

The Road to Inclusion: Advancing Disability-Inclusive Protection Programming and Coordination in North-East Nigeria

Abu Faisal Md. Khaled and Dennis Dijkzeul

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The Road to Inclusion: Advancing Disability-Inclusive Protection Programming and Coordination in North-East Nigeria

Institute for International Law of Peace and Armed Conflict (IFHV) Ruhr
University Bochum (RUB)

Phase 3 - Leave No One Behind: Mainstreaming Disability in Global and Local Humanitarian Action in line with the *IASC Guidelines* on Inclusion

Abu Faisal Md. Khaled and Dennis Dijkzeul



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Strategic Agenda

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Description: A savings group meeting held in Plateau State, Nigeria. The group includes persons with and without disabilities (photo taken in 2022).

This publication has been produced within the framework of the project 'Phase 3 – Leave No One Behind: Mainstreaming Disability in Global and Local Humanitarian Action in line with the *IASC Guidelines on Inclusion*', which is implemented jointly with Handicap International e.V. - Humanity & Inclusion (HI), CBM Christoffel-Blindenmission Christian Blind Mission e.V. (CBM) and the Institute for International Law of Peace and Armed Conflict (IFHV) at Ruhr University Bochum. The project seeks to support the operationalization of the *IASC Guidelines on Inclusion* by international and local humanitarian actors through capacity and tool development, localized technical support mechanisms, and an increased evidence base through applied research and good practice documentation. The project is implemented on global level and in six countries of East and West Africa: Somalia & Somaliland, South Sudan, Uganda, Cameroon, Niger and Nigeria. The project is funded by the German Federal Foreign Office.

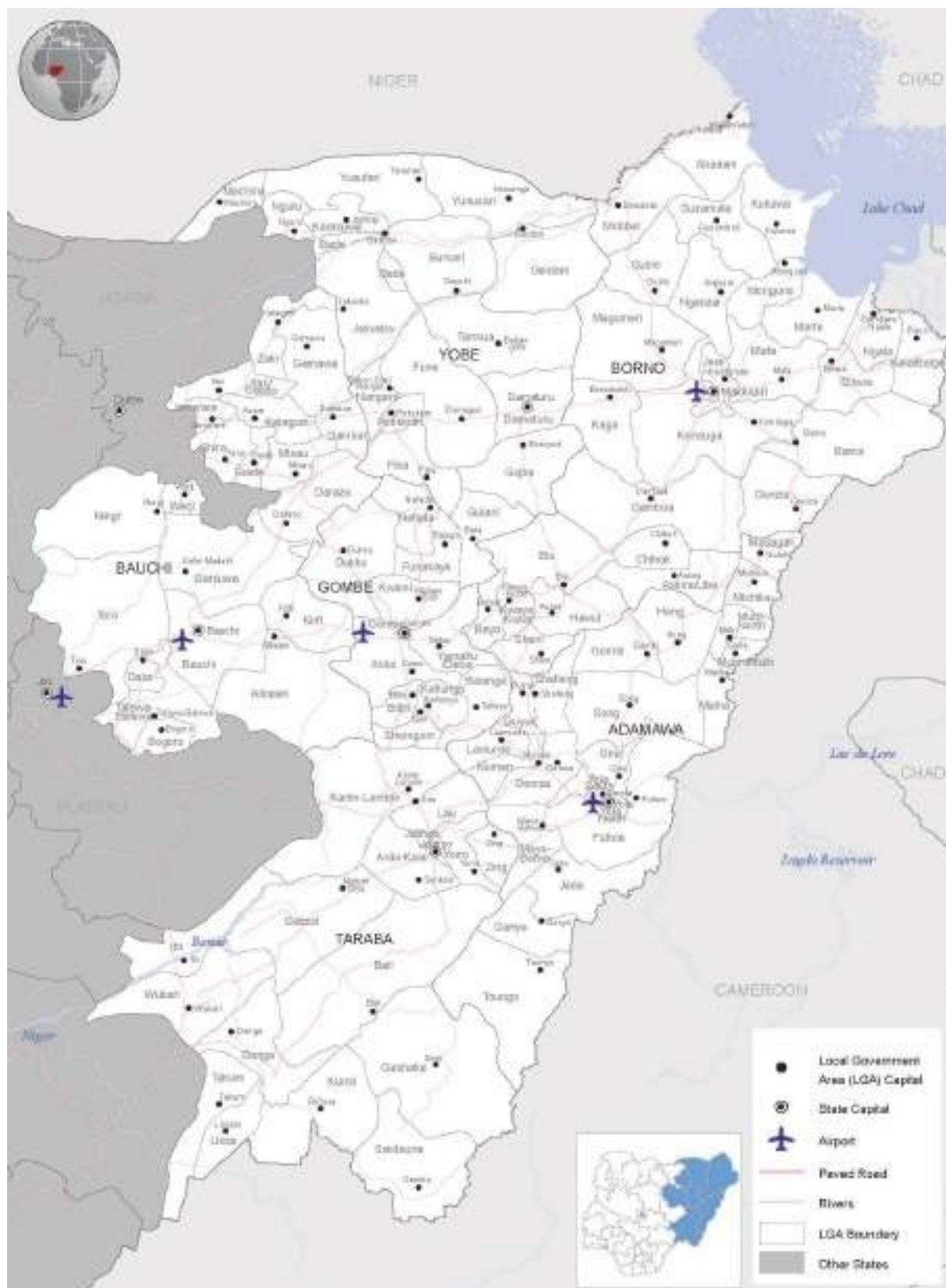
To safeguard academic standards, the authors of this paper, Abu Faisal Md. Khaled and Dennis Dijkzeul, have carried out this study independently. They are solely responsible for the contents of this report.

Acronyms

AAP	Accountability to Affected Persons
AoR	Area of responsibility
BAY	Borno, Adamawa, and Yobe
BMZ	German Federal Ministry for Economic Cooperation and Development
C3HD	Center for Child Care and Human Development
CBM	Christian Blind Mission
CBPF	Country-based Pooled Funds
CERF	Central Emergency Response Fund
COCIN	Church of Christ in Nations
CP	Child protection (often used in reference to CP sub-cluster)
CPPLI	Child Protection & Peer Learning Initiative
CRPD	Convention on the Rights of Persons with Disabilities
DAPDA	Discrimination Against Persons with Disabilities (Prohibition) Act
DiHA	Disability-Inclusive Humanitarian Action
DRG	Disability Reference Group
DWG	Disability Working Group
FGD	Focus group discussion
FMHAPR	Federal Ministry of Humanitarian Affairs and Poverty Reduction
FRAD	Future Resilience and Development Foundation
FRN	Federal Republic of Nigeria
GBV	Gender-based violence
GECHAAN	Gembu Center for HIV/AIDS Advocacy Nigeria
GFFO	German Federal Foreign Office
GMS	Grant Management System
GREENCODE	Green Concern for Development
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFU	Humanitarian Financing Unit
HNO	Humanitarian Needs Overview
HNRP	Humanitarian Needs and Response Plan
HPC	Humanitarian program cycle
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
INGO	International non-governmental organization
ISCG	Inter-Sector Coordination Group
JONAPWD	Joint National Association of Persons with Disabilities
KII	Key informant interview
LGA	Local government area

LNOB	Leave No One Behind
NFI	Non-food items
NGO	Non-governmental organization
NHF	Nigeria Humanitarian Fund
NNGO	National non-governmental organization
NPC	National Population Commission (Nigeria)
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
OPD	Organization of persons with disabilities
RHHF	Royal Heritage Health Foundation
Taima-ko-CDI	Taimako Community Development Initiative
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
WASH	Water, sanitation, and hygiene
WHO	World Health Organization
WHS	World Humanitarian Summit
WINN	Women in New Nigeria

Map of north-east Nigeria (OCHA, 2016)



Executive Summary

The ongoing humanitarian crisis in north-east Nigeria is shaped by protracted conflict and insecurity, recurrent flooding, large-scale displacement, and poverty, all of which create severe challenges for vulnerable populations. Persons with disabilities who are already confronted with attitudinal, environmental, and institutional barriers face heightened risks at home, in camps, and in host communities. Often, they are excluded from basic services due to poor physical access and a lack of specialized support. Against this backdrop, this report addresses the following questions: *How and to what extent have humanitarian organizations integrated disability inclusion in (1) protection-related humanitarian coordination processes; and (2) Nigeria Humanitarian Fund (NHF)-funded protection activities, as recommended by the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action? Where do gaps persist?*

Within this complex environment, the *IASC Guidelines* aim to facilitate the inclusion of persons with disabilities and address their needs in humanitarian responses. Despite the growing attention to disability inclusion, the path to consistent application of the *IASC Guidelines* throughout the humanitarian program cycle (HPC) remains marked by both progress and ongoing constraints. Some organizations and local partners have integrated the *IASC Guidelines* into their operations, demonstrating a genuine commitment to the four “must-do” actions: meaningful participation, removal of barriers, capacity building, and disaggregated data for monitoring disability. Nonetheless, implementation is uneven. Larger organizations may have established disability inclusion policies but do not always tailor them to local contexts; others lack the funding to fully adapt activities, such as the distribution of food, water, and shelter materials, or to track how many persons with disabilities actually receive assistance consistently. Moreover, managerial issues, such as high staff turnover, tight deadlines, and resource constraints, can result in important measures – such as sign language interpretation or wheelchair-accessible latrines – being inadequately addressed.

Organizations of persons with disabilities (OPDs) play a central role in promoting the interests of persons with disabilities, yet they often operate with limited resources and influence. Some national-level OPDs have secured stronger political recognition over the years but lack financial resources. Local chapters continue to grapple with even more pronounced financial challenges. Capacity-building initiatives – such as training in proposal writing and improved governance – have improved the visibility of OPDs in sector meetings, but these positive steps are not uniform. Some OPDs are only consulted when donor priorities explicitly mention disability, limiting their ability to shape long-term strategies. High-level commitments to include OPDs must therefore translate into institutional support that fosters their full and consistent engagement at community, state, and national levels.

Protection programming exemplifies the larger inclusion dynamic, highlighting both breakthroughs and stumbling blocks. Some organizations conduct targeted outreach to raise awareness among women and children with disabilities about gender-based violence (GBV) services and to create safer spaces adapted to mobility impairments. Others embed accessible feedback channels,

for example, enabling persons with visual or hearing impairments to lodge complaints or seek help. Nonetheless, accessibility at distribution points remains mixed, and disaggregated data – particularly for children with psychosocial disabilities – are scarce. This uneven integration reveals a broader concern: while the increase in awareness has placed disability inclusion at the forefront of humanitarian dialogue, it remains a work in progress.

