



# Lessons from Disability Audit of North East Nigeria Transition to Development (NENTAD) Humanitarian Response

Nigeria Briefing

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This briefing provides recommendations and conclusions for humanitarian stakeholders in Nigeria, based on the findings (summarised below) of the Disability Audit of DFID’s North East Nigeria Transition to Development (NENTAD) Humanitarian Response. The audit was funded by DFID Nigeria and conducted in late 2018 by CBM and the Joint National Association of Persons with Disabilities (JONAPWD), the umbrella organization of persons with disabilities (OPD).

## About the Disability Audit

The situation in North East Nigeria represents a complex and protracted emergency; it 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 emergency to early recovery programming.

**Figure 1 HIS front cover** 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 persons with disabilities were published 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<sup>1</sup>.

Persons with disabilities in Nigeria experience a high level of social exclusion due to a number of factors. Disability is not seen as a human rights issue, but “viewed in terms of

“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.*

<sup>1</sup> Based on the ADCAP guidelines (developed by the Age and Disability Capacity Programme led by the [Age and Disability Consortium](#))

*charity and welfare*<sup>2</sup>, 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)<sup>3</sup> 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 grounds of disability.

In line with DFID's *Strategy for Disability Inclusive Development 2018-23, Now is the time*, a team from CBM and JONAPWD undertook a disability review of four out of the thirteen humanitarian response projects under NENTAD in late 2018, funded by DFID Nigeria. The review assessed the extent to which persons with disabilities are systematically and consistently included in, and benefit from, humanitarian response with reference to the recently published ADCAP Humanitarian Inclusion Standards and data disaggregation. As the first time such a review has been conducted, it represents an important pilot for the application of the standards. The methodology for the review 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) including persons with disabilities in the areas where NENTAD programmes were operating during November 2018, allowing triangulation of data. Security constraints, delays accessing 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 gained valuable information through interviews with a number of staff working across all three states. Two working sessions for NENTAD partner staff were also organised during the field visits, on disability models and Washington Groups Questions.

The review results were analysed by consortia around the three key areas or lenses of inclusion in the HIS<sup>4</sup>:

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

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

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<sup>2</sup> 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. Available [here](#).

<sup>3</sup> Federal Republic of Nigeria. August 2012. National Policy on Internally Displaced Persons (IDPs) in Nigeria.

<sup>4</sup> 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](#).

# Key issues emerging from the inclusion review

*States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, 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 disasters.*

United Nations Convention on the Rights of Persons with Disabilities (CRPD), Article 11 – Situations of Risk and Humanitarian Emergencies

The findings of this review provide an opportunity for awareness raising and advocacy, not only with NENTAD partners but also with the other humanitarian agencies in the region engaged during the review. A number of key issues and recommendations to support donor and humanitarian partners to continue their efforts to make humanitarian response more disability inclusive are presented below. This will ensure that persons with disabilities do not experience discrimination in accessing humanitarian aid, in line with the Convention on the Rights of Persons with Disabilities<sup>5</sup> and Nigeria's Discrimination Against Persons with Disabilities (Prohibition) Act 2018, signed into law in January 2019.

During the review, partner staff recognised considerable opportunities to make progress towards meeting the HIS and making humanitarian aid more inclusive of all people of all ages, if donors, humanitarian agencies, OPDs and government stakeholders work together.

## **1. In a complex humanitarian context, the inclusion of older people and persons with disabilities is a major challenge for all stakeholders**

The review demonstrated that there have been some inclusive practices during the past 18 months of operations in North East Nigeria under the NENTAD programme, and there is an awareness of the importance of inclusion, and a strong willingness by NENTAD partner staff and leadership to increase capacity in this area.

However, it also found that gaps in knowledge and technical capacity in implementing partner practice. In many cases, the needs of, and the barriers facing, persons with disabilities were not identified, and where they were identified, they were not always prioritised during the response. As a result, persons with disabilities often missed out on access to services. There was also often little knowledge amongst persons with disabilities about the ways in which NENTAD programmes were seeking to include them, for example through feedback mechanisms or adaptations to queuing procedures.

There are a number of reasons for these findings. Increased awareness of inclusion issues amongst humanitarian organisations has led to the introduction of some good practice, particularly around the identification of persons with disabilities.

