

Leave No One Behind Project - Phase 3

Analysis of the capacities and knowledge of DPOs and NGOs working for the inclusion of people with disabilities in humanitarian action in Niger



Final report

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The global consortia project is implemented in partnership with Handicap International and the Institute for International Law of Peace and Armed Conflict

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Cover photo credit:

ADAMOU Halimatou

Specific focus group for women with disabilities in Maradi (Niger)

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LIST OF ACRONYMS

CBM	Christoffel-Blindenmission Christian Blind Mission e.V.
CGSPH	Management Committee for Sports for the Disabled
CPA	African Paralympic Committee
CRPD	Convention on the Rights of Persons with Disabilities
CRS	Catholic Relief Services
DPO	Disabled People's Organizations
EHP	Humanitarian Country Team
FAO	Food and Agriculture Organization
FENISAM	Nigerian Federation of Sports for the Blind and Visually Impaired
FENISDI	Niger's Federation of Sports for the Intellectually Handicapped
FENISPEPT	Niger's Federation of Sports for Small People
FENISPHA	Niger's Paralympic Sports Federation
FENISHAP	Niger's Federation of Sports for Physically Handicapped People
FENISSOM	Niger's Federation of Sports for the Deaf and Hard of Hearing
FNPH	Niger's Federation of Disabled Persons
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HI	Handicap International - Humanity & Inclusion
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
INGO	International Non-Governmental Organization
IO	International Organizations
IOM	International Organization for Migration
IFHV	Institute for International Law of Peace and Armed Conflict
MEAL	Monitoring, Evaluation, Accountability and Learning
MJS	Ministry of Youth and Sport
NOC	National Paralympic Committee
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODD	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WFP	World Food Programme

EXECUTIVE SUMMARY

CBM is an international development and humanitarian aid organization committed to improving the quality of life of people with disabilities in the world's poorest countries. In Nigeria, Cameroon and Niger, CBM is implementing the Leave No One Behind project, which is a combination of global and local actions that aim to disseminate and operationalize the Inter-Agency Standing Committee (IASC) guidelines on the inclusion of people with disabilities in humanitarian action through disability-inclusive programming. In the framework of this project, a mission to analyze the capacities and knowledge of DPOs and NGOs working for the inclusion of people with disabilities in humanitarian action was carried out from December 2022 to January 2023 in Niger. The study was conducted using a qualitative approach and involved 388 people with disabilities, 59 DPOs and national NGO leaders and 13 humanitarian actors.

Overview of DPOs and NGOs working for the inclusion of people with disabilities

The associative movement of people with disabilities in Niger is characterized by the presence of two major federations: 1_the Niger Federation of Paralympic Sports, which has acted as the National Paralympic Committee since 2022 and which is made up of five sports federations, each representing a category of disability; 2_the Niger Federation of People with Disabilities, which is the main interlocutor with state and international actors in the field of disability and which has 25 member associations, including seven category associations, with a national office in Niamey as well as branches throughout the country. They are active in advocacy, awareness raising and capacity building for equal opportunities and full participation for people with disabilities. Apart from the FNPH member associations, there are no NGOs or networks working exclusively on disability inclusion in Niger, but rather networks and NGOs that include disability in a transversal way in their interventions.

Multidimensional analysis of disability inclusion in humanitarian action

The context of Niger, marked by a complex and persistent humanitarian crisis over the past few years, has led to an increase in humanitarian interventions for the benefit of affected populations. This context has significantly facilitated the understanding of humanitarian action, its purpose and target groups by DPOs and national NGOs active in the field of disability. Despite this understanding of humanitarian action, these actors have limited knowledge of the humanitarian system as a whole, and more specifically of the different humanitarian coordination mechanisms active in Niger and how they work. This lack of knowledge is mainly due to their absence from these mechanisms, both at national and regional level. This absence makes it difficult for them to be consulted and involved in humanitarian programming and coordination. DPOs and national NGOs, particularly members of the FNPH, are not directly involved in the preparation of humanitarian planning documents. They also have little involvement in field activities carried out by humanitarian actors, except in the case of projects that specifically target people with disabilities or projects that include people with disabilities as targets among vulnerable groups. State actors in charge of disability issues are most often favored by humanitarian actors as interlocutors to provide data on people with disabilities during the needs assessment. However, DPOs and national NGOs working for the inclusion of people with disabilities are strongly interested in getting involved in humanitarian action mainly to fulfil their mandate in terms of protection and promotion of the rights of people with disabilities, to seek networking opportunities to amplify their actions, to make their expertise in disability inclusion available and to promote the sharing of experiences and good practices for a better consideration of people with disabilities in humanitarian action.

People with disabilities are poorly involved in the humanitarian planning process, especially during local consultations; their representatives and state disability actors are often preferred as interlocutors for all types of disabilities at the same time. Because of their limited

involvement in planning, they lack information on existing coordination mechanisms in their areas. Women and children with disabilities and people living with intellectual disabilities are the most severely excluded because of the specificities of their status and/or disability. Furthermore, although humanitarian actors generally have good attitudes towards people with disabilities, they continue to experience various non-inclusive practices in accessing aid and complaint mechanisms.

Obstacles to the involvement of national DPOs/NGOs working for the inclusion of people with disabilities in humanitarian coordination and programming

The barriers identified are firstly **institutional** (absence of a disability policy and disability focal points in several humanitarian organizations and absence of working groups on disability), secondly **attitudinal** (poor knowledge of the technical and strategic normative frameworks relating to disability and persistence of stereotypes and prejudices about the self-determination and autonomy of action of people with disabilities) and thirdly **environmental** (physical, communicational and informational inaccessibility of the operational mechanisms and tools of humanitarian actors). In addition, COVID 19 emerged as an obstacle that has considerably reduced the possibilities for national DPOs/NGOs active in the field of disability to become involved in humanitarian action due to restrictions, modifications and adaptations in the implementation of activities and the loss of funding causing a reduction in the operational capacities of certain organizations.

Opportunities for more inclusive humanitarian action were identified: the existence of favorable normative, strategic and technical frameworks, the presence of international humanitarian actors with expertise in disability inclusion (CBM, HI), the presence of a structured, experienced and influential disability movement (FNPH) and the interest of humanitarian actors in more inclusive humanitarian action for people with disabilities.

Concrete proposals for a more disability-inclusive humanitarian action

The report proposes 12 major recommendations focusing on

- Organizing information sessions for DPOs and national NGOs active in disability on the humanitarian system and humanitarian coordination mechanisms;
- Assessment of the knowledge and capacities of humanitarian actors in the field of disability inclusion and the implementation of a strengthening plan for them;
- The establishment of a multi-stakeholder expert team on disability issues;
- The establishment of a disability working group and disability focal points within clusters and sectoral working groups per region;
- The organization of advocacy towards the Humanitarian Country Team, awareness towards the inter-cluster, clusters and sectoral working groups on the importance of involving DPOs and national NGOs working for the inclusion of people with disabilities in the different humanitarian coordination mechanisms;
- The dissemination of the Inter-Agency Standing Committee guidelines on the inclusion of people with disabilities in humanitarian action to all actors;
- The development, periodic updating and sharing of a directory of DPOs and national NGOs working for the inclusion of people with disabilities in Niger.

INTRODUCTION

CBM and its actions in Niger

Christoffel-Blindenmission Christian Blind Mission (CBM) is an international development and humanitarian aid organization committed to improving the quality of life of people with disabilities in the world's poorest countries. The organization works with partners to implement inclusive humanitarian responses to support all people affected by humanitarian crises and to positively influence the work of the wider humanitarian community.

The organization opened its office in Niger in 2011 and is now working in seven (07) regions of the country (Niamey, Dosso, Diffa, Agadez, Zinder, Tillabéri and Maradi) through sixteen (16) projects in the following areas: Inclusive education, livelihoods, disaster risk reduction, eye health, physical rehabilitation and humanitarian action. With a team of about twenty people in Niger and the support of teams at the regional level and at headquarters (Germany), the organization deploys its actions through eleven (11) national/local implementation partners in its intervention zones.