As part of the inter-agency promotion of attention to disability inclusion, the Disability Working Group (DWG) and the Nigeria Humanitarian Fund (NHF) have advanced efforts to institutionalize disability inclusion through robust technical guidance and dedicated funding envelopes. The DWG, launched in 2023 and comprising United Nations (UN) organizations, international non-governmental organizations (INGOs), local non-governmental organizations (NGOs), and OPDs, offers a cross-cutting platform that encourages every sector – protection, water, sanitation, and hygiene (WASH), shelter, and health – to integrate inclusive practices from the outset. Meanwhile, the NHF has started ring-fencing resources for “Breaking Down Barriers” grants, thereby helping local and international NGOs to develop accessible infrastructure, disseminate inclusive guidelines, and engage trained professionals who can respond to specialized needs. These efforts, however, continue to depend on donor interest and available funding and do not always cover the full range of requirements in the field.

The report’s findings reveal that although the humanitarian community has made strides in promoting disability-inclusive action, a significant effort is still required to reach consistent and comprehensive implementation. Stigma, resource shortages, and an array of environmental, institutional, and attitudinal barriers reinforce the vulnerability of persons with disabilities. OPDs, the DWG, the NHF, and disability-focused organizations, such as Christian Blind Mission (CBM), are all working to bridge these gaps, but their work needs sustained commitment across the entire humanitarian system. The report concludes with a set of recommendations aimed at strengthening these initiatives to ensure that inclusive practices become the norm rather than the exception.



© CBM/Nelson Apochi Owoicho

Description: A beneficiary of a BMZ-funded project of CBM Plateau State, Nigeria. She is a person with a psychosocial impairment who received livelihood support through the CBM project.

1. Introduction

1.1 Background

In humanitarian crises, persons with disabilities face challenges rooted in environmental, institutional, and attitudinal barriers. The “Leave No One Behind!” (LNOB) project has worked since 2016 to mainstream disability inclusion in humanitarian action. Now in its third phase, this project focuses on the global and local dissemination and operationalization of the 2019 *IASC Guidelines*. Supported by the German Federal Foreign Office (GFFO) and implemented by HI, CBM, and IFHV.

A central focus of the report is how well humanitarian actors have taken up the *IASC Guidelines* and their four “must-do” actions – meaningful participation, removal of barriers, capacity building, and data disaggregation for monitoring disability – in both protection-related humanitarian programming and coordination processes and the NHF-supported programs. Chapters 9 and 10 of the *IASC Guidelines* outline the roles and responsibilities of diverse actors, including governmental bodies, humanitarian leadership, sector leads, donors, OPDs, and NGOs. They detail these roles to underline the importance of not only delivering services to persons with disabilities but also ensuring they actively shape humanitarian policies and practices.

This report addresses the following central research question: *How and to what extent have humanitarian organizations integrated disability inclusion in (1) protection-related humanitarian coordination processes; and (2) NHF-funded protection activities, as recommended by the IASC Guidelines? Where do gaps persist?* To answer these questions, the report studies the degree of participation by persons with disabilities and OPDs in protection programming and NHF-funded disability-inclusive programming in north-east Nigeria.¹ The report also analyzes how the protection sector, the NHF, and the DWG work to strengthen disability-inclusive coordination mechanisms across humanitarian responses.

1.2 Disability Inclusion and the *IASC Guidelines*

According to the World Health Organization (WHO), an estimated 16 percent of the global population lives with some form of disability (WHO, 2022). In conflict zones such as north-east Nigeria, this percentage is higher due to the direct impacts of violence and the collapse of basic services such as healthcare, education, and transport (Afzal & Jafar, 2019). The impact is particularly acute for women and girls with disabilities, who are at heightened risk of GBV (Fubara- Manuel & Ngwobia, 2020).

At the international level, there has been growing recognition of the importance of addressing the needs of persons with disabilities. The adoption of the 2006 Convention on the Rights of Persons with Disabilities (CRPD) was a pivotal step toward advancing the rights of persons with disabilities (Harpur, 2012). However, the implementation of these rights in humanitarian response has been slow. The 2016 World Humanitarian Summit (WHS) led to the creation of the Charter on the Inclusion of Persons with Disabilities in Humanitarian Action, which highlighted the need for concerted efforts to include persons with disabilities in all stages of humanitarian responses. The momentum generated by the WHS continued with the release of the *IASC Guidelines* in 2019.

Despite the advancements in international policy and frameworks, the practical implementation of these guidelines remains a challenge. The adoption of the *IASC Guidelines* has set a clear path toward disability inclusion, but understanding how these guidelines are applied in practice is crucial for advancing such inclusion across different humanitarian contexts. This is particularly evident in countries like Nigeria, where the combination of conflict, poverty, and poor infrastructure makes it difficult to implement disability-inclusive programs.

¹ The research was conducted in Maiduguri, the capital of Borno State in north-east Nigeria, and its surrounding areas, as well as in Juba.

1.3 Humanitarian Situation in Nigeria



© CBM/Carlson

Description: After the devastating floods in Maiduguri in September 2024, CBM and partners provided food items to affected households. The response was made fully accessible and disability-inclusive, and persons with disabilities were specifically targeted.

The humanitarian situation in north-east Nigeria is marked by conflict and insecurity, recurrent flooding, large-scale displacement, and poverty. According to the 2025 Humanitarian Needs and Response Plan (OCHA, 2025), more than 4,000 civilians were killed in north-east Nigeria in 2023 alone, reflecting the severity of ongoing violence. The states of Borno, Adamawa, and Yobe – collectively known as the BAY States – have been hit especially hard. Around 7.8 million people in these three states need humanitarian assistance: 23 percent are internally displaced persons (IDPs), 19 percent are returnees, and 59 percent belong to host communities (OCHA, 2025). Borno alone accounts for 3.8 million people in need, followed by Adamawa and Yobe, at about 2 million each (OCHA, 2025). Conflict remains a key driver of displacement (OCHA, 2024a). The activities of armed groups, including Boko Haram, contribute significantly to the ongoing conflict and insecurity. Armed groups carry out regular attacks that compel communities to flee. In Borno, large rural areas are under non-state armed group influence, preventing livelihood activities such as farming. Furthermore, the mass movement of people escaping violence strains urban centers and IDP camps, which often lack adequate shelter, water, and healthcare. Where camps close due to official directives, displaced households risk being moved to locations with insecure conditions and scant resources (OCHA, 2024b).

Flooding in 2024 affected 34 of Nigeria's 36 states, impacting an estimated 3 million people and displacing around 2 million (OCHA, 2025). A particularly devastating episode occurred on September 9, 2024. On that day, Maiduguri in Borno State experienced a catastrophic deluge following the collapse of spillways at the Alau Dam. The resulting inundation displaced more than 400,000 individuals, including approximately 33,000 persons with disabilities, with an additional 127,052 people belonging to households of persons with disabilities (DWG, 2024).



© CBM/Carlson

Description: After the devastating floods in Maiduguri in September 2024, CBM and its partners interviewed affected households as part of the inclusive targeting process, which includes the Washington Group Short Set of Questions for rapid needs assessment and targeting.

In the BAY states, pervasive food insecurity leaves up to 4.4 million people vulnerable to emergency conditions during the lean season (OCHA, 2024b). Violent attacks and road blockades limit agricultural activities and disrupt trade, causing substantial hikes in food prices. The result is alarming malnutrition rates, especially among children under five; approximately 1.53 million children in the BAY states are at risk of acute malnutrition (OCHA, 2024b). Poor water quality and insufficient sanitation further expose vulnerable households to disease outbreaks. Periodic cholera epidemics have been especially severe in overcrowded IDP camps, where over 40 percent of health facilities in some areas have been damaged or destroyed (OCHA, 2024b; OCHA, 2024a). The few remaining health workers contend with shortages of medicines, diagnostic tools, and safe medical facilities.



© CBM/Carlson

Description: After the devastating floods in Maiduguri in September 2024, CBM and partners provided food items to affected households. The response was made fully accessible and disability-inclusive. Persons with disabilities were specifically targeted.

Given the humanitarian crisis, the inclusion of persons with disabilities emerges as an urgent priority. It is estimated that 347,000 persons with disabilities in the BAY states require some form of humanitarian assistance (OCHA, 2024b). This proportion exceeds that of the national average for disability prevalence, partly because conflict and violence have resulted in new injuries while aggravating existing conditions. Persons with disabilities, particularly women and children, face an array of barriers. They often lack access to early warnings about violence or natural hazards and may be physically unable to evacuate. Those with hearing or visual impairments risk missing alarms during crises, while others with mobility impairments may struggle to flee danger (Jerry et al., 2015). Overcrowded distribution points in IDP camps can create “survival-of-the-fittest” conditions that exclude persons with disabilities from receiving adequate food or healthcare (Birchall, 2019). Women with disabilities are especially at risk of GBV and further marginalization within their communities (Holden et al., 2019). In sum, the humanitarian crisis highlights the importance of integrating inclusive practices to better support persons with disabilities in north-east Nigeria.

1.4 Outline of the Report

The introduction outlined the background of disability inclusion, the *IASC Guidelines*, and the humanitarian situation in Nigeria, with a particular focus on Maiduguri, north-east Nigeria. The following chapter details the research methodology. Next, the report explores key actors in protection programming – persons with disabilities, OPDs, national government bodies, local NGOs, disability-focused INGOs, UN organizations, the NHF, and the DWG. It then analyses the protection coordination mechanisms, examining the roles of the DWG, the protection sector, the NHF, the Inter-Sector Coordination Group (ISCG), and the Humanitarian Country Team (HCT). The report concludes by offering actionable recommendations for stakeholders on disability-inclusive protection programming and coordination in north-east Nigeria.

2. Methodology

Using a qualitative case-study design, this report evaluates the extent of disability inclusion in protection programming and coordination across the protection sector, the DWG, and NHF humanitarian response efforts. The report's dual focus on programming and coordination facilitates a comprehensive evaluation of the protection practices employed by local NGOs and disability-focused INGOs, UN organizations, and other organizations operating in north-east Nigeria.

2.1 Research Focus and Design

The study examined the approaches of local, disability-focused INGOs and UN organizations in delivering protection to affected populations, with particular attention paid to persons with disabilities. Additionally, it studies the roles and responsibilities of relevant bodies connected to disability inclusion, such as the protection sector, the DWG, and the NHF.

2.2 Data Collection Methods

The study's data collection used qualitative approaches, sourcing information from diverse channels to achieve a thorough and detailed insight into inclusive protection programming and coordination in north-east Nigeria.