However, the review showed that inclusive practice has been limited by the complexity of the humanitarian situation. The crisis has spread to hard-to-reach areas where the security

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<sup>5</sup> See [here](#).

context remains highly volatile, requiring day-to-day adaptation by humanitarian teams to continue activities. As a result, security has often overshadowed many other considerations, diverting time and attention away from implementing inclusive practices more widely.

In this 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.

## **2. Disability inclusion must be anticipated ahead of time, especially in complex humanitarian contexts such as North East Nigeria**

The review highlights the growing attention to disability issues in humanitarian contexts amongst international donors. DFID is demonstrating a clear intention to ensure that humanitarian action leaves no one behind<sup>6</sup>. Other funding agencies are following suit, recently increasing their commitments to inclusion by producing disability inclusive guidelines for their implementing partners.<sup>7</sup>

However more action is needed. Additional funding is vital to assist humanitarian actors and communities affected by armed conflict, natural disasters and other humanitarian emergencies to coordinate, plan, implement, monitor and evaluate essential actions for disability-inclusion across all sectors of humanitarian response. There is a tremendous need for developing knowledge and understanding on disability issues, amongst staff in mainstream humanitarian organisations, communities and government workers.

## **3. Data is key to effective inclusion**

Collecting data disaggregated by age and disability was part of the requirements for funding humanitarian proposals according to the NENTAD business case. Mainstream organisations have recently started working on ensuring that data by disability is collected<sup>8</sup>, but more work is needed in this area.

## **4. Staff need training and support to adopt inclusive practices**

In the delivery of humanitarian aid, mainstream humanitarian organizations often struggle to find disability expertise at field level; they are limited in their disability inclusion work by human resource constraints. This was particularly the case in North East Nigeria, where none of the humanitarian organizations operating today were present prior to the outbreak of the crisis. Acculturation to humanitarian principles occurs over time, and many implementing partner staff are relatively new to the humanitarian field.<sup>9</sup> In addition, most staff have had little exposure to disability inclusion or to relevant international policy

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<sup>6</sup> As well as the recent strategy on inclusion, the NENTAD Business Case mentions two commitments on disability. See also DFID's Humanitarian Guidance Note: Ageing and Disability in Humanitarian response (November 2015).

<sup>7</sup> See for instance the Austrian Development Agency, AECID (in Spanish only), Italian Cooperation Agency (in Italian only).

<sup>8</sup> Sometimes contrary to Washington Group guidance, as the questions were modified or additional questions asked.

<sup>9</sup> This is a "first mission" for many of the large number of field team members recruited during a rapid scale up of the humanitarian response and due to high levels of staff turnover.

frameworks on inclusion (such as the UN Convention on the Rights of Persons with Disabilities, Inclusion Charter, Sendai Framework for Disaster Risk Reduction, Humanitarian Inclusion Standards). Staff turnover has been (and remains in some organisations) significant, which works against developing the capacity of staff in this area.

It is understandable that staff often share locally prevailing views and understandings on disability which may work against fully inclusive practices. Staff members need to be equipped with an increased understanding of disability to become advocates for disability inclusion, supporting a broader paradigm shift in attitudes towards disability.

### **5. Adopt an inclusive project cycle management approach to ensure disability inclusion at all stages of the project cycle, including budgets**

An inclusive approach to project cycle management would support delivery of inclusive programmes, including considering inclusion costs when developing or reviewing budgets.<sup>10</sup> Cost issues are often raised as a barrier to disability inclusion. However, disability inclusion as part of the creation of an enabling environment does not need to be expensive; the adoption of universal design principles does not represent unmanageable extra cost when planned at the early stages<sup>11</sup>, and low cost changes could be incorporated into budgets for existing projects.

### **6. Engage men and women with diverse disabilities as active participants in the response**

This includes opportunities for men and women with disabilities to assume leadership roles in times of preparedness and response phases.