The Leave No One Behind Project - Phase 3

Leave No One Behind is a consortium project with three partners: Humanity & Inclusion (HI), Christoffel-Blindenmission Christian Blind Mission (CBM) and the Institute for the International Law of Peace and Armed Conflict (IFHV) of the Ruhr University in Bochum. The project is a combination of global and local actions that aim to benefit the entire humanitarian community by disseminating and operationalizing the Inter-Agency Standing Committee (IASC) guidelines on integrating people with disabilities into humanitarian action through disability-inclusive programming. Its overall objective is to mainstream disability in global and local humanitarian action in accordance with the IASC Guidelines on Disability Inclusion. The project ensures that humanitarian actors are supported and avenues are further strengthened to improve response capacities for inclusive programming and coordination to ensure equitable access of persons with disabilities to meaningful participation and enjoyment of equal protection in humanitarian action. In the current phase, CBM activities are being implemented in Germany and in three pilot countries in Africa: Nigeria, Cameroon and Niger.

The humanitarian context in Niger

Niger is facing an acute, complex and persistent humanitarian crisis, essentially fueled by various shocks, the main ones being security and climate-related. They are at the root of population movements (forced displacement), acute food insecurity, malnutrition, epidemics, drought and cyclical floods in the country. This is compounded by the impact of the COVID-19 epidemic, which has affected the country's economy. The regions most affected by the crisis are Diffa, Maradi, Tillabéri and Tahoua. According to the Humanitarian Needs Overview (HNO 2022)¹, 3.7 million people, 50.3% of whom were women, were in need of humanitarian assistance in 2022. The Tillabéri region alone accounts for over 35% of these people. The most affected groups are displaced people, non-displaced populations, children, people at risk and survivors of gender-based violence, pregnant and lactating women and people with disabilities. The crisis exacerbated by pre-existing socio-economic vulnerabilities and increasing instability in the border areas affects the ability of vulnerable groups to access basic social services and aid.

¹ [Niger: Humanitarian Needs Outlook 2022 | HumanitarianResponse](#)

The situation of people with disabilities in Niger

According to the RGPH² (General Census of Population and Housing) of 2012 in Niger, people with disabilities represent 4.2% of the population. This figure is far below the global average prevalence estimated at 15% by the WHO and the World Bank and raises the question of the availability of reliable data on the situation of people with disabilities. In Niger, despite the ratification of the Convention on the Rights of Persons with Disabilities in 2008 and the existence of a solid and protective normative framework, people with disabilities still face significant discrimination and socio-economic inequalities. These discriminations and inequalities are mainly fueled by the negative perceptions and attitudes perpetuated by families and communities towards people with disabilities. Humanity & Inclusion indicates in its country sheet Niger_2021³ that "popular perceptions and representations of disability in Niger generally equate it with incapacity on the one hand and disability on the other. Many families use disabled children to obtain income from begging, thus depriving them of their right to education and training. Another phenomenon is the use of children of people with disabilities and children from poor families as guides, keeping families in a perpetual cycle of poverty. In the second shadow report on the implementation of the 2030 Agenda in Niger⁴, disabled people's organizations also highlight the difficulties of access to inclusive education, training, employment, quality care and decision-making bodies for people with disabilities who are still marginalized.

The capacity and knowledge analysis mission of DPOs and NGOs working for the inclusion of people with disabilities in humanitarian action in Niger

The study covers Niger, with a particular focus on the regions affected by the humanitarian crisis (Tillabéri, Diffa, Maradi and Tahoua) with the aim of assessing and documenting the involvement of disabled people's organizations (DPOs) and national NGOs working for the inclusion of people with disabilities in humanitarian coordination, as well as their capacities and understanding of inclusive humanitarian action. It provides, firstly, a global overview of the disabled people's movement and national NGOs working on disability inclusion in Niger and, secondly, elements of understanding of the dynamics between these national actors and the humanitarian system with a focus on the following elements: the representativeness and level of involvement of DPOs and national disability NGOs in humanitarian coordination mechanisms, the analysis of barriers to the participation of people with disabilities in humanitarian programming and coordination as well as the needs and opportunities for a more inclusive humanitarian action

This report presents the main conclusions of the study as well as proposals for concrete actions to improve the inclusion of people with disabilities and national disability stakeholders (DPOs/national NGOs) in humanitarian action in Niger.

² [RGPH 2012 - National Institute of Statistics of Niger \(stat-niger.org\)](http://stat-niger.org)

³ [2021-12-Country sheet-NIGER-HI-EN.pdf \(handicap-international.fr\)](https://handicap-international.fr/publications/2021-12-Country-sheet-NIGER-HI-EN.pdf)

⁴ 2nd Alternative Report on the implementation of the 2030 Agenda in Niger, FNPH, June 2022,

1. BRIEF REVIEW OF THE METHODOLOGY ADOPTED

1.1 Approach, targets and phases of the study

The study took place from 19 December 2022 to 27 January 2023, using a qualitative approach. It targeted people with disabilities, leaders of DPOs and NGOs working for disability inclusion and humanitarian actors (INGOs, UN agencies). It was conducted in three stages:

- A preparatory phase essentially marked by documentary analysis, design of collection tools, recruitment and training of interviewers;
- A data collection and analysis phase marked by a 10-day physical and digital data collection followed by data analysis (narrative and thematic analysis of secondary data, triangulation with primary data with interpretation of narratives, comparisons and cross-referencing of data using Iramuteq and Excel software);
- A phase of data processing and production/validation of deliverables.

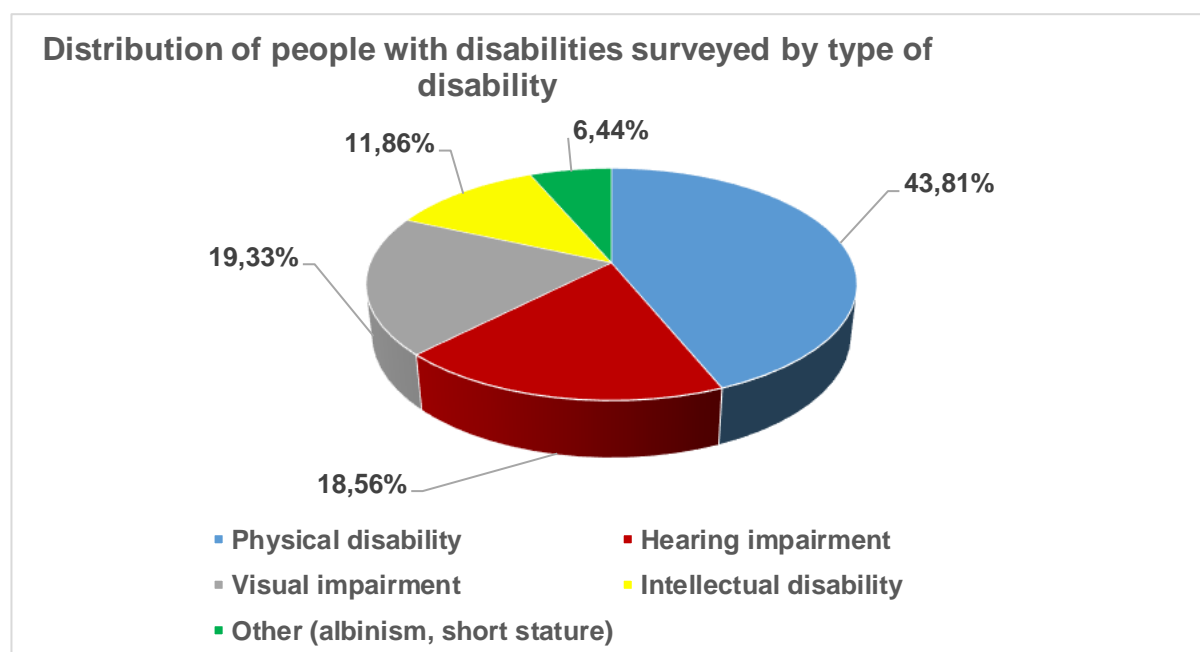
1.2 Sampling

Two non-probability sampling techniques were used in the study:

- A convenience sample for people with disabilities and humanitarian actors;
- Snowballing for DPO and NGO managers (starting with known actors and gradually identifying other actors in each zone)

The survey reached out during the entire collection period:

- Thirteen (13) humanitarian actors (UN agencies, international NGOs, national NGOs and governmental structures that are members of coordination mechanisms) through a semi-structured online interview grid;
- Fifty-nine (59) leaders of DPOs and national NGOs working for the inclusion of people with disabilities through an online semi-structured interview grid and a physical version with face-to-face collection;
- Three hundred and eighty-eight (388) people with disabilities, 45.36% of whom were women, via forty-three (43) mixed and specific focus groups (by gender, age group and/or type of disability) based on a facilitation guide. The distribution of people with disabilities by type of disability was as follows.



