMAP. (2018). “The impact of information management support in response to the humanitarian crisis in North East Nigeria, 2018.”

³⁴ Ibid.

programme³⁵, DFID developed a set of recommendations which included the need to conduct a disability review of its NENTAD humanitarian programming.

CBM, working with Joint National Association of Persons with Disabilities (JONAPWD), was commissioned by DFID Nigeria to undertake this inclusion review, the first of its kind amongst DFID's humanitarian programmes, reflecting DFID's considerable investment in humanitarian response in North East Nigeria and significant interest in disability issues.³⁶ The review covers from 2017 to late 2018. During the preliminary meeting in October 2018, the DFID team confirmed that the review would not cover the projects implemented by ICRC, as well as the logistical support projects of WFP, UNHAS and INSO. **The review of the NENTAD portfolio therefore focuses on the consortium projects numbered 1-4 above.**

DFID initiated this review with a view to continuous improvement, to draw lessons from good practices and improve future strategies to make its humanitarian aid inclusive to all. By conducting such a review, DFID Nigeria wishes to obtain a clear, well-documented picture of the situation of NENTAD partner projects in terms of disability inclusion and age, and as expressed at the inception meeting³⁷, to provide NENTAD organisations with a set of action plans for improving inclusion in future programming. These action plans have been developed through face-to-face meetings or Skype calls with NENTAD partners and will be shared individually with each organisation.

As outlined in the NENTAD annual review 2017, this review will "identify critical issues to be addressed and make recommendations to ensure that people with disabilities are included in, and benefit from, [DFID's] humanitarian assistance. The scope of work will: a) assess whether partners have a clear understanding of the Minimum Standards (including the eight key inclusion standards and relevant sector-specific standards); b) provide a clear picture of the status of data disaggregation".

In line with this and specifically, the review of the NENTAD portfolio has been designed to:

- assess whether NENTAD-contracted humanitarian partners have a clear understanding of and the expertise to deliver on the Minimum Standards (in particular the key inclusion standards and relevant sector specific standards)³⁸;
- assess the level of resources allocated and spent on disability mainstreaming and disability focused activities;
- provide a clear picture of what is being done already on data disaggregation (including use of the internationally recommended proxy questions for disability, the Washington Group set of questions);
- provide a clear picture of what is being delivered against the Minimum Standards²⁴;
- identify and assess the challenges in relation to delivering on DFID's commitments;
- identify and assess gaps in practice, make practical and appropriate recommendations to address them;
- develop a strategy to strengthen the capacity and capability of DFID's funded partners to deliver on these commitments;

³⁵ DFID, April 2018, "North East Nigeria Transition to Development Programme Annual Review 2017".

³⁶ Ibid.

³⁷ This meeting was held in Abuja on 11th October 2018

³⁸ Language updated to reflect the change from 8 Minimum Standards for Age and Disability Inclusion in Humanitarian Action to 9 Key Inclusion Standards under the Humanitarian Inclusion Standards.

- document good practice and identify critical learning that can be shared across the humanitarian network in Nigeria (including Government, UN agencies, (I)NGOs and DPOs, civil society and donor partners) and within DFID;
- identify and prioritize issues to be addressed over the next year of the programme, including the responsibilities of different humanitarian programme stakeholders (including DFID).

3. Methodology

The methodology for the review, based on the Humanitarian Inclusion Standards (HIS), incorporated:

a desk review of relevant project documents,

a self-assessment questionnaire,

key informant interviews with staff working on NENTAD programmes and other actors in the humanitarian sector,

observations of project sites, and

focus group discussions (FGDs) with people with disabilities in the areas where NENTAD programmes were operating during November 2018.

Throughout the process the review team, comprised of CBM and JONAPWD staff and additional international disability experts, worked closely with DFID Nigeria and the international and local humanitarian organisations delivering the NENTAD programme.

Security constraints, delayed access to NENTAD partner documents, and a high number of different interlocutors within each organization limited the efficiency of the review process. As a result of the challenging security context, the review team were only able to conduct focus group discussions and meet field staff in person in and around Maiduguri. Whilst this is not anticipated to have affected the conclusions of this review - the team were able to meet all partners, interviewing 33 staff working across all three states using Skype as well as face to face meetings, and all documentary and Key Informant Interview data suggested similar findings in other parts of the North East - the team recognises that this difficult environment is also faced by NENTAD partners when conducting their operations. The review team have sought to ensure this context is reflected in the analysis of the data.

Data from the review was analysed and findings from staff self-assessment and key informant interviews were triangulated against the findings of observations and nine FGDs with 85 participants, before being validated with partners. Two working sessions for NENTAD partner staff were also organised during the field visits.

Full details of the methodology of the review can be found in **Annex B Methodology**.

4. Main findings on inclusion in NENTAD programmes

This following section presents an analysis of the data gathered for this review by consortium. For each consortium, the analysis is structured according to the three key areas or lenses of inclusion for each sector outlined in the Humanitarian Inclusion Standards (HIS)³⁹:

- a. Data and information management
- b. Addressing barriers (mainly attitudinal, environmental and information barriers)
- c. Participation and strengthening older people and people with disabilities' capacities.

The sector-specific inclusion standards are intended to be used in conjunction with the key inclusion standards.

 Key inclusion standards	Nine overarching key inclusion standards
 Protection inclusion standards	<p>These seven sets of sector-specific inclusion standards are structured around three key areas of inclusion:</p> <ol style="list-style-type: none"> 1. data and information management 2. addressing barriers 3. participation of older people and people with disabilities, and strengthening of their capacities.
 Water, sanitation and hygiene inclusion standards	
 Food security and livelihoods inclusion standards	
 Nutrition inclusion standards	
 Shelter, settlements and household items inclusion standards	
 Health inclusion standards	
 Education inclusion standards	

Figure 7 Humanitarian Inclusion Standards Overview

Based on the analysis of the three areas or lenses of inclusion above, progress has been mapped against the nine overarching Key Inclusion Standards.

³⁹ The Humanitarian inclusion standards for older people and people with disabilities consist of nine Key inclusion standards, derived from the Nine Commitments of the Core Humanitarian Standard on Quality and Accountability (CHS), and seven sets of sector-specific inclusion standards: protection; water, sanitation and hygiene; food security and livelihoods; nutrition; shelter, settlement and household items; health; and education. The sector inclusion standards are structured around three key areas of inclusion. The sector-specific inclusion standards are intended to be used in conjunction with the Key inclusion standards are intended to be used in conjunction with the nine Key inclusion standards. [See page 10 of the HIS for more details.](#)

Key inclusion standards

1. **Identification:** Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.
2. **Safe and equitable access:** Older people and people with disabilities have safe and equitable access to humanitarian assistance.
3. **Resilience:** Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.
4. **Knowledge and participation:** Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.
5. **Feedback and complaints:** Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.
6. **Coordination:** Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.
7. **Learning:** Organisations collect and apply learning to deliver more inclusive assistance.
8. **Human resources:** Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.
9. **Resources management:** Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

See page 16-17 of the [Humanitarian Inclusion Standards \(HIS\)](#).

Review of ProSPINE Consortium: “Promoting Rights and Supporting Protection Needs in North East Nigeria”

About the project

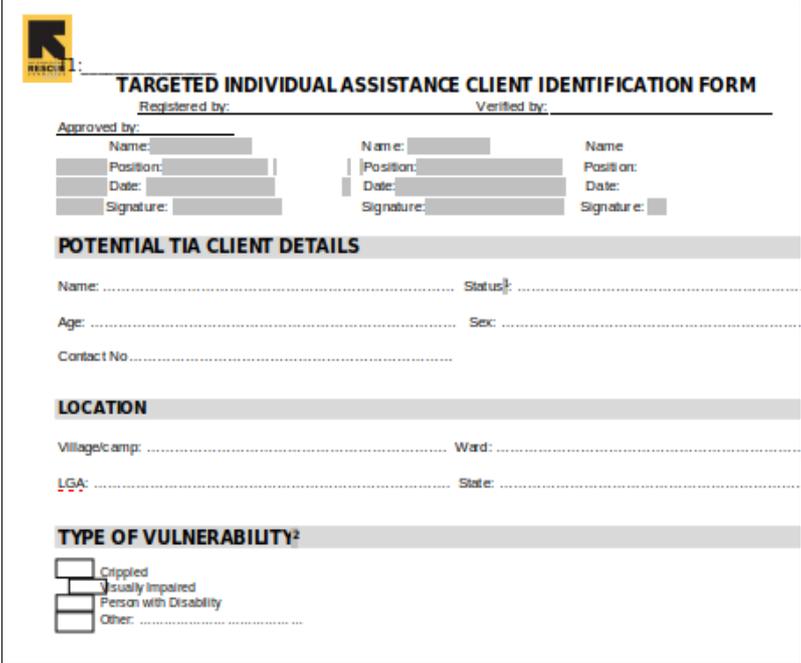
The “Promoting Rights and Supporting Protection Needs in North East Nigeria” or ProSPINE project is implemented by a consortium led by the International Rescue Committee (IRC), in partnership with Save the Children International (StC), the Norwegian Refugee Council (NRC) and the Danish Refugee Council (DRC), including the Danish Demining Group (DDG). The total project duration is 36 months (2016- 2019) and it is implemented in Adamawa, Borno and Yobe states.

This protection-focused programme involves targeted protection assistance and case management for vulnerable individuals. It aims to address the urgent needs of internally displaced persons (IDPs), host community members, and returnees, through capacity building for government and community-based protection structures to ensure the sustainability of project goals. It also works to strengthen referral pathways, as well as community members’ knowledge of rights, so that community members have a voice in their own community development. The project undertakes advocacy to key government stakeholders to improve the policy environment. Interventions are multi-sectoral.

ProSPINE focuses on vulnerable people and groups; for example, ProSPINE staff highlighted a focus on the needs of girls, who are particularly affected by this crisis.

a. Data and information management

Each of the consortium partners uses different data collection practices and tools to identify their beneficiaries. During protection needs assessments, ProSPINE consortium partners did not indicate having collected information on barriers to and factors facilitating the participation of persons with disabilities. The consortium has not set up a specific strategy to identify persons with disabilities during the assessment phase - at the early stages of the ProSPINE project. However, the staff interviewed recognised that persons with disabilities might be at greater risk than others and particularly vulnerable⁴⁰. As shown in figures 6 to 8, some partners have made efforts to collect information on persons with disability now that their programmes are established.



TARGETED INDIVIDUAL ASSISTANCE CLIENT IDENTIFICATION FORM

Registered by: _____ Verified by: _____

Approved by: _____

Name: _____ Position: _____ Date: _____ Signature: _____

Name: _____ Position: _____ Date: _____ Signature: _____

Name: _____ Position: _____ Date: _____ Signature: _____

POTENTIAL TIA CLIENT DETAILS

Name: Status:

Age: Sex:

Contact No:

LOCATION

Village/camp: Ward:

LGA: State:

TYPE OF VULNERABILITY:

Crippled

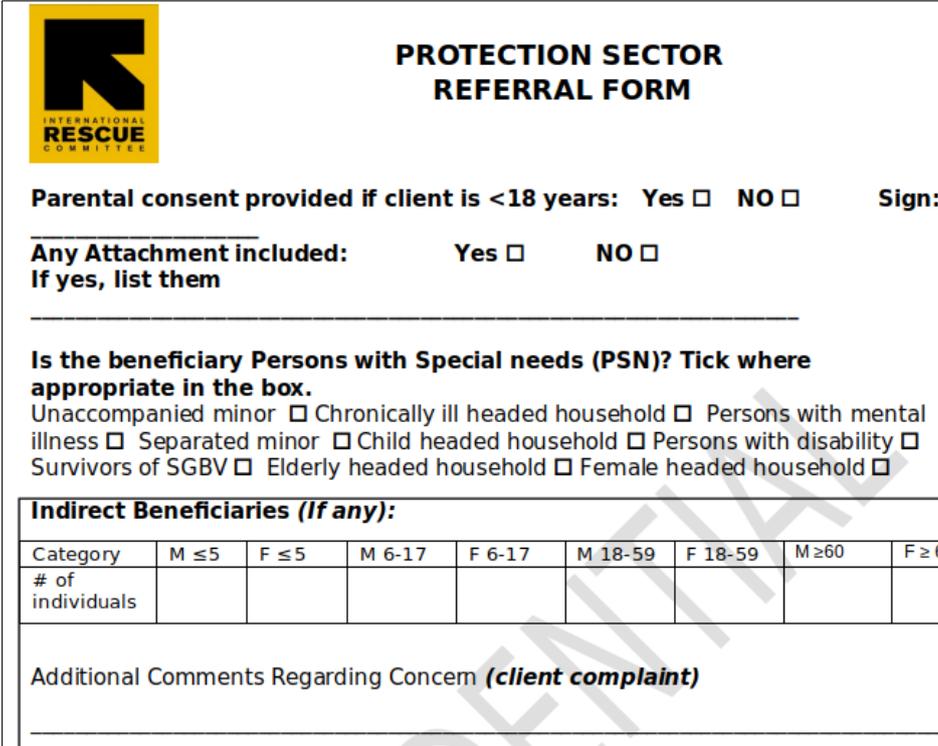
Visually Impaired

Person with Disability

Other:

Figure 8 IRC Identification form

As shown in figures 6 to 8, some partners have made efforts to collect information on persons with disability now that their programmes are established.



PROTECTION SECTOR REFERRAL FORM

Parental consent provided if client is <18 years: Yes NO **Sign:** _____

Any Attachment included: Yes NO
If yes, list them _____

Is the beneficiary Persons with Special needs (PSN)? Tick where appropriate in the box.

Unaccompanied minor Chronically ill headed household Persons with mental illness Separated minor Child headed household Persons with disability Survivors of SGBV Elderly headed household Female headed household

Indirect Beneficiaries (If any):								
Category	M ≤5	F ≤5	M 6-17	F 6-17	M 18-59	F 18-59	M ≥60	F ≥60
# of individuals								

Additional Comments Regarding Concern (**client complaint**)

Interviews with staff indicated that community mobilizers working for IRC in protection carry out identification of persons with disabilities at field level with the support of the community leaders. Forms are completed by field staff (community mobilisers, facilitators, etc.) during an interview with the beneficiary. Several forms from IRC were shared with the review team to demonstrate that persons with disabilities were taken into account at different stages of

⁴⁰ For example, research from the Women's Refugee Commission shows that women and girls with disabilities are particularly at risk of sexual and gender-based violence: see [here](#).

the project cycle. However, in the formats which the review team had access to, the terminology used shows limited experience of appropriate phrasing (e.g. Washington Group Questions). The targeted individual assistance form provided above distinguishes several fields of vulnerability criteria using sometimes inappropriate terminology which mixes impairment, with disability: “*crippled; visually impaired; Person with disability; other*”. This suggests the need for staff training to increase awareness and understanding of disability issues.

The distribution list (see Figure 10) highlights “*disability criteria*” (which appear to include wider vulnerability criteria). Although highlighting the inclusion of people with disabilities, it similarly includes inappropriate terminology and an unusual list⁴¹.

The Norwegian Refugee Council (NRC) is a key partner for the Protection component of the project. NRC is providing Information, Counselling and Legal Assistance activities (ICLA). Disability is a criterion for vulnerability defined for this programme, but the specific vulnerabilities of persons with disabilities are not addressed. At community level, ICLA activities involve vulnerable communities by providing Identity and Civil Documents (ID/CD), legal assistance, and birth certificates through logistical support to the National Identity Management Commission for the registration and issuance of national identity cards. A total of 77,403 beneficiaries have benefited from ICLA activities.

⁴¹ The disability criteria are given as: “Cripple, Visually Impaired, Female head of household, Child head of household, Elderly head of household, Chronically ill head of household, Unaccompanied elderly Pregnant/lactating woman, Child associated with armed group, Unaccompanied or separated child, Orphan, Widow, Serious medical condition, person with special legal need or physical protection need, person with disability, person with divest sexual orientation or gender identity (LGBTI individuals), child spouse, pregnant girls, child survivors of GBV, youth out of school and unemployed youth, youth formerly associated with arm group, women formally associated with arm groups, survivors of GBV, older person without family or community support, person with physical/mental disability, person leaving with or at the risk of HIV/AIDs, survivors of torture, minority groups, disenfranchise youth and men, single male head of household”.

Contrary to responses to the self-assessment survey, the review team did not find evidence during interviews with staff that ProSPINE consortium partners invited persons with disabilities to participate in their initial assessment, including specific protection assessments to make sure the particular protection risks they face are identified. During the protection needs assessment, ProSPINE consortium partners did not collect information on the barriers to and factors facilitating the participation of persons with disabilities. According to ProSPINE staff interviewed, persons with disabilities have not been part of the consultations to understand their specific needs, nor to define the location and design of the facilities. There is no coordination with local actors or other non-governmental actors, including DPOs, to share information on the protection risks and concerns affecting the persons with disabilities.

Until October 2018, ProSPINE partners did not disaggregate data in a systematic way. However since October 2018, the ProSPINE consortium has made great efforts to begin early stages in the process of disaggregating data by disability type using the Washington Group Questions. This disaggregation process has not yet been fully implemented, but the first important steps have been taken. IRC has initiated an identification process as part of its DFID Consortium Indicator Tracker. This monitoring tool will soon ensure that data is disaggregated by gender and age categories. Data disaggregation has also been introduced recently for women and men with disabilities, and disability disaggregation fields were observed in the tracking table shared by the project team after interviews (though not yet completed).

b. Addressing barriers

Within the Protection sector, it is critical to underline that persons with disabilities are particularly at risk, within a context of higher risk of abuse due to the protracted conflict situation. Persons with disabilities may not be mobile, may have communication difficulties or be isolated, and may be children or adolescents; they are particularly at risk of not only physical, verbal or emotional abuse, but also sexual and financial abuse and neglect. They may not be aware of their rights, and their risk of not being registered can therefore be higher than other informed persons.

Under ProSPINE, people with disabilities are receiving the same support as other vulnerable persons, with no additional considerations.

Through ICLA, NRC staff identify IDPs who have lost important documents such as birth certificates. IDPs are referred to a protection office where they can replace these. ICLA staff did not receive specific training sessions on disability to address barriers for persons with disabilities to access ICLA services, but disability is mentioned as a risk factor within the mainstream protection training module. Under the shelter component, NRC did not develop specific training on how to build an accessible shelter.

ProSPINE consortium partners did not adapt monitoring mechanisms related to GBV, such as the Monitoring and Reporting Mechanism on Grave Violations (MRM), for children with disabilities, nor the Gender-based Violence Information System (GBVIMS), to report violence and abuse experienced by older people and people with disabilities. The adaptation of this monitoring mechanism is particularly important because it is known that the prevalence of violence and sexual abuse is much higher amongst people with disabilities than among

those without disabilities⁴². Without an adapted monitoring mechanism, incidents of violence against people with disabilities are likely to go unreported, with the protection sector lacking the relevant data to respond effectively.

Attitudinal

One of the major barriers for persons with disabilities, found across all sectors (not only in protection), is the cultural situation associated with disability in North East Nigeria. Persons with disabilities often stay in their household or local area, are hidden, and therefore do not have access to services including protection (see Disability situation in Nigeria). NRC staff recognized that persons with disabilities may be more at risk for this reason, and due to the fact that they often do not know their rights relating to protection issues.

According to some interviews, all NRC staff have benefited from internal awareness raising and training sessions on the rights of displaced people and refugees (including human rights) but it was not clear that this covered disability specifically. ProSPINE partner staff and their communities have not benefited from any awareness raising about the risks faced by persons with disabilities; staff have not yet developed the necessary expertise to build this awareness.

The consortium's Mental Health and Psychosocial Support Services (MHPSS) are accessible to everyone who needs them, including persons with disabilities. However since people with disabilities tend to remain in their local communities and households, few people with disabilities access these services.

Environmental

There are a number of potential barriers to persons with disabilities benefiting from the ProSPINE project that relate to the built environment.

NRC's Shelter Manager noted that the shelters soon to be built under ProSPINE will have wide entrances and are therefore accessible for those with physical disabilities; NRC has trained 10 local carpenters to build these shelters. It would have been ideal to include a general training component on how to build accessible shelters during this training for carpenters. NRC wants to further develop the accessibility of its shelters but the current budget does not allow them to include the additional costs involved, as these were not included in the initial proposal.

For the WASH component, NRC plans to build 100 latrines and bathing shelters in the future; latrine ramps will be installed to improve the accessibility of latrines. Whilst this represents a positive and important measure for inclusion, ramps are only one element of latrine accessibility⁴³, and staff should be supported to implement further actions for accessibility. Furthermore, staff do not have information about possible assistive devices for WASH which may be required by persons with disabilities, such as shower or toilet chairs.

At Mena Camp, DDG has constructed a building for protection activities, but this building has not been made accessible to persons with disabilities. Alongside the review team's observations at project sites, FGDs including persons with disabilities highlighted that the environment constitutes one of the most serious challenges for persons with disabilities -

⁴² Hughes K, Bellis MA, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T, Officer A., 2012, Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012; doi:10.1016/S0410-6736(11)61851-5.

⁴³ See more guidance on CBM HHot tool, presented to the partners during the review, available [here](#).

this was particularly clear from observations and discussions with the group at Modu Sulluri (MMC Maiduguri NRC Protection Sector). The entrances of the compounds, the road and the traditional wastewater drainage system all hinder mobility for persons with physical disabilities using wheelchairs, tricycles and other types of mobility aids (FGD Modi Sulluri).

ProSPINE is addressing the need for assistive devices, which are important for overcoming environmental barriers (see *Good practice: A tricycle to return to school*). However the distribution of wheelchairs is carried out in a way that is not always appropriate. For instance, during FGDs, the review team collected experiences highlighting that wheelchairs have been distributed without assessing the specific needs of the individuals receiving them, nor their respective living environments.

Good practice: A tricycle to return to school

I am an eleven year old boy who was given a tricycle by the Danish Refugee Council (DRC). Initially, I did not often go to school because my school friends would have to carry me. As I grew older, I become too heavy for them to carry me; hence, they stopped taking me to school and nor did they play with me. Since DRC provided me with the wheelchair tricycle, I no longer rely on my friends to move around. I am able to go to school myself and even go to play with my friends in the neighbourhood.” Mohammed

Name changed to protect anonymity



ises are accessible to persons
made during a visit to a Save
front of each classroom was
in the future (see Figure

12).