Participation needs to be organised through regular liaison with representative organisations, OPDs. The role of OPDs is therefore crucial and needs to be strengthened. Current initiatives to strengthen persons with disabilities' representative organisations do not go far enough, and to date have not empowered their members with the required skills for a role in humanitarian work. For example in Nigeria, as most OPD members do not have experience working with INGOs in humanitarian contexts, there can be mutual misunderstandings, making cooperation uncertain and complicated. Specialised disability organisations have a longer tradition of working with OPDs, but they cannot on their own cover the needs of persons with disabilities. Therefore, collaboration between mainstream INGOs and disability specific agencies, along with OPDs, represents an important step towards significant positive change in disability inclusion.

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<sup>10</sup> Find more detail and guidance in Light For The World. 2017. Resource Book On Disability Inclusion. Available [here](#).

<sup>11</sup> World Health Organization, 2011. [World Report on Disability 2011](#).

## 7. Wherever feasible, build awareness of disability inclusion

In Nigeria, as in many other countries in Africa and elsewhere in the world, the prevailing view of disability reflects a lack of understanding. It is not only the attitudes of family members, caregivers and members of the community that may contribute to the marginalisation of persons with disabilities but also the attitudes of humanitarian workers, as well as staff in government services such as schools and health centres<sup>12</sup>. There is a need for major awareness-raising initiatives that are culturally appropriate, and humanitarian programmes can contribute to these efforts.



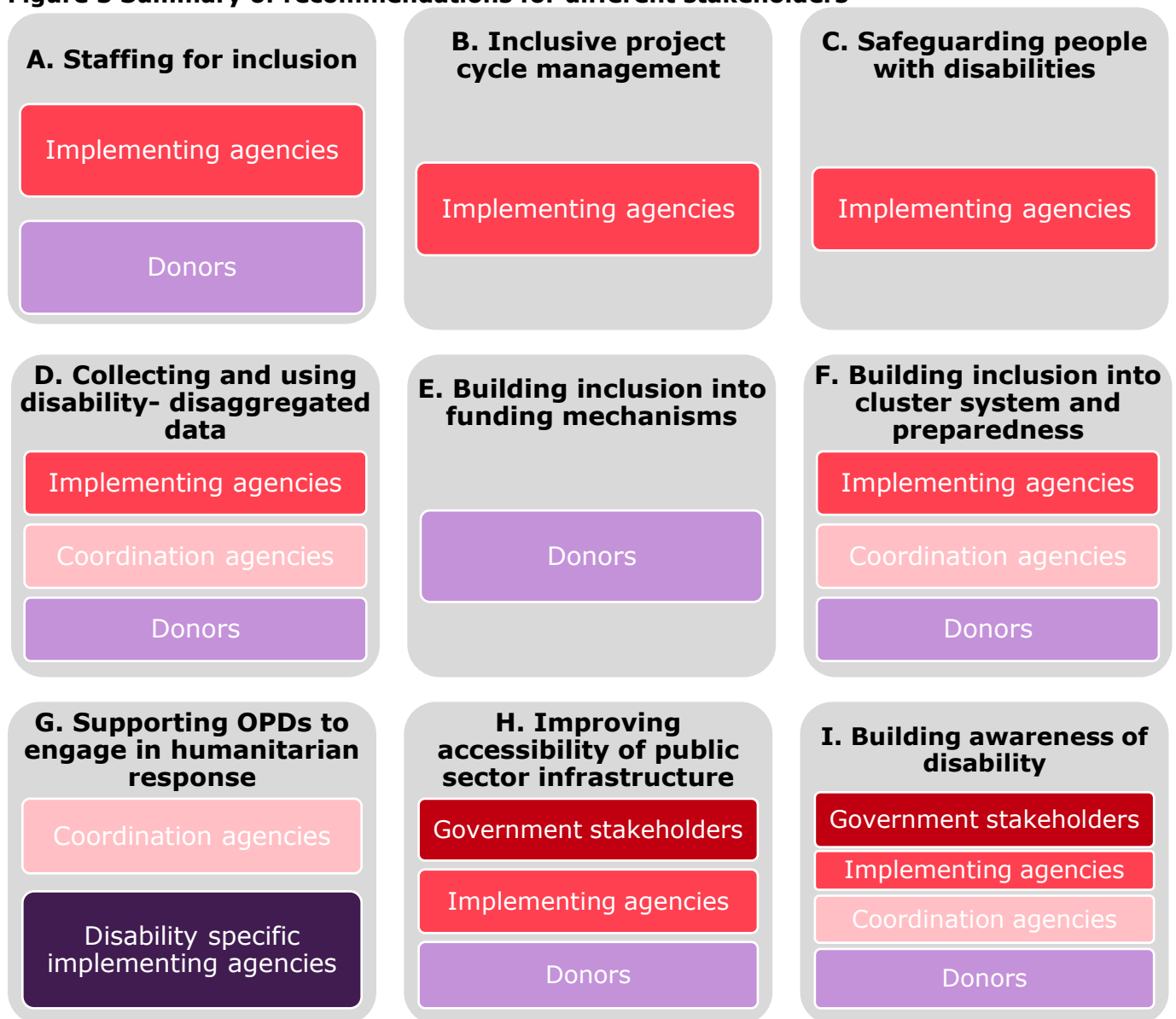
Figure 2 Summary of key issues arising from the review