1.3 Challenges and limitations

The mobilization of humanitarian actors was the main challenge the mission faced during the collection. As it took place at the end of the year, several humanitarian offices were closed. However, the consultancy team benefited from the support of CBM and other international NGO actors to mobilize the actors present.

Furthermore, the time available for the study did not allow for an exhaustive census of all NGOs working for the inclusion of people with disabilities in Niger. However, the best-known and most active NGOs working with people with disabilities in the priority areas of the study were identified and listed.

2. MAIN RESULTS OF THE STUDY

2.1 Brief overview of DPOs and NGOs working for the inclusion of people with disabilities in Niger

The associative movement of disabled people in Niger is characterized at national level by the presence of two major federations of disabled people: the Niger Federation of Paralympic Sports (FENISPHA) and the Niger Federation of Disabled People (FNPH).

a) Brief presentation of the Nigerian Paralympic Sports Federation (FENISPHA)

FENISPHA was created as a result of the transformation of the Management Committee of Sports for the Disabled (CGSPH)⁵ on 30/10/1999 during a Constitutive General Assembly. It is under the supervision of the Ministry of Youth and Sport (MJS). Acting as the National Paralympic Committee (NPC) of Niger since 2022, it is affiliated to the African Paralympic Committee (APC) based in Accra (Ghana) and is a member of the International Paralympic Committee (IPC) based in Bonn, Germany. FENISPHA is composed of the following federations:

- The Niger Federation of Sports for the Blind and Visually Impaired (FENISAM) created on August 19, 2019 in Niamey ;
- The Niger Federation of Sports for Small People (FENISPEPT) was created on 12 October 2022 in Niamey;
- The Niger Federation of Sports for the Deaf and Hard of Hearing (FENISSOM) was created on 19 August 2020 in Niamey;
- The Niger Federation of Sports for the Intellectually Handicapped (FENISDI), created on 05 December 2021 in Niamey;
- The Niger Federation of Sports for the Physically Handicapped (FENISHAP) was created on 19 August 2020 in Niamey.

b) Presentation of the Nigerian Federation of Disabled Persons at the national level

The Niger Federation of Disabled People (FNPH) is the main organization of disabled people, acting as an interlocutor with state, humanitarian and international cooperation actors on disability-related issues. It was created in 1997 following a constitutive general assembly in Niamey and was recognized by Order N° 211/MI/AT/DAPJ/SA of 3 July 1998. The FNPH is composed of the following bodies and authorities

- General Assembly ;
- Federal Council ;
- Board of Directors ;
- Executive Board ;
- Regional Sections ;
- Departmental and communal sub-sections ;
- Auditor's office ;
- Program Management.

⁵ The Management Committee for Sports for the Disabled was the former management body for sports for the disabled. It was created by Order N° 102/MCCJ/S/DEPS of 26 June 1992.

Member of several networks, alliances and organizations⁶ active in the promotion and protection of the rights of people with disabilities at regional and international level, the FNPH has twenty-five (25) members including seven (07) categorical associations (see list in annex 1). The FNPH, as well as its member associations, are under the supervision of the Ministry of Public Health, Population and Social Affairs, more precisely the Directorate for the Promotion of People with Disabilities and Social Inclusion, which is itself placed under the General Directorate for Social Action and Solidarity.

c) Structuring of the Niger Federation of Disabled Persons and representation in the regions, departments and communes in Niger

The FNPH is represented at the level of the seven (07) regions of Niger and the urban community of Niamey by regional sections, eight (08) in total, with the same configuration in terms of member associations as at the national level. At the departmental level, it is structured into departmental sub-sections, but these are not present in all departments. Further down at the commune level, there is also a structure of communal sub-sections. Like the departmental sub-sections, they are not present in all communes and are not always functional due to a lack of resources. Their establishment has often been possible thanks to the support of humanitarian actors (notably HI and CBM) in the context of the implementation of specific projects. The withdrawal of these actors from an area or the end of projects often means that the sub-sections are no longer functional.

In the four regions affected by the crisis (Tillabéri, Diffa, Maradi and Tahoua), the regional sections of the FNPH are present. However, departmental and especially communal sub-sections are sorely lacking in several areas, making it difficult for DPOs to get involved in field actions (see Annex 2 on the presence and distribution of departmental and communal DPO sub-sections in the study areas).

Furthermore, there is no updated global data on the presence and distribution of the FNPH's departmental and communal sub-sections at the national level. The information presented in Annex 2 of this report was obtained and consolidated through the data collection carried out in the framework of this study.

Niger is also characterized, as mentioned above, by the presence of single associations for each type of disability (still called categorical associations) with a national scope and sometimes branches in the country, like the FNPH of which they are all members. This particular structure is likely to generate problems of representation and efficiency at the level of these associations and of the federation itself. These problems can manifest themselves:

- by lack of numbers to build up a substantial number of members with a variety of resources to be truly functional. Some types of disability are under-represented in the communities, which makes it difficult to build strong and functional category associations;
- by an inefficiency of the members due to their belonging to the categorical associations, to the sections/sub-sections of the FNPH and sometimes to the NGO members of the FNPH. Several FNPH categorical associations and member NGOs are struggling to be functional and visible in the field because of this configuration.

As far as the sections and sub-sections of the NPH are concerned, there are also problems of local representation. Indeed, being dependent on the national FNPH, these sections are

⁶ The FNPH is a member of the West African Federation of Associations of Persons with Disabilities (FOAPH), the Pan-African Association of Persons with Disabilities (PANAPH), the African Disability Forum (FAPH), which in turn is a member of the International Disability Alliance (IDA) and the Disabled Peoples' International (DPI)

limited in their autonomy. This limitation is likely to considerably slow down their capacity to act (and to respond to opportunities), to mobilize resources, to influence and to be visible, as they always have to act according to the directives and the (limited) means of the national NPHF.

Furthermore, sections/sub-sections and categorical associations do not always estimate their membership based on the members formally registered in their registers. People with disabilities who benefit from their interventions are often systematically counted as members, even if they have not formally completed the membership formalities.

All these elements call into question the reliability of the data provided by these actors regarding their organizational and operational capacities. They also suggest the need to carry out organizational diagnoses at the level of DPOs in order to highlight their shortcomings, capacities, opportunities and needs. The results of these diagnoses should help to put in place actions to improve their structuring and strengthen their positioning and dynamism.

d) Other national stakeholders working for the inclusion of disability

The study showed that apart from the associations and NGOs that are members of the FNPH, there are no known actors (NGOs, NGO networks, groups) working exclusively on the inclusion of people with disabilities in Niger, but rather networks of actors and NGOs that are active in specific areas (education, food security, etc.) and that integrate disability in a transversal way. The best known and widely mentioned by different stakeholders are:

- The Nigerien Organization of Innovative Educators (Organisation Nigérienne des Educateurs Novateurs, ONEN), a national NGO working in the fields of education, health and the environment;
- The National Coalition of Associations, Trade Unions and NGOs for the Education for All Campaign in Niger (ASO/EPT Niger), a civil society organization committed to promoting sustainable quality education for all children in Niger.

Disability is therefore rather taken into account across the board by some actors. This observation is confirmed by the DPO managers who also noted that, apart from specific funding for actions in favor of people with disabilities, very few national actors are specifically involved in disability-related actions.