Communication

Barriers related to communication are considerable amongst the different ProSPINE partners. The cultural context in which persons with disabilities tend to be hidden or not expected to access services reinforces the effects of a lack of information in accessible formats.

Overall, there is a lack of signage to guide people with visual, intellectual or psychosocial disabilities around the different facilities under ProSPINE. In addition, information does not exist in different formats such as Braille, large fonts, nor sign language for NRC’s ICLA, WASH and Shelter activities. People who are deaf are able to access information about most of the ICLA activities through leaflets. DRC-DDG’s mine risk education (MRE) activities have also prioritized visual communication (in this case, posters).



Figure 12 Save the Children Muna School Jere Local Government area

Physical accessibility can also be problematic for MRE sessions because they are organized in open spaces, on the ground or on traditional mats on the sand.

c. Participation and strengthening persons with disabilities' capacities

There is some participation of persons with disabilities in protection activities on a case-by-case basis but this is not currently systematic for most ProSPINE partners. Partner staff are generally aware of vulnerability criteria which include disability, and do not miss the opportunity, when they come across persons with disabilities, to provide them with specific support. However, with no clear strategy at consortium level for ensuring persons with disabilities are involved in the different stages of the NENTAD project, interventions tend to be based on a charitable approach rather than a rights-based approach.

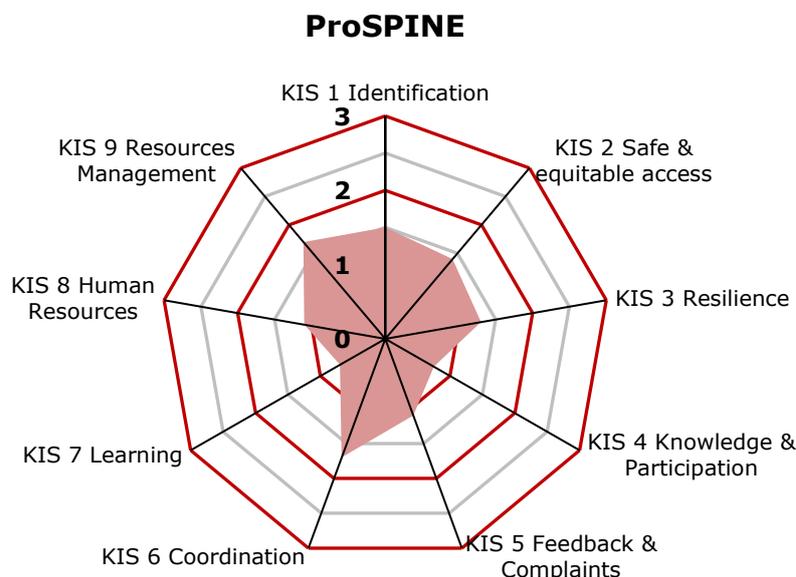
FGDs in Mena Camp (DRC-DDG) suggest that beyond the MRE activities, persons with disabilities in the camp have not participated in any assessment for relevant sectors such as Health, Protection, Nutrition, Cash assistance, WASH, Education, Food assistance. The review team did not find evidence that selection committees (a mix of IDPs and host communities), which play an important role in representing the beneficiaries of protection activities, include any representation of persons with disabilities.

Persons with disabilities at Mena Camp were not aware of their rights as persons with disabilities and they do not appear to have been asked to share their opinions or their needs under this project. This was evident during FGDs, where there appeared to be a lack of trust and self-confidence amongst persons with disabilities to express their views. The persons with disabilities participating in the review were not aware of the existence of JONAPWD or any other DPO who could represent them to the partner.

DDG is generally participatory in their work and their approach to armed violence reduction in Nigeria puts community members at the heart of its interventions. DDG strengthens social cohesion and resilience to insecurity by facilitating the development of community safety plans to enable community members to work together to identify, develop and implement solutions to their own safety needs. In this context, community meetings are organized with specific target groups. For Mine Risk Education activities, DDG has a slightly different approach from other areas of work and tries to reach persons with disabilities specifically.

Summary and proposed action plan to reinforce disability and age inclusion within ProSPINE project

The radar chart below summarizes the consortium's situation with regard to its implementation of the nine KIS, based on an analysis of data collected during the review.



- 3. High effectiveness**
- 2. Reasonable: some good practice with room for improvement**
- 1. Some activity: range of opportunities for improvement**
- 0. No or very little activity: significant gaps to be met**

Figure 13 Radar chart of KIS progress for ProSPINE consortium

The following table outlines specific action points for the consortium, related to key findings from this inclusion review, which builds on the progress that has been made in some areas and provides further actions in the other areas. The focus here is on actions considered most important, impactful and easy to implement quickly, rather than an exhaustive list of actions. Related findings are highlighted against types of action, so that partners can link them to the practices observed during the review. Lacking detailed knowledge of the challenges of each project and each of the consortium members; it is possible that some of the actions are not feasible or appropriate priorities for the partners and projects. The **Useful resources on disability inclusion** section below also provides practical resources on inclusion actions for each sector and can be used by organisations to develop a more exhaustive action plan based on their specific organisational context.

Proposed actions

Action 1. Identification

1.1 Partners could request support from their respective head offices and international structures to develop and validate the use of the WG Questions in their various forms and data collection tools.

An inter-organisation workshop could be held at consortium coordination level to share good practices on disability inclusion

- to ensure all partners learn from good practice examples.
- to review and agree eligibility for considering a person with disability under the vulnerability criteria (for a good practice example in this field see the [Vulnerability Assessment Framework \(VAF\) in Jordan Guidance Note](#) (Nov 2016).

1.2 The involvement of persons with disabilities or DPO members in data collection processes, as enumerators or in enumerator training, should be considered a priority.

Related findings

Persons with disabilities are disproportionately represented among victims of sexual and gender-based violence. The project faces difficulties regarding disability identification, which the review attributed to a lack of knowledge amongst staff on how to administer and use the results of the Washington Group Questions.

Action 2. IEC materials

IEC materials should be reviewed by the consortium team. The support of a disability expert (either from partner head offices and international structures, or from an external disability organisation) could bring great added value to this process.

Because of the low level of literacy amongst displaced people (and particularly among persons with disabilities, whose access to schooling is very limited), tools should be developed using easy read techniques and/or images and illustrations adapted to the cultural context. This could be very useful to ensure persons with disabilities are

Access to protection services, which are particularly important for persons with disabilities, may be hampered by information barriers related to communication.

identified effectively and are able to access all protection activities.

Action 3. Staff empowered to work effectively on disability issues

Develop and integrate a disability-focused module within the existing protection staff training curriculum. This training should refer to the existing guidelines for inclusion in the protection sector (see the **Useful resources** section of this report, and in particular Women's Refugee Commission (WRC) and Child Fund International recent toolkit for child protection actors *Gender based violence against Children and youth with disabilities (2016)*.)

Significant gaps remain in the ability of the staff to translate disability awareness into project implementation practices.

In addition to these proposed actions, obtaining consent from persons with disabilities is an important issue for consideration. According to discussions during field visits, this issue may be considered complicated by some field workers (acting for instance on ICLA activities). Useful approaches to obtaining consent include:

- making sure that treatment protocols and policies are available for persons with disabilities in a simple, clear language (easy-to-read, with illustration, audio) in temporary health facilities;
- identifying sign language interpreters (consult with DPOs where possible), training them on confidentiality and consent processes, and contracting them to ensure they are available;
- preparing an authorisation document, including in easy-to-read text, Braille or explained in audio. In the filing and monitoring system, include a box to tick when consent is collected;
- making sure that the team understands when such authorisation documents should be used and records this in the beneficiary's file;
- during monitoring and evaluation, double check this document is being used.

Other actions of different domains could be improved, but for the time being, ProSPINE partners should consider the three main actions mentioned above.

Review of INP+ Consortium: “Integrated Basic Nutrition Response to the Humanitarian Crisis in Borno and Yobe”

About the project

The INP + project is a consortium project for life saving and health promoting interventions. The current project runs from 1st July, 2017 to 31st March, 2019, with a total budget of £33.5m. It is led by UNICEF (£14.1m for implementation), with Action Against Hunger (£7.9m) and WFP (£11.5m). UNICEF has operational presence supporting nutrition interventions in eight accessible LGAs (Local Government Authorities) in Yobe states and in 23 out of the 27 LGAs of Borno state. Action Against Hunger is delivering assistance in 12 of the 17 LGAs in Yobe State. WFP is providing food assistance (in-kind food and cash-based transfers) at scale in the North East through the INP+ and through another programme (EMOP project- covering general food distributions). INP+ activities concern mainly targeted supplementary food distributions and cash transfers for pregnant and lactating women. Other local or international partners involved in the INP+ programme include Plan International (involved during the inclusion review), ALIMA, Christian Aid, International Medical Corps (IMC), Youth Federation for World Peace (local community-based organisation), etc.

The brief overview above highlights the significant number of beneficiaries targeted by INP+ and the scope of its intervention across several humanitarian sectors. The scale of INP+’s work offers significant potential to shift the paradigm for disability inclusion across the three LGAs.

Brief overview of INP+ coverage

In 2018, during its second year of implementation, 126 nutrition service provision sites were set up (92 in Borno and 34 in Yobe State).

In Borno, 13,779 new children with Severe Acute Malnutrition (SAM) were admitted for treatment, and in Yobe, 1,764 were admitted. Cumulatively, 33,914 children were admitted by the end of the second quarter of 2018.

In the WASH sector, from July to September 2018, the project reached 11,418 people (6,360 in Borno and 5,058 in Yobe) with improved access to a safe water supply, and 40,639 people (34,530 in Borno and 6,109 Yobe) gained improved access to sanitation infrastructure.

The number of people reached with hygiene promotion messages was 373,079 (356,335 in Borno and 16,744 in Yobe) cumulatively for the second year of the INP+ project.

The INP+ project reached 57,000 pregnant and lactating women (PLW)/caregivers of children under two years with the monthly NGN 5,000 cash transfer (45,000 and 1,200 in Borno and Yobe respectively).

Of these, 14,521 were new beneficiary cash recipients. Some 2,887 PLW/caregivers of children under two years old were engaged in income generating activities in a pilot LGA by the project.

a. Data and information management

The INP+ Quarterly Report “Quarter 2, Year 2: July to September 2018” notes that ensuring interventions reach persons with disabilities is a priority for the project, recognising that disability is linked to vulnerability:

The INP+ project works closely with community structures and primary health systems to ensure that individuals identified with disabilities or other forms of vulnerability are prioritized to access the most appropriate assistance available under the INP+ package of interventions.”

INP+ Quarterly Report “Quarter 2, Year 2: July to September 2018”. Page 18: Cross cutting issues - Social exclusion and Gender inequality.

Figure 14 Sample of the INP+ Borno registration form, 2017

mandatory during the registration. Note that the data must be indicated in 4.

P: Principal Recipient
A: Alternate Recipient
B: Beneficiary (Child or Pregnant/Lactating woman)
A: All

Bio Data:P.
A.....

Document type and document number:P.
A.....

Mobile phone number :P.....

Home phone number :P.....

Example:
Document type and document number : P, A
Bio Data : B

6 Additional requests: **BIO DATA FIELDS SHOULD NOT BE MADE MANDATORY PLEASE**

- Name and location of health facility
- Any form of disability Yes/No
- Beneficiary Type: Specify the following:
 - Pregnant Woman:
 - What is the age of pregnancy in months (Check from ANC card)
 - # of ANC Visits at the point of registration (check from ANC card)
 - Did you attend ANC in your last pregnancy Yes/No
 - Did you deliver at the HF Yes/No
 - Lactating Mother:
 - Age (in Months) and sex of the child
 - Child Health services access - Immunization/Growth monitoring/OTP/SC
 - Child MUAC (specify using color code)
- Pregnant and Lactating: (pregnancy to be eligibility criteria)
- Received counselling? Yes/No

However, the INP+ partners do not yet have disaggregated data available; as a result, the review team could not get a clear picture of the number of persons with disabilities reached by the project’s activities. The desk review of project documents indicated that cash beneficiary registration and biometric tools are set up to capture the disability status of individuals, so that the necessary support can be provided (see Figure 14). This includes SCOPE⁴⁴, WFP’s beneficiary identity and benefit management system database. The SCOPE form can be adjusted by the programme team to include any additional information required through the field “additional request”; these requests can be compulsory or optional. The review team were able to view several randomly selected SCOPE requests made and found that the disability response field seldom completed. Given the levels of missing data regarding disability status, it is unsurprising that reference to it was not observed in beneficiary compilation reports (even a basic, binary categorisation as show in Figure 14).

At household level, the Washington Group short set of questions were used for the INP+ baseline in February 2018, driven by UNICEF as consortium lead. Across the four LGAs (State of Yobe and Borno), the results are in line with international trends (see **Table 1**):

⁴⁴ For more information about the SCOPE database, see [here](#).

Table 1 INP+ Baseline Table 6- Household Level Disability Profile

Table 6: Household level disability profile per surveyed LGA

	Borno state		Yobe state	
	Shani (Intervention) n = 605	Bayo (Control) n = 632	Nangere (Intervention) n = 592	Tarmuwa (Control) n = 590
Percent of HH reporting at least one child aged 2 to 17 years with any form of disability	20.2 [17.0 - 23.4]	24.7 [21.3 - 28.0]	19.1 [15.9 - 22.3]	12.9 [10.2 - 15.9]
Percent of HH reporting at least one adult aged 18 to 59 years with any form of disability	2.6 [1.4 - 3.9]	2.5 [1.3 - 3.8]	3.5 [2.1 - 5.0]	1.0 [0.2 - 1.8]
Percent of HH reporting at least one elderly aged 60 years and above with any form of disability	4.0 [2.4 - 5.5]	4.7 [3.1 - 6.4]	4.7 [3.0 - 6.4]	3.6 [2.1 - 5.1]
Percent of HH reporting no one having any form of disability	75.2 [71.8 - 78.6]	70.7 [67.2 - 74.3]	75.2 [71.7 - 78.6]	83.4 [80.4 - 86.4]
Note: Results in square brackets are 95% confidence intervals of the percentages reported; multiple responses allowed				

This identification in the baseline represents a significant step forward. It is now crucial that these results are used to inform service delivery to the identified households and individuals; from interviews with staff involved in implementation, the review team was not clear that this was underway.

At field level, key informant interviews and meetings revealed that the identification of persons with disabilities is mainly, if not always, carried out based on visual direct observations by the enumerator, selecting "disabled" or "non-disabled". The use of the Washington Group questions was not observed in the SCOPE biometric database, nor in other areas.

For UNICEF's nutrition work, disability is mentioned on the Outpatient Therapeutic Programme card with the field "disabled/non-disabled" at health centre/hospital level. Action Against Hunger's (AAH's) identification of persons with disabilities is also based on physical observations (specifically leg or arm problems). AAH did not adapt food security and livelihood assessment and monitoring tools to include disability.

Cash based transfers and income-generating interventions under INP+ target women in order to address gender imbalances by empowering them to contribute to household income. The strategy in this area has not been specifically adapted for women with disabilities, and very few women with disabilities have been reached. Data disaggregated by disability was not available for AAH; however AAH staff interviewed indicated that amongst the 12,000 female beneficiaries of their food security and livelihoods component, only 15 were women with disabilities. In the strategy outlined in the AAH INP+ proposal, disability is among the criteria used to score household vulnerability, as persons with disabilities are exposed to physical obstacles in the environment, which is not generally designed to accommodate them. Priority has been given to eligible households with disabled members during the selection of beneficiary households. For cash transfers, INP+ planned to capture details of secondary beneficiaries to enable women with disabilities to send another family member to receive funds on their behalf if their impairments prevent them from doing so in

person. Women with disabilities should also be identified at the facility or cash disbursement point where queuing is inevitable, so that staff attend to them first.

Plans indicated that health workers and community nutrition mobilizers would be trained to identify disabled children. However key informant interviews did not substantiate this finding: no evidence was found that staff have been trained on disability issues. As UNICEF works in government health facilities for nutrition activities, the agency is not in a position to modify the Ministry of Health's templates to integrate Washington Group questions into them. UNICEF's nutrition programme staff recognized the need to improve the disaggregation of data to include disability status. According to UNICEF staff interviewed, very few children with disabilities have been observed at the Outpatient Therapeutic Programme level. When a child with disability is identified (by visual observation) at assessment stages, UNICEF refers the child to the nearest health centre. Linked to the challenges modifying government forms, there is no data available to monitor any changes to the proportion of women or children with disabilities amongst the targeted beneficiaries.

AAH has reached 40,000 women through care group activities, focused on nutrition education to improve their knowledge of vital care and feeding practices for infants and young children. Amongst them, only two or three women with disabilities have been identified which suggests that outreach activities implemented at community level have not succeeded in identifying women with disabilities. There is a significant level of stigma faced by people with disabilities at the community level. By being hidden within families or communities, people with disabilities are cut off accessing services available to them; in order to address this exclusion from services, work to change attitudes at the community level is required.

Plan International is subcontracted by World Food Programme (WFP), to carry out community mobilization, as well as nutrition activities as part of the Blanket Supplementary Feeding Programme (BSFP), and Cash Based Transfers (CBT) on the INP+ project⁴⁵. The organisation has carried out nutritional awareness activities for mothers with young children and breastfeeding mothers (Yerwa Primary Healthcare Centre (PHC), distributed nutritional supplements and organized culinary demonstration workshops. Plan undertook a household level initial assessment but did not address the issue of disability in this. However, as it was a survey at household level, it did include women with disabilities. With the outreach strategy of using a household survey, the women participating in the Yerwa PHC focus group discussion felt that their needs were taken into account by Plan's work. During the focus

Good practice: Identification and outreach in households rather than at hard to access facilities.

Plan International's work to identify beneficiaries for Blanket Supplementary Feeding Programme and Cash Based Transfer activities involved two different approaches to assessment of women's needs. Assessments carried out at household level were considered more likely to reach women with disabilities than requiring them to attend a health facility.

group discussion conducted in Mairi PHC, another approach was described. Rather than conducting the assessment at household level, it took place at Mairi PHC amongst all pregnant and lactating women. There were no specific efforts to include women with disabilities did not

b. Addressing barriers

Attitudinal

One of the major barriers for persons with disabilities, found in all INP + sectors (Nutrition, Food Security, and Livelihoods), is the cultural dimension of disability in Nigeria's North East. As noted above, persons with disabilities tend to remain in their own local communities and households, and as a result, they can miss out on access to Food Distribution, Livelihood and Nutrition services. INP+ partners did not systematically assess the perceptions of staff and communities about the nutritional needs of infants, young children, pregnant and breastfeeding women with a disability in order to address attitudinal barriers.

Linked to this, staff interviews indicated that most INP+ partners are not specifically delivering messages that challenge preconceptions about disability to promote a positive attitude amongst communities. The community mobilizers of INP+ partners have not received particular awareness messages highlighting the risks faced by women with disabilities, and therefore the specific needs of women with disabilities were not reflected in awareness raising activities. The review team did not receive indications that partners had made efforts to build the capacity of the staff to make food security and livelihood support accessible. AAH staff asserted they were not aware of any negative attitudes or stigma towards persons with disabilities at field level, and that food security services were accessible to all.

Outreach activities are conducted regularly and were expected to reach persons with disabilities; however it did not appear that particular messages had been developed for persons with disabilities (neither for food security, livelihoods nor WASH activities). Although women with disabilities engaged in the BSFP on the whole expressed satisfaction with Plan International's programming, they were not fully aware of the specific nutritional needs women with disabilities and their children may have. For example, they did not get support and information on childcare and feeding practices for pregnant and breastfeeding women with disabilities, including support and information on breastfeeding techniques.

In one focus group discussion at a PHC, women with disabilities who had access to Plan International's Blanket Supplementary Feeding Programme activities shared that they had experienced significant discrimination and stigmatization by other community members. Another reported that women with disabilities had not necessarily experienced stigmatization by the community or staff but nevertheless preferred to interact with other women with disabilities.

Environmental

AAH cash transfer activities take place inside health facilities, but very few facilities are accessible for persons with mobility impairments. AAH WASH activities have recently started to take into consideration accessibility at water points and latrines; however the focus has been on physical accessibility only, with AAH improving access to WASH facilities for people with limited mobility. AAH has different latrine designs: for persons with disabilities and for pregnant women. Latrines building has involved community mobilizers; these volunteers have been trained to build accessible latrines. For cash transfer activities, AAH did not adapt its criteria for targeting the distribution of cash vouchers to ensure safe access for persons with disabilities. Plan International's food and items for preparing and eating were not adapted to the potential specific needs of persons with disabilities.

The physical barriers that were most often mentioned during FGDs were not those related to the INP+ project activities but to the lack of accessibility of services women regularly attend (such as schools or hospitals). One health centre accessed by some female focus group participants with limited mobility has some ramps, but in others, stairs prevent people with mobility impairments from accessing services. An illustration of the importance of accessibility issues was shared during the Mairi FGD: pregnant women with disabilities need to access health centres but find it is particularly difficult to do so. UNICEF delivers its activities in government-run health structures which pre-date the project. UNICEF's nutrition strategy has not to date involved construction; however it would be valuable if the project could improve accessibility to these centres by building ramps or handrails.

During general food distributions (not necessarily under INP+), persons with disabilities must wait in the same way as people who are not disabled. The focus group discussion held at Mena Camp highlighted the difficulties of access to food distributions for IDPs with disabilities. Distribution sites can be quite far to travel to, with no transportation provided which often represents a considerable barrier. According to WFP, their supplementary food distribution organization prioritises persons with disabilities so that waiting times are shorter for people with reduced mobility- with identification carried out by distribution staff through direct observations of field staff. However the persons with disabilities participating in the FGDs at Mena camp were not aware of this. In addition, concerning general food distribution (made through EMOP programme), the problem of equity in food distribution clearly emerged as one of the main issues raised by the participants.

Communication

From the review team's observations, communication barriers are not being addressed by INP+ partners. Most of the time, information is shared with women with disabilities through their relatives, and women with disabilities do not have direct access to information. AAH staff mentioned during interviews that sign language interpretation was available for food security and livelihood activities, but no different formats and communication channels were used to provide information about nutrition services such as feeding practices and breastfeeding support to make them accessible to everyone. For instance, the review team found no evidence of specific signage to guide women with visual impairment, nor particular tools for women with hearing or communication impairments. c. Participation and strengthening persons with disabilities' capacities

There is no clearly stated strategy to ensure the participation of persons with disabilities in nutrition, WASH, food security and livelihoods activities with INP+ partners. As with ProSPINE, a case-by-case approach to encouraging the involvement of persons with disabilities in the different stages of the project has been adopted.