## Recommendations

The recommendations below highlight a number of ways in which agencies operating in the North East could work towards greater inclusion, and which may be applicable to other Nigerian contexts.

<sup>12</sup> Many partners were implementing programmes with public sector workers and infrastructure.

**Figure 3 Summary of recommendations for different stakeholders**



**A. Staffing for inclusion**

Whilst recognising the limited progress made on disability inclusion to date, partner staff showed a high degree of support and enthusiasm for working in a more inclusive way. Staff buy-in and organisational will to be more inclusive amongst NENTAD partners is an important foundation on which to implement the recommendations, alongside DFID's own commitment to this work.

**Humanitarian implementing agencies** should consider the following in order to harness the interest of staff in disability inclusion:

- Capacity development on disability inclusion for humanitarian practice should be part of organisations' induction training packages, particularly in places where staff turnover is high.

Additional coaching, peer learning with good practice exchange, or other community of practice methods, should be put in place to support staff. Modules on the inclusion of older people and persons with disabilities should be integrated into each organization's training calendar on a regular basis. HIS materials (formerly named ADCAP materials) 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.

➤ Induction materials and capacity development should include international frameworks and standards such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Sendai Framework and Humanitarian Disability Charter and the HIS for older people and persons with disabilities. It should also include the Discrimination Against Persons with Disabilities (Prohibition) Act, 2018.

➤ Having a staff member in Nigeria dedicated at least 50% of the time to addressing disability inclusion, appropriately supported to develop their capacity for inclusion, would be extremely valuable to support other staff and to coordinate with other humanitarian agencies via their own focal points for inclusion. 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:

- Ensure the implementation of an inclusive project cycle within the organization.
  - Build relationships with OPDs and ensure opportunities are in place for persons with disabilities to participate across all areas of work.
  - Form a network with other partner focal persons to create a platform to share identified strengths, weaknesses, lessons learnt and good practices related to disability inclusion in NGO consortia projects.
  - Coordinate 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, and analysed and shared effectively amongst programme staff to effectively inform programming, and where appropriate, shared with other agencies for a coordinated response.
- 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.

➤ The inclusion of persons with disabilities and older people in humanitarian programmes should be included where appropriate in performance management processes for teams or individuals<sup>13</sup>. The challenging context for implementation in North East Nigeria must be taken into consideration when considering target setting for inclusion or for assessing achievements.

Section 2.3 (p64-69) of CBM's Disability Inclusive Development toolkit (accessed [here](#)) provides details of inclusive management practice and responsibilities.

