



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

Main findings

Phase 3 – Leave no one behind!

Mainstreaming Disability in Global and Local Humanitarian Action in Line with the IASC Guidelines on Inclusion

Presented by :

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PRESENTATION PLAN

1. Background to the study
2. Methodology
3. Main results
4. Recommendations



1. CONTEXT OF THE STUDY

1.1 Humanitarian situation in Niger

- ✓ **Context:** acute, complex and persistent humanitarian crisis fueled by various shocks, the main ones being security and climate-related;
- ✓ **Major effects:** population movements (forced displacement) acute food insecurity, malnutrition, epidemics, cyclical drought and floods;
- ✓ **Figures** : 3,7 million people (50,3% of whom are women) were in need of humanitarian assistance in 2022 (HNO 2022 data) ;
- ✓ **Most affected groups:** IDPs, non displaced populations, children, pregnant and lactating women, people with disabilities;
- ✓ **Most affected regions:** Diffa, Maradi, Tillaberi and Tahoua ;
- ✓ **Aggravating factors:** impacts of COVID-19, pre-existing socio-economic vulnerabilities & increasing instability in border areas.

1.2 Situation of People with disabilities in Niger

- ✓ **Statistics** : 4,2% of the population (RGPH 2012) ; figures inconsistent with WHO and World Bank estimates (world average 15%);
- ✓ **Normative framework**: Rich and varied with the ratification of the Convention on the Rights of Persons with Disabilities and existence of several laws, decrees and orders;
- ✓ **Enjoyment of rights**: Persistent discrimination and inequalities mainly fueled by negative perceptions and attitudes perpetuated by families and communities towards people with disabilities;
- ✓ **Main difficulties** : difficulties in accessing inclusive education, training, employment, quality care and decision-making bodies;
- ✓ **Most affected groups**: double discrimination for women because of their gender and disability and increased vulnerability for children because of their age and disability.



2. METHODOLOGY

2.1 Brief overview of the study

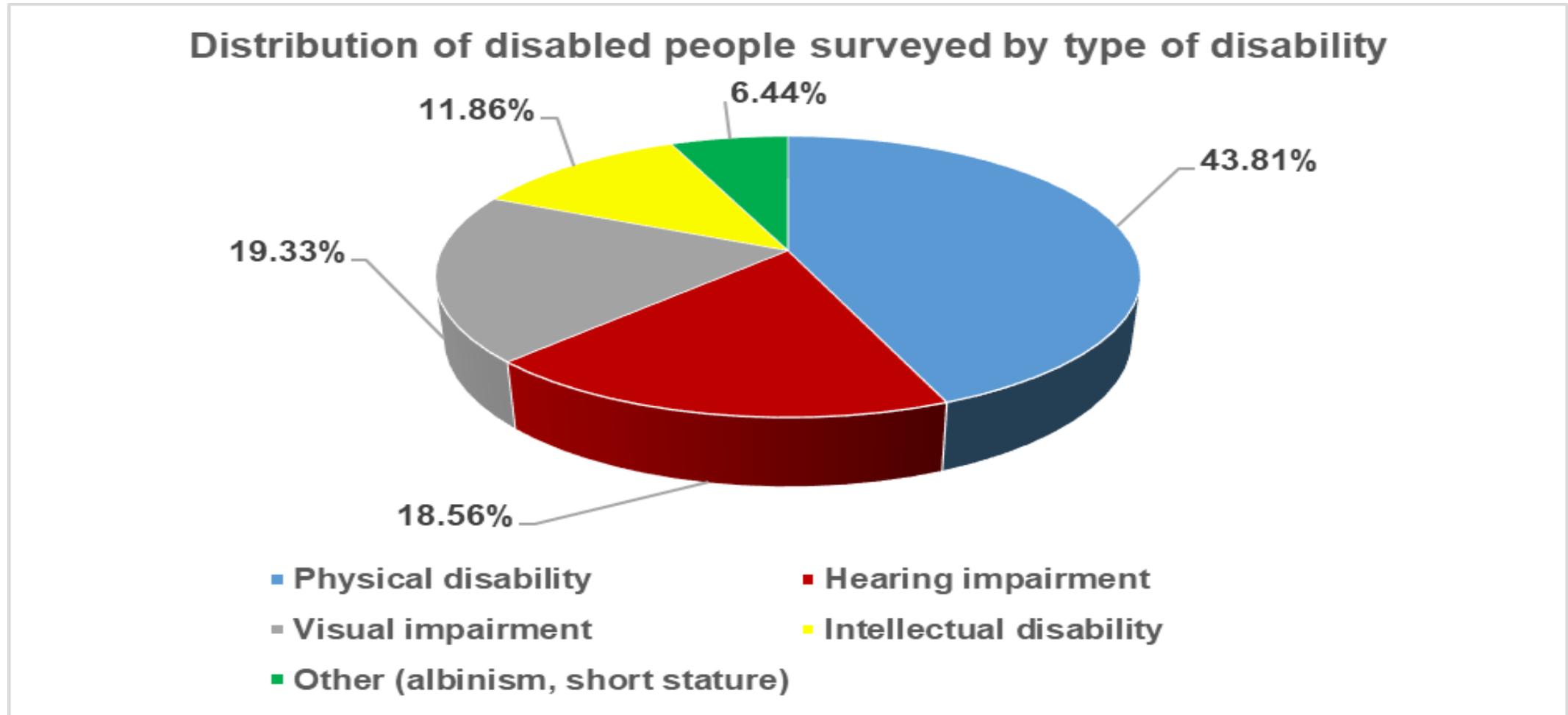
- ✓ **Framework** : Leave No One Behind Project – Phase 3 : Combining global and local actions to benefit the entire humanitarian community by disseminating and operationalizing the IASC guidelines through disability inclusive programming;
- ✓ **Aim** : To access and document the involvement of national and local disability 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;
- ✓ **Areas covered**: whole Niger with a particular focus on the four regions affected by the humanitarian crisis (Tillaberi, Diffa, Maradi and Tahoua);
- ✓ **Period** : 19 December 2022 to 27 January 2023;
- ✓ **Targeted persons** : people with disabilities, humanitarian actors (UN agencies, INGOs, state actors, ordinary national NGOs), DPOs and national NGOs working for the inclusion of people with disabilities in Niger.