For food security and livelihoods activities, special attention is reportedly given to women with disabilities; however, no mechanisms were observed that ensure the participation of women with disabilities in the various phases of the project in food security and livelihood activities.

Regarding complaints and feedback mechanisms, it is very encouraging that AAH has a complaint mechanism for cash transfer activities, but this mechanism is not specifically adapted to women with disabilities. Even where complaints mechanisms exist, persons with disabilities did not appear to be aware of their existence according to persons with disabilities participating in FGDs. For example, the women with disabilities participating in this review in Yela PHC were not aware of the existence of feedback mechanisms such as

complaint boxes or desks, and they had never had contact with volunteers working at community level to answer questions.

INP+ partners do not work with any DPOs, and were not aware of their role in the areas in which they work: for example, JONAPWD’s presence in Borno State.

Summary and proposed action plan to reinforce disability and age inclusion within INP+ consortium project

The radar chart below summarizes the consortium's situation with regard to its implementation of the nine KIS, based on an analysis of data collected during the review.

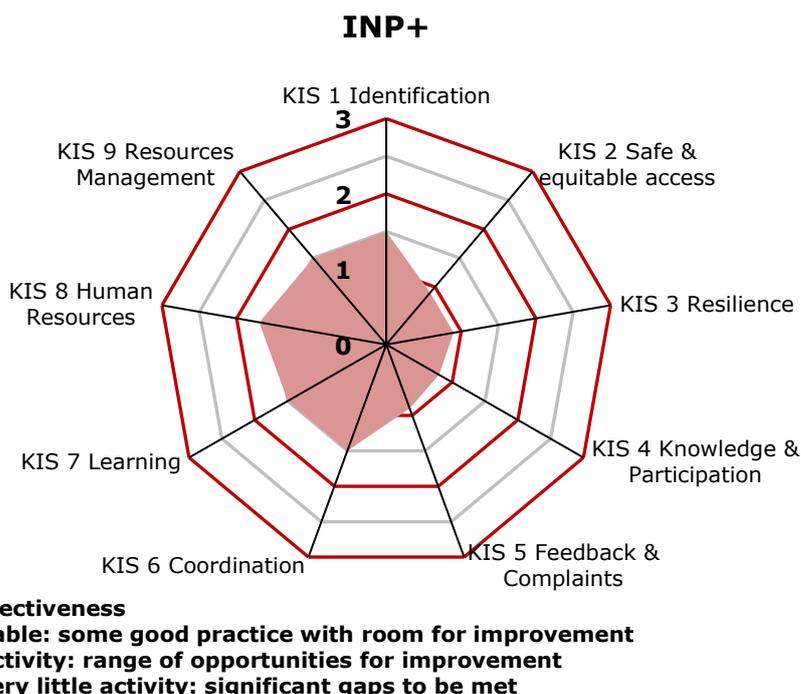


Figure 15 Radar chart of KIS progress for INP+ Consortium

The following table outlines specific action points for the consortium, related to key findings from this inclusion review, which builds on the progress that has been made in some areas and provides further actions in the other areas⁴⁶.

Proposed actions

Action 1. Nutrition

Field staff (including local sub-contracted staff, and LGA facilitators) should be trained in how to include persons with disabilities in

Related findings

According to project literature and interviews, no specific disability inclusive actions have

⁴⁶ As noted for ProSPINE, the focus here is on actions considered most important, impactful and easy to implement quickly, rather than an exhaustive list of actions. Related findings are highlighted against types of action, so that partners can link them to the practices observed during the review. Lacking detailed knowledge of the challenges of each project and each of the consortium members, it is possible that some of the actions are not feasible or appropriate priorities for the partners and projects. The Useful Resources section below provides practical resources on inclusion actions for each sector and can be used by organisations to develop a more exhaustive action plan based on their specific organisational context.

nutrition programming, and be able within the coming year to take appropriate measures to ensure their actions are disability inclusive.

Immediate measures could include, for instance:

- Asking families and caregivers (such as Pregnant Women, Pregnant and Lactating Women) of children with disabilities (such as infants 0-6 months, children 6-23 months, severely malnourished children <5 years), about relevant feeding practices and the types of adaptations needed;
- ensuring nutrition information materials (Nutrition Promotion materials, Infant and Young Child Feeding prevention material,..) are made in multiple formats using different media, such as SMS, radio, TV, but also written information, billboards and through meetings or volunteers providing information house-to-house;
- raising awareness amongst staff about the links between nutrition and disability. See UNICEF Background Note.
 - Undernutrition can lead to impairments
 - Having a disability can lead to under-nutrition in new-borns and infants

been taken. As the review confirms that stigma and discrimination are important in the project's areas of implementation, it is crucial that the project is proactive in disability inclusion to ensure persons with disabilities access services related to nutrition.

Poor knowledge among field staff and caregivers of how to work with disability-related disorders and impairments could compromise the effectiveness of their work (for example, considering the positioning of a child with a disability to ensure adequate feeding).

Action 2. Project site accessibility

For all sectors (WASH, distributions in-kind or cash based transfers, and health facilities used for nutrition activities), it is important to implement training (or use explanatory fact sheets), to pass on technical knowledge based on local standards for accessibility. Where these do not exist in Nigerian law,

Local facilities and premises used by the project are not all accessible to adults and children with mobility, hearing and visual impairments.

international standards and the principles of Universal Design should be used.

This training may address the following stakeholders:

- local and national authorities;
- civil servants working for ministries at LGA levels;
- architects, civil and infrastructure engineers, area planners, construction companies involved in premises rehabilitation.

This training should include general guiding principles for any work carried out in the field of accessibility, local good practices, national laws and standards (where these exist), and practical work on the integration of accessibility using plans, or on-site with local project managers.

In addition to these priority actions, overcoming transportation challenges is a key area for follow-up action.

While designing, implementing and managing any kind of emergency response, it is important to consider how people with different needs and capabilities will use the environment, which includes issues of transportation and mobility. Here are few concrete tips to support the development of adequate transportation for people with disabilities and older people:

- During assessments, to increase people's participation in FGDs or meetings, include safe, accessible and reliable means for transportation and mobility where needed. This will enable persons with disabilities, older persons, women, girls and children to participate safely and without obstacles.
- Identify the requirements of persons with disabilities to access services outside the camp, settlement or urban centre and provide support with transportation where necessary (including through the use of additional or higher cash transfers).
- Keep in mind that women and girls with disabilities may have additional requirements to be able to travel safely, and might need accompaniment in some cases; this could be provided via a buddy system or personal assistant for a few hours per day.
- In major cities (Maiduguri in particular) where public or private collective transport options are available and accessible, identify whether they stop at the facilities and services supported by INP+.

Review of IRC lead EiE Consortium project

About the project

The two-year IRC project (October 2017 - May 2019) is part of DFID's NENTAD Education in Emergencies (EiE) programme. The DFID EiE programme supports both non-formal and formal education to ensure conflict-affected children are attending school and learning relevant literacy, numeracy and social-emotional skills. In schools, the project is working to establish a tutoring programme to provide children at risk of dropping out with needed additional academic support. In Non-Formal Learning Centres (NFLCs) established by IRC consortium partners, the project provides an accelerated learning programme using the national basic literacy curriculum for non-formal education, and supports learners' transition from non-formal to formal schooling. The project is also working to ensure that formal school teachers and Learning Facilitators (LF) receive professional development opportunities to improve their content knowledge in literacy and numeracy and to build the relevant skills and knowledge they need to improve children's learning outcomes. This project is implemented by IRC and Creatives Associates. IRC has contracted various local CSOs to implement this work, such as BOWDI, WINN, Tiamako, PREHYA, Chad International, HALI, ROHI, KABHUDA and DPO JONAPWD in Borno state. Creative Associates is conducting project activities in Yobe State and has contracted nine local CSOs: NEYIF, COCOSOHI, YOFUID, ISODEGG, WAKARDI, PECCORN, Tiamako, PREHYA and JONAPWD, who were involved in the distribution to pupils of assistive devices such as tricycles.

a. Data and information management

IRC and Creative Associates work at the community level to set up Non-Formal Learning Centres. Creative Associates estimated its beneficiaries are 70% IDPs and 30% host community members. At community level the project's strategy involves talking to traditional leaders and directly to communities to encourage girls and boys to go to school, and training Committee Coalitions (community representatives). The identification of children with disabilities is carried out. However it is done through visual observations, and only one category exists- "*Handicapped*" or "*Physically challenged*"- reflecting outdated terminology and a focus on physical impairment.. Apart from the distribution of assistive devices, until October 2018, IRC and Creative Associates did not focus specifically on children with disabilities in their activities but focused more generally on all children in an emergency context, and the consortium did not include any questions to assess the specific needs of children with disabilities in education. Creative Associates monitored the number of children with physical disabilities ("*physically challenged*"), and found a very low percentage of children with disabilities "*among the consortium beneficiaries*" (less than 1% of children benefitting were "*physically challenged*", according to Table 2 below).

Table 2 Disaggregated Data by First Cohort - Creatives Associates⁴⁷

1st Cohort	# FS and NFLC	Total #			# Physically challenged			
		M	F	Total	M	F	Total	%
Yobe LGAs								

⁴⁷ Schools and Non-Formal Learning Centres (NFLCs) with "physically challenged" pupils

Bade	70	3087	2863	5950	27	14	41	0.69
Biu	60	2421	2269	4690	1	0	1	0.02
Damaturu	59	2131	2499	4630	9	4	13	0.28
Kaga	44	1196	1634	2830	7	7	14	0.49
Potiskum	59	2277	2353	4630	0	1	1	0.02
Total	292	11112	11618	22730	44	26	70	0.31

Children with visual, hearing and intellectual impairments were not identified in the first cohort (who participated in the project before October 2018). Teachers do not yet have the skills and knowledge they felt they needed to include severely impaired children in their classroom.

In November 2018, the IRC EiE consortium initiated the data disaggregation process using the Washington Group short set of six questions. This disaggregation process has not yet been implemented: IRC has just started to train an enumerator team and has integrated the questions into its new enrolment form (see Figure 16). Whilst this certainly represents a positive move for the inclusion of children with disabilities, the form shows some problematic adaptation of the questions, with the creation of a field "others" and an open-

text field "Please specify type of disability" under each question. This is in contradiction to the Washington Group protocols which clearly state that no fields should be added to the set.

12/12/2018 Learners Enrollment Form for DFID EiE Education in Emergency Project

Status:

Host Community

IDP

Do you have difficulty seeing, even if wearing glasses?

No - no difficulty

Yes - some difficulty

Yes - a lot of difficulty

Cannot do at all

Others

Please specify type of disability:

Do you have difficulty hearing, even if using a hearing aid?

No- no difficulty

Yes - some difficulty

Yes - a lot of difficulty

Cannot do at all

Others

Please specify type of disability:

b. Addressing barriers

Attitudinal

As noted above, stigma towards persons with disabilities resulting from cultural attitudes represents a major barrier to accessing services, and children with disabilities' access to education is no exception. As Table 2 suggests, only a minority of children with disabilities have access to the education system. Indeed a 2016 UNICEF study using data from beyond the North East of Nigeria found that 69.1% of children

with disabilities are out of school at primary level; in an emergency context, this is likely to be even higher⁴⁸.

A high level of stigma towards children with disabilities was reported during some FGDs with children. Parents' attitudes were regularly mentioned by partners such as ROHI as one of the major barriers to children with disabilities leaving the family home to access education; this had a negative impact on their children's self-confidence. IRC EiE acknowledges that no awareness raising about inclusive education took place at the community level.

Experience shared during FGDs: Maiduguri, Bulumkutu Maisandari Ward Primary Schools

On her first day enrolled, one of the children with disabilities was asked by a group of children without disabilities to remove her clothes so that they could see her amputated leg. She refused, so they beat her and removed the prosthesis by force. Other children without disabilities called her names related to her disability, referred to her as the girl with one leg, and physically abused her.

IRC seeks to promote opportunities for children with and without disabilities to interact and play together to ensure inclusion; no details were shared to demonstrate how this is put into practice. FGD discussions indicated that children with and without disabilities do not tend to interact in a positive way. Mockery and bullying are common occurrences, reinforcing the lack of self-confidence amongst children with disabilities. According to IRC staff interviews, attitudes towards children are regularly monitored; however this monitoring focuses on teachers' attitudes and relates to protection and child rights. It never focuses specifically on disability. There have been very positive steps by IRC to focus on observations about discrimination at large, which could be considered sufficient to address disability issues in some environments but the lack of knowledge about disability in the region is such that a more general strategy could lead to disability discrimination being overlooked. This is intensified by the fact that teachers teach 50 and 100 children per classroom – as a result, IRC staff noted that classroom management issues tend to dominate their attention, leaving little room to deal with specific learners' needs. Schools and non-formal educational activities are flexible and suit various types of learners in theory, but in reality, when teachers have to manage large groups of children, it can be difficult to dedicate time to children with additional needs.

In order to address these attitudinal barriers, IRC has recognised the need to start work at community level to raise awareness of the right to education for children with disabilities. With the second cohort starting in early 2019, IRC has planned for awareness raising activities on disability and education at community level. The material to be used during these awareness-raising activities was not available at the time of the review.

⁴⁸ Mizunoya, Suguru; Mitra, Sophie; Yamasaki, Izumi (2016). Towards Inclusive Education: The impact of disability on school attendance in developing countries, *Innocenti Working Papers* no. 2016-03, UNICEF Office of Research - Innocenti, Florence

Environmental

IRC uses pre-existing schools and spaces that can be utilised for non-formal education; they do not design and construct facilities to be accessible. On the environmental level, poor infrastructure in these schools creates challenges for all pupils, not just children with disabilities. Some schools have issues with sanitation, as there are no functional toilets available (Blumkutu Mdisandari Ward, Primary School). The school visited by the review team was not accessible for children with physical impairments. Information about safety and protection exists but is not adapted to children with disabilities. There are no physical accessibility works planned in the schools managed by ROHI. Some assistive devices have been distributed by JONAPWD, in particular tricycles, to support children with physical impairments travelling to and moving around schools.

The distance to reach the school is also an important physical barrier

One of the girls with disabilities whose house is about 2km from her local school encountered real difficulties going to school. Most of the time she arrived late and teachers kept asking her why she was reaching school late. She always responded that she has difficulties walking and arrived at school very tired.

Education Focus Group Discussion

Communication

From observations and FGD results, it appears communication barriers are also important: there is a lack of signage to guide children with visual or intellectual impairments, a lack of information in different formats such as Braille or large font and no use of sign language. From key informant interviews and observations in schools, children with severe disabilities are not attending school at all; they remain at home or within the community. Most of them have not been identified by any education projects. The review team were not able to observe any specific learning materials such as a tablet and stylus for blind children, or adapted educational materials; such materials do not exist. Sphere standards⁴⁹ and minimum standards for education⁵⁰ were not met in almost all locations covered by the projects. Key informant interviews revealed only one kind of initiative taken to overcome communication barriers for children with disabilities: teachers or NGO monitoring staff who were aware that a child with a visual impairment required accommodation to participate in lessons were sometimes requested to sit at the front of the classroom, in order to see the blackboard more easily.

Institutional

The IRC EiE consortium partners are not coordinating with any specialized schools; the review team understands that no specialised schools in the region are operating outside of the city of Maiduguri. There is no adaptation for children with disabilities within the curriculum used at mainstream schools or at non-formal education spaces. Finally, it is worth noting that despite Nigeria's lack of a coherent national policy on education over past decades due to political instability, especially related to the education of children with

⁴⁹ See Sphere Standards [here](#).

⁵⁰ Minimum Standards for Education: Preparedness, Response, Recovery: Inter-Agency Network for Education in Emergencies (INEE). Available [here](#).

special educational needs, the Universal Basic Education (UBE) policy was adopted in 1999 and enacted into law in 2004. This text provides a legal backing for a claim to inclusion.⁵¹

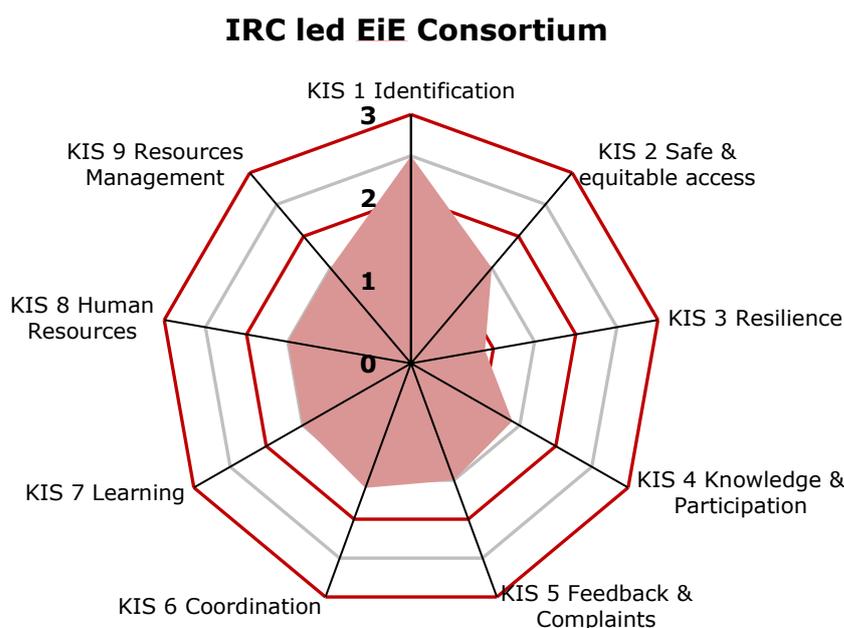
c. Participation and strengthening persons with disabilities' capacities

Although this programme included JONAPWD, the umbrella DPO, amongst CSOs contracted to implement the work, it was not clear to what extent that influenced implementation across the programme.

The level of participation of children with disabilities is generally very low or non-existent. Few children with disabilities appear to be engaged in activities. ROHI mentioned having never received feedback on disability issues; whilst a hotline for complaints exists but is not adapted to children with disabilities. FGDs suggested children with disabilities tended not to know about the existence of a complaints mechanisms relating to their education.

Summary and proposed action plan to reinforce disability and age inclusion within IRC-led EiE project

The radar chart below summarizes the consortium's situation with regard to its implementation of the nine KIS, based on an analysis of data collected during the review.



- 3. High effectiveness**
- 2. Reasonable: some good practice with room for improvement**
- 1. Some activity: range of opportunities for improvement**
- 0. No or very little activity: significant gaps to be met**

Figure 17 Radar chart of KIS progress for IRC led EiE Consortium

⁵¹ Read more in Policy Framework for Inclusive Education in Nigeria: Issues and Challenges, by Omede Andrew A., Public Policy and Administration Research; 2016. (accessed on Dec. 2018). Available [here](#).

The following table outlines specific action points for the consortium, related to key findings from this inclusion review⁵², which builds on the progress that has been made in some areas and provides further actions in the other areas.

⁵² As noted for ProSPINE and INP+, the focus here is on actions considered most important, impactful and easy to implement quickly, rather than an exhaustive list of actions. Related findings are highlighted against types of action, so that partners can link them to the practices observed during the review. Lacking detailed knowledge of the challenges of each project and each of the consortium members, it is possible that some of the actions are not feasible or appropriate priorities for the partners and projects. The Useful Resources section below provides practical resources on inclusion actions for each sector and can be used by organisations to develop a more exhaustive action plan based on their specific organisational context.

Proposed actions Education

Action 1

Within the coming year, arrange a workshop or visit that could provide external technical support on disability issues (either from skilled staff at HQ, or disability-specific organisations).

Terms of reference for the technical support could include :

1.1 Review the use of the Washington Group Questions and adapt data collection forms (for instance the enrolment form) appropriately to collect disability disaggregated data,

1.2 Jointly reflect at consortium level on the criteria to be used to identify a child as having a disability (using responses to Washington Group Questions) and the services to be provided for children with disabilities.

1.3 Training component to build the capacities of staff, including a "disability focal person" to be nominated within the consortium.

Related findings

Lack of expertise to conduct a robust identification of persons with disabilities.

No rationale for the use of the Washington Group questions: collected data is not used at project level to provide adequate services to the identified children.

Significant gaps remain in the ability of the staff to translate disability awareness into project implementation practices.

Action 2 Disability knowledge

- 2.1 Continue and expand efforts already made in disability awareness amongst families, tutors, and teachers. This could be facilitated by the use of community awareness tools, developed to increase understanding of disability.
- 2.2 Develop teachers' capacities to include children with different types of impairment where they can, within the constraints of large class sizes. The focus should initially be on mild impairment, where there is very little scope to include children with multiple or severe disabilities whilst managing other pupils. The recent UNICEF guidelines - "[Guidance Including children with disabilities in humanitarian action – Education](#)" - provides good indications on the "how to".
- 2.3 Moreover, in consultation with the affected community groups, the constraints or barriers faced by persons with disabilities in accessing education services and schools to be identified and action taken to respond to each constraint and barrier. See **Useful resources** section to support this process, notably the Women's Refugee Commission Disabilities Discussion Tool For Field Workers, 2014.

Lack of understanding about disability and persons with disabilities' needs

In the Education sector, the Inter-Agency Network on Education in Emergencies (INEE) guide provides concrete guidelines, suitable to the Nigerian context: [Education in Emergencies, Including Everyone](#). INEE pocket guide to inclusive education. INEE, February 2009.

Review of UNICEF EiE Consortium project

About the project

Initially the project aimed to address the educational needs of conflict-affected children in Borno and Yobe, targeting 60,000 vulnerable children aged 6-12 years (Primary grades 1-6), with a focus on girls and children with disabilities. The emphasis of the EiE interventions is to increase access to quality education for affected communities.

Disaggregating the project targets by state, 42,000 of these vulnerable children are in Borno (70%) and 18,000 in Yobe (30%) – a larger proportion of those targeted are in Borno because the state has been more severely affected by the crisis, with larger numbers of people displaced and children out of school. In both states, the project seeks to work with children in and out of school, to improve the retention and quality of education for children in school, and by increasing access to quality education for children out of school.