- 1. Key informant interviews (KIIs):** KIIs were carried out in Maiduguri and neighboring areas, as well as in Abuja. The interviewees included persons with disabilities, representatives from OPDs, INGOs, national NGOs (NNGOs), UN organizations, and members of the NHF and DWG, as well as participants from the protection sector and other relevant sectors active in humanitarian responses.
- 2. Focus group discussions (FGDs):** Several FGDs were organized with different stakeholders, notably persons with disabilities and OPD members. These sessions were essential for collecting in-depth qualitative data providing perspectives on the lived experiences of persons with disabilities. The discussions also reflected views on inclusion, contributing to a better grasp of how disability is managed within protection-related activities and whether these initiatives align with the needs of those affected.
- 3. Participant observation:** By attending meetings and training sessions, and conducting field visits, the authors directly observed the execution of protection programming and coordination. This included monitoring the application of the *IASC Guidelines* and their four "must-do" actions.
- 4. Literature review:** A review of pertinent literature was conducted, including academic research and reports from humanitarian actors. The documents examined encompassed protection-related proposals, evaluations, policies, meeting records, and coordination strategies.

Overall, the data collection for this study included 20 KIIs, three FGDs, two observation tours, and two observation events, as well as numerous informal discussions with local and international humanitarian personnel, persons with disabilities, and OPD representatives.

2.3 Semi-Structured Questionnaires

The design of the semi-structured questionnaires was informed by the terms of reference and developed in collaboration with CBM and field-based partners. These questionnaires, utilized for both FGDs and KIIs, primarily featured open-ended questions, enabling respondents to offer detailed and nuanced insights.

2.4 Data Analysis

The study used thematic analysis to integrate diverse data sources and gain a nuanced understanding of disability inclusion in north-east Nigeria. Analysis of FGDs revealed recurring themes and captured the varied lived experiences of persons with disabilities. Additionally, KIIs with stakeholders, including OPDs, local and international NGOs, UN organizations, and representatives from the protection sector, the DWG, and the NHF, also yielded insights into the roles, challenges, and practices associated with disability inclusion. Triangulation was applied to compare findings from the literature review, KIIs, FGDs, and observational data, ensuring the analysis was both reliable and comprehensive by cross-validating insights from multiple data sources.

2.5 Timetable

Field research was conducted over four weeks, from September 19 to October 20, 2024, with data collected in Abuja and Maiduguri and its surrounding areas. CBM staff were instrumental in handling logistics and transportation, and organizing meetings, as well as facilitating connections with key stakeholders, ensuring the research team could engage efficiently with relevant humanitarian actors involved in disability inclusion initiatives.

2.6 Limitations of this Research

The study encountered several limitations, including:

- 1. Limited number of interviews and events:** the short research period made it difficult to interview all relevant actors involved in disability inclusion, and scheduling conflicts, along with accessibility issues, prevented attendance at some coordination meetings in Maiduguri.
- 2. Accessibility:** the research was mostly concentrated in Maiduguri and Abuja, so other regions were not covered. Additionally, reaching remote locations in Maiduguri presented logistical hurdles. Many villages were inaccessible due to extreme weather conditions and insecurity.

- 3. Limited access to high-level UN officials:** in Maiduguri, many senior UN officials from the protection sector, the ISCG, and the HCT had demanding schedules, making it challenging to arrange interviews and potentially omitting some perspectives from this group.
- 4. Restricted access to internal documents:** bureaucratic procedures and the requirement for official permissions hindered access to internal documents, meaning some relevant materials on protection programming and coordination were not available for review.

3. Actors in Disability-Inclusive Protection Programming in North-East Nigeria

This chapter explores the role of different actors in disability-inclusive protection programming. It begins with an overview of the situations of persons with disabilities and their protection needs. Next, it examines how and to what extent OPDs contribute to protection programming. The chapter then examines the role of the national government, followed by an assessment of how local and disability-focused INGOs implement the four “must-do” actions. Finally, it discusses how UN organizations integrate and operationalize disability-inclusive protection programming.

3.1 Persons with Disabilities

It is estimated that about 25 million people in Nigeria experience physical disabilities and approximately 3.6 million of them face severe mobility challenges (Grassroot Researchers, 2019). The exact figures, however, remain uncertain: estimates range from 14 million (Smith, 2011) to over 25 million individuals (JONAPWD, 2017), and prevalence rates have varied between 2 percent (Leonard Cheshire, 2018) and 10 percent (Haruna, 2017). The Nigeria Demographic and Health Survey 2018 (NPC & ICF International, 2019) found that 11.4 percent of adults aged 15 and over experience functional difficulties, aligning with findings from the 2023 Multidimensional Poverty Index (OPHI & UNDP, 2024).



© CBM

Description: A father on his way to the garden, guided by his son. He lost his sight due to onchocerciasis, commonly known as river blindness (2018).

Living with a disability can involve not just physical limitations such as reduced mobility but also serious social stigma. Stigma and limited access to economic opportunities can lead to low self-esteem, anxiety, and depression. Approximately 90 percent of persons with disabilities in Nigeria live below the poverty line (Thompson, 2020; Haruna, 2017). Barriers to education include a lack of adequate facilities and specialized learning materials, and teachers ill-equipped to practice inclusive education (Vemuru et al., 2020). Public buildings, schools, and other services are still mostly inaccessible. Access to transportation remains another obstacle, as around 80 percent of persons with disabilities rely on public transport that is neither suitably designed nor reliably available (Thompson, 2020).

Health services also present significant obstacles. Most healthcare institutions are not adapted to the needs of persons with disabilities, and few have policies that meaningfully promote disability inclusion (Vemuru et al., 2020). In Kogi and Niger states, 71 percent of survey respondents reported being unable to access disability-specific health services (Smith, 2011). A separate audit of health, social, and criminal justice facilities found that only two out of 14 audited facilities were physically accessible (Vemuru et al., 2020). This shortage of accessible healthcare is especially stark in specialized areas such as physiotherapy, sexual and reproductive health, and mental health services. Families and friends often shoulder caregiving responsibilities, which can lead to further social and financial stress (Thompson, 2020; Birchall, 2019). Persons affected by leprosy, who frequently live in isolated colonies, contend with deeply entrenched stigma and obstacles to obtain services.

In conflict-affected areas of the north-east, persons with disabilities must navigate humanitarian support systems that are often not adapted to their specific needs. Food distribution points often do not have ramps or adequate seating areas, and registration processes typically do not offer sign-language interpretation. Children with disabilities who have lost their parents face even more challenges in overcrowded shelters. Women and girls with disabilities are vulnerable to exploitation, contributing to high levels of stress and mental health-related challenges. Few specialized services are available in these areas, leaving many without vital assistance.

Internal DWG documents reveal the devastating impact of the recent flood on persons with disabilities, exposing severe gaps in essential services. About 62 percent struggle to access water supply points, failing to meet the minimum WASH standard of 15 liters per person per day, while 92.4 percent lack essential hygiene products. Moreover, 60.8 percent receive no timely updates on flood relief and recovery, and 75.9 percent are unaware of local support services. Safety is a significant concern, with 59.2 percent feeling unsafe in their current conditions and 81.6 percent not receiving enough food. Additionally, 48.7 percent face barriers to healthcare access and 81 percent urgently require mosquito nets, underscoring the overall vulnerability of persons with disabilities.

Negative attitudes pose an additional layer of difficulty for persons with disabilities. Long-standing beliefs rooted in the charity model or myths about the causes of disability (Lang & Upah, 2008; Etieyibo & Omiegbe, 2016) fuel discrimination. Certain disabilities – particularly psychosocial conditions – are especially stigmatized. Individuals experiencing mental illness may even feel compelled to conceal or deny their symptoms (Smith, 2011). Such negative attitudes not only intensify social isolation but also hinder efforts to address the broader humanitarian needs of persons with disabilities, ultimately perpetuating their marginalization.



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Description: A beneficiary receiving food assistance. She is a mother of four, and Boko Haram killed her husband during one of the attacks (2020).

3.2 Organizations of Persons with Disabilities (OPDs) in Nigeria

The Joint National Association of Persons with Disabilities (JONAPWD) is an umbrella organization for OPDs. It consists of a national secretariat in Abuja and 36 independently constituted state chapters, each with its own leadership and operational structures. JONAPWD serves as a primary contact point for engaging with OPDs. Its constitution outlines its key objectives: it mandates the formation of state and local branches, prescribes electoral guidelines (including a requirement that two of the seven Electoral Committee members be female), and envisions a multi-tiered Executive Council with zonal coordinators, a chief whip, and specialized secretaries. These measures suggest an intention to involve diverse disability clusters (physical, visual, hearing, psychosocial, those with spinal cord injuries, leprosy, and albinism)² and unify efforts under a single banner. In practice, however, the constitution offers few specifics for addressing less visible or psychosocial disabilities. Although it designates heads of the seven cluster disability groups, it does not explain in detail how each cluster's interests are safeguarded or how women with disabilities might move beyond largely symbolic roles, such as a women's coordinator.

JONAPWD's status as a national umbrella organization positions it to engage in advocacy and policy work more than direct humanitarian programming. Much of its humanitarian involvement is limited to lobbying government agencies and international partners for disability inclusion in broader crisis responses. Meanwhile, local and state-level chapters of JONAPWD often carry out more

2 The disability clusters should not be confused with the coordination clusters in other conflict countries. In Nigeria, the cluster coordination approach uses the term sector rather than cluster.

hands-on humanitarian activities and coordinate directly with humanitarian actors, particularly in conflict-affected regions. Yet, interviews with OPDs, NGOs, and civil society leaders suggest that JONAPWD's constitutionally enshrined leadership structure places considerable power in the office of the president and constrains the influence of other officials, leading to shifting priorities whenever leadership changes. Some describe JONAPWD as functioning more like a political party than a unified advocacy platform, which can hamper consistent planning for disability-inclusive humanitarian actions. Contentious leadership battles, including court cases, have, at times, impeded overall organizational efficiency.

Some research participants also criticized JONAPWD for "insufficient gender diversity." Many women with disabilities end up confined to "caretaking or hospitality roles," limiting their opportunity to shape policies and influence humanitarian programming. Leadership tends to be dominated by those with physical or visual impairments, leaving psychosocial, and leprosy-related disabilities underrepresented. Although albinism has gained attention recently, equal inclusion remains a challenge. JONAPWD has received various forms of capacity-building support, but much of it goes to top leaders.

Some state chapters wish to manage resources themselves to better respond to emergencies in their areas. However, the national leadership typically insists on a centralized financial structure, fostering tension and discouraging grassroots autonomy. KIIs also highlight that many JONAPWD members lack economic security.