2.2 Methodological aspects (1)

Qualitative research based on convenience sampling (for people with disabilities and humanitarian actors) and snowball sampling (for DPO and disability NGO leaders). The study reached:

- ✓ **388** persons with disabilities, **45.36% of them were** women, via **43** mixed and specific **focus group** (by gender, age group and/or type of disability) based on a focus group **facilitation guide**;
- ✓ **59** leaders of DPOs and national NGOs working for the inclusion of people with disabilities in Niger through an **online semi-structured interview grid and a physical version with face-to-face collection**;
- ✓ **13** humanitarian actors through an **online semi-structured interview grid**.

2.2 Methodological aspects (2)





3. MAIN RESULTS

3.1 The disability movement in Niger

a) Presence of two major federations of people with disability:

- ✓ The Niger's Paralympic Sports Federation (FENISPHA) that is composed of five sports federations, each representing a disability category;
- ✓ The Niger Federation of People with Disabilities (FNPH): main interlocutor with state and international actors in the field of disability and grouping 25 member associations, including 07 categorial associations, with a national office in Niamey.

b) Absence of NGOs or networks working exclusively on disability inclusion in Niger, but rather networks and NGOs including disability in a transversal way in their interventions. Ex: ONEN, ASO/EPT

3.2 Brief overview of the Niger Federation of people with disabilities

- ✓ Created in 1997 in Niamey, recognized in 1998 and acting under the supervision of the Directorate for the Promotion of Persons with Disabilities and Social Inclusion (Ministry of Public Health; Population and Social Affairs);
- ✓ Structured in regional sections and departmental and communal sub-sections;
- ✓ Concentrates the whole disability movement around disability with implications in terms of low dynamism and low visibility of the branches at the deconcentrated level;
- ✓ Carried out two major types of actions: 1_creation and strengthening of enabling environments for the realization of the rights of people with disabilities (advocacy, awareness raising, mobilization and capacity building) and 2_direct interventions for people with disabilities (projects and specific actions);
- ✓ Is confronted with organizational difficulties (internal structuring and functioning difficulties, especially in the sections and sub-sections) and operational difficulties (limited operational capacities, lack of funding, visibility and influence).

3.3 Brief overview of humanitarian coordination mechanisms in Niger

- ✓ Humanitarian actors: community of 139 humanitarian actors including 73 international NGOs, 51 national NGOs, 10 UN agencies and 05 Red Cross movements (3W OCHA data, October 2021);
- ✓ Country level mechanisms: Humanitarian Country Team, National Inter-Cluster and Clusters (07 clusters and one operational working group: Protection, Nutrition, Education, Health, Food Security, EHA, Early Recovery and the Emergency Shelter and Non-Food Items Working Group);
- ✓ Regional level mechanisms: sectoral working groups established to reflect the number of actors and volume of humanitarian action requiring sectoral coordination;
- ✓ Coordination between mechanisms: sector working group report concurrently to the national cluster and the inter-cluster and clusters report to the Humanitarian Country Team.