In both states, vulnerable children in less accessible, and therefore under-served, areas have been prioritised over those in areas that are more accessible. In addition, areas with higher numbers of IDPs are prioritised; targeted LGAs in both states are those with the highest numbers of IDPs⁵³.

a. Data and information management

The UNICEF EIE proposal stresses the priority of meeting the needs of children with disabilities:

“Though the World Health Organisation estimates that 20% of the Nigerian population have disabilities (DFID, Disability Scoping Study in Nigeria), data on children with disabilities is lacking to give a clear picture of actual numbers. As part of the baseline, children with disabilities will be identified and targeted through education activities.”

In line with this intention to identify children with disabilities, the consortium used the Washington Group (WG) short set of six questions initially for the baseline assessment survey at community level⁵⁴. Before July 2018, the UNICEF EiE team and its implementing partners (Save the Children, Plan International) were only using visual observations to identify children with disabilities as part of their activities. This restricted the disability identification recorded to visible (largely physical) impairments and tended to underestimate the number of children with disabilities. Then in October 2018, these were administered again at school level.

Table 3 below shows responses to the Washington Group questions for 42 participating schools disaggregated by gender. The information was provided by the M&E staff for the consortium; it disaggregates the types of difficulties respondents are experiencing. However, the review team were not provided with more details to understand what level of difficulty these figures relate to.⁵⁵

⁵³ In Borno, MMC (345,759) has the highest number followed by Jere (273,399) and Monguno (123,277). In Yobe, Damaturu has the highest number of IDPs (19,825) followed by Gujba (18,995) and Potiskum (14,479).

⁵⁴ The review team has unfortunately been unable to access a copy of this survey.

⁵⁵ The Washington Group question scores 4 level of difficulties from a. No - no difficulty, b. Yes - some difficulty, c. Yes - a lot of difficulty to d. Cannot do at all

Table 3 Summary WG questions UNICEF EIE Schools October 2018

	Boys	Girls	Total
Difficulty seeing	91	54	145
Difficulty hearing	64	62	126
Difficulty walking	79	59	138
Difficulty remembering	87	71	158
Difficulty with self-care	62	35	97
Difficulty communicating	49	31	80
Total	432	312	744

Pre-enrolment campaigns aimed to reduce the number of out-of-school children with a focus on children with disabilities. During the pre-enrolment campaigns, Plan International integrated disabled children into their team. Children with disabilities joined other schoolchildren and teachers to lead these campaigns, in order to demonstrate to the communities that children with disabilities can access school and have the right to an education like other children.

Meeting the needs of children with severe visual, hearing and cognitive impairments remains a tremendous challenge. Within the context of the current crisis, and very large class sizes found in many schools in Nigeria, it is not surprising that teachers lack time and capacity to teach children with severe disabilities.

Good practice: School for everyone!

Luka is a 12-year-old boy living with his mother in Gwoza Local Government, in Borno State. They live in a host community where farming and hunting have been predominant but hampered by the aftermath of insurgency. Restrictions on movement to farm and hunt has a strong negative effect on their livelihood.

Since his birth, Luka has suffered from severe walking difficulties. He has always been excluded from the community. Recently, his life has changed, as since summer 2018, Luka was enrolled in primary school after an enrolment session held by the humanitarian organization Plan International. The organization has taken a proactive approach to engage families in enrolling their children with disabilities in school, by involving them in community information sessions. Luka's mother has always wanted her son to go to school, but the fear that he would be excluded by others had been a barrier that had not been overcome until then. By listening and seeing the testimonies of other children, Luka's mother was convinced to send him to school. The opportunity to receive a back-to-school kit through the EiE project helped to persuade her. Luka went to school for the first time.

The road to inclusion is long and only just beginning. Luka is regularly mocked and teased by other students. He often drops out of school. During a routine monitoring visit, Mercy, Plan International's humanitarian programme officer, engaged with the class teacher, and with the students. Thanks to her explanation to the students and the guidance she gives to teachers, attitudes are gradually changing; teachers have been empowered to deliver positive messages about school for all. Luka now is proud to be able to say that he likes to go to school where he learned "A, B, C, D".

Figure 18 Luka, 12 years old, now attending school (December 2018)

b. Addressing barriers

Attitudinal

Several interviewees noted that parents often hide their children with disabilities at home, as they see disability as a source of shame, leading many children with disabilities not to access education. Attitudinal barriers are the most significant barrier observed in the Nigerian context. Interviewees felt that by including children with disabilities in community sensitization teams, UNICEF EiE programmes have contributed to reducing stigma regarding disability. With these campaigns, according to the interviewees, the number of children (with and without disabilities) enrolled at schools has subsequently increased. However it remains difficult to substantiate this finding, as monitoring data regarding how many children with disabilities are accessing education programmes is not available. It would have been interesting to see how this percentage has evolved since the beginning of the NENTAD project and to analyse how many children with disabilities have been able to access school thanks to these campaigns. As the number of children with disabilities is still very limited at school level, despite the enrolment campaigns, teachers have tried to address the needs of children on a case-by-case basis.



Plan International staff recognised that stigma towards children with disabilities varies in the Nigerian context according to whether the impairment of the child is the result of being a casualty of the armed conflict, in which case levels of stigma are lower, or the impairment is not related to the conflict, in which case levels of stigma are higher.

Sensitization sessions run by Plan International for around 30 parents at a time have included disability as a topic. Teachers have some skills in psychosocial support and can provide basic support to children with disabilities, though UNICEF noted this was not specific to children with disabilities. Plan International encourages teachers to adopt a non-discriminatory attitude in general, but there is no particular emphasis on disability issues for this. Save the Children staff also highlighted the fact that teachers are struggling to do their job effectively due to challenges such as poor infrastructure or large class sizes, and therefore have difficulty giving special attention to children with disabilities. Teachers have not been made aware of the specific rights of children with disabilities.



Environmental

In July 2018, Plan International started to address physical accessibility barriers in all classrooms in the schools they are working in under NENTAD.

However, this practice is not systematically applied by all consortium partners, and a large number of buildings remain inaccessible.

If a child needs a wheelchair to improve their mobility and be able to access school, Plan International does not have resources available with the current NENTAD project to provide it.



Figure 20 Plan International supported school, in Maiduguri MCC

Communication

Communication barriers are important at school level. Signage to guide children who are blind, deaf or have intellectual impairments was not observed. The programme has not developed information in different formats such as Braille, large fonts and sign language. Schools have not developed specific teaching and learning materials adapted to these types

of impairments. There is no systematic strategy reducing barriers for children having difficulty seeing, but rather some teachers have taken the initiative to move a child with visual impairment closer to the front of the classroom.

Institutional

UNICEF's Core Commitments for Children in Humanitarian Action (CCCs)⁵⁶ outline the organizational commitment to deliver humanitarian assistance for all children regardless of their status or context. The CCCs are inclusive of children with disabilities. However, whilst a UNICEF self-assessment survey respondent mentioned this text, no interviews at field level referenced the application of these commitments in implementing humanitarian activities.

Plan International's commitment to inclusion is illustrated in the implementation of an outreach strategy focusing on children with disability. This pilot project is a mobile unit allowing children with disabilities to have access to education at community level in Konduga and Kaga LGA.

c. Participation and strengthening persons with disabilities' capacities

The level of participation for children with disabilities is generally low in education activities. UNICEF and Plan International did not consult specifically with children with disabilities about the barriers they face participating in educational activities: accessibility audits were not conducted at all, nor educational activities to identify potential shortfalls in safety and accessibility. For Non Formal Learning Centre sites, teachers did not routinely ask children with disabilities what they needed.

There are feedback boxes, and it is to be commended that the height of these boxes has been set to ensure that children who use wheelchairs can access them. For the complaints mechanisms, a hotline exists but is not specifically adapted to children with hearing difficulties. A monitoring team is regularly tracking the situation of small groups of students of different ages for overall observations. Plan International is considering organising the same type of group with children with disabilities in 2019. Plan staff indicated they would like to adapt more of their feedback and complaints mechanisms in the near future so that they are accessible for children with a variety of impairments.

To date, no case of physical abuse of children with disabilities has been recorded. However, this is likely to reflect the complaints mechanism not being inclusive of all children with disabilities or widely known about, or low participation by children with disabilities in the project. The existence of a mechanism (which is not known about or used) may give a false indication of low incidence.

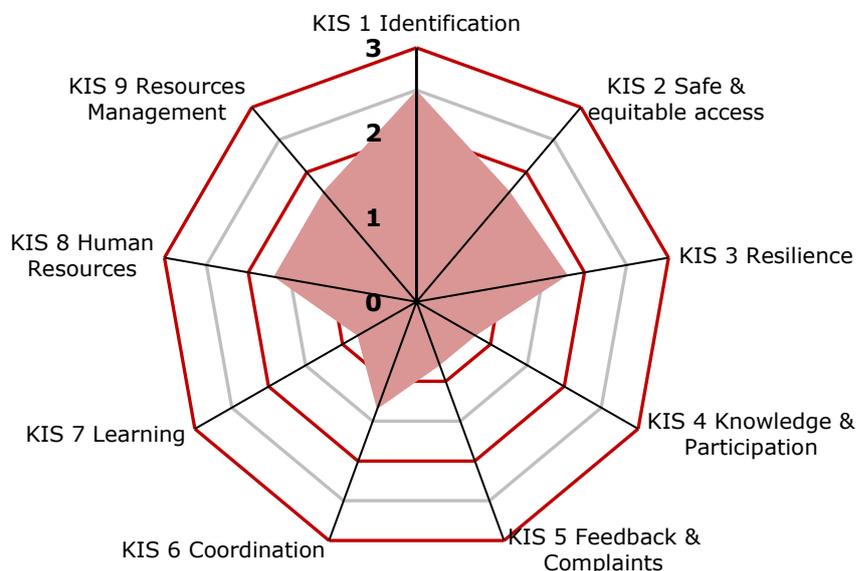
Plan International encourages children with disabilities to be part of the youth club at school level. They involve children with disabilities in their "Back to school" campaigns. This campaign has targeted both host communities and IDPs. Mixing children from IDP and host communities is a key element to improve interactions between the two communities. In order to improve attitudes towards children with disabilities and involve them fully in school activities, Plan International organizes games with award ceremonies in which they participate (see Figure 19).

⁵⁶ UNICEF website, available [here](#).

Summary and proposed action plan to reinforce disability and age inclusion within the UNICEF-led EiE project

The radar chart below summarizes the consortium's situation with regard to its implementation of the nine KIS, based on an analysis of data collected during the review.

UNICEF led EiE Consortium



- 3. High effectiveness**
- 2. Reasonable: some good practice with room for improvement**
- 1. Some activity: range of opportunities for improvement**
- 0. No or very little activity: significant gaps to be met**

Figure 21 Radar chart of KIS progress for UNICEF led EiE Consortium

The following table outlines specific action points for the consortium, related to key findings from this inclusion review, which builds on the progress that has been made in some areas and provides further actions in the other areas⁵⁷.

⁵⁷ As noted for the other programmes reviewed, the focus here is on actions considered most important, impactful and easy to implement quickly, rather than an exhaustive list of actions. Related findings are highlighted against types of action, so that partners can link them to the practices observed during the review. Lacking detailed knowledge of the challenges of each project and each of the consortium members, it is possible that some of the actions are not feasible or appropriate priorities for the partners and projects. The Useful Resources section below provides practical resources on inclusion actions for each sector and can be used by organisations to develop a more exhaustive action plan based on their specific organisational context.

Proposed actions

Action 1. Capacity development

Teachers (both volunteer teachers, civil servants, head teachers, School Based Management Committees) and other educational staff involved in the learning spaces should receive appropriate pre-service and in-service training and continued support in adopting inclusive pedagogy to meet the diverse needs of children (including Non Formal Schools learners). Due to low level of disability understanding in Nigeria, in-depth focus should be given to principles of inclusive education.

Related findings

National and regional context of poor disability understanding and acceptance.

Humanitarian workers and/or consultants employed for fieldwork have a moderate or low level of knowledge of humanitarian standards on disability.

Action 2. Disaggregated data management

This is an important working area to be developed by the Consortium, to build Actions taken so far to disaggregate data can be grouped into two areas: :

- Conduct a joint reflection at the consortium level to decide on the use of the Washington Group questions, to ensure consistency in how they are used, and to agree on the services to be provided to children identified. See a good practice related to this action via the joint paper written about the Humanitarian response for Syria in Jordan (November 2016).⁵⁸
- Experience of administering the Washington Group Questions could be shared with OCHA coordination bodies, and UNICEF could take the lead to chair (or co-chair with a specialised disability organisation) a crosscutting sub-group on disability.

At service provision level, data from Washington Group Questions was not used.

Staff interviews and documentation did not provide significant evidence of the systematic inclusion of children with disabilities within the main project activities.

It was not clear how the consortium was sharing learning from its use of the Washington Group Questions.

⁵⁸ See Jordan Relief Web article [here](#).

The UNICEF EiE consortium has already made interesting and promising steps to include persons with disabilities. As mentioned above, a key resource to identify additional actions can be found with the INEE guide (Education in Emergencies, Including Everyone. INEE pocket guide to inclusive education, INEE, February 2009).

5. Conclusions and recommendations

The analysis of the projects being carried out by NENTAD partners that were studied has been structured above according to the 3 key areas of inclusion used in the HIS manual:

- a) Data and information management
- b) Barriers to inclusion
- c) Participation of and strengthening people with disabilities' capacities

The Conclusions and Recommendations Section below will respond more specifically to the nine Key Inclusion Standards (KIS); these nine KIS are derived from the nine commitments of the Core Humanitarian Standards on Quality and Accountability (see page 10 of the HIS manual). Separating the conclusions and recommendations in this way provides more specific and focused deliverables for mainstream humanitarian field staff and decision-makers, and DFID.

Practices differ between organisations, which often made it challenging to draw general conclusions. For each of the nine KIS, the conclusions below indicate whether the practice identified applies to one or more of the projects and, where relevant, specifies the sector of intervention. For some of the standards, the elements collected were either not available, or not sufficiently precise to draw a common picture applicable to all NENTAD projects, or to an entire sector of intervention, and this is specified where relevant.

Based on these conclusions, a number of recommendations are then provided to work towards NENTAD programming that is more inclusive of persons with disabilities. These recommendations also provide ways forward for other DFID humanitarian programmes in implementation of the new DFID Disability Strategy 2018–2023⁵⁹.

Key Inclusion Standards

- 1) Identification
- 2) Safe and equitable access
- 3) Resilience
- 4) Knowledge and participation
- 5) Feedback and complaints
- 6) Coordination
- 7) Learning
- 8) Human Resources
- 9) Resources management

Please note, this audit is the first time the HIS have been used to monitor the inclusion in humanitarian programmes. The format of recommendations below, following the nine KIS, is an analytical framework that could be reproduced for reviewing other humanitarian programmes. In the near future, the production of the IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action guidelines in development may provide another study methodology. In the meantime, analysing the inclusion of people with disabilities according to each KIS aligns the analysis with humanitarian standards at large.

⁵⁹ DFID, December 2018, DFID's Strategy for Disability Inclusive Development 2018-23: Now is the Time. Available [here](#).

Conclusions

Disability inclusion is a relatively new consideration for humanitarian work. It is therefore not surprising that this review finds still some considerable ground to be covered on the journey to meeting the HIS, despite some encouraging practices and a significant degree of openness on the part of the NENTAD partners. The majority of staff and community members who participated in this review felt that the NENTAD programme was not currently addressing the specific needs of persons with disabilities. Triangulating with key programme documents and field observations provided additional evidence to support these views. Operating in this very complex humanitarian environment, field partners have not always prioritised putting in place robust inclusion practices due to the many challenges they experience in implementing their programmes. There is however enthusiasm to progress this area, amongst both individual staff and organisations, and to build on the steps that have already been taken.

Key Inclusion Standard 1: Identification

Output 7.4 of the NENTAD logframe states “*Humanitarian partners provide disability disaggregated data for assessment and reporting*”, which then provides a framework for monitoring progress on inclusion by NENTAD partners. However, as indicated throughout this review, where data on age and disability has been collected, it has rarely been compiled at project level, which made it very difficult for partners to share. There was no evidence of systematic practices or methodologies for identifying persons with disabilities in order to ensure they can access the humanitarian assistance

they are entitled to. Findings indicate that in most cases, identification of persons with disabilities was made through direct observations by staff at field level. The review team noted a lack of written protocols on how to identify persons with disabilities, and an over-reliance on enumerators or field staff to identify disability rather than consulting households and individuals. According to interviews and discussions with NENTAD partners, identification of persons with disabilities is carried out because “vulnerability” is a principal criteria for targeting their beneficiaries, and indeed, most organisations have included disability as a criterion for eligibility for their programmes. However, it would seem that the understanding of disability remains largely rooted in a medical model⁶⁰ and is usually confined to physical disability. This means that some of the physical or environmental barriers which cause and perpetuate exclusion may be recognised but makes it much less likely that the structural, communication or attitudinal barriers will be acknowledged or addressed.

A number of positive initiatives have been undertaken by several NENTAD partners, with moves to use the Washington Group short set of questions at various points during their

Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.

Key actions

1.1 Collect, analyse and report information relating to older people and people with disabilities in all humanitarian information management systems.

1.2 Engage directly with older people and people with disabilities to identify and monitor their capacities and needs, and their access to humanitarian assistance.

⁶⁰ See Annex H or [here](#) for information on the different models on disability

beneficiary identification and/or registration process (for new enrolment campaigns, for instance). Yet it is clear there are some limitations in the way these questions have been used. For example, the methodology used for translating questions into Hausa did not comply with the strict protocol proposed by the Washington Group, compromising the validity of the responses collected. In one context, question responses have been changed, limiting the possibility of comparing data. The review team did not have the chance to access the enumerator training materials and detailed results of the use of these questions to analyse further. In other cases, the terminology used in some examples (“*cripple*”) could contribute to the stigmatisation of persons with disabilities and needs to be revised in order to reflect a human rights based approach. In this sense, the workshops held by the review team in November and December 2018 have acted as a first step to clarify some issues on the use of the Washington Group set of questions and on the appropriate use of language related to disability.

From the results of the FGDs, it appears that activities to monitor access to and quality of services provided by NENTAD partners do not systematically include persons with disabilities nor their representative organisations.

Putting in place clear processes for identification will only be fully effective at reaching all people with disabilities if awareness is raised at community level (and sometimes also at staff level) of what disability means.

Key Inclusion Standard 2: Safe and accessible access

Persons with disabilities have basic needs, like all other IDPs and communities. Their need for shelter, food, health care, protection should be met in the NENTAD portfolio’s mainstream humanitarian projects. To date, access appears to be limited; according to FGD findings and figures provided by the projects, persons with disabilities have infrequently participated in NENTAD interventions at community level, except in some cases in the protection and education sectors.

As previously mentioned, identification has not generally been systematic, carried out primarily by visual observation or through community leaders, and in most cases NENTAD partners did not consider the deliberate omission of persons with disabilities by community leaders - or even sometimes by families - as a potential issue. Therefore, proactive measures and attention should be addressed urgently by all agencies to ensure that the basic needs of persons with disabilities are addressed.

Older people and people with disabilities have safe and equitable access to humanitarian assistance.

Key actions

2.1: Address barriers that affect participation and access to services.

2.2: Strengthen factors that enable older people and people with disabilities to participate and have access to services.

According to the different interviews undertaken and the results of the self-assessment survey, no analysis of barriers was conducted by the NENTAD partners. It seems likely that access to services is being hampered by information barriers related to communication. For instance in the education sector, most of the IEC materials reviewed would require adaptation for the low level of schooling and literacy amongst displaced people (and particularly amongst persons with disabilities, whose access to schooling is often very limited).

Specific examples of how access to nutrition services can be hampered

In the Nutrition sector for example, weak identification can lead to the exclusion of children and adults with disabilities from nutritional outreach efforts. Children with disabilities could have difficulties with swallowing, eating and drinking and projects should be able to modify food and fluids distribution accordingly. Organisations should be sensitive to this and should regularly ask families and caregivers of children with disabilities about feeding practices and the types of adaptations needed. It is critical to provide information about the most appropriate ways of feeding children with disabilities and preparing or modifying food for children. People who cannot leave their shelter may be more at risk of becoming undernourished; they may require extra vitamins and minerals, such as vitamin D, vitamin A, iodine and iron.

Key Inclusion Standard 3: Resilience

As noted above, there is limited evidence of robust identification of persons with disabilities by NENTAD partners. The review team has not found evidence of partners identifying persons with disabilities in a systematic and deliberate way. Therefore, few if any strategic steps have been taken to make sure this particular vulnerable group is represented and participates in NENTAD preparedness, response and recovery actions. However, this has not prevented NENTAD partners providing adequate services where persons with disabilities were identified. The interviews and FGDs revealed that the persons with disabilities who were identified were given special attention by community workers, although this attention often seemed to be based more on a charity-based approach than a rights-based approach⁶¹.

Finally, it should be noted that none of the IEC materials and community mobilization tools that the review team saw during meetings with partners (particularly in the education and

Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.

Key actions

- 3.1: Strengthen the capacity and leadership of older people and people with disabilities, and their representative organisations, to contribute to inclusive preparedness, response and recovery.
- 3.2: Identify, assess and mitigate risks faced by older people and people with disabilities in emergency contexts.
- 3.3: Prioritise safety and dignity of older people and people with disabilities during all phases of humanitarian action, and avoid causing harm.

⁶¹ For example, no prior discussion was had with the individuals and they were not interviewed about their needs before mobility aids were provided.

protection sectors) were inclusive of persons with disabilities and only a few community awareness tools pictured older persons.

Key Inclusion Standard 4: Knowledge and Participation

The concept of beneficiary participation is embedded in NENTAD partners' policies and practices. Nevertheless, older people and persons with disabilities to date have benefited only to a small extent from this commitment to participation in decision-making. Because identification mechanisms are not made accessible, because no

formal attention has been systematically paid to ensure persons with disabilities' representation, and also due to little engagement with DPOs within the humanitarian response in North East Nigeria, persons with disabilities have been excluded from most consultations and decision-making in matters directly affecting their lives in host communities and camps. Although one consortium included JONAPWD, the umbrella DPO, as a local partner, it was not clear to what extent their involvement was influencing implementation in the project in question or other NENTAD projects. According to information received from field interviews and surveys, persons with disabilities have rarely been included in assessment focus group discussions during mid-term evaluations or in surveys. Yet they have unique insights about their situation, and are best placed to bring a disability perspective to consultations.