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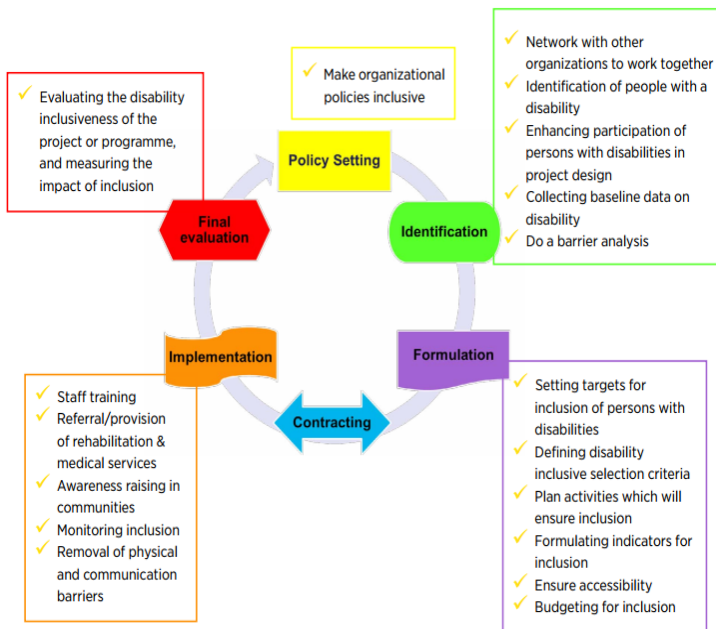
<sup>13</sup> For example, relevant considerations related to inclusion could be incorporated into job descriptions or as part of appraisal processes.

## B. Inclusive project cycle management

Whilst recognising that the operating context for the humanitarian response remains extremely challenging, now that the acute emergency phase has ended and all the **implementing agencies** are working routinely within the project cycle, an inclusive approach to project cycle management would support delivery of inclusive programmes.

The diagram below highlights considerations for inclusive project cycle management.

**Figure 4 How to make project cycle management inclusive of disability<sup>14</sup>**



➤ 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. Disability inclusion should also be considered when assessing the quality of programmes delivery.

➤ Consulting and working with men and women, girls and boys with disabilities amongst affected populations, including during the emergency phase of a response, is

essential. This includes opportunities for persons with a range of different impairments to assume leadership roles during both preparedness and response phases.

➤ Participation needs to be organised through regular liaison and engagement with representative organisations, OPDs, or where these are not present, with self-help groups, so that persons with disabilities are part of all consultation and coordination mechanisms.

## C. Safeguarding men, women, girls and boys with disabilities

Humanitarian situations pose some of the highest risk for abuse, neglect and exploitation. These risks are particularly high for girls, boys and women with disabilities and older people. Article 11 of the Convention of the Rights of Persons with Disabilities highlights the obligation to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and natural disasters.

Therefore, it is important to ensure safeguarding measures at all stages of humanitarian action – in disaster preparedness phase, response and early recovery- can be accessed by persons with disabilities. Working towards an inclusive approach to project cycle management is key to accessible safeguarding processes and procedures for **humanitarian implementing agencies**.

Of particular importance for safeguarding is ensuring that the feedback mechanisms in place are accessible to all persons with disabilities, and that persons with disabilities are engaged in participation mechanisms such as camp committees. Furthermore, making sure that the

<sup>14</sup> Find more detail and guidance in the publication of Light For The World. 2017. Resource Book On Disability Inclusion. Available [here](#).

communication mechanisms in place to respond to complaints feedback, as well as to any safeguarding incidents in particular, are accessible. If working with children, it is also important to think about how these processes can be made child-friendly.

#### **D. Collecting and using age and disability-disaggregated data**

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Some humanitarian organisations have recently started to collect and disaggregate data and information on disability<sup>15</sup>. However, data was not systematically used, for example to identify potential adaptations to address barriers that could exclude persons with disabilities.

➤ More work is needed in this area to ensure high quality data is collected; for example, the quality of data collected on disability is likely to depend on work to raise awareness and engage communities on disability issues, and to develop effective tools and administration processes for data collection. This includes developing and testing translations into local languages of standard questions on disability such as the Washington Group Questions, and thorough training materials for enumerators and programme staff. Involving OPDs in the process of designing tools or training is also likely to be valuable. **Humanitarian coordination agencies** should play a part in developing these tools.

➤ It is also important that each **implementing organisation** takes a strategic approach to using the data about disability collected through programming. This is not only to ensure a consistent approach to analysing data about disability is adopted, but also to provide an effective response to the barriers to accessing programmes, and/or any specific needs identified by persons with disabilities.

➤ It is also important to ensure staff have the appropriate capacity and understand their specific responsibility for collecting, analysing and using data, whether in field operations, project management or monitoring and evaluation functions.