Furthermore, the regional sections and departmental/communal sub-sections of the NPHF are not members of any other DPO or CSO network apart from the NPHF itself. The same is true for the vast majority of the other member associations of the FNPH, with the exception of a few which are

- the Association of Pupils and Students with Disabilities of Niger (AEEHN) and the National Association of Albinos of Niger (ANAN), which are members of the ASO/EFA;
- the Nigerians Raoul Follereau Association, member of the International Union of Raoul Follereau Associations;
- the NGO AYATOUNE AFDALÉ, member of the national network of women with disabilities;
- The NGO OPEHN MURNA YARA, member of the Coalition of African NGOs and Associations for Children (CONAFE).

e) Main actions of DPOs and NGOs active in disability inclusion in Niger

Two major types of actions are carried out by DPOs and national NGOs in the field of protection and promotion of the rights of people with disabilities in Niger:

- Actions focused on creating and strengthening enabling environments for the realization of the rights of people with disabilities: advocacy, awareness raising, mobilization and capacity building of policy makers, technical and financial partners and any other relevant actor (communities, local, religious, traditional, technical actors...) in order to promote equal opportunities and full participation of all citizens in the economic, social, political and cultural life of their community;
- Direct interventions for people with disabilities: this mainly involves the implementation of actions in different areas to promote better access to services, better social participation and empowerment of people with disabilities. Within this framework, several projects are implemented by the FNPH and its member associations, mainly in the fields of inclusive education, health, rehabilitation, professional insertion and inclusive governance (citizen participation of people with disabilities in development actions).

These actions are mainly carried out thanks to the support of technical and financial partners who support the FNPH and NGOs working on the inclusion of people with disabilities in Niger. The main partners supporting the actions of DPOs and NGOs in Niger and frequently mentioned by the actors during the study are The European Union, Belgian cooperation, UNICEF, CBM, HI, Save the Children, Plan International Niger, ADRA Niger, the STROMME Foundation... (non-exhaustive list).

f) Major challenges for DPOs and NGOs active in disability inclusion

Two major difficulties were frequently identified by DPOs and NGOs active in disability inclusion and are related to their functioning and actions:

- Organizational difficulties: although the vast majority of DPOs and NGOs active in the field of disability inclusion are formally registered, many still lack the internal structure and organizational capacities to function permanently and make their presence and actions visible on the ground;
- Operational difficulties: these are mainly reflected in the difficulties DPOs and NGOs active in the field of disability inclusion have in implementing their work plans due to their limited operational capacities, lack of funding, visibility and influence, especially at the decentralized level. Not being able to rely on the mobilization of sufficient internal resources, they also have difficulty in obtaining funding from financial partners, as most of them do not meet the organizational requirements for this purpose. Many of them therefore operate with difficulty and limit themselves to participating in actions carried out by other actors. This reality is also partly fueled by the positioning of the FNPH at national level, which as an umbrella organization usually takes the lead in the search for funding for both its own activities and those of the decentralized sections (regional, departmental, communal); this reduces the commitment, visibility and influence of the latter in their areas of coverage, as they are heavily dependent on the resources and operational possibilities of their national umbrella organization.

2.2 Brief overview of humanitarian coordination mechanisms in Niger⁷

Niger has a community of 139 humanitarian actors including 73 international NGOs, 51 national NGOs, 10 UN agencies and 5 Red Cross movements working in the country according to a well-defined architecture (data updated as of 03/09/2021 by OCHA⁸).

a) The Humanitarian Country Team (HCT)

The Humanitarian Country Team is placed under the authority of the Humanitarian Coordinator. It is composed of representatives of UN agencies, representatives of international NGOs and representatives of financial partners. The ICRC and the various members of the MSF family are represented as observers. The EHP is the central body for the coordination and strategic orientation of humanitarian action in Niger. Its role is to :

- Approve and validate all strategies related to humanitarian action in Niger;
- Adopt common rules and actions to govern humanitarian action and response;
- Promote adherence by humanitarian actors to the humanitarian principles, the principles of partnership, the rules governing the Inter-Agency Standing Committee and to enforce the strategic and policy decisions adopted by the EHP members;
- Humanitarian advocacy and resource mobilization;
- To support the government's actions on the ground by strengthening its operational capacities.

b) The National Inter-Cluster

The national inter-cluster represents the technical level of the humanitarian coordination system. It proposes interventions and implements the decisions of the EHP at the national level. The main objective of the inter-cluster is to facilitate coordination between clusters in order to ensure a multi-sectoral orientation of interventions in the field and complementarity of actions to avoid duplication and overlap. It is through this mechanism that initial work is carried out to develop humanitarian planning documents, including the Humanitarian Needs Assessment and the Humanitarian Response Plan. The inter-cluster, using appropriate tools, monitors the humanitarian response in order to strengthen advocacy, coordination and resource mobilization.

c) Clusters

The clusters are the pillars of the coordination system. There are currently seven (07) clusters and one working group operational in Niger: Protection, Nutrition, Education, Health, Food Security, WASH (Water, Sanitation and Hygiene), Early Recovery and the Emergency Shelter and Non-Food Items Working Group. Cluster leadership is provided jointly by lead agencies and relevant government structures. NGOs also co-facilitate clusters. Clusters are responsible for data collection, information management, needs identification and coordination of the sectoral response.

⁷ Taken and adapted from [Structure of the Coordination | OCHA \(unocha.org\)](#) Accessed on 21/12/2022 at 09:41

⁸⁸ [ner 3w nationale october 2021.pdf \(humanitarianresponse.info\)](#)

d) Sectoral working groups

Clusters are present at the national level, while at the field level, sectoral coordination is ensured through sectoral working groups. The creation of working groups takes into account the number of actors and the volume of humanitarian action requiring sectoral coordination. Otherwise, national clusters ensure follow-up in relation to regional focal points.

The sector working groups report to the national cluster and the inter-cluster at the same time and the clusters report to the EHP. The exchange of information between the sectoral working groups and the clusters makes it possible to maintain coordination between the national level and the field.

2.3 Multidimensional analysis of disability inclusion in humanitarian action

a) Knowledge of DPOs and national NGOs working in disability inclusion on humanitarian action, actors and humanitarian coordination mechanisms

Humanitarian action is generally well understood by managers of DPOs and national NGOs working on disability inclusion. Respondents mentioned key elements contributing to the definition of humanitarian action (actions in response to a crisis, assistance to affected populations, emergency aid in response to crisis or natural disaster situations, saving lives...). The answers provided reflect in detail a good understanding of humanitarian action, its purpose and target groups. This understanding is enhanced by the humanitarian context of the country, particularly in the regions most affected by the crisis.

Although they understand the purpose of humanitarian interventions, DPOs and national NGOs working in the field of disability inclusion do not always have a good understanding of the actors. Limited knowledge of humanitarian actors was noted primarily among DPOs and is explained by the weak interactions between them and the humanitarian system.

As far as existing humanitarian coordination mechanisms in Niger are concerned, they are also very poorly known by DPO leaders at both national and regional levels. This is due on the one hand to the strong focus of DPOs on networking with African and international disability networks and on the other hand to the lack of formal initiatives by humanitarian actors to inform and mobilize DPOs about existing mechanisms.

Humanitarian actors also agree on the low awareness of the humanitarian system among national disability stakeholders in general, while also noting that the situation is better among national NGOs working for the inclusion of people with disabilities than among DPOs.

b) Interest and degree of involvement of DPOs and national NGOs working on the inclusion of disability in humanitarian action

• Presence and interest in integrating humanitarian coordination mechanisms

DPOs and national NGOs working on disability inclusion are mostly absent from humanitarian coordination mechanisms. Those that are present are also active in other fields outside of disability. They therefore owe their involvement to the actions they carry out in the other fields in which they intervene. This is the case of the NGO ODI-Niger⁹, a member of the FNPH and active in the health, education, protection and food security clusters at national level. This is the only NGO member of the FNPH formally identified during the study as an active member of the clusters. A few other NGOs plan to join the mechanisms and declared that they work indirectly with cluster member organizations. This absence of DPOs in the coordination mechanisms is mainly due to their lack of information about the existence and the process of joining these mechanisms.



- ❖ "DPOs are almost non-existent in the coordination mechanisms. **NGO leader Niamey**
- ❖ "DPOs are often considered as beneficiaries and not actors. They are often excluded from humanitarian coordination mechanisms" **NGO manager Zinder**
- ❖ "Our organization is not involved in data collection; it is not in the different coordination mechanisms" **Head of OPH Tillabéri**

However, FNPH officials said that a procedure was underway at the instigation of Handicap International - Humanity & Inclusion for the organization to join the protection cluster at national level.