The review team found little evidence of partners carrying out awareness raising with community leaders or engaging parents of children with disabilities (except for a few partners) to understand disability and the rights of children with disabilities to access quality education. Consulting people with disabilities on their specific needs was limited across all projects. Most partner staff (many of whom were quite new in the humanitarian field) have, in line with prevailing attitudes to disability in Nigeria, had little exposure to the social model of disability (see **Annex H. Models of Disability**). This means it is poorly understood and therefore rarely implemented by local actors and newly hired international staff; basic training on the principles that underpin the social model of disability would provide an important and very helpful foundation for increased understanding and influence practice on the ground in all sectors.

Older people and people with disabilities know their rights and entitlements, and participate in decisions that affect their lives.

Key actions

4.1: Provide accessible information about rights and entitlements.

4.2: Promote the meaningful participation of older people and people with disabilities in decision-making.

Key Inclusion Standard 5: Feedback and Complaints



Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.

Key actions

5.1: Design feedback and complaints mechanisms that can be understood and accessed by older people and people with disabilities.

5.2: Act on feedback and complaints from older people and people with disabilities in a way that respects their safety, dignity and rights.

All NENTAD partners have existing feedback and complaints mechanisms. Posters were not only visible at most of the partners' offices in Maiduguri but were often provided in local language which demonstrates good practice and a significant step towards seeking to provide the opportunity for downward accountability. Staff interviewed stated that their feedback and complaints mechanisms could be easily accessible to all people within their site of operation. However, from

Figure 22 Example of one of the IRC feedback posters available in local language

observations and discussions held with persons with disabilities, the review team found little evidence that feedback and complaints mechanisms were known about and made accessible to persons with disabilities, such as being printed in easily readable colours, adequate font size, providing audio messages and phone or SMS options.

Key Inclusion Standard 6: Coordination

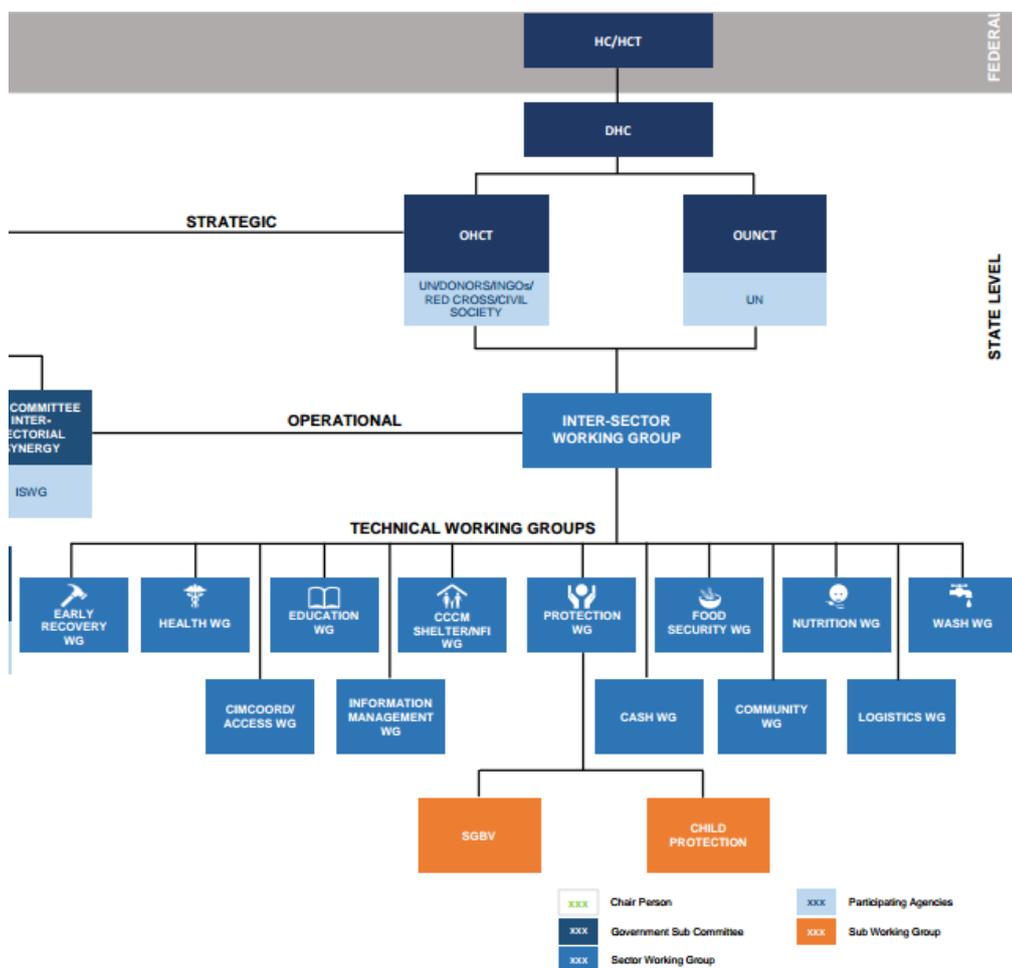
According to interviews conducted, disability issues are not addressed at the level of any of the OCHA coordination bodies. In some humanitarian emergencies, such as in the management of the Syrian crisis, a crosscutting sub-group, attached to the protection sector, is created; but this does not yet seem to be the case for North East Nigeria, as shown by the organisation chart of the OCHA structure. Figure 23 OCHA organisation chart shows that two sub-working groups were established under the protection cluster, one for SGBV issues and the other one child protection concerns. Interviews conducted did not allow the review team to confirm the contrary statements made by three participants on the self-assessment questionnaires.

Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.

Key actions

6.1: Make sure that inter-agency coordination mechanisms are representative of older people and people with disabilities, and are accessible to them.

6.2: Routinely address the inclusion of older people and people with disabilities in inter-agency coordination mechanisms.



Key Inclusion Standard 7: Learning

Interviews with staff and an analysis of NENTAD programme documents suggests that while there have been significant successes in reaching vulnerable groups, there has not been an emphasis on sharing achievements related to disability inclusion, and hence a lack of learning in this area. Very few or no contacts have been made with and by local DPOs in order to gain knowledge on the situation of persons with disabilities. It must be highlighted that the country context is not a facilitating factor for NENTAD partners in this regard either. Indeed, although JONAPWD, the umbrella DPO, does have a regional office with staff in the North East, on the whole DPOs in the area do not have developed structures, and their members have limited training or experience in the operation of the humanitarian sector. Making contact and setting up collaboration requires considerable effort and time from INGOs, which were understandably extremely limited during the first years of implementation. One of the challenges for learning in this area is the time

Organisations collect and apply learning to deliver more inclusive assistance.

Key actions

- 7.1: Identify and document learning, challenges and opportunities for including older people and people with disabilities in humanitarian action.
- 7.2: Use the learning to improve the way you provide inclusive humanitarian assistance.
- 7.3: Share learning, good practice and innovation, both within your organisation and with other organisations, such as project partners, national organisations and authorities.

constraints faced by all partners and the highly volatile security context that hampers projects in prioritising staff learning and capacity development. This challenge is reinforced by the high staff turnover.

This would also appear to have resulted in few alliances between INGOs to improve skills and learning from each other's good practices.

Example of Partnership for Inclusion

WaterAid Australia and CBM Australia have a long-term partnership focused on building the capacity of country programmes in disability-inclusive WASH. Along with their implementing partners, WaterAid in Timor are demonstrating the learning and benefits of disability inclusion actions across the project cycle in their rural Community-Led Total Sanitation programme in the district of Liquica. The project team reported that despite including a question about disability in the household baseline survey, households with family members with disabilities were not disclosing this, and so difficulties in accessing WASH were not identified until the end of the programme, if at all. CBM worked with the WaterAid team to analyse the barriers to disclosure and, in collaboration with local organisations representing persons with disabilities, devised questions about disability based on the Washington Group short set of questions. CBM, the representative of persons with disabilities and the WaterAid Equity and Inclusion Officer conducted training with staff on how to ask households about individuals, and strengthen engagement with the family on the rights of persons with disabilities to WASH. Staff reported a 30% increase in the number of persons with disabilities identified at the household level following piloting of the new approach.

CBM, 2015, *Dialogues on sustainable development – a disability inclusive perspective*

Because the inclusion process is still in its early stages for all NENTAD partners, it is difficult for considerable learning to have taken place yet. However, it is clear that the NENTAD partners have highly developed and well documented expertise and experience in other areas, which would suggest that there should not be future barriers to shared learning once inclusion processes are in place.

Key Inclusion Standard

8: Human resources

All staff interviewed for this review acknowledged capacity gaps in their staff's skills relating to disability and age inclusion, although in the self-assessment surveys responses had been more positive: 5 out of 10 respondents to the self-assessment survey answered "agree" or "strongly agree"

with "at the level of my NENTAD project, staff and volunteers are trained in and knowledgeable about inclusive practices".

Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.

Key actions

8.1: Build the capacity of staff and volunteers by raising awareness of the rights of older people and people with disabilities and training them to include older people and people with disabilities in humanitarian action.

8.2: Implement inclusive human resources policies.

Figure 24 "At the level of my NENTAD project, staff and volunteers are trained in and knowledgeable about inclusive practices" n=10

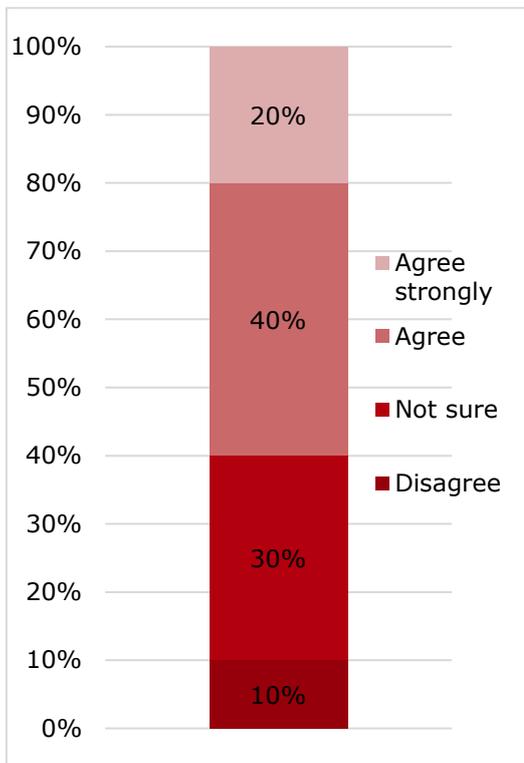
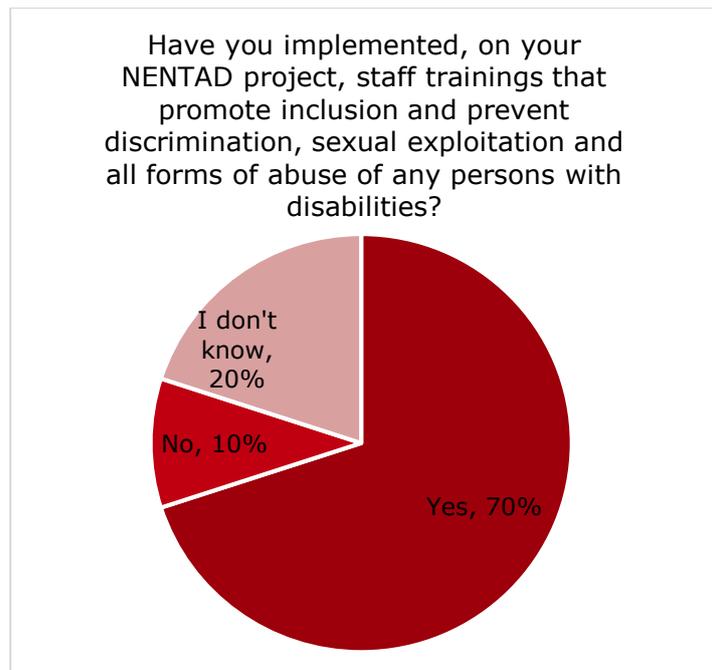


Table 4 Implementation of training- self-assessment questionnaire responses n=10



Similarly, self-assessment questionnaire responses indicated that staff trainings that promote inclusion and prevent discrimination, sexual exploitation and all forms of abuse of any persons with disabilities had taken place for 7 out of 10 respondents. However during the interviews, a few staff reported that their organisations had already addressed these internal training issues. The few training course outlines that the review team had access to (from IRC and DRC in the protection sector) mentioned persons with disabilities in the context of eligibility for services and targeting. Despite this, understandings of disability have remained largely rooted in the medical model (see Annex H. Models of Disability). The terminology used in a number of places is clumsy, implying the interchangeability of disability and impairment, and reinforcing stereotypical images of persons with disabilities. The principles of the CRPD were evidently not known and not understood by most of the people interviewed during this review, particularly by the field staff responsible for identifying persons with disabilities or older people.

None of the organisations reported in the self-assessment survey or interviews having an "Inclusion Advisor" or "Focal point for Inclusion" within their staff in country.

Only IRC respondents (to the self-assessment survey) were aware of some persons with disabilities working as staff on their NENTAD project; however staff with vision or mobility impairments were observed working in the offices of some NENTAD partners in Maiduguri, suggesting that to some extent an inclusive approach had been taken to staff recruitment.

Example: Working together to Mainstream Disability in Humanitarian Response in Kenya

In a time of emergency response CBM will work with two main kinds of partnerships. In the first instance, CBM works together with existing implementing partners in the area to meet the immediate needs of affected communities. But CBM also seeks out new partnerships with mainstream humanitarian organisations and encourages them to include persons with disabilities within their own emergency response. In this way the scope of assistance to people with disabilities within the area can be significantly multiplied.

Lucy Dickinson, Humanitarian Affairs Officer, UN OCHA:

“Throughout some of the recent emergency responses in Kenya it has highlighted the fact there is a lack of systematic integration of the consideration of needs of the disabled and other vulnerable groups in emergency response. Moving forward I think our next step is to look at training and a more technical approach and we hope to be able to pool our resources with CBM and other interested parties to roll out a comprehensive set of trainings for partners operating in the field.”

Video available [here](#).

Key Inclusion Standard 9: Resources management

Only one partner⁶² of the four consortia that responded to the self-assessment knew how much budget was allocated to taking disability into account in their projects. To enhance equity and increase awareness, IEC materials should be adapted to address local understandings of

disability and provide sufficient attention to the specific needs of older people, and the specific needs of men, women, boys and girls with disabilities. As there is little or no specific budget allocation (or if there is, staff are not aware of it), understandably there is no sharing of this information with affected people.

As IEC materials are regularly reviewed, there are opportunities to update them to mention and picture persons with all type of impairments and hence to address some of the gaps

Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

Key actions

9.1: Manage resources in a way that allows older people and people with disabilities to have access to services and participate in humanitarian action.

9.2: Share information on your use of resources with older people and people with disabilities and provide opportunities for their feedback.

⁶² Creative Associates states allocating 1.4% of its budget to actions that explicitly support persons with disabilities.

identified. Indeed, making older and disabled people visible among the population is a great first step towards the recognition of their inclusion in society.

Recommendations

Based on the gaps identified above under the different KIS, the following recommendations have been developed to build on the steps taken so far and make practices more inclusive in the future. The first four recommendations are for DFID Nigeria, with the remaining five addressed at the mainstream humanitarian organisations delivering NENTAD projects. Two recommendations are cross-cutting, applicable for DFID, humanitarian mainstream organisations implementing NENTAD and other humanitarian sector organisations.

Whilst recognising the limited progress made on inclusion to date, as noted above, partner staff showed enthusiasm and interest for making their NENTAD interventions more inclusive. Staff buy in and organisational will amongst NENTAD partners to be more inclusive is an important resource to implement the recommendations, alongside DFID's own demonstrated commitment to this work.

Whilst recognising that it is the prerogative of DFID Nigeria and NENTAD implementing partners to own and take forward the recommendations and proposed actions in this report based, and that each organisation will be the expert on how to implement these, the review team has tentatively proposed a categorisation of these recommendations. This is based on ease of implementation, the budget required, and the urgency of the action. See Table 5 below.

Table 5 Key to symbols used to categorise recommendations

Ease of implementation	Budget requirements	Urgency
Implementation very challenging 	High costs involved 	High urgency 
Implementation moderately challenging 	Moderate costs involved 	Moderate urgency 
Implementation not challenging 	Low costs involved 	Low urgency 

A. Recommendation to DFID Nigeria

This pilot review has identified areas where progress can be made by DFID related to the NENTAD programme, now the acute emergency phase is over – even if the security context

remains extremely volatile. During the preparedness phase, but also during recovery and transition phases when acute emergencies are over, the DFID country office should be able to increase significantly the visibility and awareness of disability issues amongst humanitarian actors; this will ensure it becomes an expected element of the humanitarian and post-emergency approach for all DFID partners. This would have far-reaching positive impacts on how persons with disabilities are identified, able to overcome barriers to accessing support, consulted and valued. Below are the main recommendations and actions to achieve this.

Recommendation n°1. Strengthen infrastructure within DFID Nigeria to support inclusive programming

DFID is a strong and consistent advocate for disability inclusion. Work is already underway within DFID to strengthen infrastructure for inclusive programming through supporting DFID country offices in their work towards minimum and high achievement of the disability standards set out⁶³. This includes building the technical capacity of DFID staff on disability inclusion:

In rolling out the new Strategy, we are scaling up our support to country offices. We know that one of the most significant barriers for staff is knowing how to mainstream disability inclusion and levels of technical expertise across the organisation. That is why the introduction of a helpdesk facility from January 2019, as part of the DID programme is important for sharing learning and supporting scale-up. We are also recruiting more disability expertise in the organisation and exploring new dedicated disability-focused posts (through the Disability Inclusive Development programme).

IDC enquiry on disability - DFID response

Furthermore the Central Disability Inclusion Team established a Disability Inclusion Resource Hub. The Resource Hub is accessible to all Disability Inclusion Champions (which have been appointed in every DFID Business Unit) and includes both relevant existing internal and external resources, in addition to specifically developed guidance on the Disability Inclusion Standards – to date these include:

- Guidance for Line Managers;
- Guidance on creating a Disability Inclusive Office Culture;
- Guidance on Engaging and Empowering People with Disabilities; and
- Guidance on Data Disaggregation (focusing on the Washington Group Questions).

1a. Invest in human resources to support disability inclusion



The audit findings support the prioritisation of the development of human resources within DFID Nigeria to support partners' efforts in the area of inclusion. The appointment of a dedicated Humanitarian and Development Disability Advisor within the office would be a very valuable next step. Based on discussions with DFID Nigeria, there is currently a Social Development Advisor who fulfils the role of Disability Inclusion Champion within the office.

⁶³ See DFID's standards on disability [here](#).

Having a member of DFID Nigeria solely dedicated to disability inclusion work for at least a year would enable DFID Nigeria to:

- Provide training for DFID staff and partners on inclusive practices in the field and at organisational level - please refer to sector specific resources for accessing existing training materials.
- Advise on disability disaggregated data collection and inclusive MEAL activities, and enable liaison between implementing INGOs.
- Input at proposal/programme design stage to ensure considerations relating to disability are built into all DFID Nigeria programmes (both narrative and budget wise).
- Input into annual review processes and review reports with an inclusion focus.
- Monitor programmes and organisations funded by DFID for inclusion, including field visits.
- Advocate for inclusive practices amongst other donors and the Nigerian government.
- Liaise with DPOs and disability specific (I)NGOs.

This could then be reduced progressively over the years. This recommendation relates closely to the DFID 2018-2023 strategy on disability, entitled "Now is the time", which recommends having a 'disability champion' in each DFID office⁶⁴. While this role may not involve the same degree of time and input, it provides an important reinforcement of and validation of the Advisor role; these two roles together provide the best chance for systematic take up across all levels of the organisation. If required, the dedicated disability staff member should be provided with technical support and training on inclusion.

1b. Increase DFID humanitarian team capacity building in disability



As well as support from a dedicated advisor on disability, it may be valuable for DFID programme staff to receive training on disability awareness and inclusion. This could be a combination of training (both broader training on inclusion, as well as training specific to the issues relevant for staff roles in Nigeria), e-learning⁶⁵, self-learning⁶⁶ and collaboration with DPOs and disability specific INGOs. Examples of the kinds of training models which could be used can be found in Ethiopia, through a partnership under the Bridging the Gap II project (EU-funded programme on disability inclusion)⁶⁷. Alternatively the HIS trainings (formerly known as ADCAP trainings) could be adapted to the Nigerian context by a Disability Advisor, DFID's UK-based disability inclusion team, or by a disability specific organisation; this could be shared online as an ongoing resource for new staff.

⁶⁴ DFID, December 2018, DFID's Strategy for Disability Inclusive Development 2018-23: Now is the Time. Available [here](#).

⁶⁵ ADCAP, Inclusion of Age and Disability in Humanitarian Action – A two-day training course - Training Handbook, 2017. A DFID and USAID funded project, this trainer book provides detailed contents on several very useful training modules to capture disability and age in humanitarian responses.

⁶⁶ See for example Humanity and Inclusion resources [here](#).

⁶⁷ See details [here](#).

Recommendation n°2. Disability inclusion principles and indicators should be clearly and precisely stated to the implementing partners.



Several guiding principles should be clearly stated within the call for proposals and the grant agreement or contract for NENTAD partners, or in guidance documents provided. Some donors (such as EU DG ECHO⁶⁸, Austrian Development agency, AECID) provide publications to guide their implementing partners to improve inclusion in their operations.

Guiding principles should refer to:

- A rights-based approach: All humanitarian action that targets persons with disabilities should be informed by the human rights principles and standards codified in the UN Convention on the Rights of Persons with Disabilities (CRPD, see Article 3). These include principles of:
 - non-discrimination;
 - respect for the inherent dignity, autonomy and independence of the individual;
 - gender equality;
 - respect for difference and diversity;
 - and respect for the rights of women and children.

The objective of all humanitarian programmes should be to promote the full and equal enjoyment of all human rights and fundamental freedoms by all persons, including persons with disabilities, and respect for their inherent dignity.