➤ In contexts and communities where stigma and other attitudinal, environmental and communication barriers often mean persons with disabilities stay close to their homes, it is vital to include household-based surveys or assessments with questions about disability; these can provide more accurate information about the situations of persons with disabilities than assessing needs at service delivery points. It is also important to try and involve persons with disabilities themselves and their carers in surveys, avoiding an over-reliance on questioning the head of the household only.

➤ Where time and resources allow, surveys should ask questions about the different situations and experiences of individuals within each household, rather than focusing only on the differences between households. This is particularly important for people with disabilities, especially girls and women, who may have different experiences from other household members. Where it is not possible to conduct a survey with each individual person, it is recommended that survey questions are expanded, for example to include details of which household members have access to certain resources. This data could then be matched against information collected about functioning levels of household members, allowing for disaggregation of data and a better understanding of the barriers faced by men, women, girls and boys with disabilities<sup>16</sup>.

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<sup>15</sup> The Washington Group Questions were part of some projects' assessment tools, in some cases contrary to Washington Group guidance, as the questions were modified or additional questions added. There was no documented decision regarding the cut off point for disability to be considered relevant for the project where the Washington Group Questions were used (for example, whether 'some difficulty' or 'a lot of difficulty' on any domain is the most relevant threshold).

<sup>16</sup> 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.](#)

➤ Another way to improve access to data about persons with disabilities is to encourage sharing of information across organisations (ensuring protection of personal information).

**Good practice:** Plan International's work to identify beneficiaries for their nutrition 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.

### **Humanitarian implementing**

**partners** need support to ensure disaggregated data is generated and used in an appropriate and robust way. The ground is currently incredibly fertile for DFID and other donors to provide practical, context specific technical support to partner organizations, to enable inclusive practice and meet the capacity gaps in inclusion identified. This is particularly true in the area of disaggregated data collection and in assessment/identification of the barriers persons with disabilities face, which are central to inclusion in humanitarian programmes. Partners have already made some progress in these areas, but need further guidance to assure the quality and usefulness of the data collected.

➤ Donors should encourage both the collection and use of age and disability-disaggregated data collection by measuring progress on addressing barriers for persons with disabilities in accessing humanitarian programmes in overall programme logframes or MEL frameworks.

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;
- iv. translation of the Washington Group Questions into Hausa and Kanuri languages, in accordance with the appropriate translation protocols<sup>17</sup>.

➤ The appointment by donors of dedicated Humanitarian and Development Disability Advisors within their Nigeria offices would be a very valuable step in providing this kind of technical support.

The Useful Resources section of this document on data disaggregation contains further guidance, including DFID's own guide to disaggregating programme data by disability.

### **E. Building inclusion into funding mechanisms**

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DFID is a strong and consistent advocate for disability inclusion. Work is already underway within DFID to support country offices in their work towards minimum and high achievement of the disability standards set out<sup>18</sup>, including a focus on more inclusive programming. DFID, along with other humanitarian donors, can 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.

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<sup>17</sup> Details about translation can be found on the WGQ website [here](#).

<sup>18</sup> See DFID's standards on disability [here](#).

Donors should also consider the structure of their funding for humanitarian response, to build inclusion considerations into funding mechanisms. A twin track approach to disability inclusion<sup>19</sup> addresses the immediate, specific needs of persons with disabilities (such as replacing assistive devices, or specific medical services), who are likely to be particularly severely affected by a crisis, at the same time as facilitating the participation of persons with disabilities in mainstream humanitarian programmes, to ensure that these address their needs.

➤ Donors should apply the twin track approach to their next phase of funding, providing specific support to ensure persons with disabilities are empowered, while ensuring that disability is mainstreamed in all humanitarian action. DFID and other donors could supplement mainstream humanitarian funding, which should incorporate a disability inclusive budgeting approach, with a disability pool fund, designed to complement humanitarian partner activities and provide for empowerment work and capacity building with OPDs, plus cross-cutting adaptations and accessibility measures required to ensure equal access to the response. This could be articulated in the Humanitarian Response Plan (HRP). Alternatively, donors could establish their own funding mechanisms for disability specific work, to complement their inclusive mainstream programmes.