The integration of the different mechanisms is strongly desired by the DPOs and NGOs that are members of the FNPH, who deplore the lack of information and initiatives from humanitarian actors to encourage them to join the different existing platforms. Their interest in integrating the mechanisms is explained by the following main factors

- Fulfilment of their mandate as associative actors invested in the protection and promotion of the rights of persons with disabilities: by virtue of their mandate, DPOs wish to make their expertise in disability inclusion available to humanitarian actors in order to induce an appropriate consideration of persons with disabilities in all humanitarian interventions;
- The search for networking opportunities to amplify their activities and promote the sharing of experiences and good practices related to the inclusion of people with disabilities: very much rooted in advocacy and awareness raising, DPOs and national NGOs active in the field of disability inclusion continuously strengthen the impact of their actions by integrating various mechanisms or networks of relevant stakeholders in order to carry their voices further and act more effectively at the level of decision-makers and actors at various levels;

⁹ Inclusive Development Organization

- The search for funding and institutional support for the implementation of actions included in their strategic plans: access to funding and technical resources is one of the major difficulties of DPOs and national NGOs active in disability inclusion.
- **Participation in the humanitarian planning process**

The humanitarian planning process is an exercise in which humanitarian planning documents are developed, including the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP). The vast majority of DPOs and national NGOs working on disability inclusion stated that they were not directly involved in the development of these documents.



- ❖ "No. DPOs are not involved enough in the planning process. DPOs are not involved enough in the planning process. **National NGO leader Niamey**
- ❖ "DPOs in general are not involved in humanitarian project development processes" **National NGO manager Tillabéri**
- ❖ "No, we never participated in the planning process" **Head of DPO Niamey**
- ❖ "Our organization is absent from the humanitarian programming process because it has never been approached by humanitarian actors... they only call on us in the event of a distribution concerning us or to answer questionnaires.
- ❖ "We are not involved in the process at any stage. We do not contribute because we are not involved in the programming. We have no knowledge of the reasons for our non-involvement" **Head of OPH Tillabéri**

However, in some regions, some DPOs stated that they had already been invited to the data collection stages, especially for data concerning people with disabilities.

These findings are confirmed by the analysis of recent humanitarian planning documents produced in the country (HNO reports¹⁰ and HRP¹¹ 2022). In total, 3.7 million people are estimated to be in need of humanitarian assistance, of which 4.2% are disabled. The estimate of the population of people with disabilities is a carry-over from the 2012 General Census of Population and Housing figures for people with disabilities. According to the RGPH¹² (2012) in Niger, people with disabilities represent 4.2% of the total resident population. This method of estimation reflects the difficulties of humanitarian actors in assessing and planning for the needs of people with disabilities. Above all, it runs the risk of excluding a large number of people with disabilities, as the RGPHs are not based on the Washington Group tool (the tool recommended in the IASC guidelines for identifying people with disabilities) and are likely to exclude a large number of people with invisible disabilities.

Furthermore, the IASC guidelines recommend the following in case of lack of reliable data on the population of people with disabilities in need of humanitarian assistance: "**Where reliable**

¹⁰ [Niger: Humanitarian Needs Outlook 2022 | HumanitarianResponse](#)

¹¹ [Niger: Niger HRP 2022 | HumanitarianResponse](#)

¹² [RGPH 2012 - National Institute of Statistics of Niger \(stat-niger.org\)](#)

data are not available or cannot be collected, apply the 15% global disability prevalence estimate¹³ .

Considering the risk of an increase in the number of people with disabilities due to the consequences of crises in emergency contexts, the non-implementation of this recommendation or the failure to carry out an identification based on the Washington Group tool where appropriate introduces a bias against people with disabilities in need of humanitarian assistance in relation to the assessment, planning and implementation of actions for them.

However, some humanitarian actors reported some good practices that they apply in their internal functioning in terms of disability-inclusive programming (at the level of their project cycle):

- Disability sensitive budgeting: 2% of project budget to ensure:
 - o reasonable accommodation, individual measures or specific adaptations;
 - o the implementation of secure cash transfers for people with disabilities;
 - o MEAL¹⁴ assessment of the needs of people with disabilities in all projects;
- Representation of people with disabilities in targeting, accountability and monitoring committees and at all levels of coordination down to the village level;
- Identification of people with disabilities in the Baseline through the Washington group questionnaire;
- Formulation of indicators to monitor disability-related actions:
 - o Number of DPOs directly involved in project implementation (from planning to final evaluation);
 - o Number of vulnerable households with disabled person(s) targeted;
 - o Number of households with heads of households with disabilities who are financially independent through income-generating activities;
 - o Number of women with disabilities involved in decision-making on household expenditures;
 - o Number of children with disabilities enrolled in school and followed to graduation;
 - o Number of graduates with disabilities supported to get a job or internship after study;
 - o Number of training or awareness-raising sessions conducted with the authorities for better integration of people with disabilities;
 - o Number of infrastructure projects completed that are accessible to people with disabilities;
 - o Number of people with disabilities who report an improvement in their living conditions as a result of the project intervention.

These practices can represent collective learning opportunities for other actors and for humanitarian planning.

¹³ Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action, IASC, July 2019, p84

¹⁴ Monitoring, Evaluation, Accountability and Learning /
Monitoring Evaluation, Accountability and Learning

- **Involvement in field activities carried out by humanitarian actors**

Effective involvement in humanitarian actions means that DPOs and national NGOs working for the inclusion of people with disabilities take an active part as key actors in the implementation of humanitarian interventions. This question was assessed according to the nature of the projects:

- **Standard and/or multi-sectoral projects aimed at different types of vulnerable groups at the same time:** the involvement of DPOs and NGOs working for disability inclusion is low. These actors state that they are often considered beneficiaries rather than key actors who should be involved in the different stages of implementation;
- **Projects developed by humanitarian actors with disability as their core business:** DPOs and NGOs working for the inclusion of disability often declare that they are included in steering committees but do not take an active part in the implementation of field activities unless these involve the mobilization of people with disabilities or actions specifically aimed at people with disabilities;
- **Projects specifically benefiting people with disabilities:** DPOs and NGOs working for the inclusion of people with disabilities are often involved in these projects, sometimes even from their conception to the various implementation phases. To this end, the FNPH and some national NGOs have benefited from funding from certain humanitarian actors and financial partners to implement either entire projects, or specific areas of projects for the benefit of people with disabilities (Examples: Inclusive local development and monitoring/capacity building project of FNPH with HI in 2013; Project to promote the social and legal integration of women and children with disabilities implemented by HI and FNPH in 2021; Project to support the schooling of children with disabilities by the NGO OPEHN Murna Yara with Funding from the French Embassy; Training in mobility, orientation and support for the schooling of disabled children by the NGO OPEHN Murna Yara with funding from the Liliane Foundation; Funding of the Nigerien Association for the Promotion of Intellectually Disabled Persons (ANPPDI) by the Office of the High Commissioner for Human Rights (OHCHR) for the identification of intellectually disabled persons in the regions of Niamey, Zinder and Tillabéri.



- ❖ "We designed a project with CBM focusing on DPOs in the Tillabéri region and these DPOs participated in the design of this project and are involved in its implementation, including humanitarian coordination. **NGO manager based in Tahoua**
- ❖ "We involve people with disabilities in all our interventions. However, we do not work directly with DPOs.

However, NGOs that are members of the FNPH and also work on other issues say that they are generally well involved in the field activities carried out by humanitarian actors. They are most often direct or indirect implementers of several interventions carried out by UN agencies and international NGOs, depending on their area of expertise, their operational capacities and their level of organizational development.

In connection with these different levels of involvement, DPOs and NGOs working for the inclusion of disability have already implemented and/or continue to implement formal or non-formal partnership contracts with some international humanitarian actors. These partnerships are considered to be very constructive by DPOs and NGOs working for the inclusion of disability, as they have enabled them to strengthen their organizational, technical and operational capacities and to better contribute to humanitarian action. The international humanitarian actors with whom partnerships were implemented and mentioned in the survey results are the following

- UN agencies: UNICEF, FAO, WFP, UN WOMEN, WHO, UNDP, IOM
- International NGOs: CBM, HI, OXFAM, SAVE THE CHILDREN, ICRC, PLAN INTERNATIONAL NIGER, MERCY CORPS, CARE INTERNATIONAL, FONDATION STROMME, CRS.