- Accessibility: Humanitarian actors should ensure that the physical environment, all facilities, services, shelters, schools, health services, organizations and information are accessible to displaced persons with disabilities. Budget allocations should be planned accordingly.

Several introductory leaflets have been published about the rights of persons with disabilities and the principles of the CRPD⁶⁹. Samples should be provided to humanitarian partners before implementation begins.

Recommendation n°3. Build inclusion into next phase of NENTAD programme



Most of the NENTAD projects conclude during the first half of 2019 and projects for the next phase have already been designed by DFID's partners. However, during interviews and meetings, some organizations mentioned having applied for no-cost extensions lasting several months. A technical review of plans for 2019 by a DFID disability expert would add value to ensure activities implemented during the extension are as inclusive as possible.

⁶⁸ DG ECHO Operational Guidance - The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations. January 2019. Available [here](#).

⁶⁹ See for instance: [an easy-read presentation of the convention](#), or a [Handbook on the Human Rights of Persons with Disabilities, July 2010](#) (HI).

In addition, for the next phase of project funding under NENTAD, DFID could take a number of actions to increase the inclusion of people with disabilities:

1. Apply a twin track approach⁷⁰, complementing funding to mainstream organisations with a disability pool fund; this separate funding pot could finance inclusion measures, and responses to the needs identified by NENTAD partner projects' consultations with persons with disabilities and DPOs.
2. Increase efforts to build better disability data (see Recommendation 3a below).
3. Support partners to allocate sufficient budget to undertake the actions recommended in this report to promote inclusion from their 2019 funding (as noted in Recommendation 3b below).
4. Include DPO members in DFID monitoring activities from time to time to enable DFID staff and DPO members to exchange views and perspectives, informing DFID's understanding of the NENTAD programme⁷¹.

3a. Increase efforts to build better disability data



In the overarching logframe for the NENTAD programme, DFID should set an output indicator and target for disability inclusion for each humanitarian sector / cluster, using the HIS as guidance. Currently the following indicator is included in the NENTAD programme logframe:

Output Indicator 7.4
7.4. Humanitarian partners provide disability disaggregated data for assessment and reporting.

Where relevant, other logframe indicators could be disaggregated by age and disability, as recommended by the Humanitarian Inclusion Standards. The next indicator could go beyond data collection towards measuring progress on addressing barriers for persons with disabilities in accessing humanitarian programmes. Prior consultations at cluster level should guide the specification of these indicators, to ensure they are appropriate for the context. In order to keep this simple for partners, there should not be more than one or two indicators per sector. Project resources should be linked to these disability indicators. Including disability inclusion in the overall programme logframe in this way should increase the collection of disability disaggregated data.

When developing indicators to measure progress and change, construct them to show how the needs, barriers and participation of older people (women and men) and people with disabilities (women, men, girls and boys) are being addressed.

Page 20 of the Humanitarian Inclusion Standards

However NENTAD partners are likely to need support to ensure such data is generated and used in an appropriate and robust way. The ground is currently incredibly fertile for DFID to make significant efforts to provide practical, context specific technical support to the partner organizations to enable their inclusive practice and meet the capacity gaps in inclusion they

⁷⁰ CBM's website on the Twin Track approach. Available [here](#).

⁷¹ Frequency to be adapted to ensure the burden of engagement for DPO members is appropriate.

identified. This is particularly true in the area of disaggregated data collection and assessments/ diagnosis of the barriers people with disabilities face. This is central to inclusion in humanitarian programmes, and where partners have already made some progress but need further guidance to assure the quality and usefulness of the data collected. This technical support could take the form of:

- i. technical seminars;
- ii. forming links with organisations experienced in this area;
- iii. networking partners to share their learning and experiences, in line with Key Inclusion Standard 7.

IMAP have released details of their work done with Humanity and Inclusion on the Syrian refugee crisis to screen refugees' disability status⁷²; this may provide a good practice example for adaptation to the Nigerian context. In addition, a Girls' Education Challenge project in Nigeria (Educating Nigerian Girls in New Enterprises, ENGINE II), financed by DFID uses the WG questions, and may be a source of learning from a similar context⁷³. The **Useful resources on disability inclusion** provides a range of resources on data disaggregation for disability.

3b. Make sure partners allocate budget lines for inclusive humanitarian response



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Budgeting for inclusion or accessibility measures from the outset tends to reduce their cost; it is widely acknowledged that it is more costly to add such measures to a programme at a later stage⁷⁵. When reviewing the budgets submitted by implementing partners under NENTAD (and other programmes), DFID could systematically review these to ensure they are 'inclusive'. A dedicated Disability Advisor could deliver or arrange training for partners and DFID staff on developing an inclusive budget.

In reviewing budgets for the inclusion of people with disabilities, for instance, consideration should be made for:

- incorporating principles of universal design into new facilities or renovations, tools and services. For example, the costs of construction should include adequate signage and ramps, accessible toilets and wide enough entrances where needed.
- a disability glossary, adapted to the country context and norms, should be put together from existing materials such as the HIS Glossary (see page 57 of the HIS), and translated into all relevant local languages. This can be printed for use by all project staff and volunteers.
- opportunities (and where necessary additional budget) for DPOs to participate in programmes, evaluation team, committees, advisory bodies etc. along with other important stakeholder representatives.

⁷² Relief Web article, available [here](#), accessed on 15th March 2018.

⁷³ Girl's Education Challenge projects <https://girlseducationchallenge.org/#/what-we-are-doing>, accessed on Nov. 2018

⁷⁴ This is considered low cost because a relatively small amount of additional staff time is required to ensure budget lines are allocated for inclusion (rather than reflecting the costs of inclusion, which may vary by sector and context).

⁷⁵ Devex article, available [here](#), accessed 15th March 2019.

- adjustments to programmes that are relevant and are specifically required by persons with disabilities, such as:
 - ensuring development of accessible communications, websites, complaints mechanisms, documents, and templates, by providing for translation and the development of easy-read formats for the key information.
 - collecting data from people with disabilities in households rather than service delivery points where possible, to ensure they are adequately represented in data collection. Barriers such as cultural norms and accessibility issues can prevent people with disabilities accessing service delivery points.
 - additional allowances for transport;
 - provision for local sighted companions or carers;
 - provision of sign language interpreters;
 - provision of mobility aids suited to the local environment;
 - sufficient budget to select the most accessible venues and spaces for service delivery, training or for employees to work in (for example, with consideration for transport connections, and ramps and signage in place), or to make modifications.

Budgets must be flexible enough to respond to changing situations. Where possible, DPOs and/or persons with disabilities from affected areas should participate in the budgeting or review process.

Recommendation no.4. Bridge the gap between disability-specific and mainstream stakeholders to ensure mainstream organisations respond effectively to the needs of persons with disabilities



DFID could play an important role in bridging the gap between disability-specific INGOs and DPOs and mainstream organisations, through funding technical assistance and trainings delivered by disability-specific INGOs and DPOs. The good practice example here shows how this has been carried out by DFAT.

Example of good practice: DFAT-CBM Partnership

In 2018 the Australian Government’s Department of Foreign Affairs and Trade (DFAT) established a new partnership with CBM for the provision of disability technical advice and services, building on technical guidance to support disability inclusion in the Australian aid programme provided since 2009. Through this three-year partnership, CBM Australia and its long-term partner, the Nossal Institute of Global Health, are partnering with persons with disabilities and their representative organisations to provide both short and long term, demand-driven, technical support and broader skills development to increase the capacity of DFAT's policy and programme officials and its systems for disability-inclusive development and humanitarian response. One component of this partnership is providing technical Disability Inclusive Development capacity development to DFAT’s diplomatic and aid staff who work at overseas Australian embassies and high commissions. This includes joint visits in which staff from DFAT’s Disability Section (DIS) and CBM Australia visit Australian High Commissions/ Embassies to support the implementation of the Australian Government’s Development for All Strategy at a country level.

B. Recommendations to humanitarian mainstream organisations implementing NENTAD

The report has already outlined specific actions for each consortium reviewed to undertake. However there are a number of cross-cutting and more general recommendations below to continue and expand the recent steps made by partners to increase disability inclusion within their humanitarian response.

Recommendation n°5. Adopt an inclusive project cycle management approach to ensure disability inclusion at all stages of the project cycle



Whilst recognising that the operating context for NENTAD partners remains extremely challenging, now that the acute emergency phase has ended and all the partners are working routinely within the project cycle, an inclusive approach to project cycle management would support delivery of inclusive programmes. Figure 25 below gives an overview of what inclusive project cycle management involves.

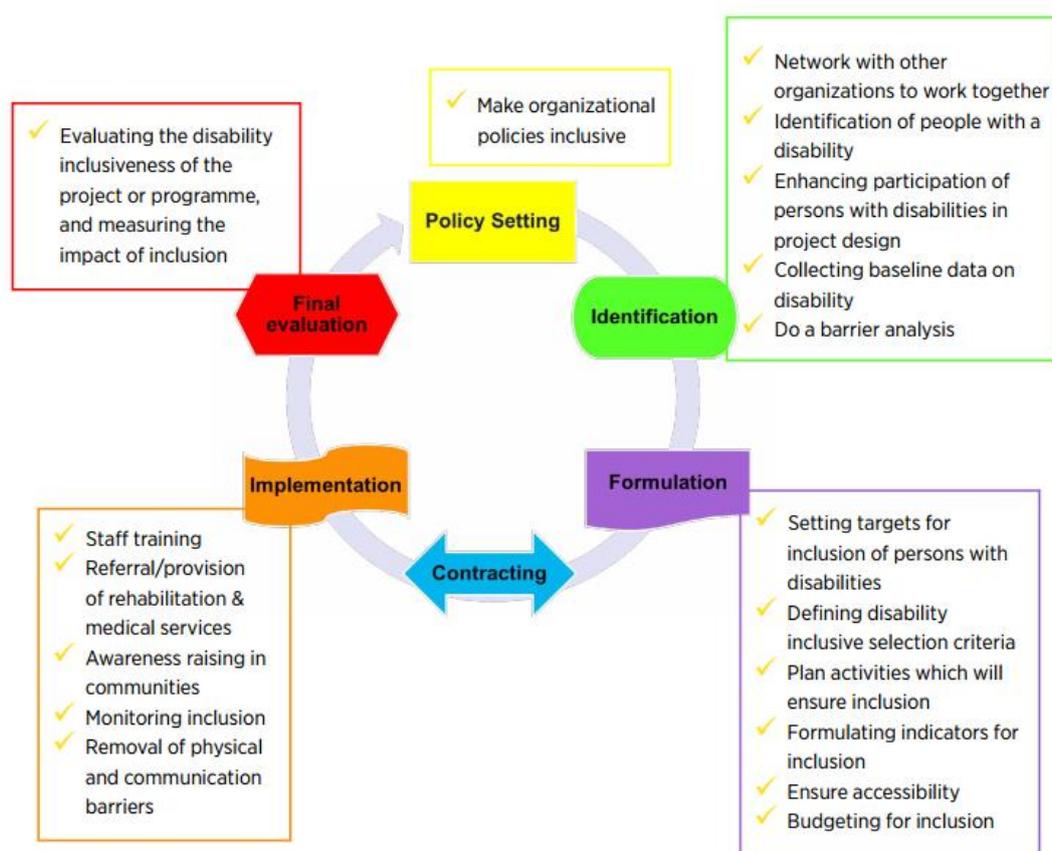


Figure 25 How to make project cycle management inclusive of disability⁷⁶

⁷⁶ Find more detail and guidance in the publication of Light For The World. 2017. Resource Book On Disability Inclusion. Available [here](#).

Below are some specific steps that could be taken:

- When **budgeting** for new programmes or reviewing existing budgets, consider the costs needed for inclusive approaches; some guidance on this is provided in recommendation 1e above.
- Greater attention should be paid to inclusion issues in **assessment formats and programme design**. Make sure that women and men, and where relevant girls and boys, with disabilities have been consulted and involved in the assessment to determine their specific needs, priorities and concerns within the sector-specific programming. Remember that people with disabilities, especially people with intellectual or psychosocial disabilities, may be hidden from public view and therefore assessments may need to specifically ask about them and seek out ways for their voices to be heard.
- At the beginning of project implementation, **share clear project briefs with DPOs**, especially with JONAPWD as the umbrella organisation for DPOs in Nigeria, and provide Who/What/Where/When information to fill gaps in the information available to DPOs.

During implementation, simple actions can change the lives of persons with disabilities and allow them to participate in programmes and access services. Several handbooks on how to take these actions already exist and have been highlighted above. Below are some examples of actions that could be implemented by NENTAD partners:

- To make sure everyone gets the chance to express their views, it is important to **make meetings accessible**.
 - Choose an **accessible venue** or place to organise the meeting.
 - **Include people with a range of impairments** as they will have different requirements and needs from programmes. Women and girls with disabilities are often underrepresented and organisations should strongly encourage and facilitate their participation.

People with different impairments are likely to need different measures to participate in meetings:

- Some deaf people will require the presence of a sign language interpreter to participate to the meeting, or a family member that can interpret. Local DPOs, disability-specific NGOs or local authorities, such as social welfare or education, may be able to help find sign language interpreters.
- Blind people or persons with low vision may be supported by receiving electronic version of all materials prior to the meeting. In some contexts, large print or Braille printing of key materials is very useful. DPOs may be able to help with adaptations.
- People with intellectual disabilities might need facilitators or family members to interpret technical and complex terms into simpler language or images.
- Any participant, with or without a disability, may wish to ask the speaker to stop or slow down if they are having trouble understanding what is being said. A system of communication such as colour cards could be used, whereby participants can raise a red card when they have not understood some information. A yellow card is used to show that the speaker is talking too

quickly, and a green card to show that they have understood the content of a speech.

- Where **queuing** is required, set up in a systematic approach to ensure reasonable accommodation is made for people with disabilities. Priority lines with specific assistance for all persons who need it, including persons with disabilities, should be clearly signposted, with shaded resting areas and accessible toilets nearby. Prioritising of persons with disabilities in queues currently tends to be carried out via visual observations by field staff, limiting the effectiveness of the prioritization. Instead, prior identification of persons with all types of impairments, and delivery of a priority card for distribution should ease the distribution process for these individuals. In addition, consider the need for awareness campaigns or mediation to reduce the risk that communities may see this prioritisation as unfair or preferential treatment.⁷⁷
- Provide **information**, such as about distribution activities and health services, in **multiple formats** (local languages, easy read formats, Braille and/or audio versions). Highlight in this communications material the specific measures taken to ensure accessibility.
- Provide **adequate assistive devices** for older people and persons with disabilities to reach services. NENTAD is currently providing mobility aids as part of programming; however there is a need for improved consultation with users of these aids to ensure their views and requirements are adequately addressed, and to give them input into the types of aids and devices provided.
- Where possible, go to the **household level** for identification and assessment, to ensure people with disabilities are not excluded because of barriers (attitudinal, environmental and/or communication-related) to leaving their houses or local communities.
- To enhance participation and learning processes - important elements mentioned several times within this report - but also in order to reduce stigma or misperceptions amongst staff members and humanitarian volunteers, INGOS could increase their **participation in events and networks organized by DPOs** (for instance for the International Day of the Rights of Persons with Disabilities in December). This may be more feasible at certain points in the project cycle than others, depending on the time available to partners.
- Ensure that complaints and grievance mechanisms allow issues to be raised in different ways that allow people with different impairments to access them. These complaints and grievance mechanisms should be widely publicised in different formats (as noted above).

Recommendation n°6. Appointment of an “Inclusion Advisor” or “Focal point for inclusion” within each organisation or consortia



⁷⁷ IFRC, CBM and HI. 2015. All Under One Roof Disability-inclusive shelter and settlements in emergencies. Available [here](#).

Having a staff member dedicated at least 50% of the time to addressing the issues of age and disability inclusion for this project would be extremely valuable. They should also be responsible for coordination with other NENTAD partners, via their focal points for inclusion in Nigeria. This focal person could be a member of the Protection team or any other relevant operational department. As having senior management buy-in is important for progress on inclusion within the organisation, this position should be hierarchically placed as close as possible to the organization's strategic decision-making bodies.

Duties could include:

- Ensuring the implementation of an inclusive project cycle within the organization.
- Build relationships with DPOs and ensure opportunities are in place for people with disabilities to participate across all areas of work.
- Forming a network with other partner focal persons to create a platform to share identified strengths, weaknesses, lessons learnt and good practices related to disability and age inclusion in NGO consortia projects.
- Coordinate significant awareness raising activities amongst community and religious leaders, including traditional healers, teachers, local government staff, and parents or carers, to increase their understanding of disability.
- Liaise with MEL staff to ensure disability disaggregated data is collected appropriately, that disability data is analysed and shared effectively, and that it is used effectively to inform programming.

Building the capacities of these advisors or focal points is essential, and as all partners involved in NENTAD programme have skilled headquarters-based teams focused on disability inclusion, mentoring or peer support measures should be planned.

See Annex I for an example job description from CBM's work in Kenya.

Recommendation n°7. Conduct a barriers analysis to understand what limits the participation and access to services of persons with disabilities



Using the HIS guidance notes, NENTAD partners, with the support of external technical experts if required, should conduct specific rapid initial assessments on the barriers to inclusion in their response in North East Nigeria⁷⁸. Based on the analysis of the data collected, changes in Standard Operating Procedures (SOPs) should be made to address inclusion. Good practices for SOPs can be found in the section below - **Useful resources on disability inclusion.**

Recommendation n°8 · Support staff and hold them accountable for disability inclusion



⁷⁸ Refer to the HHot assessment card for detailed guidance.

It is essential that all members of humanitarian teams are committed to the process of including people with disabilities if the required paradigm shift is to be achieved. Age and disability must become everyone's business. Ensuring staff are aware of disability inclusion as a consideration, supported with appropriate training, and accountable for disability inclusion in their work is key to gaining their commitment.

- Awareness-raising sessions with staff and volunteers are important to ensure all staff, including senior managers, are aware of and encouraged to support the inclusion agenda.
- As well as the training for DFID staff and partners on inclusive practices in the field and at organisational level recommended above (Recommendation 1), modules on the inclusion of older people and persons with disabilities should be integrated into the organization's training calendar on a regular basis.

HIS materials (formerly named ADCAP materials, see the **Useful resources on disability inclusion**) are likely to be useful starting points for this training; however they should be adapted to the context. As a first step, the modules could be developed and delivered with technical assistance from a disability expert (either by the DFID Humanitarian and Development Disability Advisor or a disability-specialist organisation).

- The inclusion of persons with disabilities and older people in humanitarian programmes should be considered when assessing the quality of programmes delivery, and where appropriate, this could be included in performance management processes for teams or individuals. The challenging context for implementation in North East Nigeria must be taken into consideration when considering target setting for inclusion or for assessing achievements.

Such a paradigm shift towards inclusion has already started but cannot happen overnight; time is needed to embed inclusive practices for staff, systems and structures. It must also be supported by institutional changes outlined in Recommendation 9.

Recommendation n°9 · Institutionalise disability inclusion within organisational practices



As noted above, to support and hold staff accountable for inclusion in humanitarian programming, inclusion must be embedded within an organisation's way of working.

- As recommended above, partners should consider building inclusion modules into staff training and appointing a focal person for inclusion.
- Changes in partners' human resource policies would provide greater opportunities for persons with disabilities in recruitment processes. Hiring persons with disabilities to staff teams is likely to raise the profile of inclusion issues.
- Project cycle management documents and quality frameworks or standards may need to be revised to ensure the inclusion of persons with disabilities and older people is highlighted alongside gender and other considerations, and sufficient resources are allocated throughout the programme cycle.

C. Recommendations for DFID, humanitarian mainstream organisations implementing NENTAD and other humanitarian sector organisations

The following recommendation is applicable not only to humanitarian mainstream organisations involved in NENTAD, but also to DFID and other humanitarian sector organisations in North East Nigeria.

Recommendation n°10 Work towards the accessibility of public sector infrastructure



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Fieldwork found that partners face challenges including people with disabilities when using inaccessible public buildings to deliver support to affected populations. People with disabilities met during fieldwork highlighted the lack of accessibility of services they regularly seek to use, such as hospitals, clinics and schools, and the environmental and communication barriers they face. Any new construction funded by NENTAD should consider accessibility and the principles of universal design. However where programmes need to utilise existing infrastructure, partners should consider accessibility modifications as part of budgets.

NENTAD implementing partners and DFID, as well as other humanitarian sector organisations, should take all opportunities available to advocate for the Government of Nigeria, at local, state and federal level, to make accessibility improvements, or reasonable accommodation for people with disabilities to access their services. The Convention on the Rights of Persons with Disabilities⁸⁰ and the recently signed Disability Bill⁸¹, which prohibits all forms of discrimination against persons with disabilities, provide a strong basis for this advocacy.

Recommendation n°11 Share learning about disability inclusion between humanitarian organisations



It has been noted in Recommendation 4 above that DFID can play a key role in supporting the networking of partners to share their learning and experiences, in line with Key Inclusion Standard 7; there is a broader need for opportunities for humanitarian stakeholders to discuss the inclusion of people with disabilities and share challenges and good practice. A key way in which the current situation could be improved is through the establishment of an inter-agency coordination mechanism focusing on inclusion, for example a crosscutting sub-working group for “inclusion”, which could operate under the Protection cluster, within the

⁷⁹ Due to the scale of the changes needed, and the ongoing challenge this poses to people with disabilities affected by the crisis, this has been denoted high urgency, high cost and difficult to implement. However, advocacy to government stakeholders represents a low cost and easy to implement activity.

⁸⁰ Nigeria ratified the United Nations Convention on the Rights of People with Disabilities (CRPD) in 2007 and its Optional Protocol in 2010.

⁸¹ 2018, with Presidential assent in January 2019.

OCHA cluster system and which would ensure a more consistent attention to the issue of disability.

Useful resources on disability inclusion

Disability and Age commitments

Global Disability Summit 2018: Summary of commitments and Commitments – Department for International Development (DFID), London - August 2018.

Making Inclusion a Reality in Development Organizations – IDDC, 2012.

Data disaggregation

Experience sharing of disability data disaggregation in humanitarian context: see HI toolkit “Disability Data in Humanitarian Action” <https://humanity-inclusion.org.uk/en/disability-data-in-humanitarian-action#8>

Plan International Australia, CBM Australia-Nossal Institute Partnership for Disability Inclusive Development. July 2015. Practice note: Collecting and using data on disability to inform inclusive development. Although focused on development contexts, this practice note is also likely to be valuable for humanitarian data collection.