Taken together, while the association's constitution offers an initial roadmap, it would benefit from a clearer articulation of how all OPDs and disability groups, especially those that are less visible, can gain meaningful roles. JONAPWD's leaders at the national level are familiar with the *IASC Guidelines* and the four "must-do" actions. However, their scope for applying these guidelines is limited, given JONAPWD's lack of direct humanitarian engagement and its centralized set-up. Without more robust mechanisms to ensure local-level input, promote genuine gender equality, and sustain coordinated decision-making at the national level, JONAPWD risks being perceived as lacking both internal unity and practical impact on the ground.

JONAPWD's Borno State chapter in north-east Nigeria has also organized OPDs into clusters focused on specific types of impairments.³ The disability cluster-based approach, coupled with the formation of the DWG, has structured space for humanitarian actors and OPDs to collaborate more systematically. Even so, achieving meaningful OPD participation remains challenging due to constraints in resources, capacity, and organizational limitations. While some local-level OPDs are familiar with the *IASC Guidelines* and their four "must-do" actions, they have limited scope to apply them because their engagement in humanitarian action often does not extend beyond advocacy and occasional representation in coordination forums.

3 JONAPWD's Borno State chapter brings together OPDs from the BAY states and plays a central role in facilitating and coordinating humanitarian responses among OPDs in the region.

One of the major challenges is the capacity gap facing many OPDs, especially at the grassroots level. OPD leaders noted in multiple interviews that they often lack sufficient resources (office space, assistive devices, transport, and paid staff) to participate effectively in humanitarian coordination. CBM initially supported OPDs in Maiduguri by providing dedicated office space. Later, CBM assisted JONAPWD in advocating with the Borno State Ministry of Women Affairs and Social Development. Additionally, CBM backed the recruitment of a coordinator and a financial assistant to support JONAPWD's role in humanitarian coordination and response in Maiduguri while also strengthening its organizational capacity. However, sustained funding for this is crucial. In the long term, CBM should focus on building capacity within OPDs so that they can continue this work independently if funding is unavailable. Furthermore, OPD leaders noted that they are often consulted after key decisions – such as beneficiary targeting – have been made. In some cases, interviewees recounted how community “leaders” who may not even have disabilities themselves, were treated as de facto representatives, leaving OPDs feeling sidelined.

Additionally, the humanitarian sector's tendency to treat disability as an “add-on,” combined with tight budgets, often leads to inadequate accommodations (e.g., insufficient sign language interpreters or mobility aids). As a result, OPDs find it challenging to engage fully in coordination platforms without the necessary support. A second factor is, as discussed above, Nigeria's volatile humanitarian context, where conflicts, natural disasters, and large-scale displacement create strong operational pressures. OPDs are frequently left off coordination lists due to limited visibility or lack of formal registration. Even when OPDs do manage to attend sector meetings, they may not have the specialized knowledge or staff to navigate technical areas such as logistics, procurement, or beneficiary tracking. Because many OPD members are also grappling with poverty, they lack the time and resources to engage in capacity-building or sustained advocacy, undercutting the ideal of genuine co-leadership.

Notwithstanding these hurdles, some recent trends offer cautious optimism. The establishment of the DWG in the north-east demonstrates that, with a clear commitment and resource allocation, OPDs can be better integrated into humanitarian programming. Some interviewees highlighted the DWG's role in bringing persons with disabilities into dialogue with different coordination forums and humanitarian organizations for the first time, making it easier to highlight barriers such as inaccessible distribution sites or the lack of sign language interpreters in health clinics. Organizations like CBM have also provided technical training and mentorship for OPDs, strengthening their capacity to engage in project monitoring, proposal writing, and data collection.

Several OPDs in the north-east have joined relevant coordination sectors – particularly protection and health – enabling them to advocate for accessible nutrition programs, identify the needs of displaced persons with disabilities in camps, and encourage data collection that specifically disaggregates disability status. Some organizations have also begun to see OPDs as important partners for beneficiary identification. Consequently, a modest but growing number of persons with disabilities have received individualized support, from appropriate shelter modifications to specialized health interventions. Though still sporadic, these examples illustrate that with genuine commitment and adequate investment in disability inclusion, OPDs can enhance the quality and equity of humanitarian action.

3.3 Government of Nigeria

The Nigerian government's policy on disability inclusion is primarily encapsulated in the Discrimination Against Persons with Disabilities (Prohibition) Act (DAPDA) (FRN, 2019). Although Nigeria ratified the CRPD in 2007 and its Optional Protocol in 2010, DAPDA stands out as the first major legislative step toward meeting these international obligations (Anayochukwu & Yakusak, 2023). It is firmly grounded in the 1999 Constitution of the Federal Republic of Nigeria (FRN) – especially Chapter IV – where discrimination on any grounds is prohibited (FRN, 1999). Nonetheless, the Constitution's broad ban on discrimination does not provide concrete tools to foster disability inclusion, creating a disconnect between constitutional principles and policy implementation that DAPDA seeks to address. In doing so, it lays a legal foundation for bridging the gap between rhetorical commitments and tangible reforms. DAPDA criminalizes discrimination by imposing fines and prison sentences on offenders while also mandating a five-year transition period for adapting public buildings, structures, and vehicles for accessibility. Furthermore, the Act compels employers to reserve a minimum of 5 percent of their workforce for persons with disabilities, indicating an effort to promote inclusive employment practices. At the heart of DAPDA is the establishment of a National Commission for Persons with Disabilities, charged with overseeing implementation and ensuring that disability-inclusive measures permeate housing, education, healthcare, and economic sectors (Thompson, 2020). Nonetheless, DAPDA's passage was surrounded by controversy. Various sources suggest that the law's enactment was influenced partly by political expediency rather than purely by a commitment to disability rights. Some even claimed it "passed by accident" in the 2019 electoral climate, in which disability advocacy groups were poised to exercise political leverage (Holden et al., 2019). This strategic use of disability rights as an electoral tool raises concerns about the depth of political will to enforce DAPDA in a manner that substantively improves the lives of persons with disabilities.

In addition, in the wider legal environment, disability policy in Nigeria is fragmented. Apart from DAPDA, 11 out of 36 states have introduced their own disability legislation (Vemuru et al., 2020). The Violence Against Persons (Prohibition) Act of 2015 (FRN, 2015) aims to end violence in both the private and public domains, implicitly covering persons with disabilities despite not being explicitly disability focused. Yet, even with this patchwork of laws – implemented within the Federal Capital Territory and unevenly adopted by other states – state-level disability regulations remain inconsistently enforced. Only Lagos and Plateau have instituted adequate institutional frameworks, and the actual scope and efficacy of their measures remain insufficiently examined (Vemuru et al., 2020).

From a humanitarian standpoint, the National Policy on Sexual and Reproductive Health of Persons with Disabilities (FRN, 2018) – which emphasizes the rights of women and girls – was developed by the Federal Ministry of Health in partnership with the Disability Rights Advocacy Center to address healthcare needs of persons with disabilities. In addition, the Humanitarian Settings National Policy on IDPs in Nigeria (FRN, 2012c), led by the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development (now the newly formed Federal Ministry of Humanitarian Affairs and Poverty Reduction (FMHAPR)), officially stresses a comprehensive approach to humanitarian intervention that incorporates the needs of displaced individuals with disabilities. Although this policy is applicable across all stages of displacement and at every level of

governance, it also underscores the consistent hurdles in embedding disability-inclusive measures across various policy domains (Vemuru et al., 2020).

The institutional framework for disability inclusion in Nigeria remains fragmented among numerous ministries and agencies. The FMHAPR has assumed responsibility for disability inclusion. Still, it reportedly lacks adequate technical capacity and resources to lead effectively on disability issues (Vemuru et al., 2020). Meanwhile, the Federal Ministry of Power, Works and Housing operates under the National Urban Development Policy, National Housing Policy, and National Building Code (FRN, 2012a). Through the National Building Code, the government officially enforces building standards intended to make both private and public spaces accessible. Additionally, the Federal Ministry of Education has introduced a suite of inclusive education policies (FRN, 2012b), yet full implementation remains a challenge (Vemuru et al., 2020).

Historically, the Federal Ministry of Women's Affairs and Social Development managed disability policy through its Rehabilitation Department. Still, it has been criticized for maintaining a predominantly charity-oriented framework and dedicating limited budgetary resources. Concurrently, the Office of the Head of the Civil Service of the Federation established a disability desk in 2003 to oversee the affairs of civil servants with disabilities, although its overall impact remains marginal (Vemuru et al., 2020). While the National Assembly has shown support by passing multiple disability bills, the executive branch's engagement has been weaker. Although President Buhari appointed a Senior Special Assistant on Disability, this office lacks the statutory authority and funding to drive meaningful reforms (Holden et al., 2019). The National Human Rights Commission collaborates with OPDs to promote awareness of the CRPD, yet a significant implementation gap persists. Most ministries do not consider disability to be part of their mandate, leading to inadequate oversight of disability inclusion measures and perpetuating the marginalization of persons with disabilities (Holden et al., 2019). The interplay among these entities highlights the complexities of achieving cohesive coordination, which ultimately affects the government's efficiency in meeting the protection needs of persons with disabilities.

3.4 Local NGOs and Disability Inclusion

Local NGOs have a robust presence in north-east Nigeria and act as first responders during humanitarian crises. More than 352 registered local NGOs operate in the BAY states, delivering essential aid across the humanitarian, development, and peace-building sectors (Queguiner et al., 2021). However, only a limited number of these organizations focus on disability inclusion. Their involvement in disability-inclusive protection programming is often contingent on partnerships with disability-focused INGOs – such as CBM – or on securing NHF funding through consortium arrangements, making their overall engagement in this area a relatively recent development. Consequently, awareness and understanding of the *IASC Guidelines*, particularly their four “must-do” actions, tend to be limited among many local NGOs. In contrast, those local NGOs that collaborate with CBM or implement NHF-funded projects generally demonstrate familiarity with the *IASC Guidelines*. CBM's targeted training and workshops have played an instrumental role in introducing the *IASC Guidelines* and raising awareness of the four “must-do” actions among local NGOs. However, on a few occasions, local NGO officials, despite implementing projects in partnership with CBM, demonstrated a lack of familiarity with the *IASC Guidelines* and their four

“must-do” actions. While staff turnover was cited as a contributing factor, officials with over two years of experience also exhibited this gap, indicating a broader need for training and familiarization with the *IASC Guidelines*. Thus, a comprehensive understanding of the *IASC Guidelines* and their four “must-do” actions remains uneven across local NGOs. The Disability Reference Group (DRG) online courses could play an introductory or refresher role in this respect.