**Good practice:** The Australian Humanitarian Partnership (AHP) is a five-year (2017-2020), \$50-million partnership between Department of Foreign Affairs and Trade (DFAT) and Australian NGOs aiming to save lives, alleviate suffering and enhance human dignity during and after conflicts, disasters and other humanitarian crises. CBM has partnered with three of the six consortia of Australian NGOs that implement the AHP and Disaster READY. Working with OPD partners, CBM provides support and evidence to mainstream inclusion and works with the regional disability movement in the Pacific to build capacity for effective engagement both for disaster preparedness and for humanitarian response.

## **F. Building inclusion into the cluster system and preparedness**

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In North East Nigeria, there has been very limited attention paid to disability inclusion across the humanitarian clusters. There is a broader need for opportunities for humanitarian stakeholders to discuss the inclusion of persons 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 OCHA cluster system and which would ensure a more consistent attention to the issue of disability. As noted in Key Inclusion Standard 6 above, responses in Lebanon, Syria and Ukraine could provide examples to guide the establishment of such a group.

➤ The cluster system and key **humanitarian coordination agencies** should engage OPDs and disability-focused (I)NGO in the response.

➤ To improve the inclusion of persons with disabilities in humanitarian response, it is fundamental to ensure that any work on disaster preparedness is inclusive, with disability inclusion built into preparedness plans. The Sendai Framework for Disaster Risk Reduction should be widely disseminated amongst the humanitarian community.

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<sup>19</sup> See CBM’s website on the [Twin Track approach](#).

## G. Supporting OPDs to engage in humanitarian response



**Figure 5 Focus Group Discussion with men during fieldwork for the review**

The limited experience of OPDs and their members to interact and engage with INGOs led in some cases to mutual misunderstandings. Current initiatives to strengthen the representative organisations of persons with disabilities, so that they can empower their members to participate effectively in humanitarian action, do not go far enough.

➤ Participation needs to be organised through regular liaison and engagement with representative organisations, OPDs, or where these are not present, with self-help groups,

so that persons with disabilities are part of all consultation and coordination mechanisms.

➤ The Bridge Training Module on Article 11 of the CRPD, situations of risk and humanitarian emergencies for OPD members,<sup>20</sup> is a step towards addressing gaps.

**Humanitarian coordination agencies** should consider working with the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC) to ensure this training is provided for Nigeria.

➤ **Organisations working more specifically with persons with disabilities**, such as CBM, have a longer tradition of providing aid to persons with disabilities and engaging with OPDs, but they cannot on their own cover all the needs of persons with disabilities. Therefore, strengthening the collaboration between mainstream INGOs and disability specific agencies, along with OPDs, could bring a mutual learning exchange and contribute to a more effective and inclusive aid delivery.

➤ **Humanitarian coordinators** should consider investing in improving capacities for OPDs to engage with humanitarian action, both with training and building institutional capacities.

## H. Improving accessibility of public sector infrastructure

Fieldwork found that humanitarian implementing agencies struggle to include persons with disabilities when using inaccessible public buildings to deliver support to affected populations. Persons 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 humanitarian **donors** should consider accessibility and the principles of universal design.

➤ However where humanitarian programmes need to utilise existing infrastructure, **humanitarian implementing agencies** should consider accessibility modifications as part of budgets.

➤ **Federal, state and local level government stakeholders** play a significant role in the humanitarian response and therefore have an important role to play in ensuring the response is inclusive of all people of all ages. In the longer term, there is a need for the Government at local, state and federal level to make accessibility improvements, or

<sup>20</sup> For more information about the BRIDGE training see IDA's [website](#).

reasonable accommodation for persons with disabilities to access their services. The Convention on the Rights of Persons with Disabilities<sup>21</sup> and the recently signed Disability Bill<sup>22</sup>, which prohibits all forms of discrimination against persons with disabilities, provide a strong basis for making such improvements.

## **I. Building awareness of disability**

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The audit highlighted that there are opportunities to change attitudes and raise awareness on the rights of persons with disabilities, but that stigma and exclusion remain a common experience for persons with disabilities. This is reinforced during conflict and emergency situations. It is not only the attitudes of family members, caregivers and members of the community that may contribute to the marginalisation of persons with disabilities, but also the attitudes of humanitarian workers, as well as staff in public services such as schools and health centres<sup>23</sup>.