Good practices related to partnership experiences were highlighted by several actors. The following practices have significantly contributed to the success of the partnerships:

- The formalization through the signature of an agreement allows to clarify the objectives, areas of coverage and terms of reference of each party, allowing a better monitoring of the partnership and a success of the actions;
- The systematic assessment of the capacities and needs of national/local organizations at the beginning of the partnership by international actors and the implementation of organizational strengthening actions contribute to making these organizations more effective in the partnership and to strengthening them as actors of development and change;
- The implementation of project activities by national/local organizations as implementing partners strengthens the acceptance or ownership of humanitarian interventions by affected populations and facilitates effective, robust and sustainable exit strategies at the end of interventions;
- The systematic implementation of training on disability inclusion at the beginning of the partnership with systematic retraining for all the teams favors a better consideration of people with disabilities in the interventions.

c) Knowledge and involvement of people with disabilities in the humanitarian programming cycle

The survey of people with disabilities themselves through focus groups revealed the following elements related to their knowledge and level of involvement in the humanitarian programming cycle:

- **Knowledge related to the existence and functioning of humanitarian coordination mechanisms**

People with disabilities have a good knowledge of the humanitarian actors working in their areas, especially those who have directly affected them through their interventions. However, they do not have information on existing humanitarian coordination mechanisms. They explain this lack of knowledge by two main reasons: on the one hand, the discrimination (in terms of neglect) they are often victims of, and on the other hand, the lack of regular communication from humanitarian actors on how to coordinate aid.



- ❖ "Yes we know of some NGOs but no ideas about humanitarian coordination mechanisms in the region. *Focus Group participant*
- ❖ "We see a multitude of projects and NGOs in our region, we don't know if they are coordinated or not. In any case, there are many of them, but few of them intervene in our favor" *Focus Group Participant*
- ❖ "We know that humanitarian coordination helps the needy but we don't know the mechanism" *Focus Group participant*

- **Consultation and involvement in the humanitarian planning process**

The level of consultation and involvement of people with disabilities in the humanitarian planning process is very low. A few people with disabilities said they had been involved in the consultation stages during the identification of needs. Several focus groups mentioned that non-disabled people were systematically consulted in every exercise, unlike people with disabilities, whose consultation depends on the will of the humanitarian actor or on the period of the collection; rapid collections regularly exclude them. These results are confirmed by feedback from several humanitarian actors on the subject. They widely acknowledged the low involvement of people with disabilities in humanitarian planning exercises.

In addition, several interviewees noted that DPO managers and state structures in charge of disability issues are also preferred as interlocutors during the collections, to propose actions for people with disabilities, preventing people themselves from expressing their opinion in relation to their type and degree of disability.



- ❖ "Often we are not involved or consulted; non-disabled people are; the level of our involvement is very low. ***Focus Group participant***
- ❖ "We only inform the head of the association, but we are not involved" ***Focus Group participant***
- ❖ "We are not involved in the process. They just come and ask us questions and take our pictures, but we are not involved; we don't like it because we need to be involved and have information in the processes, not only the aids, but also in the decision making" ***Focus Group participant***
- ❖ "Proposal of activities by the state service that accompanies people with disabilities" ***International NGO manager Niamey***

Women and children with disabilities, people living with intellectual disabilities are the most severely excluded because of the specificities of their status or disability.

- **Attitudes and practices of humanitarian actors in aid delivery**

Humanitarian actors generally adopt good attitudes when delivering aid based on humanitarian principles. Several discussion groups provided examples of good attitudes and practices developed by humanitarian actors, particularly during food distributions (adapted reception, separate queue, diligence and priority in serving people with disabilities, delivery of the allocated kit to the home, clear and benevolent words, accessibility of sites, consideration of individual needs, etc.).

However, several situations related to non-inclusive attitudes and practices adopted during field activities were also reported in the focus groups.

- Difficulty in accessing certain places of activity on the projects (training room, distribution areas, etc.);
- Words, gestures and looks that evoke pain or pity;
- Lack of awareness or difficulty in accessing and using complaint management mechanisms;
- Low representation or even absence of disabled people in the decision-making process: steering committees, management committee, etc.
- Lack of information or inaccessibility of project information;
- Lack of specific facilities in some cases (e.g. specific measures to facilitate the transport of the distributed kits from the distribution site to the home for disabled people).



- ❖ "Sometimes they see disabled people as beggars" *Focus Group participant*
- ❖ "For the few times we have taken part in the distributions, they have treated us the same as all the others, which is an injustice in our eyes. They know that physically we are not fit to carry loads but once we are served, we are left on the site with our loads, exposed to all kinds of dangers."

These findings raise the issue of discrimination and unequal treatment of people with disabilities in different contexts. These are exacerbated when field actors are not supported to effectively integrate the specific needs of people with disabilities in aid delivery. The persistence of non-inclusive practices and the lack of initiatives to improve the degree of inclusion of humanitarian actions for people with disabilities raises the problem of non-compliance with the provisions contained in the various instruments for the protection of the rights of people with disabilities, in particular the Convention on the Rights of Persons with Disabilities, which was ratified by the State of Niger on 24 June 2008, along with its optional protocol.

d) Obstacles to the involvement of DPOs and national NGOs working for the inclusion of people with disabilities in humanitarian coordination and programming

Several obstacles or barriers were mentioned by national DPOs/NGOs working for the inclusion of people with disabilities and by humanitarian actors. Depending on their nature, they can be classified into three categories: institutional, attitudinal and environmental barriers. Apart from these two categories, it is also relevant to discuss here the impact of COVID-19 on the involvement of DPOs and national NGOs in humanitarian action.

• Institutional barriers

- Lack of an internal disability mainstreaming policy in several humanitarian organizations, as in the case of gender or child protection policies; disability is sometimes mentioned in a transversal way in certain institutional policies; this has a negative influence on the way the issue is dealt with at the humanitarian coordination level;
- Lack of thematic focal points specialized in disability inclusion issues in several organizations: there are mostly gender or diversity focal points that are not always sufficiently equipped on disability inclusion issues;
- Lack of a specific working group on disability within the coordination mechanisms. This leads to an insufficient cross-cutting treatment of disability, not always based on solid thematic references, appropriate techniques and tools/recommended by the IASC guidelines;
- Weak targeting of people with disabilities as vulnerable groups in humanitarian projects, including a lack of outcome formulation, specific indicators, tailoring of activities and budgeting for specific measures;
- Lack of periodic initiatives at national and regional level by humanitarian actors to inform DPOs and national NGOs about the humanitarian system and the procedure for integrating humanitarian coordination mechanisms;

- Rarity of consortium and/or multi-sectoral interventions and projects exclusively focused on disability as well as projects specifically aimed at vulnerable groups such as women, children, etc.; this reduces the visibility of DPOs and NGOs and the opportunities for them to demonstrate their technical and operational capacities;
 - Lack of an updated directory of DPOs and specialized NGOs and human resources with expertise in disability inclusion in each region that can be regularly shared with humanitarian actors.
 - Absence of departmental and communal sub-sections of the FNPH in several areas affected by the humanitarian crisis;
 - Weak capacity of the branches of the categorical associations and of the sections and sub-sections of the FNPH to carry out resource mobilization actions and operations due to the type of structuring of these actors at national level;
 - Insufficient resources (human, financial and material), particularly at the level of the regional sections of the FNPH, departmental/communal sub-sections and certain national NGOs, to ensure regular internal functioning and guarantee their presence and participation within humanitarian coordination mechanisms.
- **Attitudinal barriers**
 - Low knowledge or lack of knowledge of the normative framework (CRPD¹⁵ and national texts) and strategic framework (United Nations Strategy for the Inclusion of Persons with Disabilities¹⁶ , IASC Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action...) related to the inclusion of persons with disabilities;
 - Persistence of stereotypes, prejudices and negative attitudes about the self-determination and empowerment of people with disabilities and the power of organizations representing them as agents of change.
 - **Environmental barriers**
 - Physical, communicational and informational inaccessibility of the operational mechanisms and tools of humanitarian actors, resulting in difficulties for people with disabilities, depending on the type and degree of disability, to access and use the physical settings (buildings), documents and tools of humanitarian actors (documents not rendered in accessible formats such as Braille or audio versions for people with special disabilities).