3.4 Multidimensional analysis of disability inclusion in humanitarian action

Table 1 : Knowledge of DPOs and national NGOs working in disability inclusion about humanitarian action, actors and coordination mechanisms

Valued element	Main results
Understanding humanitarian action	<ul style="list-style-type: none">▪ DPOs and national NGOs working in disability inclusion have a good understanding of humanitarian action, its purpose and target groups;▪ This understanding is facilitated by the humanitarian context of the country.
Knowledge of humanitarian actors in Niger	National disability stakeholders, and more specifically DPOs have limited knowledge of the humanitarian system in Niger.
Knowledge of coordination mechanisms and how they work	DPOs and national NGOs working in disability inclusion have little knowledge of the different humanitarian coordination mechanisms active in Niger and how they work.

Table 2 : Degree of involvement of DPOs and national NGOs working on disability inclusion in humanitarian action

Value element	Main results
<p>Presence in coordination mechanisms and involvement in humanitarian activities</p>	<ul style="list-style-type: none"> ▪ National DPOs and NGOs active in the field of disability are mostly absent from humanitarian coordination mechanisms; ▪ This absence is primarily due to their lack of information on the existence and above all on the process of joining these mechanisms; ▪ DPOs and national NGOs active in the field of disability are also poorly involved in the field activities carried out by humanitarian actors.
<p>Participation in the humanitarian planning process</p>	<ul style="list-style-type: none"> ▪ DPOs and national NGOs active in the field of disability are not directly involved in the development of humanitarian planning documents and are nor informed about the existence of the humanitarian planning process; ▪ Carrying over statistics from the 2012 RGPH as a way of estimating people with disabilities in need to assistance in the HNOs and HRPp reflects the difficulties of humanitarian actors to effectively identify people with disabilities, as well as to assess and plan for their needs.

Table 3 : Details on the degree of involvement in humanitarian projects according to their nature

Nature of the Projects	Main results
Standard projects and/or multi-sectoral projects for different vulnerable groups	DPOs and national NGOs not very involved; DPOs often seen as beneficiaries rather than actors.
Projects developed by humanitarian actors with disability as their main field	Involvement in steering committees without taking an active part in the implementation of field activities, unless these involve the mobilization of people with disabilities or actions specifically targeted at people with disabilities.
Projects specifically benefiting people with disabilities	<ul style="list-style-type: none"> ▪ Effective involvement in the various stages of the project cycle; ▪ Some DPOs and national NGOs often receive funding from certain humanitarian actors and partners to implement either entire projects or specific project areas.

Table 4 : Good practices related to partnership experiences between humanitarian actors and DPOs national working on disability inclusion

Valued element	Main results
<p>Good practices related to partnership experiences between humanitarian actors and DPOs national working on disability inclusion</p>	<ul style="list-style-type: none"> ▪ Formalization of partnership through the signing of agreements clarifying the parties terms of reference and better monitoring; ▪ Systematic assessment of the capacities and needs of national/local organizations at the beginning of the partnership and implementation of organizational strengthening them as actors of development and change; ▪ Implementation of project activities by national/local organizations to increase acceptance by affected populations and facilitate effective and sustainable exit strategies; ▪ Systematic implementation of disability inclusion training at the beginning of the partnership with systematic retraining for all teams.

Table 5 : Good internal practices by some humanitarian actors in disability-inclusive programming

Valued element	Main results
<p>Good practices identified in the projects cycle among some humanitarian actors (disability-inclusive programming)</p>	<ul style="list-style-type: none"> ▪ Disability-sensitive budgeting: 2% of the budget dedicated to reasonable accommodation, individual measures or specific adaptations, secure cash transfers, MEAL assessment of the needs of people with disabilities; ▪ Representation of people with disabilities in targeting, accountability and monitoring committees and all levels of coordination down to village level; ▪ Identification of people with disabilities in the baseline through the Washington Group questionnaire; ▪ Formulation of indicators to monitor disability-related actions.