Several local NGOs are playing a growing role in delivering disability-inclusive protection programming. Notably, CBM supports two consortiums (see below), encompassing organizations such as Women in New Nigeria (WINN), Green Concern for Development (GREENCODE), Church of Christ in Nations (COCIN), Taimako Community Development Initiative (CDI), and the Gembu Center for HIV/AIDS Advocacy Nigeria (GECHAAN). Furthermore, with NHF funding, the Child Protection & Peer Learning Initiative (CPPLI), Royal Heritage Health Foundation (RHHF), Future Resilience and Development Foundation (FRAD), Cedar Foundation for Disability, and the Center for Child Care and Human Development (C3HD) are advancing disability-inclusive programming.

WINN is a humanitarian organization at the forefront of disability inclusion, facilitating the integration of persons with disabilities into emergency responses, livelihood programs, and protection services. Through projects such as the Disability-Inclusive Humanitarian Action for displaced populations and host communities in the sectors of Health and Protection in West and Central Africa (DiHA) initiative, funded by GFFO, WINN delivers accessible health and rehabilitation services, distributes assistive devices, and upgrades facilities to remove physical barriers. Additionally, WINN’s Borno emergency flood response in October 2024 prioritized inclusive aid distribution and post-distribution monitoring to ensure that persons with disabilities received equitable support. WINN is active in the DWG and describes itself as one of the “pioneers” of the mechanism. WINN, in partnership with CBM, has provided coordination support to OPDs in Borno and Yobe by helping them organize and conduct cluster meetings, refurbishing their office spaces, and building their capacity.

GREENCODE was established in 2007 and operates across multiple thematic areas, including WASH, food, security and livelihood (FSL), nutrition, protection, shelter, and governance. It has regional hubs in both southern Nigeria (Cross River State) and the north-east (Borno State), along with field offices in Mongu and Dikwa. GREENCODE has partnerships with international organizations such as Save the Children, the International Rescue Committee (IRC), Norwegian Church Aid (NCA), and CBM. It employs a “twin-track” approach to disability inclusion, combining targeted efforts with mainstreaming inclusion in other programs. Notably, GREENCODE is not officially part of the DWG, even though it was among the first local partners to implement disability-inclusive programming.

The Learning Through Skills Acquisition Initiative (LETSAI) is an indigenous, non-profit organization operating in Borno State. It focuses on disability inclusion by integrating persons with disabilities into non-formal education programs, conducting assessments of their needs, and providing pre-assessed beneficiaries with assistive devices. These efforts help persons with disabilities to gain better access to educational opportunities and the support they need. COCIN is a Christian NGO specializing in the treatment of cataracts through surgical procedures and the provision of assistive aids, such as medical glasses and hearing aids. The NGO’s intervention improves the quality of life for individuals with visual and auditory impairments, fostering greater inclusion and independence.

Several local NGOs highlight that disability inclusion was not always a core part of humanitarian programming in north-east Nigeria. Their stronger focus emerged through partnerships with CBM that insisted on deliberate, targeted inclusion measures. Over time, these NGOs moved from basic mainstreaming (e.g., counting persons with disabilities in beneficiary data) to more concrete steps such as building ramps, widening doorways, and conducting accessibility assessments.

Despite the growing engagement of local NGOs in disability-inclusive programming and the addition of designated funding envelopes and capacity-building efforts, many local NGOs report declining donor contributions. This trend makes it harder to fund sign-language interpreters, install ramps, and provide alternative communication methods. In proposals, these costs are often viewed as secondary, leading to budget cuts or rejections. Localization remains slow, hampered by staff turnover, limited financial and proposal-writing expertise, and weak coordination mechanisms among local NGOs. To sustain disability inclusion beyond isolated project cycles, the NGOs interviewed emphasize targeted capacity-building grants, improved donor coordination, safeguarding dedicated funding, and robust state-level policies that mandate inclusion across all programs.

3.5 Disability-focused INGOs

CBM is the only INGO in Nigeria dedicated to disability inclusion in humanitarian action and has been at the forefront of disability-inclusive humanitarian action. Operating in 22 states and collaborating with 14 local NGOs, CBM broadly integrates disability-inclusive practices across health, education, community development, and humanitarian responses.

CBM has provided humanitarian aid across north-east Nigeria since 2016, initially concentrating on the BAY states. More recently, operations have expanded to Taraba, to assist with the influx of Cameroonian refugees. CBM's initiatives include a German Federal Ministry for Economic Cooperation and Development (BMZ)-funded project to rebuild inclusive health and WASH infrastructure in Borno, Adamawa, and Yobe. Additional projects have met the needs of IDPs in Yobe, flood victims in Jigawa, and individuals affected by the COVID-19 pandemic. CBM also prioritizes disability-inclusive disaster risk reduction (DiDRR) in Nigeria, focusing on health, WASH, food security, and protection. In 2019, inclusive humanitarian action experienced a pivotal shift. Driven by CBM's persistent advocacy, the UK's Department for International Development (DFID, now the Foreign, Commonwealth and Development Office, FCDO) launched a disability-focused audit of its projects in north-east Nigeria, uncovering significant gaps in disability inclusion, including insufficient data collection, inaccessible infrastructure, and a lack of formal policies. In response, CBM facilitated capacity-building workshops that provided humanitarian organizations with the resources to collect disability-disaggregated data, apply universal design in shelters, and actively involve persons with disabilities in decision-making, thereby establishing a foundation for more equitable humanitarian responses.



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Description: Humanitarian Technical Advisor from CBM during a training on disability inclusion for various humanitarian actors (2023).

CBM's work with OPDs is multifaceted, also focusing on strengthening OPDs and supporting their meaningful participation in humanitarian action. CBM conducts organizational capacity assessments to understand an OPD's internal structures and alignment with inclusive practices. CBM's institutional strengthening, which includes providing resources such as office space, is exemplified by its support for JONAPWD. It also offers targeted training and mentoring in key organizational areas such as financial management, human resources, and governance. Importantly, CBM facilitates OPDs' direct engagement in sectors such as WASH, protection, GBV, and food security, enabling persons with disabilities to advocate for their needs and shape humanitarian responses. CBM's advocacy contributed significantly to the formation of a DWG in 2023. This combines local NGOs, OPDs, UN organizations, and donors. It aims to incorporate disability considerations in every aspect of humanitarian programming, from early needs assessment to long-term recovery and resilience planning. The DWG actively disseminates best practices, offers technical expertise, and encourages humanitarian organizations to consult persons with disabilities at all project stages.

CBM is currently implementing two major disability-inclusive projects in the BAY region: DiHA, focusing on health and protection throughout West and Central Africa and funded by GFFO, and the “Strengthening the Resilience of Conflict-Affected Communities” project, which addresses protracted conflict and displacement in the BAY states and Taraba, enhancing food security and inclusive WASH services. Beneficiary selection prioritizes persons with disabilities to receive customized training in agriculture, livestock rearing, and vocational skills. Water points and sanitation facilities are reconstructed using universal design principles (e.g., ramps, adjustable hand pumps, and clear signage). Both projects follow the *IASC Guidelines* and their four “must-do” actions, emphasizing the meaningful participation of persons with disabilities in every phase. The project anticipates reaching 59,084 people – targeting 16 percent with disabilities – while benefiting an additional 400,000 community members indirectly. CBM collaborates with local partners, promoting local capacity for disability-inclusive humanitarian action.



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Description: A beneficiary of a BMZ-funded project North-Central Transitional Aid in Nigeria (NoCTRAN) in Plateau State, Nigeria. She is a person with disabilities who has gained livelihood support through livestock provision.

3.6 Disability Working Group (DWG)



© CBM

Description: Members of the Disability Working Group from Borno, Yobe & Adamawa states (2023).

The DWG for north-east Nigeria was formally launched in late 2023 with broad participation from stakeholders. Over 70 representatives from OPDs, international organizations, the Office for the Coordination of Humanitarian Affairs (OCHA), and various sectoral sub-groups gathered for the launch. This inclusive membership – ranging from local OPDs such as JONAPWD to INGOs and UN organizations – underscores the DWG’s role as a multi-sector forum for disability inclusion. OCHA supports the coordination of the DWG, providing a neutral platform that brings these diverse actors together. From the outset, the DWG’s main goal has been to mainstream disability in humanitarian action and improve the coherence of efforts to assist persons with disabilities across the BAY states. The DWG is not a standalone body but an integral part of the humanitarian coordination architecture intended to complement existing coordination mechanisms by focusing on disability inclusion. The DWG regularly participates in protection sector coordination meetings, but is not part of the ISCG.

3.7 UN Organizations

UN organizations are increasingly committing themselves to disability inclusion across their programs. Their engagement with the *IASC Guidelines* differs, leading to diverse approaches. This variance highlights opportunities to strengthen systematic approaches, especially in recognizing and addressing diverse impairments within humanitarian programming and coordination.

The commitment made by the United Nations Children’s Fund (UNICEF) to disability inclusion in north-east Nigeria is rooted in its *Strategic Framework on Disability Inclusion (2022–2030)* and guided by global standards such as the CRPD. UNICEF works across multiple sectors – education, health, child protection (CP), and WASH – to address barriers that children with disabilities face. For example, in the education sector, UNICEF supports inclusive teacher training, early identification and referral programs for children with disabilities, and the modification of learning environments through physical infrastructure (such as ramps and accessible toilets) and adapted educational materials. In health and nutrition, UNICEF works to make primary healthcare services accessible by training health workers in inclusive practices while also supporting the provision of assistive devices in partnership with specialist organizations. Moreover, UNICEF’s CP programming recognizes that children with disabilities are at heightened risk of violence and exploitation, prompting initiatives to strengthen case management systems and community-based protection mechanisms. UNICEF also incorporates disability-inclusive Mental Health and Psychosocial Support (MHPSS) services to address conflict-related trauma. In WASH, UNICEF integrates accessibility measures to ensure that hygiene facilities and messaging can be used and understood by children with various impairments.

The approach of the United Nations High Commissioner for Refugees (UNHCR) to disability inclusion draws on key commitments outlined in its *Policy on Age, Gender and Diversity (AGD)*. It is reinforced by the 2010 UNHCR Executive Committee’s Conclusion on Refugees with Disabilities. As the protection sector lead in north-east Nigeria, UNHCR works to incorporate persons with disabilities into protection programming and coordination. This starts with recognizing that persons with disabilities – among refugees, IDPs, and returnees – are rights holders and that the organization and its partners have a responsibility to identify and remove barriers that prevent meaningful participation. In concrete terms, UNHCR promotes inclusive data collection methods (such as the Washington Group Questions) to understand the scale and diversity of needs, supports accessible complaint and feedback mechanisms, and advocates for inclusive design of shelters, communal latrines, and other facilities in displacement settings. Building on the *UN Disability Inclusion Strategy (UNDIS)*, UNHCR emphasizes that disability inclusion is a cross-cutting responsibility requiring multi-sectoral collaboration. Through its *Need to Know Guidance on Working with Persons with Disabilities in Forced Displacement* and ongoing training sessions – such as those outlined in the *Facilitator’s Guide: Strengthening Protection of Persons with Disabilities in Forced Displacement* – UNHCR attempts to equip staff and partners to implement practical steps toward inclusion.