¹⁵ Convention on the Rights of Persons with Disabilities

¹⁶ [Disability Inclusion Strategy \(un.org\)](https://www.un.org/disability/inclusion_strategy/)

The barriers identified should be discussed and analyzed by the actors in order to find solutions to significantly reduce or eliminate them. In this regard, the IASC guidelines state, ***"in all circumstances, humanitarian actors, in collaboration with DPOs, should identify and address barriers that limit access to assistance and protection for persons with disabilities, or promote their integration and protection. This is necessary both to ensure that each member of the affected population receives the services to which he or she is entitled, according to his or her capacities and needs, and to strengthen the accountability of the response"***¹⁷ .

- **Impact of COVID on the involvement of DPOs and national NGOs working for the inclusion of people with disabilities in humanitarian action**

The COVID 19 pandemic has negatively influenced the involvement of DPOs and NGOs working for the inclusion of people with disabilities in humanitarian action and access to aid for people with disabilities. The health crisis initially caused a slowdown in humanitarian operations on the ground. Among the groups affected by this slowdown are people with disabilities, who were already hard hit by the humanitarian crisis, particularly in the four regions most affected by the crisis. Their vulnerability has increased as a result of reduced access to aid and the multiplication of discrimination factors: response mechanisms and measures that are not always inclusive and new intervention modalities that are not accessible to people with disabilities or do not meet their real needs (e.g. distance learning courses that are difficult to access for learners with visual and hearing difficulties). However, in the areas affected by the humanitarian crisis, people with disabilities who received financial support through Cash Transfer to cope with the effects of the pandemic appreciated this measure, which greatly contributed to alleviating their pain.

At the level of DPOs and national NGOs working for the inclusion of people with disabilities in humanitarian action, the pandemic has also had several negative effects that have diminished their possibility of involvement or contribution to humanitarian action:

- Restrictions on the implementation of activities in the field (limitations/prohibitions including a ban on leaving the city of Niamey unless authorized by the governor);
- Changes in the way coordination mechanisms operate, with the introduction of virtual meetings, effectively excluding some organizations that do not have the required equipment and/or expertise;
- Suspension or even loss of funding resulting in a reduction in the operational capacity of some national organizations and a decrease or cessation of activities.

The effects of the COVID 19 pandemic have significantly affected DPOs and national NGOs active in the inclusion of people with disabilities. Despite the end of the crisis, the changes and negative effects that arose during its critical phase still constitute obstacles for many DPOs/national NGOs to become involved in humanitarian action.

¹⁷ Guidelines for the inclusion of persons with disabilities in humanitarian action, IASC, July 2019, p4

3. OPPORTUNITIES AND CONCRETE ACTIONS FOR INCLUSIVE HUMANITARIAN ACTION

3.1 Opportunities for more inclusive humanitarian action in Niger

The analysis of the actors and the humanitarian context in Niger highlights several opportunities for a more inclusive humanitarian action for people with disabilities.

a) The existence of supportive normative, policy and technical frameworks

Niger signed the CRPD in March 2007 and ratified it on 24 June 2008 along with its Optional Protocol. In the Constitution of 25 November 2010, it reaffirms its commitment to the principles of the rule of law and explicitly guarantees the rights of persons with disabilities through articles 22, 26 and 100. It has also adopted several legislative and regulatory measures taking into account people with disabilities, including Law No. 2019-62 of 10 December 2019 determining the fundamental principles relating to the integration of persons with disabilities and Law 2018-022 of 27 April 2018 determining the fundamental principles of social protection. This legal framework is binding for humanitarian actors and constitutes an opportunity for the implementation of more inclusive actions for people with disabilities. It also presents an opportunity to engage state actors themselves in these actions for sustainable results. For humanitarian actors, this framework is reinforced by strategic and technical instruments such as: the Charter for the Inclusion of Persons with Disabilities in Humanitarian Action¹⁸, the UN Disability Inclusion Strategy¹⁹ and the IASC Guidelines for the Inclusion of Persons with Disabilities in Humanitarian Action²⁰ and the 2030 Agenda of the Sustainable Development Goals.

b) Presence of leading humanitarian actors in the field of disability inclusion worldwide

Several humanitarian organizations known worldwide as experts in the field of disability inclusion are operating in Niger with a wide range of intervention capacities throughout the country. These are mainly CBM and HI, which have been operating in several regions of Niger since 2011 and 2006 respectively, with an excellent knowledge of the country's stakeholders and issues related to the inclusion of people with disabilities. These two actors are also members of coordination mechanisms at both national and regional levels and can provide relevant technical expertise to the humanitarian community for a better inclusion of people with disabilities in humanitarian action.

c) Presence of a structured, experienced and influential disability movement

The FNPH is a key player in the protection and promotion of the rights of people with disabilities in Niger. It has the advantage of 1_ being present throughout Niger through its branches; 2_ having a functional program department with permanent salaried staff; 3_ having human resources who are experts in the inclusion of disability and who are themselves people with disabilities from the Nigerien context; 4_ Becoming an active member of multiple networks and platforms on the African and global level offering a continuous update of knowledge and skills in the field of disability inclusion; 5_ Becoming an influential interlocutor with governmental actors on disability issues; 6_ Becoming an experienced collaborator and partner with several humanitarian actors and international funding agencies including CBM and HI. The FNPH has also expressed its interest in integrating the coordination mechanisms and making its technical expertise in disability inclusion available to humanitarian actors.

¹⁸ [charter-for-inclusion-of-disabled-people-in-humanitarian-action.pdf \(humanitarianresponse.org\)](https://www.humanitarianresponse.org/en/hierarchy/section/charter-for-inclusion-of-disabled-people-in-humanitarian-action-pdf)

¹⁹ [Disability Inclusion Strategy \(un.org\)](https://www.un.org/disability/inclusionstrategy/)

²⁰ [IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action \(French-print\) 0.pdf \(interagencycommittee.org\)](https://www.interagencycommittee.org/publications/iasc-guidelines-on-the-inclusion-of-persons-with-disabilities-in-humanitarian-action-french-print-0.pdf)

Taking into account, this opportunity will also allow aligning with the IASC recommendations in terms of the involvement of associations representing DPOs in the mechanisms and in the stages of the humanitarian programming cycle.

d) The existence of an interest among humanitarian actors for a more inclusive humanitarian action for people with disabilities

Humanitarian actors have the advantage of being organized through existing mechanisms including clusters. They are committed to the inclusion of all vulnerable groups in humanitarian action. To this end, several actors recognized the shortcomings regarding the inclusion of people with disabilities due to the lack of knowledge and expertise in this area, as well as their need for guidance and support on this issue. They also mentioned the low representation, or even absence, of DPOs in their partners and in the mechanisms and the need to work to remedy this.

Apart from these major opportunities, it is also important to mention the existence of a political will at the national level materialized by the various efforts made by the politico-administrative authorities and the Directorate for the Promotion of Persons with Disabilities and Social Inclusion to improve the living conditions of people with disabilities.

3.2 Proposals for a more disability-inclusive humanitarian action

In the light of the different data collected and analyzed in the framework of this study, thirteen (13) major courses of action emerge for a more inclusive humanitarian action for people with disabilities in Niger:

a) Actions towards DPOs and NGOs working for the inclusion of people with disabilities

- Organize periodic (at least once a year) briefings for DPOs and national NGOs working for the inclusion of people with disabilities on the humanitarian system and humanitarian coordination mechanisms;
- Systematically invite persons with disabilities themselves and their representative organizations through inclusive means to the various humanitarian exposure events periodically organized by the humanitarian community;
- Conduct a capacity and needs assessment of national DPOs and NGOs working for the inclusion of people with disabilities (including an analysis of obstacles and opportunities in terms of fundraising, visibility and influence for the deconcentrated sections of the NDFPD) and implement, in a participatory and inclusive manner, capacity building plans for these actors in order to increase their capacity for action and representativeness (visibility and influence) in coordination mechanisms and in humanitarian interventions

b) Actions towards humanitarian actors

- Carry out an assessment of the knowledge and capacities of humanitarian actors in the field of disability inclusion and implement capacity building actions supported by periodic refresher courses to fill the gaps;
- To set up and ensure the capacity building of technical referents on the theme of disability inclusion in humanitarian organizations; this position can be combined with the gender or diversity referents if already existing;
- Advocate with the Humanitarian Country Team to ensure systematic consultation and involvement of DPOs at all stages of the humanitarian programming cycle;
- Organize, with the participation of the FNPH, information and awareness-raising sessions for the inter-cluster, clusters and sectoral working groups on the

importance of involving DPOs and national NGOs working for the inclusion of people with disabilities in the various coordination mechanisms and in humanitarian planning;