Webinar (1 hour) “Disability and Data – What can we count on?” World Bank. Available [here](#).

Podcast (10min) on disability data by Daniel Mont, an international expert on disability measurement and inclusive development. Available [here](#). March 28, 2017.

The WG questions’ NGO training. Available [here](#).

Disability inclusion tools for humanitarian programming

CBM, [Humanitarian Hands-On-Tool, 2018](#). Website and app designed to give practical tips and ideas to humanitarian field workers and managers on how to make humanitarian action accessible to and inclusive of persons with disabilities. It breaks down the specific sectors into concrete tasks, which explain how you can make sure persons with disabilities can access emergency services with dignity and can actively participate in the development, implementation and monitoring of such services, improving their quality and effectiveness. Available in English and Spanish.

Handicap International Indonesia, [Disability Checklist for emergency response](#), 2013

Women’s Refugee Commission, [Disabilities Among Refugees and conflict affected populations – Resources Kit for Fieldworkers](#), 2008. This resource kit - that goes with a [full report](#) - provides practical guidance for UNHCR and humanitarian agency field staff. Major recommendations include making refugee camps accessible to persons with disabilities and ensuring that they have full and equal access to the mainstream services that other refugees receive.

Women’s Refugee Commission [Disabilities Discussion Tool For Field Workers](#), 2014. This tool is designed to help raise awareness among community workers, volunteers and displaced people about increasing access and inclusion for persons with disabilities in refugee and

displacement contexts. It can be used by staff of organizations working with refugees and displaced persons, as well as community leaders and disability associations conducting sensitization with the wider refugee community.

ADCAP, [Inclusion of Age and Disability in Humanitarian Action – A two-day training course](#) - Training Handbook, 2017. A DFID and USAID funded project, this trainer book provides detailed contents on several very useful training modules to capture disability and age in humanitarian responses.

Humanity and Inclusion, Inclusion Resources. Available [here](#).

Sector specific resources

Protection

Guidance on Disability Inclusion for GBV Partners in Lebanon: Outreach, Safe Identification, and Referral of Women, Children and Youth with Disabilities WRC, 2018: this resource includes a very rich toolkit related to GBV and Disability. A must-read for GBV workers.

Rohwerder, B. (2018). Disability stigma in developing countries. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. (Accessed on Dec. 20, 2018)

Division for Social Policy and Development (DSPD). (2016). Toolkit on Disability for Africa – Culture, Beliefs and Disability. UN. (Accessed on Dec. 20, 2018)

Gender-based Violence

Inter-Agency Standing Committee (IASC). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. 2015.

Action on Disability and Development International (ADD). Disability and gender-based violence. ADD International's Approach. A learning paper.

IFCR. Gender and Diversity Organisational Assessment Toolkit. Pilot version. Asia Pacific Regional office. Kuala Lumpur. 2016. Available [here](#).

Nutrition

UNICEF, Including Children with Disabilities in Humanitarian Action: Nutrition, 2017.

UNICEF, Background Note for the Global Partnership on Children with Disabilities - Inclusive Nutrition for Children and Mothers with Disabilities, 2012.

HI, Disability Checklist for emergency response, 2006.

WASH

UNICEF, Including Children with Disabilities in Humanitarian Action: WASH, 2017. This guide provides guidance and tips to make sure emergency WASH services (including facilities) are made accessible to all children.

Handicap International. Accessibility in emergency. Technical sheets WASH infrastructure Pakistan, 2010.

CBM. Inclusive post-disaster reconstruction: Building back safe and accessible for all. 2015.

Mental Health and Psychosocial support

IASC, Mental Health and Psychosocial support humanitarian emergencies, 2010

Handicap International, Mental Health and Psychosocial support and interventions in emergency and post-crisis settings, 2013.

Education

UNICEF, Including Children with Disabilities in Humanitarian Action: Education, 2017.

Inter-Agency Network for Education in Emergencies (INEE). Education in Emergencies: Including Everyone. INEE pocket guide to inclusive education.

Shelter – Building Accessibility

IFRC, CBM and HI. All Under One Roof. Disability-Inclusive shelters and settlements in emergencies. IFRC. 2015.

CBM. Inclusive Post-Disaster Reconstruction. 16 minimum requirements for accessible shelters. 2015.

Handicap International. Guidelines for Creating Barrier-Free Emergency Shelters. Handicap international Nepal Programme. 2009.

OCHA. IASC Gender Handbook in Humanitarian Action - Gender and shelter in emergencies.2006

Annexes

Annex A. Country context and humanitarian situation in Nigeria

As Africa's most populous country- with more than 190 million inhabitants⁸²- and the continent's largest economy⁸³, Nigeria is often called 'the giant of Africa'. Despite its potential, after a period of average annual growth of 6.5% (2005-2015), Nigeria has struggled to emerge from the 2016 recession and is expected to have grown by only around 2% in 2018, according to International Monetary Fund forecasts⁸⁴. High levels of economic volatility due to over-reliance on oil prices⁸⁵, crime and insecurity, and corruption, combined with a lack of economic reform have created a difficult business environment. Nigeria ranks 148 out of 180 on Transparency International's Corruption Perceptions Index 2017.⁸⁶

Furthermore, high levels of inequality persist in Nigeria. The combined wealth of Nigeria's five richest men is \$29.9 billion⁸⁷, yet the country has overtaken India in 2018 and now has the highest number of people living in extreme poverty, according to World Poverty Clock calculations⁸⁸. Oxfam's Commitment to Reducing Inequality report (2018) ranks Nigeria in bottom place out of 157 countries for the government's commitment to tackling the high levels of inequality in the country.⁸⁹ Regional inequalities are significant; the Chairman of the Northern State Governors Forum noted in 2016 "in Nigeria, poverty wears a northern cap".⁹⁰

Linked to higher poverty levels, North East Nigeria has been the scene of hostilities between the Nigerian military forces and non-governmental armed forces since 2009, part of a wider conflict in the Lake Chad Basin. Boko Haram initially targeted mainly state institutions and has evolved to increasingly target civilian populations. In 2015, a new faction called Islamic State's West Africa Province was created and since then, two factions of Boko Haram have fought largely separate insurgencies in Borno, Yobe and Adamawa States. ISWAP, which became the dominant faction, has operated largely to the North of Maiduguri, the main city in the region, while Boko Haram has kept to the South and East. As a result of the conflict, since 2009, over 20,000 people have been killed (most as direct targets of Boko Haram), while 2 million people (80 percent of whom are estimated to be women and children) have been displaced within the region or to neighbouring countries (200,000 people)⁹¹.

⁸² 2017 UN estimates population of 190,886,311. See [here](#).

⁸³ IMF, 2018. *World Economic Outlook, October 2018*. International Monetary Fund.

⁸⁴ See [here](#).

⁸⁵ See [here](#).

⁸⁶ See [here](#).

⁸⁷ See [here](#).

⁸⁸ Homi Kharas, a. (2018). *The start of a new poverty narrative*. [online] Brookings. Available [here](#). [Accessed 17 Dec. 2018].

⁸⁹ Lawson, M. and Martin, M., 2018. The Commitment to Reducing Inequality Index 2018: A global ranking of governments based on what they are doing to tackle the gap between rich and poor.

⁹⁰ See [here](#).

⁹¹ UNDP. (2017). Business case assessment for accelerating Development investments in famine response and prevention. Available [here](#). [Accessed 17 Dec. 2018].

This conflict has led to over 1.9 million internally displaced people in Nigeria in 2018⁹² who lack protection and are the first to suffer as a result of the crisis, for example from malnutrition and violence. Significant areas remain inaccessible, despite recent military successes by government forces. Agricultural activities have been severely disrupted due to insecurity. Ongoing humanitarian assistance is required to prevent the deaths of thousands of people. In 2016 and 2017, the scaling up of the humanitarian response reduced mortality and morbidity and avoided a spill over effect. However, around 7.7 million people were in need of humanitarian assistance in 2018⁹³.

As noted in the NENTAD business case, “the origins of conflict in the region can be found in decades of economic mismanagement, poor governance, corruption, poverty and human rights abuses.”⁹⁴ However, the deployment of an international humanitarian response has been delayed; the recognition of the scale of the problem has been slow and organizations have struggled to react sufficiently promptly⁹⁵. Before 2015-16, major humanitarian intervention in the region was hampered by a lack of clarity in Nigeria’s overall framework for humanitarian response, a denial of the seriousness of the IDP situation, multiple security challenges, and as a result, constrained resources. In 2016, “donor pledges were higher for Chad and Niger, where the number of persons in need was smaller”⁹⁶. The massive deployment of humanitarian actors in North East Nigeria is quite new (late 2015, and 2016 for most of the NENTAD INGOs partners). The international community's efforts over previous years have allowed aid agencies to develop further their intervention strategies and to move towards more long-term actions. The UN Humanitarian response has become structured gradually: for instance, the Emergency Telecommunications Cluster was activated in November 2016, and the International Humanitarian Partnership (IHP) base camp in Maiduguri first phase began in January 2017.

However, despite recent efforts, the situation in North East Nigeria remains of serious concern in many of the sectors of humanitarian work. Protection of civilians is high on the agenda for the humanitarian community, as civilians living in conflict-affected areas suffer from grave violations of human rights and dignity. Food security and nutrition remains concerning⁹⁷. The provision of essential public services, such as Health, Education, and Water and Sanitation, is restricted or non-existent, and many related institutions have collapsed in conflict-affected areas; civil servants have not yet returned to these areas.

The humanitarian response has been deployed in this extremely difficult context, aggravated by attacks and a number of recent murders of humanitarian aid workers that violate the principles of humanitarian response, hampering the provision of assistance to vulnerable populations.

Staff turnover in an environment where there is a huge gap in available capacity, as well as an increase in the demand for experienced humanitarian staff by other programmes, leads to knowledge loss, lack of continuity in support and has a resulting negative impact on programme implementation. Several initiatives have been conducted over 2018 to enhance humanitarian workers initial capacities to deliver a quality humanitarian response, such as

⁹² See [here](#).

⁹³ ReliefWeb. (2018). Nigeria: 2018 Humanitarian Needs Overview - Nigeria. [online] Available at: <https://reliefweb.int/report/nigeria/nigeria-2018-humanitarian-needs-overview> [Accessed 17 Dec. 2018].

⁹⁴ Business case- North East Nigeria Transition to Development Programme (NENTAD), page 4.

⁹⁵ Foucher. 2016. International Crisis Group paper, 2016. <https://www.crisisgroup.org/africa/west-africa/nigeria/boko-haram-back-foot>

⁹⁶ International Crisis Group paper, 2016. North-eastern Nigeria and Conflict's Humanitarian Fallout

⁹⁷ INP+ Quarterly report: Quarter 2, Year 2; July to September 2018

the iMMAP training and capacity building interventions in 2018 that benefited 200 professionals across all three states⁹⁸. However, challenges remain considerable for INGOs and UN agencies to recruit and retain experienced aid workers.

Annex B Methodology

Applying the Humanitarian Inclusion Standards (HIS)

The terms of reference identify the HIS as the key criteria for this review of NENTAD programmes. These HIS have been designed to help address the gap in understanding the needs, capacities and rights of older people and persons with disabilities, and to promote their inclusion in humanitarian action. They are also designed both to strengthen the accountability of humanitarian actors to older people and persons with disabilities, and to support the participation of older people and persons with disabilities in humanitarian action. The HIS guidelines cover a complete overview of the inclusive practices of the reviewed projects, highlighting areas of success and areas for improvement. This is the first time that such a review has been conducted based on the recently published HIS (2018).

The NENTAD projects included in the review are related to five clusters within the humanitarian sector: education, food security, nutrition, WASH and protection. Therefore, in addition to the nine key inclusion standards, the review has used the standards of the relevant five sectors to review the NENTAD projects. The sector inclusion standards are all structured around three key areas of inclusion:

1. Data and information management: This is a key element of inclusion as it is about identification and needs assessment. “No One Left Behind” means that humanitarian workers take all effective measures and action to ensure older people and persons with disabilities can access humanitarian assistance and protection. Identification cannot be achieved without an inclusive data collection system and accessible information and communication systems. These elements are emphasized in the UN Convention, notably article 2, with the definition of “communication”, and article 3 – general principles – which addresses equality of opportunity and accessibility. This implies the processes by which all services are delivered, including information and documentation, are made available and accessible to all, particularly persons with disabilities.

2. Addressing barriers: Removing barriers must be understood in the context of the Convention on the Rights of Persons with Disabilities, a responsibility that is now taken up by the entire international community involved in human rights. It is not only about addressing physical barriers, a narrow understanding of the concept of accessibility, but also about addressing attitudinal and institutional barriers. The sector inclusion standards therefore set key actions and guidelines for each field to overcome these barriers.

3. Participation and empowerment: Here again, the HIS stresses the necessity for humanitarian workers to take into account persons with disabilities’ and older people’s participation at all stages of the project, to build the capacities of staff and local partners so they can review their actions in a more inclusive way.

For the purposes of this report, the results of the review are presented using these three elements of inclusion as a framework for analysis (see Main Findings). In addition to this

⁹⁸ iMMAP. (2018). “The impact of information management support in response to the humanitarian crisis in North East Nigeria, 2018.”

analysis grid, this report presents conclusions that aggregate the practices of the four consortia studied. Data has been aggregated using the nine key inclusion standards of the HIS, which are based on the nine commitments of the Core Humanitarian Standard on Quality and Accountability (CHS).

It is worth mentioning here that the ADCAP consortium is currently working further on these standards, notably on indicator development, since this is also a requirement from Sphere and the Humanitarian Standard Partnership (HSP). This is expected to feed into other initiatives, such as the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. These initiatives, if undertaken in a coordinated manner to ensure efficiency and avoid duplication of efforts, are expected to enable humanitarian actors to set clear and realistic inclusion objectives according to their context of intervention.

Data collection methodology overview

This mixed-methods review included a documentary desk review and secondary data analysis, as well as primary data collection through Focus Group Discussions (FGDs), key informant interviews (KIIs) and direct observations across the four NENTAD programmes.

The review's overall approach has a strong participatory dimension, via the role played by JONAPWD, the direct participation of NENTAD partners (through various meetings held, and the self-assessment survey), and the participation of beneficiaries, including persons with disabilities that have benefited from the activities of the NENTAD partners. Members of DPOs based in the region, especially members of JONAPWD, were invited to join Focus Group Discussions, although they were not in all cases available to attend.

Desk Review

The documentary desk review began on 14th September 2018, when the first set of documents from NENTAD partner projects and information on the NENTAD programme was provided by DFID. See **Annex G. Documentary Review Bibliography** for details of the documents reviewed. The review team developed a synthesis table to facilitate analysis and centralize all information collected about NENTAD projects. This internal tool was updated throughout the review and findings from the review have been synthesised in this report.

Individual Self-assessment Surveys

In order to collect NENTAD partners' views on their practices for disability and age inclusion, key staff members, identified through discussions with focal persons at each partner organisation, were invited to respond to an online self-assessment survey. The individual survey included 33 questions. These were mostly closed questions, plus a number of open-ended questions designed to assess individual knowledge of and attitudes towards disability inclusion at an organizational level. As well as feedback from partners during inception meetings, an external panel of reviewers examined the questions developed, providing feedback and comments to ameliorate the tool. This panel included a staff member of HelpAge International (member of the ADCAP initiative), a staff member of Médecins Sans Frontières (providing the perspective of a mainstream humanitarian worker), and an inclusion expert. The survey was also reviewed by Kirsty Smith (CBM UK) who was a member of the team who developed the HIS.

The use of an online survey tool, surveygizmo, allowed survey logic to be applied and facilitated respondents completing the survey remotely via an email link. Initially planned to be open for two weeks, data was collected between October 24th and December 20th. Seventeen individuals answered the survey, from all consortia organisations except AAH and Plan International:

- EiE IRC-led consortium: 4 survey responses were submitted: 2 completed by Creative Associates and 2 completed by IRC.
- EiE UNICEF-led consortium: 2 survey responses were submitted by UNICEF staff (1 complete and 1 partial).
- ProSPINE consortium: 5 survey responses were submitted, 3 by IRC (2 complete and 1 partial), 1 completed by DRC and 1 partially completed by NRC.
- INP+: 6 survey responses were submitted, 1 survey was completed by WFP staff and 1 by UNICEF staff, and 4 others were partially completed by the WFP team.

As the survey covered a number of different areas, it was then suggested during the inception meetings in late October in Abuja and Maiduguri that several staff from each organisation might need to fill in the survey to provide data on all relevant areas. Respondents were individuals from several units or sectors within partner organisations: project managers, consortium coordinators, M&E officers, and sector managers (education, protection, nutrition).

Focus Group Discussions

Focus group discussions are an important vehicle to gather the perceptions and opinions of persons with disabilities, as well as triangulating the findings of project staff and other key informants. The participatory nature of focus group discussions was key for this review; open questions and semi-structured discussions allowed participants to share freely and influence the direction of the conversation. The main objective for these focus groups was to know whether and how the needs of persons with disabilities have been taken into account by the NENTAD partners and to identify gaps based on the perspectives of current and potential beneficiaries. Men and women with different types of impairment participated in the different focus groups. Discussion guides tailored to the relevant sector of work were developed for focus groups; questions for the tools were gathered from standard disability tools and frameworks, including the Humanitarian Inclusion Standards (2018), ADCAP tools, Light for the World's Toward Inclusion book (2017) and various CBM technical inclusion tools.

Nine FGDs took place from 12th- 23rd November 2018. The discussion guides for each of the sector FGDs are found in **Annex F. Data collection tools**.

A total of 85 individuals participated, including 25 women, men, boys and girls with different impairments - see the detailed table in **Annex C. Sampling** that provides disaggregated information on participation in each focus group.

Depending on the contextual social norms, men and women were interviewed together or separately. They were interviewed separately for one Focus Group Discussion in Muna Camp Elbdawa with DRC; in this case, gender segregation may have influenced the responses of participants. Women were used to mobilize women and men used to mobilise men, and NENTAD partners supported the recruitment of participants to ensure women and girls. Adults of varying ages were included in the groups; this approach proved valuable during field-testing. Group facilitators were attentive to group dynamics resulting from any

differences in social status or education levels and were proactive to ensure that all members participated. The facilitators made sure that each participant gave their opinion so that leaders did not monopolize the discussions. Where relevant, the facilitators followed up with quieter participants after



Figure 26 Focus Group Discussion DRC Protection - Male group



Figure 27 Focus Group Discussion Blumkutu Misandari Ward, Primary School

the groups to ensure their views were heard. Specific attention was paid to children to ensure that their views were heard, with questions and approaches adjusted accordingly; three groups were held with children specifically.

Key Informant Interviews

As mentioned in the inception report, two types of semi-structured interviews were conducted with key informants: (i) NENTAD project managers, and (ii) key stakeholders.

The interviews carried out were semi-structured qualitative interviews. The interview tools represented an interview guide rather than a structured questionnaire, and were used to guide the discussion during the interview. Participants were questioned only on topics about which they had some degree of knowledge and insight. The issue of confidentiality of responses was made clear with the interviewees and the review team had no requests for confidentiality. All interviews were conducted in English, for a duration of approximately an hour.

Each of the sector interview guides were structured around (a) collecting information, (b) addressing barriers, and (c) participation and resilience, as the three major areas of inclusion (the same structure was then used in Main findings section to report on findings for each project).

These interviews provided a clear picture of the level of coverage of the needs of people with disabilities by the NENTAD partners. The aim was to gain a clear understanding of the extent and ways in which partner staff were taking into account the reality of older people and people with disabilities.

A total of 20 key informant interviews with 33 staff were conducted with the following organisations: IRC, IRC/ROHI (Restoration of Hope Initiative), Norwegian Refugee Council (NRC), Save the Children (EiE and ProSPINE), Plan International, UNICEF EiE, Action Against Hunger.

Interviews were also conducted with non-NENTAD actors - the World Health Organisation (WHO), OCHA Deputy Humanitarian Country Representative and the International Organization for Migration (IOM) - to obtain a broader perspective on the issue of age and disability in the Nigerian humanitarian response.

Reality check observations

The field teams made observations when walking around the sites where focus group discussions and interviews took place using an observation grid tool (see **Annex F. Data collection tools**).

Reality check observations forms were completed for the following locations:

- Blukutu School Maiduguri, Maiduguri MMC (IRC EiE)
- Fed Low cost primary school, Maiduguri MMC (UNICEF EiE)
- Elbdawa Mena Camp, Jere LGA (IRC ProSPINE)
- Modi Sulluri, Maiduguri MMC (IRC ProSPINE)
- Muna, Jere LGA (IRC ProSPINE)
- Mairi Primary HealthCare, Maiduguri MMC (UNICEF INP+)
- Yerwa Primary Health Care, Maiduguri MMC (UNICEF INP+)

This was an opportunity to collect information on barriers: physical, attitudinal, and informational. It allowed the review team to gain further understanding of the lives of persons with disabilities in project areas and to triangulate data collected through in FGDs and staff interviews. The observations made by the members of the review team were used

to feed into the next sections of the review and analysed along with the data from FGDs and KIIs.

Initial validation of findings and first steps on capacity building

In addition to this fieldwork, two members of the review team returned to North East Nigeria in December (10th-16th) to validate the findings from the fieldwork, to ensure these reflected partners' experiences across their operations, and to work on capacity building with partners to address the gaps identified through the fieldwork.

The preliminary findings of the report indicated the gap in knowledge and experience amongst staff, along with their willingness to improve. During conversations, skype meetings and emails exchanges, the review team were quickly asked to provide guidance and support on several topics, including issues related to understanding disability, and disability data collection in particular.

Therefore, two working sessions were organised during the field visits related to:

- **“Collecting good practices on disability”**: This session was held on November 8th for four hours. Fifteen partner staff attended, representing nine partner organisations. In addition, three DPO members also attended.

The resources shared are found [here](#).

As on other occasions throughout this review, given the need to understand the issues at stake on disability, the session was used as an opportunity to raise awareness of disability issues and the inclusion of persons with disabilities and older people in humanitarian response, including the different models of disability and the twin track approach. The feedback from participants was very positive.