Table 6 : Interest of DPOs and national NGOs working on disability inclusion to integrate humanitarian coordination mechanisms

Valued element	Main results
<p>Factors explaining the interest of DPOs and NGOs working for the inclusion of disability in humanitarian coordination mechanisms</p>	<p>Integration of the different humanitarian coordination mechanisms is strongly desired by DPOs and national NGOs working in the field of disability inclusion who see it as an opportunity to :</p> <ul style="list-style-type: none"> ▪ To fulfil their mandate as community actors involved in the protection and promotion of the rights of people with disabilities; ▪ Seek networking opportunities to expand their activities and share experiences and good practices related to the inclusion of people with disabilities; ▪ Seek funding and institutional support for the implementation of actions included in their strategic plans.

Table 7 : Knowledge and involvement of people with disabilities themselves in the humanitarian programming cycle

Valued element	Main results
Knowledge related to coordination mechanisms	People with disabilities do not have information on existing humanitarian coordination mechanisms in their areas.
Consultation and involvement in the humanitarian planning process	<ul style="list-style-type: none"> ▪ People with disabilities are poorly consulted/involved in the humanitarian planning process; ▪ In contrast to non-disabled people, consultation of Peoples with disabilities depends on the humanitarian actor or on the timeframe of the collection (rapid collections exclude disabled people); ▪ State structures in charge of disability issues are often preferred as interlocutors during collections, to propose actions for Peoples with disabilities in their place.

Tableau 8 : Attitudes and practices of humanitarian actors in aid delivery

Valued element	Main results
<p>Degree of inclusiveness of humanitarian actors attitudes and practices in aid delivery</p>	<ul style="list-style-type: none"> ▪ Humanitarian actors generally adopt good attitudes towards people with disabilities when delivering aid: 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...); ▪ However, inappropriate/non-inclusive practices are still present in the provision of support: words, gestures and looks that evoke pain or pity; low representation or even absence in decision –making spaces; difficulties in accessing certain places of activity, difficulties in accessing and using complaint management mechanisms by people with disabilities, lack of specific accommodations and/or personalized measures.

Table 9 : Obstacles to the involvement of DPOs and national NGOs working for disability inclusion in humanitarian coordination and programming

Valued element	Main results
Institutional barriers	<ul style="list-style-type: none"> ▪ Lack of an internal policy and of disability focal points in several organizations; ▪ Lack of disability working group within the coordination mechanisms; ▪ Humanitarian planning documents with low disability inclusiveness; ▪ Lack of an updated directory of DPOs and specialized NGOs and of human resources with expertise in disability inclusion in each region: ▪ Lack of FNPH sub-sections in several departments and communes and weak operational and technical capacities of existing sections and subsections.

Table 10 : Obstacles to the involvement of DPOs and national NGOs working for disability inclusion in humanitarian coordination and programming (continued)

Valued element	Main results
Attitudinal barriers	<ul style="list-style-type: none"> ▪ Low knowledge of the normative (CRPD and national texts) and policy framework related to the inclusion of people 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 operational tools and mechanisms of humanitarian actors.

Table 11 : Impact Of COVID-19 on the involvement of DPOs and national NGOs working for disability inclusion in humanitarian coordination and programming

Valued element	Main results
Impact of COVID-19	<ul style="list-style-type: none"> ▪ Restrictions in the implementation of field activities; ▪ 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 organization and a decrease or cessation of activities.

Table 12 : Opportunities for more inclusive humanitarian action in Niger

Valued element	Main results
Opportunities for more inclusive humanitarian action in Niger	<ul style="list-style-type: none">▪ Existence of favorable normative, policy and technical framework;▪ Presence of leading humanitarian actors in disability inclusion worldwide (CBM, HI) to provide expertise and technical support to humanitarian actors;▪ Presence of a structural, experienced and influential disability movement;▪ Existence of interest and commitment of humanitarian actors for a more inclusive humanitarian action of people with disabilities.



4. RECOMMENDATIONS

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

1. Organize periodic (at least once a year) information sessions for DPOs and national NGOs active in the field of disability on the humanitarian system and humanitarian coordination mechanisms;
2. 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;
3. Conduct a capacity and needs assessment of national DPOs and NGOs working for the inclusion of people with disabilities 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.

4.2 Actions towards humanitarian actors

1. 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;
2. 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;
3. 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 humanitarian coordination mechanisms;
4. 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.

4.3 Mixed actions (towards DPOs/national NGOs and humanitarian actors)

1. 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;
2. Appoint a disability focal point in the clusters and sectoral groups in each region;
3. 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;
4. Establish a team of humanitarian experts on disability that can be consulted on issues related to disability inclusion by the humanitarian actors;
5. Disseminate the IASC Guidelines on disability Mainstreaming in Humanitarian Action to DPOs and national NGOs working on disability inclusion, state actors involved in humanitarian action and humanitarian actors;
6. 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.



Thank you !!!

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