Inequalities, Inclusion and Global Health

Lessons from the Humanitarian Disability Audit in the Northeast of Nigeria

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NENTAD programme

Aim to deliver an effective response to the basic needs of vulnerable people impacted by the crisis in the North East of Nigeria.

The programme delivers humanitarian assistance in:
- Nutrition and food security
- Protection and Education in Emergencies
- Multi-sector support including health, water, shelter and livelihoods interventions
- As well as enabling a more efficient response to the crisis, including strengthened government planning, budgeting and coordination; and risk management

2017- 2022
£300m budget

Methodology of inclusion review

Inception visit: 9th - 15th October 2018

- Desk review of relevant project documents,
- Self-assessment questionnaire,

Fieldwork: 6th- 23rd November 2018

- +33 key informant interviews with staff working on NENTAD programmes and other actors in the humanitarian sector,
- Observations of project sites
- 9 Focus Group Discussions (FGDs) including persons with disabilities in NENTAD programme areas

Validation of findings: 9th - 17th December

Analysis and reporting

- Results analysed by consortia around the 3 key areas/lenses of inclusion in the HIS
- Progress mapped against the 9 overarching Key Inclusion Standards

Inception

Fieldwork

Validation

Challenges of Inclusion in the Northeast

- Crisis has spread to hard-to-reach areas where the security context remains highly volatile

- Security often overshadowed many other considerations, diverting time and attention

- Difficult for newly engaged staff to tackle inclusion issues while delivering assistance as the main objective

- Disability inclusion fairly new for humanitarian practitioners in the field

- Attitudes towards disability in Nigeria not based on human rights currently

Main Findings

- NENTAD partner staff enthusiastic to work in more inclusive ways
  - All partners acknowledged **capacity gaps amongst staff** relating to disability and age inclusion skills. An important investment. **(KIS 8)**
- **Identification** of persons with disabilities usually carried out using **direct observations** by staff at field level, rather than a clearly drafted and implemented process.
  - Some progress in late 2018 - Washington Group questions. **(KIS 1)**
- **Access to humanitarian services** can be expanded by conducting a barriers analysis and where possible, adapting to address barriers.
  - Some programmes focused on people with disabilities due to vulnerability, or provided assistive devices, without analysing specific barriers. **(KIS 2)**
- Persons with disabilities tends to participate less in decision making processes.
  - Work with DPOs can reinforce **resilience** and **participation. (KIS 3 & 4)**

Main Findings...

- **Feedback and complaints** mechanisms need adapting for anyone to use, and people need to be informed and trained to use them.
    - In some cases, steps to make feedback mechanisms accessible in particular ways, though limited awareness amongst people with disabilities. **(KIS 5)**
- There is currently no coordination amongst agencies (including the UN) on disability issues in the humanitarian response
    - Very little learning on these issues shared with other agencies and DPOs due to contextual constraints. **(KIS 6 & 7)**
- **Budgets** must be **allocated to support inclusion activities**
    - In some cases, inaccessible public buildings were used. No funds were allocated for accessibility measures. **(KIS 9)**
- Surveying or communicating with people **in households** rather than at facilities more likely to reach people with disabilities
    - Attitudinal, environmental and communication barriers to visiting facilities.

Recommendations for Humanitarian Sector