Office for the Coordination of Humanitarian Affairs (OCHA)

Since arriving in Nigeria in an advisory capacity around 2014, OCHA has progressively expanded its operations – particularly in the north-east – to respond to mounting humanitarian needs driven by conflict, displacement, and protection concerns. By 2018, OCHA had significantly scaled up its presence in the BAY states, where it continues to coordinate a large and varied network of international and local aid agencies. Advocacy, resource mobilization, and strategic planning remain at the center of OCHA's role.

OCHA's approach to disability inclusion recognizes that inclusive programming extends beyond physical accommodations such as ramps or handrails. Within humanitarian contexts, persons with disabilities often lack access to formal education, vocational training, and livelihood opportunities – gaps that emerge in part because urgent, life-saving assistance (e.g., malnutrition treatment or cholera prevention) tends to receive priority in funding. This tension between emergency relief and development-oriented interventions is acknowledged in OCHA's coordination framework, prompting it to encourage partners to integrate disability needs into longer-term recovery plans wherever feasible.

In keeping with the global "localization" agenda, OCHA bolsters local civil society organizations through coordination platforms and funding mechanisms, notably the NHF (see below). While OCHA itself does not directly implement projects, it facilitates capacity assessments, advises local NGOs on navigating compliance requirements, and supports strategic NHF allocations. Such allocations increasingly benefit disability-focused or disability-led organizations, many of which also collaborate with the Ministry of Women's Affairs and participate in a dedicated disability inclusion working group. OCHA's role is to amplify their efforts, provide coordination forums for technical guidance, and promote their voices to inform high-level humanitarian decision-making. Critically, OCHA's coordination platform helped to legitimize the DWG, inviting government representatives into the process and establishing links with state ministries responsible for disability issues. This strengthened DWG's capacity to integrate existing national disability policies into ongoing humanitarian programs.

Disability is reflected in the 2025 Humanitarian Needs and Response Plan (HNRP). In broader humanitarian action, OCHA promotes disability inclusion by supporting different sectors, managing information resources, and channeling funds through the Central Emergency Response Fund (CERF) and Country-based Pooled Funds (CBPFs), such as the NHF. Emphasizing needs-based assessments and robust data collection, the HNRP estimates that over 90 percent of persons with disabilities do not have access to livelihoods, only 2 percent of households headed by women with disabilities have enrolled their children in formal education, and 85.3 percent of women and girls with disabilities face elevated risks of exploitation and sexual abuse (OCHA, 2025). It also aims to support protection for more than 11,300 refugees with disabilities while mandating quarterly, disaggregated reporting for transparency. The HNRP integrates findings from the Multi-Sector Needs Assessment and community consultations, prioritizes disability across strategic objectives and sectors – such as WASH infrastructure equipped with ramps and handrails and shelter/non-food items (NFI) services supporting 21,122 persons with disabilities – and employs real-time dashboards plus a dynamic gap analysis tool to track interventions and outcomes (OCHA, 2025).

These measures, alongside the HNRP’s focus on gender-sensitive planning and collaboration with the DWG, echo OCHA’s broader commitment to an inclusive, evidence-driven humanitarian response that leaves no one behind. Yet, while disability is acknowledged in the HNRP, it remains grouped under the World Health Organization (WHO) 16 percent estimate, despite evidence suggesting a higher prevalence of persons with disabilities in north-east Nigeria. Furthermore, although the HNRP addresses disability, the data is not disaggregated by disability type, resulting in a rather generalized approach to disability data collection and analysis. It is important that OCHA promotes the collection and reporting of disability-specific data so that future HNRPs can more accurately reflect the diverse needs of persons with disabilities.

Nigerian Humanitarian Fund (NHF)

The NHF has allocated a total of US\$2.5 million specifically for “Breaking Down Barriers/Disability Inclusion” projects. These funds were available to NNGOs, IINGOs, and UN organizations, with a maximum allocation of US\$0.5 million per project. Furthermore, a minimum of US\$1 million from the total allocation was designated to be awarded directly to NNGOs. In 2023, the NHF worked with the newly formed BAY states’ DWG, incorporating DWG members into the strategic and technical review of funding proposals. It included mandatory disability inclusion indicators in all project proposals for the 2023 Standard Allocation. These measures underscore the NHF’s alignment with the CRPD, which calls for mainstreaming disability considerations and ensuring that humanitarian assistance is accessible to all, including those with specific needs. Below is the list of NHF-funded projects for 2023-2024 under the “Breaking Down Barriers” initiative.

Table 1: 2023-2024 disability inclusion projects: breaking down barriers through funded projects.

Organization	Project	Type of organization	Consortium details	Areas of operation	Objectives	Duration
CPPLI	Breaking boundaries and unlocking sustainable potentials for women and girls with disabilities in conflict-affected areas in Michika, Madagali, Hong, and Gombi LGAs of Adamawa State Nigeria	NNGO (human-centered social development organization)	NNGOs working together with OPDs, schools, social welfare, NGOs (Clear View Integrity Foundation (CVIF))	Gender and disability protection and inclusion Michika, Madagali, Hong, Gombi in Adamawa State	Enhancing the protective mechanisms for vulnerable and crisis-affected women and girls, with a specific focus on persons with disabilities	01.02.2024 –31.01.2025 (12 months)
Street Child	Improving the integration and empowerment of individuals with disabilities to promote more inclusive and equitable opportunities	Consortium of three national OPDs	Cedar Foundation for Disability (CFFD), Adamawa People Living with Disabilities Initiative (APLWDI) and Care Aid Support Initiative (CASI)	Disability inclusion Bama & MMC in Borno State; Geidam & Gujba in Yobe State: Mubi North & Gombi in Adamawa State	Enhancing societal integration and empowerment for persons with disabilities. Providing specialized services for children with disabilities and supporting parents and foster parents to provide a safe environment	01.02.2024 –31.01.2025 (12 months)

Organization	Project	Type of organization	Consortium details	Areas of operation	Objectives	Duration
RHHF	Strengthening Disability-Inclusion-GBV Responses, Mitigation and SRH Services through Community Based Action Team (COMBAT) in Michika, Mubi North, and Hong LGAs of Adamawa State	NNGO (indigenous civil society organization)	NNGO working together with OPDs and engaging with state actors and health service providers	Gender and disability protection and inclusion Michika, Mubi North, Hong in Adamawa State	Creating an inclusive and responsive environment for GBV response and mitigation services for individuals with disabilities	01.02.2024 –31.01.2025 (12 months)
FRAD	Strengthening Inclusion and Protection of Women and Girls living with disabilities within the humanitarian response framework in Borno and Yobe States	National NGO	NNGO in partnership with C3HD	Capacity building & gender and disability protection and inclusion Borno & Yobe States	Enhancing inclusion and protection of women and girls living with disabilities within the humanitarian response framework	12.02.2024 –11.02.2025 (12 months)
UN Women	The Empowerment of Women and Girls with Disabilities: Towards Full and Effective Participation and Gender Equality in Adamawa State	UN organization	UN organization in partnership with organizations of women and girls with disabilities, OPDs, foundations, INGOs, private sector, research and academic institutions	Capacity building & gender inclusion Adamawa State	Improving accessibility for women and girls with disabilities in both physical and digital realms. It encompasses tailored educational programs, vocational training, and skill development initiatives to boost employability. Grounded in research, it informs targeted interventions. Collaborating with disability rights organizations and governmental agencies, the project maximizes impact by pooling resources and expertise creatig a sustainable support system.	01.02.2024 –28.02.2025 (12 months)

As indicated in the *NHF Guidance Note on Strengthening Disability Inclusion*, the financial commitment to disability inclusion is reflected in the recommendation that 5 percent of the total project budget should be allocated to disability-related services. This includes costs for sign language interpretation, accessible materials, and transportation. Additional budget allocations may be necessary for physical accessibility modifications (0.5–1 percent) and specialized NFIs such as mobility aids (3–4 percent), potentially reaching up to 7 percent for comprehensive coverage of assistive technologies and specialized services. These allocations must be clearly detailed within the project proposal, reinforcing the NHF’s commitment.

While the 2023 NHF annual report does not explicitly reference the *IASC Guidelines*, its activities generally reflect the guidelines' core principles and four "must-do" actions. The NHF's guidance note on strengthening disability inclusion also does not explicitly cite the *IASC Guidelines* or these four actions; however, the note incorporates the same elements – such as empowerment of persons with disabilities, meaningful participation, and disability-disaggregated data collection and analysis – thereby demonstrating alignment with the *IASC Guidelines*.

The NHF has strategically shifted its funding focus towards prioritizing local NGOs over UN organizations. This shift is driven by the rationale that UN organizations possess established bilateral funding channels, allowing them to secure resources independently. Therefore, directly funding UN organizations means that smaller NGOs will be disadvantaged. The NHF aims to create a more equitable funding landscape where smaller, local NGOs are not disadvantaged in competition with larger, internationally resourced UN organizations. To achieve this, the NHF, under the guidance of the Humanitarian Coordinator (HC), has implemented a policy of restricting UN organization funding to instances where they demonstrate a unique and irreplaceable added value. This added value pertains to specialized capacities, such as international procurement pipelines for essential supplies such as ready-to-use therapeutic food (RUTF), which local NGOs may not possess. This policy acknowledges the potential for conflicts of interest when UN organizations, which may also be board members, are considered for funding, thereby maintaining the impartiality and fairness of the allocation process.

Currently, global humanitarian financing continues to decline sharply, with reductions in contributions from major donors such as the United States, Germany, and Norway. Heightened needs stemming from humanitarian crises in Gaza, the broader Middle East, and Ukraine are reshaping donor priorities. Within this constrained landscape, the NHF has seen its funding decrease from a high of over US\$43 million in 2017 to around US\$18 million in 2023 – a decline largely attributable to reduced support from Germany, one of its primary donors (NHF, 2023). Despite the steep reduction in 2023, contributions made in late 2022 helped mitigate immediate shortfalls, enabling the NHF to maintain a similar level of funding allocations as in previous years. Nevertheless, the Fund's share of overall humanitarian funding for Nigeria has fallen to just 3 percent, well below the 15 percent Grand Bargain target (NHF, 2023). In response, the NHF has intensified its focus on critical emergency needs and is taking steps to diversify its donor base. A key strategy involves increasing support for local NGOs, which can contribute directly and indirectly to improving disability inclusion in humanitarian programs. By partnering with community-based organizations that have a deeper understanding of local challenges – especially those faced by persons with disabilities – the NHF's limited resources can be utilized more effectively to support inclusive practices. However, the downward trend in funding and shifts in humanitarian priorities place additional strain on the most vulnerable groups, including persons with disabilities, who often encounter barriers to essential services. Continued and robust donor engagement is therefore essential not only for stabilizing the Fund's overall contributions but also for sustaining and expanding disability-inclusive programming on the ground.