- Organize awareness-raising activities for humanitarian actors to encourage them to work directly with DPOs and national NGOs working for the inclusion of people with disabilities in Niger through the establishment of formalized partnership agreements in order to promote a better positioning of DPOs/national NGOs and a better inclusiveness of humanitarian action.

c) Joint actions (towards DPOs/national NGOs and humanitarian actors)

- Set up a disability and social inclusion working group at national level (which may also include other vulnerability issues) ensuring good representation and visibility of DPOs, national NGOs and state actors working for the inclusion of people with disabilities;
- Appoint a disability focal point in the clusters and sectoral groups in each region;
- Develop and update annually a directory of DPOs and national NGOs working for the inclusion of people with disabilities in Niger (including sections and sub-sections) and disseminate it to humanitarian actors;
- Set up a team of humanitarian experts on the issue of disability (a skills center made up of human resources experienced in disability inclusion) in Niger from different organizations under the lead of expert structures in the field (FNPH, CBM, HI) which will be able to consult each other and provide periodic analyses and guidance on the situation of people with disabilities in humanitarian interventions in Niger and, on the other hand, to be consulted on subjects related to the inclusion of disability by the humanitarian community;
- Disseminate the guidelines of the Inter-Agency Standing Committee on Disability Mainstreaming in Humanitarian Action to DPOs and national NGOs working on disability inclusion, state actors involved in humanitarian action and humanitarian actors through information sessions and sharing of the document or during traditional meetings of coordination mechanisms;
- Involve OPH representatives in all key disaster risk prevention and management mechanisms such as the National Food Crisis Prevention and Management System, both at the governance level and in the planning, implementation and evaluation of activities in the field.

ANNEXES

1. List of the 25 member associations of the Niger Federation of Disabled Persons

N°	Associations	Regions covered	Contacts
Categorical associations			
1	Union Nationale des Aveugles du Niger (UNAN)	All regions	96450742
2	Association Nigérienne des Handicapés Locomoteurs (ANHL)	All regions	96976335
3	Association des Sourds du Niger (ASN)	All regions	96288880
4	Association Nigérienne pour la Promotion des Personnes Déficiantes Intellectuelles (ANPPDI)	Dosso, Maradi, Niamey, Tillabéri, Zinder	94192201
5	Association Nigérienne Raoul Follereau (ANRF)	All regions	90001180
6	Association Nigérienne pour la solidarité et le Mieux vivre des Personnes vivant avec une infirmité Motrice cérébrale (ONG IMC ANIM)	Maradi, Niamey, Tahoua, Tillabéri, Zinder,	96296212
7	Association Nationale des Albinos du Niger (ANAN)	Diffa, Maradi, Niamey, Tillabéri, Zinder	96295958
Other associations			
8	Association pour l'Intégration, la Dignité et l'Economie en Avant (IDEA)	Maradi, Niamey, Tahoua, Tillabéri, Zinder	96270503
9	Organisation pour le Développement Inclusif (ODI-Niger)	Agadez, Dosso, Maradi, Niamey, Tahoua, Tillabéri	97151705
10	Association des Elèves et Etudiants Handicapés Nigériens (AEEHN)	Dosso, Maradi, Tahoua, Tillabéri	96287378
11	ONG Education Formation, Intégration des Sourds (EFIS)	Maradi, Niamey, Tahoua, Zinder	96585248
12	Organisation Nigérienne pour l'Inclusion des Personnes en situation de Handicap (ONG-ORNPHA)	Niamey	96158676
13	ONG Mieux Vivre avec le Handicap (MVH)	Dosso, Maradi, Niamey, Tillabéri	96073186
14	ONG Handicap Haouzou Protection des Personnes Handicapés et Autres Groupes Vulnérables du Niger	Dosso, Niamey, Zinder	96873386
15	Association des Femmes Handicapés Pleines d'Expériences	All regions	96966869
16	Association des Artisans Handicapés du Niger (AAHN)	All regions	96450727
17	Action pour Femmes et Enfants Handicapés (AFEHA)	Niamey	99882767
18	Organisation Nigérienne pour la Promotion des Aveugles et Malvoyants (ONIPRAM)	Niamey	93839642
19	ONG KOULAWA	Niamey, Tillabéri, Zinder	96991208
20	ONG Handicap Niger	Dosso, Maradi, Niamey, Tahoua, Tillabéri	94944619
21	ONG Inclusion Sans Frontière - Multi Handicap (ISF)	Agadez, Dosso, Maradi, Niamey, Tahoua, Tillabéri, Zinder	96964994
22	ONG BON KAA TIBI	Dosso, Niamey, Tahoua, Tillabéri, Zinder	90255819
23	ONG Hayatoune Afdale	Maradi, Niamey, Zinder	97974714
24	Organisation pour le Parrainage des Enfants Handicapés au Niger (ONG OPEHN MURNA YARA)	Dosso, Maradi, Niamey, Tahoua, Tillabéri, Zinder	96494818
25	Association Nigérienne des Accidentés et Maladies Professionnelles (ANAMP)	Agadez, Diffa, Dosso, Maradi, Niamey, Tillabéri, Zinder	96753590

2. Presence and distribution of FNP departmental and communal sub-sections in the regions covered by the study

Regions	Departments			Municipalities	
	Total number of departments	Departments with FNP sub-sections	Departments without FNP sub-sections	Total number of municipalities	Municipalities with FNP sub-sections
Tillabéri	13	<ol style="list-style-type: none"> 1. Tillabéri 2. Say 3. Ouallam 4. Kollo 5. Ayerou 6. Gotheye 7. Torodi 8. Banibangou 9. Abala 10. Filing 11. Tera 12. Balleyara 	<ol style="list-style-type: none"> 1. Bankilare 	<p style="text-align: center;">45</p> <p>(of which only 02 have communal sub-sections of the NPHF)</p>	<ol style="list-style-type: none"> 1. Dargol 2. Ballayara
Maradi	08	<ol style="list-style-type: none"> 1. Madaroumfa 2. Mayahi 3. Guidan Roudmji 4. Tessaoua 	<ol style="list-style-type: none"> 1. Aguié 2. Dakoro 3. Bermo 4. Gazaoua 	<p style="text-align: center;">47</p> <p>(of which only 10 have communal sub-sections of the NPHF)</p>	<ol style="list-style-type: none"> 1. Djiratawa 2. Gabi 3. Safo 4. Sarkin Yama 5. Dan Issa 6. Madaroumfa 7. Chadakori 8. Say-Saboua 9. Kanembakache 10. Serkin Haoussa
Diffa	06	<ol style="list-style-type: none"> 1. Diffa 2. Maïné-Soroa 3. N'Guigmi 4. Goudoumaria 5. Bosso 6. Ngourti 	No	<p style="text-align: center;">12</p> <p>(including 10 with communal sub-sections and a special sub-section at the Sayam refugee site)</p>	<ol style="list-style-type: none"> 1. Diffa 2. N'Guigmi 3. Kablewa 4. Toumour 5. Geskerou 6. Chetimari 7. Maïné-Soroa 8. Goudoumaria 9. Bosso 10. Ngourti 11. Sayam (Geskerou)
Tahoua	12	<ol style="list-style-type: none"> 1. Keita 2. Illela 3. Bagaroua 4. Birni Nkonni 5. Madaoua 6. Bouza 7. Abalak 8. Tchintabaraden 	<ol style="list-style-type: none"> 1. Malbaza 2. Tahoua 3. Tillia 4. Tassara <p>(presence of respondents in these departments)</p>	<p style="text-align: center;">44</p> <p>(of which only 02 have communal sub-sections of the NPHF)</p>	<ol style="list-style-type: none"> 1. Kao 2. Tabalak
Niamey	Not applicable			<p style="text-align: center;">05</p> <p>(all have sub-sections)</p>	<ol style="list-style-type: none"> 1. Niamey 1 2. Niamey 2 3. Niamey 3 4. Niamey 4 5. Niamey 5