There is a need for major awareness-raising initiatives regarding the rights of persons with disabilities that are culturally appropriate. Humanitarian programmes can contribute to these efforts, but in the longer term, government action is needed.

➤ When working with government bodies (ministries, departments and local government agencies), organisations can ensure that persons with disabilities are always part of the agenda. By showing good examples of inclusion, they can build awareness amongst decision makers and civil servants regarding inclusive approaches, including the need for accessible public spaces.

➤ Government bodies should take forward work to address stigma and discrimination, to promote attitudes based on a rights based model amongst communities, and in their approach to service delivery and regulation, in line with the Disability Bill.<sup>24</sup>

### ***Experience shared during focus group discussions***

On her first day enrolled, a child with disabilities was asked by classmates to remove her clothes so that they could see her amputated leg. She refused, so they beat her and removed the prosthesis by force. They called her names and physically abused her.

## **Conclusion**

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Each key stakeholder in the humanitarian community - donors, implementing agencies, coordination bodies, and government agencies - has a part to play, in partnership with persons with disabilities and their representative organisations; working together, they can make humanitarian assistance inclusive and accessible, and as a result, impartial and effective at meeting the needs of everyone affected.

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<sup>21</sup> Nigeria ratified the United Nations Convention on the Rights of People with Disabilities (CRPD) in 2007 and its Optional Protocol in 2010.

<sup>22</sup> Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, with Presidential assent in January 2019.

<sup>23</sup> Many NENTAD partners were implementing programmes involving public sector workers and infrastructure.

<sup>24</sup> Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, with Presidential assent in January 2019.

# Acronyms

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CBM	Formerly Christoffel-Blindenmission (or Christian Blind Mission).
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
(UN) DESA	UN Department of Economic and Social Affairs
DFID	Department for International Development.
OPD (DPO)	Organisation of Persons with Disabilities (or Disabled People's Organisation)
EiE	Education in Emergencies
EU	European Union
FGD	Focus Group Discussion
HIS	Humanitarian Inclusion Standards
IASC	Inter-Agency Standing Committee
IDA	International Disability Alliance
IDC	International Development Committee of the UK Parliament <sup>25</sup>
IDP	Internally displaced person
IEC	Information, Education and Communication
INGO	International Non-Governmental Organisation
JONAPWD	Joint National Association of Persons with Disabilities
KII	Key Informant Interview
KIM	Key Informant Method
KIS	Key Inclusion Standards (from the HIS)
LF	Learning Facilitators
LGA	Local Government Authority
MEL	Monitoring, Evaluation and Learning
NENTAD	North East Nigeria Transition to Development
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SOP	Standard Operating Procedures
UN	United Nations
VAF	Vulnerability Assessment Framework
WASH	Water Sanitation and Hygiene
WGQ	Washington Group Questions on disability

## Useful resources on disability inclusion

### Disability and Age commitments

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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.

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<sup>25</sup> UK Parliament website of IDC, [here](#).



## Data disaggregation

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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.

DFID’s guide to disaggregating programme data by disability. Available [here](#).

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](#).

The International Centre for Evidence in Disability (ICED), supported by CBM, [Using the Key Informant Method to identify children with disabilities: A working guide](#). A working guide on the Key Informant Method (KIM) for identifying children with disabilities has been produced by the by the International Centre for Evidence in Disability (ICED), supported by CBM<sup>26</sup>. In the KIM, KIs are trained and supported to identify children with specific moderate or severe impairments or health conditions in their local communities. These children are then assessed for disability by a team of health and rehabilitative professionals using objective criteria at a designated KIM assessment site.

## Disability inclusion tools for humanitarian programming

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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

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<sup>26</sup> Using the Key Informant Method to identify children with disabilities: A working guide. This can be accessed [here](#).

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**

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### **Protection**

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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**

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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**

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

UNCIEF, 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**

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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**

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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**

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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**

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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

## **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 disabilities established in Nigeria to promote the rights and development of Nigerians with disabilities. The organization was established in 1992, to represent the interests 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 in Nigeria and the international community.