NHF funding is highly competitive, especially navigating its One Grant Management System (One GMS), often favoring larger organizations with stronger financial systems and proposal-writing expertise. For many local NGOs, the technical complexity of applications and stringent compliance requirements create barriers. Lastly, NHF funding for disability-inclusive programming is a recent development in the right direction, but sustained and increased support is needed to strengthen disability inclusion.

4. Coordination for Disability-Inclusive Protection Programming

Multiple actors – including various coordination bodies and government ministries – share responsibility for safeguarding affected populations and ensuring disability considerations cut across all humanitarian sectors. The protection sector plays a pivotal role in disability-inclusive coordination. It collaborates closely with other sectors – such as food security – to facilitate physical accessibility of distribution sites and employs supportive measures that benefit persons with diverse impairments.

Inter-sector coordination led by OCHA brings sector leads – including health, WASH, and protection – together to share updates and address emerging challenges. The HCT officially provides overarching strategic direction. It also mobilizes resources through mechanisms such as the NHF, earmarking funds for disability-inclusive programs and mandating sectors to adjust and monitor their interventions whenever persons with disabilities are underrepresented.

4.1 Coordination by the Disability Working Group (DWG)

The DWG functions as a technical working group that provides strategic direction and expert guidance on disability inclusion to the broader humanitarian response. The DWG coordination team is required to operate in accordance with the CRPD, the *IASC Guidelines*, the DWG's 2023–2025 strategy, and all subsequent DWG strategies. The DWG brings key actors together to clarify roles and responsibilities around disability issues and ensures accountability for including people with disabilities in assistance programs. Notably, the DWG is a cross-cutting body; it works alongside sectors to embed disability considerations in all areas of response. Whether the issue at hand is protection, shelter, health, or education, the DWG can offer input on how to make interventions inclusive and accessible.

Despite its broad engagement, the DWG does not directly participate in the ISCG or the HCT – the high-level coordination forums where sector leads and heads of organizations meet. In other words, the DWG operates at a technical and advisory level rather than as a decision-making member of the top coordination bodies, which is typical for working groups focused on specific cross-cutting themes (such as disability or gender) in humanitarian responses. Instead of sitting in ISCG or HCT meetings, the DWG's influence is channeled through its close collaboration with protection and other sector leads and OCHA. It is important to note that this exclusion does not equate to isolation from the coordination mechanism. The DWG maintains strong links with sector coordinators (many of whom participate in ISCG meetings) and with OCHA (which supports both the DWG and the ISCG). Through these links, the priorities identified by the DWG – such as the need for assistive device distribution or accessible communication in aid delivery – can be raised in inter-sector forums even if the DWG itself is not an attendee. In essence, the DWG operates parallel to and in

support of the sectors: it interacts with all sectors, feeding technical expertise on disability inclusion into their work, and complements the sectors' efforts to achieve an inclusive humanitarian response.

The protection sector works closely with the DWG. The latter serves as a partner by ensuring more attention is drawn to the needs of persons with disabilities in protection analysis and activities. It provides expertise in identifying protection concerns specific to disability, such as barriers to reporting abuse or accessing justice for persons with disabilities. It promotes a rights-based approach in line with the CRPD and *IASC Guidelines*. The DWG's guidance helps the protection sector tailor its programs – whether on camp security, GBV services, or legal assistance – so that they are accessible and equitable for persons with disabilities. In turn, the protection sector amplifies the DWG's advocacy work by incorporating disability considerations into appeals and strategies, reinforcing the centrality of protection for all, including persons with disabilities. Additionally, the DWG aligned its objectives with the Humanitarian Needs Overview (HNO) and now the HNRP by providing data and analysis on the links between disability and vulnerability. This led to a marked shift in the 2023–2024 planning documents, which began to explicitly analyze needs based on disability status, alongside age and gender. A notable development was the allocation of a dedicated funding envelope for disability inclusion under the NHF after OCHA announced that a portion of pooled funds would be set aside for projects assisting persons with disabilities.⁴

Reliable data on persons with disabilities are crucial for planning an inclusive response, and the DWG has taken on a pivotal role in data collection and analysis. Soon after its inception, the DWG initiated a comprehensive multi-sectoral needs assessment focused on people with disabilities across the BAY states. Conducted through consultations, surveys, and field research, this assessment was designed to fill information gaps about the number of persons with disabilities, the barriers they face in accessing aid, and the specific needs they have in different sectors (food, shelter, health, protection, etc.). Stakeholders from various sectors were engaged in the assessment process, ensuring that the questions and data collected would be relevant to all sectors of the response. For instance, if the data show low access to latrines for persons with disabilities in camps, the WASH sector can take corrective action; if they show high protection risks for certain groups (e.g., women with disabilities), the protection sector can prioritize those in its programming. In addition to the assessment, the DWG is putting in place ongoing information management tools. It has been developing a “5W” reporting template (Who does What, Where, When, for Whom) specifically for disability inclusion activities. Tracking the “5Ws” enables the DWG and sectors to identify gaps or overlaps in assistance for persons with disabilities and to coordinate better. Furthermore, the DWG intends to track funding and project implementation related to disability inclusion, adding another layer of accountability and strategic oversight to the response.

The DWG's work is inherently inter-sectoral, requiring close interaction with all humanitarian sectors to promote disability inclusion. One way it engages with other sectors is through the participation of sector coordinators and sector experts in DWG meetings and initiatives. At its launch, the presence

4 In 2022, NHF issued an open call for US\$1 million in disability inclusion funding, yet no organization or working group emerged to seize this opportunity. This absence demonstrated the need for a dedicated structure such as the DWG to coordinate efforts and channel resources toward disability-inclusive humanitarian programming.

of sector leads from protection, health, and other areas signaled the scope for inter-sectoral coordination. Regular DWG meetings invite focal points from various sectors – education, shelter, or food security – to discuss how disability inclusion can be strengthened in their respective areas. Through these forums, the DWG provides tailored advice, such as recommending accessible shelter designs or working with the health sector on inclusive health services and rehabilitation support. In Borno, Yobe, and Adamawa, the DWG has established state-level focal teams that coordinate with local sector working groups to ensure disability issues are addressed in field operations. The DWG also collaborates on joint activities with specific sectors or organizations. For instance, the health sector, with DWG support, explored ways to prioritize disability mainstreaming in healthcare delivery – including a project on “Breaking down Barriers” in health services for people with disabilities – to improve evidence-based planning. Similarly, protection and GBV partners (such as the United Nations Population Fund (UNFPA)) coordinating 16 Days of Activism campaigns have incorporated disability inclusion messages with DWG input. These examples illustrate that while the DWG is not a formal member of the ISCG, it works through advocacy and partnership. Each sector gains a better understanding of disability issues, and the DWG, in turn, benefits from sector-specific insights that inform its overall strategy. The relationship is often based on mutual benefit: the DWG helps sectors design inclusive programs, and sector actors help the DWG disseminate its guidance and advocate for inclusion within their networks.

4.2 Protection Sector

The protection sector in north-east Nigeria serves as a critical coordination mechanism for humanitarian protection efforts, led by UNHCR and co-coordinated by the Norwegian Refugee Council (NRC). It brings together a wide network of actors – around 105 partner organizations – under a cluster framework encompassing General Protection, CP, GBV, housing, land and property (HLP), and mine action areas of responsibility (AoR) (Protection Sector North-East Nigeria, 2024). As a forum, the sector enables these partners to align their interventions, reach consensus on protection issues, build strategic partnerships, and prioritize resources with the overall goal of enhancing the protection of conflict-affected civilians across the BAY states. The protection sector in Borno State, which is accountable to the HC, coordinates the Protection Sector Working Groups in Adamawa and Yobe States as well as in liberated local government areas (LGAs) of Borno State. It provides strategic advice to the HCT and the National Humanitarian Coordination Forum. Working collaboratively with AoR leads, the protection sector promotes the implementation of the strategy, seeks guidance from and liaises with the Global Protection Cluster as needed, and coordinates with and supports state-level protection sector working groups (PSWGs) to strengthen protection outcomes.

The coordination process has been largely effective in organizing and guiding the humanitarian protection response in north-east Nigeria. Under UNHCR’s leadership, the protection sector has facilitated concrete progress in service delivery and strategic planning. For example, protection partners jointly plan and deliver services, avoiding duplication and coverage gaps, which has improved aid delivery on the ground. Persons with disabilities have benefited from such service delivery, particularly in IDP and refugee camps.

The sector informs strategic humanitarian decision-making through regular coordination meetings and technical working groups, ensuring that emerging protection concerns (such as camp closures or sudden displacement) are quickly communicated and addressed across all actors. The sector set-up also supports advocacy and capacity-building efforts: members collectively advocate on sensitive protection issues (such as camp relocations or access to justice) and build local capacity for response, thereby mitigating risks to vulnerable populations before they escalate. Notably, the protection coordination has promoted accountability to affected populations (AAP), meaning that feedback from those populations, including persons with disabilities, is considered and humanitarian actors are held responsible for delivering aid in an inclusive manner. Overall, this unified structure has improved the timeliness and coherence of protection activities, demonstrating effectiveness in organizing a multifaceted humanitarian response.

A core strength of the protection sector's coordination is its focus on facilitating protection outcomes and reducing risks for the most vulnerable. The sector's strategy and objectives are explicitly aligned with broader humanitarian goals, which center on saving lives, providing protection, and eventually fostering resilience and recovery. This alignment means that protection efforts are not ad hoc but strategically contribute to the overarching HNRP. In concrete terms, the 2024–2025 Protection Sector Strategy emphasizes mitigating protection risks, strengthening protective services, and improving the overall protection environment, thereby creating safer, more dignified living conditions for affected people, including persons with disabilities. Through the sector, organizations work together on risk mitigation measures – for instance, identifying communities at high risk of GBV or child recruitment and implementing preventative actions – which individual organizations alone might struggle to do at scale. The coordinated approach also prioritizes evidence-based targeting of vulnerable groups to support those most at risk (such as recently displaced families, unaccompanied children, or survivors of abuse), so that those most at risk are identified and supported. By collectively mapping protection risks and needs, the sector can deploy resources where they are most needed and advocate for urgent issues (such as the protection implications of government camp closures). In summary, UNHCR's coordination has been instrumental in upholding the centrality of protection in the north-east Nigeria response: it not only reacts to immediate protection incidents but also works to prevent and mitigate risks through joint strategies, thus better shielding vulnerable populations from harm.