Having identified the key elements of exclusion and of “good practice”, the partners shared any approaches that their organisations were currently using which helped to promote inclusion. Following the workshop, participants were tasked with writing up a more in-depth example from their project. After a follow-up in early December, three stories were shared:

- From Plan International, in the education sector: The story of Luka, a young boy with disabilities who was supported to access school, both through individual support and more inclusive practices by his mainstream school, with the support of Plan International' monitoring officer.
- From DRC, in the protection sector: A story related to the inclusion of a young boy with disabilities in the nearby school after being donated a wheelchair.
- From IRC, in the protection sector: A general testimony of disability inclusion practices.

The content of these examples have been included in this report.

- **“Using the Washington Group questions to collect data on disability”**: During meetings and discussions with partners, the need to learn more about the Washington Group Questions quickly became apparent. Collecting disaggregated data on age and disability was one of DFID Nigeria's requirements for funding humanitarian proposals. Whilst this has not yet been accomplished, progress has been made on this in late 2018. The short set of Washington Group questions were used by several partners between July and December 2018, but based on the

information collected, these questions appear to have been used without the support of skilled technical assistance. As a result, the usefulness of the data obtained is questionable. (However the review team has not been able to access this data to review it carefully).

Resources from this working session are found [here](#).

Limitations

Security constraints

The review took place in late 2018, during a period in which there was an 'increase in insecurity and hostilities' in the region, especially in northern Borno State. 'This has had serious implications on humanitarian operations and the civilian population. Some humanitarian partners have temporarily suspended operations while others have significantly decreased programming' in certain areas as a result.⁹⁹ In response to the particularly high levels of insecurity in the region and the involvement of international staff in the review team, it was recommended by an external security consultancy that travel outside of Maiduguri would require armoured vehicles and armed protection; however this was counter to the policy of CBM and other INGOs. The decision was made, in order to mitigate this security risk and the advice received, that the team should remain in Maiduguri and that work should be undertaken within this area of Borno state.

Despite not being able to travel outside Maiduguri and surrounding areas to conduct observations and Focus Group Discussions due to this increased risk, the field team was able to collect information from all partners, conducting nine FGDs with beneficiaries and community members and 20 KIIs in the Maiduguri and Jere areas or via Skype. These covered all programmes and sectors included in the review, and work in all three states where NENTAD is being implemented. There was a high degree of consistency in the findings across the partners in terms of the inclusion of persons with disability and older people, regardless of which state the programmes operated in. Furthermore, the team validated the findings from the FGDs through meetings with partners in December 2018, to ensure the findings reflected partners' understandings of their programmes beyond the communities sampled.

Access to NENTAD portfolio documentation

The NENTAD programme documents made available to the consultants at the start of the review for the documentary review phase did not provide sufficient information about each consortium project in terms of activities carried out, results achieved, and geographic areas covered. Not all key documents were available to inform planning and sampling during the inception phase, and gaps in the documents needed for a thorough documentary review therefore had to be collected by the review team throughout fieldwork. The review team were not provided with access to all quarterly reports and project proposals. It would have been preferable to have a complete set of documents from the very start of the review to inform the development of the Inception report.

⁹⁹ ReliefWeb. (2018). North-East Nigeria: Humanitarian Situation Update - Progress on key activities from the 2018 Humanitarian Response Plan, November 2018 edition (Covering 1 through 31 October 2018) - Nigeria. [online] Available at: <https://reliefweb.int/report/nigeria/north-east-nigeria-humanitarian-situation-update-progress-key-activities-2018-6> [Accessed 18 Dec. 2018].

Multiplicity and number of interlocutors within each organization

The lack of continuity of representation by NENTAD partners led to some communication gaps regarding the review. Although organisations identified focal persons for the review team to work with, due to their busy schedules other staff were often engaged to participate in the review process. On the other hand, this did result in a larger number of staff members becoming aware of issue of inclusion of people with disabilities through their participation in the review process¹⁰⁰.

Gender and language considerations

The field team was made up of made of an international consultant, the CBM Regional Disability Inclusive Development Advisor and CBM Nigeria staff. The country office team and the Regional Advisor understand the context, culture and the common language (Hausa) spoken in the region. However, there were limitations in the language spoken by the team during data collection with beneficiaries from the northern Borno area, who can only speak Kanuri. In such situations, interpreters were engaged to translate the questions to Kanuri/Hausa and the responses from Kanuri to English. As the facilitation team members were male¹⁰¹, they worked with local men and women to ensure sensitivity to gender and cultural considerations in how discussions were facilitated.

Annex C. Sampling

Key Information Interviews

Table 6 Key informant interview sample

Type (INGO, local NGO, DPO, IO, Donor, LGA)	Name of the organisation	F / M	Projects (for NENTAD partners)	Position	Working base
INGO	IRC	M	EIE IRC	Education Manager	Maiduguri
INGO	IRC	M	EiE IRC	M&E officer	Maiduguri
INGO	IRC	F	EIE IRC	Senior Consortium Manager (DFID EiE)	Maiduguri
INGO	IRC	M	ProSPINE	Senior Consortium Coordinator	Maiduguri
INGO	Plan International	M	UNICEF EiE	Programme Manager	Maiduguri
LGA	SEMA			Operations Director	Maiduguri
IO	UNICEF	M	INP+	Nutrition Manager	Abuja

¹⁰⁰ More than 90 people were involved in this review.

¹⁰¹ The fieldwork team as originally composed included Anne-Sophie Trujillo Gauchez as Audit Lead; however unfortunately she was unable to obtain a visa to travel for the main field visits in sufficient time, and was represented instead by Martin Bévalot as Audit Technical Support (also an extremely experienced humanitarian practitioner and researcher).

IO	UNICEF	M	UNICEF EiE	M&E - data collection	Maiduguri
INGO	ACF	M	INP+	Food Security Livelihood Manager	Damaturu
INGO	ACF	M	INP+	Wash Manager	Damaturu
INGO	ACF	F	INP+	Nutrition Manager	Damaturu
INGO	Creatives Associates	M	EiE IRC	State Leader Yobe State	Damaturu
INGO	IRC / ROHI	M	EiE IRC	M&E officer ROHI	Maiduguri
INGO	Save the Children	M	UNICEF EiE	EiE School Coordinator	Maiduguri
INGO	Save the Children	M	UNICEF EiE	EiE officer	Maiduguri
INGO	Save the Children	F	UNICEF EiE	Programme Manager EiE Nentad	Maiduguri
INGO	Save the Children	M	UNICEF EiE	EiE officer	Maiduguri
INGO	Save the Children	M	UNICEF EiE	EiE officer	Maiduguri
INGO	Save the Children	M	UNICEF EiE	MEAL officer	Maiduguri
INGO	Save the Children	F	UNICEF EiE	Accountability officer	Maiduguri
INGO	Save the Children	M	ProSPINE	Programme Manager – NENTAD ProSPINE	Maiduguri
INGO	Save the Children	M	ProSPINE	MHPSS Coordinator	Maiduguri
INGO	Save the Children	F	ProSPINE	Case Management	Maiduguri
INGO	NRC	F	ProSPINE	ProSPINE ICLA Programme Coordinator	Maiduguri
INGO	NRC	M	ProSPINE	Shelter Manager	Maiduguri
INGO	NRC	M	ProSPINE	Wash Manager	Maiduguri
INGO	DRC	F	ProSPINE	Protection Coordinator	Maiduguri
INGO	DRC-DDG	F	ProSPINE	MRE Advisor	Maiduguri
INGO	Plan International	M	UNICEF EiE		Maiduguri
IO	UNICEF	M	UNICEF EiE	Education Officer	Maiduguri
IO	UNICEF	M	UNICEF EiE	Education Officer	Maiduguri
IO	UNICEF	M	UNICEF EiE	Education Specialist	Maiduguri
IO	UNICEF	M	UNICEF EiE	Education Emergency Specialist	Maiduguri
IO	WFP		INP+	SCOPE officer	Maiduguri
INGO	IRC	F	ProSPINE	Protection & Rule of Law Coordinator	Maiduguri
INGO	IRC		ProSPINE	Child Protection Programme Manager	Maiduguri

Focus Group Discussions

Table 7 Focus Group Discussions sample

Date	Location LGA	Location	Project	Nentad Partners	Participants
12/11	Maiduguri Borno State	Blumkutu Mdisandari Ward, Primary School	IRC EIE	IRC ROHI	6 participants, 4 girls and 2 boys including 2 girls with physical impairments
13/11	Maiduguri Borno State	Federal Low Cost, primary Blumkutu Mdisandari Ward Primary School under Bolori I	UNICEF EIE	Plan International	10 participants (5 girls and 5 boys). 5 children with visual impairment, 2 physical impairments, and 3 persons with intellectual impairments
16/11	Maiduguri Borno State	Modi Sulluri	ProSPINE	NRC	12 participants (5 girls, 7 men and boys) 2 persons with disabilities (including 1 man with visual impairment, 1 girl with physical impairment)
19/11	Jere, Borno State	Muna	ProSPINE	Save the Children	5 children without disabilities
21/11	Jere, Borno State	Muna Elbdawa Camp	ProSPINE	DRC	12 participants: 12 men
21/11	Jere, Borno State	Muna Elbdawa Camp	ProSPINE	DRC	12 participants: 12 women
21/11	Jere Borno State	Mena Camp	ProSPINE	DDG (Danish Demining groups)	7 men with disabilities with physical impairments
22/11	Maiduguri Borno State	Yerwa Primary Health Care	INP+	UNICEF/ Plan International	9 women, with disabilities (physical impairments)

22/1 1	Maiduguri	Mairi Primary Health Care	INP+	UNICEF/ Plan International	6 women with disabilities (physical impairments) 1 man
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Annex D. Review process dates

Table 8 Review process dates

Inception visits	9 th - 15 th October 2018
Introductory meeting with DFID	9 th October
Inception meeting to discuss review methodology	Maiduguri: 12 th October Abuja: 15 th October
Field testing	Maiduguri: 13 th October
Self-assessment questionnaire	24 th October -20 th December
Fieldwork	6 th - 23 rd November
Meeting with key DFID staff	6 th November
Workshop with NENTAD partners on good practice sharing	8 th November
Visits to partners' project sites	7 th - 23 rd November
Interviews with partner staff	
Participatory qualitative research with beneficiaries (interviews and focus group discussions)	12 th -22 nd November
Interviews with other key stakeholders such as federal and state level government and international agencies.	6 th - 9 th November
December validation visits	9 th - 17 th December
Meeting with DFID team - Abuja	10 th December

Review team working session and rescheduling appointments

Meeting with UNICEF EiE and Plan International 11th December

Flight to Maiduguri

Meeting with WFP – INP+ / EMOP

Meeting with NENTAD partners to present the review preliminary findings 12th December

Meeting with IRC EiE

Meeting with NRC – ProSPINE

Meeting with UNICEF EiE 13th December

Working session with JONAPWD

Workshop on the Washington Group questions for NENTAD partners 14th December

Meeting with WFP INP+

Discussion with OCHA Deputy humanitarian coordinator 15th December

Annex E. Presentations and materials provided to NENTAD partners

Presentations and materials provided to NENTAD partners during the three workshops organised as part of the review process can be found here:

Inception meetings

In Maiduguri. Available [here](#).

In Abuja. Available [here](#).

Good practices meeting. Available [here](#).

Washington Group Questions workshop. Available [here](#).

Annex F. Data collection tools

The tools used for data collection during the review can be found here:

https://docs.google.com/document/d/1_UQ3c8eaLwGsMLw5pVsAyRQyBu905pq_aH9vXzUfSAE/edit?usp=sharing

Annex G. Documentary Review Bibliography

Based on documents initially provided, plus requests for additional information, the following have been read and analysed:

About DFID and NENTAD programme

- DFID's NENTAD core documents
 - NENTAD Nigeria Country Profile 2017
 - NENTAD Business case May 2017
 - NENTAD, Annual Review and Logframe, April 2018
 - Delivery Chain Mapping session at humanitarian workshop May 2017
 - DFID-Conflict Sensitivity Humanitarian Workshop
 - Latest Updated Humanitarian Workshop May 2017
 - Final Evaluation Briefing Note DFID Nigeria
 - Independent Monitoring and Evaluation Project for the DFID Nigeria State Level Programmes January 2017
 - DFID's Strategy for Disability Inclusive Development 2018-23 December 2018
 - Presentation made during NENTAD partners workshop "Safeguards and disability in humanitarian programming"
 - Safeguards, disability and older persons in humanitarian programming
- OCHA documentation
 - Humanitarian Response Plan 2018
 - OCHA Humanitarian Needs overview 2018

About NENTAD projects

IRC ProSPINE consortium:

- Compiled documents / consortium
 - Nigeria Case Study Disability
 - Delivery Chain Mapping ProSPINE
 - ProSPINE Briefing Note
 - ProSPINE Consortium Logframe
- Save the Children documents
 - ProSPINE Current and Proposed Site
- IRC documents
 - IRC Nigeria Case Study Disability
 - Targeted Individual Assistance Client Identification Form
 - Protection Sector Referral Form

- PAG Awareness attendance sheet (Protection Sector)
- Mainstreaming Training English presentation (Protection sector)
- DDG documents
 - DDG Nigeria Factsheet November 2016
- NRC documents
 - NRC activities under ProSPINE

INP+ consortium:

- Baseline Report for INP+, February 2018
- Delivery Chain Mapping INP+
- INP Final Report April 2018
- INP+ Q3 Quarterly Report consolidated
- INP+ Year 2 Quarter 2 report
- WFP Delivery Chain Mapping - Supply Chain June 2017
- WFP Report Life Saving Programme up to Dec 2017
- DFID Report for the Life Saving Programme up to Dec 2017
- DFID report EMOP WFP Nigeria
- INP+ List of supported Sites
- Nigeria CNAM guidelines 2013
- ACF INP Delivery Chain Mapping
- DFID proposal Scale up INP+
- AAH Rapid smart report Yobe Gujba November 2016
- AAH Rapid smart report Yobe Nangere November 2016
- AAH Rapid smart report Yobe Tarmuwa November 2016

EiE Unicef consortium:

- Brief Plan International
- Delivery Chain EIE UNICEF
- UNICEF EIE Activity locations
- UNICEF EIE project Proposal

IRC EiE consortium:

- DFID EIE consortium Y2 Q1 Narrative report Final June 2006
- Delivery Chain IRC EIE August 2018
- IRC EIE Progress report
- IRC Specific activities Location
- Learners Enrolment Form for DFID EIE Education in Emergency
- Final DFID EIE Y2 Q2 Project Creatives Associates September 2018
- Final DFID EIE Project Y2 Q2 Brief
- Success Stories October 2018

Annex H. Models of Disability

This Annex, taken from the *Disability Inclusive Development Toolkit*¹⁰², outlines the different models of disability:

The charity model focuses on the individual and tends to view people with disabilities as victims, or objects of pity, their impairment being their main identifier. They are seen as recipients and beneficiaries of services. This approach sees disabled people as passive, tragic or suffering and requiring care. It assumes that it is the community and society's responsibility to arrange all services for these vulnerable people.

The medical model also focuses on the individual and sees disability as a health condition, an impairment located in the individual. It assumes that by addressing the medical ailment this will resolve the problem. In this approach a person with disability is primarily defined as a patient, in terms of their diagnosis requiring medical intervention. Disability is seen as a disease or defect that is at odds with the norm and that needs to be fixed or cured.

The social model developed as a reaction against the individualistic approaches of the charitable and medical models. It focuses on society and considers that the problem lies with society, that due to barriers be they social, institutional, economic or political, people with disabilities are excluded. This approach focuses on reforming society, removing barriers to participation, raising awareness and changing attitudes, practice and policies.

The rights based model is based on the social model and shares the same premise that it is society that needs to change. This approach focuses on equity and rights and looks to include all people equally within society: women and men, girls and boys regardless of background or any type of characteristic. It is founded on the principle that human rights for all human beings is an inalienable right and that all rights are applicable and indivisible. It takes the CRPD as its main reference point and prioritises ensuring that duty bearers at all levels meet their responsibilities. This approach sees people with disabilities as the central actors in their own lives as decision makers, citizens and rights holders. As with the social model, it seeks to transform unjust systems and practice.

Annex I Job description for mainstreaming ageing and disability into organisational policy and practice in Kenya

JOB VACANCY

CBM is an international Christian disability and inclusive development organization whose primary purpose is to improve quality of life of the world's poorest persons with disabilities and those at risk of disability, who live in the most disadvantaged societies. We seek to recruit a Program Officer for the Ageing and Disability Capacity Building Program (ADCAP).

Persons with disabilities are strongly encouraged to apply for this position.

PROGRAM OFFICER- AGE AND DISABILITY

¹⁰² Page 20. Available [here](#).

The Age and Disability Capacity Building (ADCAP) programme is a global initiative implemented by the Age and Disability (A&D) Consortium, led by HelpAge International. Consortium members include Handicap International, CBM, International Federation of Red Cross (IFRC), Red R UK and Disaster Ready. The programme works with both international and national partners at operational and headquarters levels, to build their knowledge and expertise in inclusive humanitarian programming in support of changes to policy and practice of operational actors.

The ADCAP programme will ensure that older people and persons with disability benefit from improved access to services across different sectors as a result of a) improved recognition by humanitarian actors of the right and needs of these groups, and b) increased inclusion of these groups in programming resulting from improved skills and expertise in the design and delivery of inclusive humanitarian assistance c) contribute to changes in organisational and institutional environments that will ensure greater knowledge of, and confidence in, the need for inclusive programming.

The job holder will play a central role in supporting CBM and other humanitarian partners, to take steps towards gender-sensitive mainstreaming of ageing and disability into organisational policy and practice in Kenya.

The objective of this position is also to establish a sustainable mechanism at country level to build and support the capacity of their parent agency, and external humanitarian partners to deliver gender-sensitive, age and disability inclusive humanitarian programmes.

Main Responsibilities:

Internal

- Conduct an assessment of the extent to which ageing and disability are mainstreamed in policy and practice of the organization (CBM).
- Advocate in coordination with the CO Kenya and CBM IO teams for the implementation of gender-sensitive, age and disability inclusive humanitarian programming and implementation.
- Develop and/or review an organisational inclusion strategy for the Kenya focal partners outlining identified rationale, objectives, and opportunities to contribute to age and disability inclusion in organisational policy and practice in collaboration with the Age and Disability Capacity Building Focal Persons.
- Ensure consultations and dissemination of the age and disability mainstreaming strategy among the agency staff;
- Facilitate the development of a Kenya Organisational Action Plan (K-OAP) to be endorsed by senior management (CBM-RO and ERU, and Kenya Partners), outlining the concrete actions to be taken by the organisation to deliver the strategy.
- Develop an improvement plan every quarter, undertaking ongoing assessments, to ensure there is continuous progress made against the milestones of the Organisational Action Plan,
- Provide technical input into the review and design of organisation policy, tools and operational response activities to reflect the needs of older people and people with disabilities drawing on and working towards, the implementation of the minimum standards developed as part of the Age and Disability Capacity Building project
- Build capacity of CBM and Kenya partners' staff to contribute to gender-sensitive mainstreaming ageing and disability through training and coaching.

- Form an inclusion working group including other team members from the organisation who will support implementation, monitoring and review of the OAP

External

- Facilitate and/or conduct training on ageing and disability in humanitarian action to staff members of other humanitarian actors, and the use of the minimum standards.
- Work with identified agencies to develop an organisational inclusion strategy outlining identified rationale, objectives, and opportunities to contribute to gender-sensitive age and disability inclusion in organisational policy and practice at country or head office level, and support partners to have the strategy endorsed and signed off by senior management.
- Support partners to develop an overall action plan, to be endorsed by senior management, outlining the concrete actions to be taken by the organisation to deliver the strategy.
- Provide follow up support to humanitarian partners through mentoring, training-of-trainers, webinars, and one-on-one support as required.
- Build strategic alliances with other key actors internally and externally to advocate for gender-sensitive, age and disability inclusive programming.
- Identify opportunities for the development of relevant advocacy and communication/information materials to support age and disability inclusion in national processes
- Develop, maintain and disseminate good practice examples of effective mainstreaming of ageing and disability carried out within and outside of the organisation.
- Maintain a library of materials on ageing and disability mainstreaming and produce user-friendly and operationally-oriented summaries of key documents for broad dissemination within the parent organisation and the sector as required.

Monitoring and reporting

- In line with the project Monitoring Evaluation and Learning Framework, monitor and report on implementation of the internal, parent agency mainstreaming strategy through:
 - o Monthly informal report to the HelpAge age and disability project team
 - o Quarterly report in line with the MEAL framework,
- The focal point shall fulfil all reporting requirements as outlined in the project Monitoring Evaluation and Learning Framework, including but not limited to reporting on:
 - o The implementation of external training activities
 - o Development and implementation of external agency improvement plans
 - o Changes at individual, organisational and systemic levels in support of age and disability mainstreaming

Person specification

- o Masters or advanced degree in a relevant subject area.
- o Knowledge of training tools and methods with proven experience in delivering training in humanitarian settings.

- Previous experience in medium-large scale emergencies (desirable)
- Familiar with humanitarian programming and inter-agency coordination systems
- Experience in protection work, cross-cutting issues in humanitarian response (gender, age, disability etc), working with vulnerable groups or participatory approaches.

About CBM

CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world.

Based on its Christian values and over 100 years of professional expertise, CBM addresses poverty as a cause and a consequence of disability, and works in partnership to create an inclusive society for all.

CBM's global core mandate area is disability inclusion. CBM not only embeds disability-inclusive development into the organisation's own work, but also works with others on mainstreaming of disability inclusion.

In order to build inclusive and resilient communities and comprehensive initiatives that strengthen capacity and systems, a key element of our programmatic priorities is to ensure that persons with disabilities have equitable access to aid during and after a humanitarian crisis. CBM was one of lead agencies that developed the Minimum Standards on Age and Disability Inclusion in Humanitarian Action, now launched as the Humanitarian Inclusion Standards for older people and persons with disabilities (HIS).

About Joint National Association of Persons with Disabilities (JONAPWD)

JONAPWD is an umbrella organization of persons with disability established in Nigeria to promote the rights and development of Nigerians with disabilities. The organization was established in 1992, to represent the interests of the population of persons with disabilities at the local and international level.

JONAPWD is a full member of the International body called Disabled People's International (DPI). It serves as a link between Organizations of Persons with Disabilities (DPOs/OPDs) in Nigeria and the international community.