The protection sector's coordination mechanisms facilitate information sharing and efficient use of resources among humanitarian actors. Regular sector meetings at national and state levels, along with dedicated information management systems, allow partners to exchange updates on the protection situation, emerging threats, and service gaps. More timely information sharing enables actors to stay on the same page and adjust their activities as the context evolves. A good example is the use of joint assessments and vulnerability screenings carried out by protection sector partners to gather data on at-risk groups and identify urgent protection needs. Findings from these assessments are shared widely, providing a common evidence base that guides where and how assistance should be delivered. As a result, the sector can strategically coordinate resource distribution, avoiding duplication of efforts and ensuring that assistance (such as legal aid, psychosocial support, or material aid for at-risk individuals) is directed to communities with the highest protection concerns. When gaps are identified, the sector can reallocate resources or mobilize additional support through its members. This collaborative targeting is crucial in

an environment of limited funding. Moreover, the protection coordination forum helps achieve strategic alignment with humanitarian goals by uniting all partners under shared objectives and standards. All activities by member organizations are framed by the agreed Protection Sector Strategy, which reflects international protection standards and the country's HNRP. Through the sector, organizations also engage with government authorities and other sectors to ensure protection is integrated across the wider humanitarian response. For instance, the protection sector regularly advocates with other actors and the government to address protection issues (such as security at IDP return sites or inclusion of protection in relief distributions), reinforcing the idea that humanitarian efforts remain aligned with the principle of safeguarding those most in need. Regarding data collection and reporting, the protection sector relies on tools such as the Protection Monitoring System (PMS), Household Assessment (HHA), and Protection Incident Reporting (PIR) to systematically capture and analyze information on protection risks and trends across the BAY states. HHA data includes household composition, capturing information on persons with disabilities. However, it is not clear if data are disaggregated by disability type.

Despite the overall strengths of the protection coordination in north-east Nigeria, a significant gap in the current strategy is the limited emphasis on persons with disabilities in different documents. The protection sector's strategic documents and plans only mention persons with disabilities sparingly, and mostly in passing (for example, identifying children with disabilities as vulnerable in CP contexts, or noting a small percentage of GBV survivors with disabilities). In addition, a review of the Protection Analysis Update, the Protection Sector Newsletter, the Protection Sector North-East Nigeria (PSNE) Annual Report, and the Protection Sector Strategy North-East Nigeria 2024–2025 reveals that disability is rarely addressed, noting inadequate representation in important documents. There are no dedicated strategies or tailored programs outlined in the Protection Sector Strategy North-East Nigeria 2024–2025 that systematically reach and protect persons with disabilities. It remains unclear how disability-specific issues – such as accessibility of services, specialized support (e.g., assistive devices or sign language interpreters), and targeted outreach to those who may be hidden in communities – are explicitly addressed in protection programming. This gap is especially concerning because persons with disabilities often face heightened risks in conflict and displacement settings.

4.3 Nigerian Humanitarian Fund (NHF)

The NHF is a UN-managed CBPF that was launched in 2017 to support the humanitarian response in north-east Nigeria (OCHA, 2017). It pools contributions from international donors into a common fund that can rapidly finance critical relief projects. The NHF is managed locally by OCHA's Humanitarian Financing Unit (HFU) on behalf of the UN HC. This means decision-making authority rests in-country with the HC rather than a global body, enabling more agile and context-specific allocations. An Operational Manual (aligned with global CBPF guidelines) governs the fund's processes, and OCHA provides financial and grant management oversight through its One GMS. As the NHF is a financing entity, it impacts coordination implicitly.

The NHF uses two main allocation modalities to coordinate funding in line with needs: (1) Standard Allocations are planned funding rounds tied to the HNRP priorities. These typically address underfunded sectors or critical gaps identified through inter-sectoral analysis and sector coordination; (2) Reserve/Emergency Allocations are rapid, flexible disbursements for sudden onset crises or spikes

in needs (e.g., floods or disease outbreaks), activated on short notice for timely response (OCHA, n.d.). An Advisory Board governs the NHF. It is composed of representatives of UN organizations, INGOs, local NGOs, and donors, reflecting a broad humanitarian stakeholder mix. In practice, OCHA's NHF team facilitates consultations with sector leads and sometimes specific stakeholder groups (e.g., women-led or disability organizations) to design allocation strategies. The Advisory Board reviews priorities and provides guidance, but final allocation approval rests with the HC, who usually seeks consensus advice from the board before signing off. Once an allocation is launched, eligible implementing partners (humanitarian actors meeting NHF eligibility, due diligence, and risk criteria) submit project proposals, which are then vetted, scored, and approved according to the NHF's criteria and its scorecard. OCHA's role is critical at each step, from facilitating needs assessments that guide allocations to managing proposal review, fund disbursement, and monitoring of NHF-funded projects. In essence, the NHF serves as a management tool, aligning flexible funding with HNRPs under OCHA's stewardship and the HC's leadership (OCHA, 2024c).

The NHF is one of OCHA's CBPFs, so it operates under OCHA's global guidelines and financial infrastructure. OCHA Nigeria hosts the NHF Secretariat that administers the fund and ensures transparency and accountability. OCHA provides technical support (e.g., needs analysis) to target the NHF to priority needs. The Fund's strategic alignment is ensured by OCHA integrating the NHF allocations with the broader humanitarian coordination system, for example, by complementing the UN CERF and other funding streams. Notably, the NHF is "controlled by the HC" locally while CERF is managed from UN headquarters, illustrating OCHA's facilitating role: it empowers the field leadership (HC/OCHA) to rapidly direct donor funds where they are most needed. OCHA's HFU also handles partner due diligence, financial tracking, and reporting for the NHF, and ensures that the fund adheres to humanitarian principles and global CBPF policies. In summary, OCHA's support allows the NHF to function as a fast, coordinated funding mechanism that strengthens the overall humanitarian response in north-east Nigeria.

The NHF works in close partnership with the DWG to ensure its disability-inclusion programs in north-east Nigeria effectively represent persons with disabilities, OPDs, and inclusion experts. This ensures that humanitarian funding better reflects the perspectives and priorities of persons with disabilities. An important component of the NHF's inclusive humanitarian financing is its engagement with OPDs. Recognizing their lived experience and local knowledge, the NHF attempts to ensure that OPDs have a voice in humanitarian decision-making. OPDs are given opportunities to contribute to proposal design, review project activities, and provide critical feedback. This collaborative dynamic is reinforced by NHF's funding criteria, which encourage larger NGOs and UN organizations to partner with OPDs. Such arrangements allow OPDs – many of which have limited resources – to receive at least some indirect funding and operational support, even if they have not yet met NHF's stringent eligibility standards.

Additionally, as mentioned earlier, NHF has implicit coordinating effects. In practice, these effects are evident in how it integrates disability inclusion into its overall funding mechanisms. Starting in 2022, the NHF introduced a dedicated funding envelope to jump-start disability-focused initiatives. Though initial uptake was low – likely owing to limited capacity among potential applicants – lessons learned spurred the fund to expand its outreach in 2023. A re-launched disability envelope, paired with technical support and DWG involvement, improved participation. Moreover, the NHF

systematically “mainstreams” disability by requiring every funded project to demonstrate how it will benefit persons with disabilities. This shift from optional to expected promotes cross-cutting awareness of disability needs among implementing partners. Underpinning these practices is the NHF’s internal guidance note on disability inclusion, which uses input from DWG coordinators and experts in the field. Rather than simply referencing international guidelines, it adopts key principles of inclusivity and translates them into actionable requirements. Projects are tagged in One GMS according to their level of disability inclusion, and they must incorporate at least one disability-specific indicator, for example, counting the number of barriers removed or tracking how many OPDs receive capacity-building support.

Nonetheless, the NHF’s role is not without challenges. The NHF balances a heavy workload of administering allocations and monitoring grants. It generally does not participate in protection sector coordination meetings. Additionally, OPDs struggle to meet due diligence and finance requirements for direct funding. To address capacity gaps, the NHF invests in training sessions, shares technical resources, and allocates small budgets for partners to learn more about disability inclusion. These initiatives gradually raise awareness and strengthen operational standards across the humanitarian community.

4.4 Inter-Sector Coordination Group (ISCG)

The ISCG, led by OCHA and comprising sector coordinators, anchors disability inclusion as a shared responsibility across all humanitarian sectors in north-east Nigeria. By convening regular inter-sectoral meetings, it seeks to identify cross-cutting obstacles – such as inaccessible distribution sites – and prompts collective action to address them. Its role also involves synthesizing sector-specific updates on persons with disabilities, ideally ensuring that any identified gap is swiftly flagged for collaboration among relevant sectors. The ISCG identifies and relays critical disability-specific issues to the HCT, playing an important role in promoting disability-inclusive coordination. Additionally, as mentioned above, the ISCG draws on expert guidance from the DWG – which, although not a formal member, maintains active ties with sector leads and OCHA – so that feedback from OPDs informs decisions on camp layouts, outreach strategies, and other operational aspects. Through these channels, the ISCG weaves an overarching framework that helps sectors integrate inclusive measures into their planning and service delivery.

4.5 Humanitarian Country Team (HCT)

At the apex of the humanitarian coordination structure is the HCT – the body comprising the HC, senior leaders of UN organizations, international and local NGOs, the Red Cross/Red Crescent, and donor representatives. The HCT provides top-level strategic guidance and has been a driving force behind mainstreaming disability inclusion in the overall response. Under the HC’s leadership, the HCT has launched several initiatives and adopted various mechanisms to ensure that the needs and rights of persons with disabilities are integrated in the humanitarian program cycle. One of the HCT’s primary roles is to steer strategic planning for the humanitarian response and in recent years, it has deliberately embedded disability inclusion into these plans. This is evident in the HNO and the HRP (combined as the HNRP since 2024) for Nigeria, where the HCT mandated that the 2025 HNRP explicitly analyze and address the situation of persons with disabilities alongside other

vulnerability factors such as age and gender. Furthermore, each sector must include measurable inclusion indicators to ensure that persons with disabilities are indeed being reached. On the funding side, the HCT uses its influence over the NHF to bolster disability-inclusive action, as seen with the “Breaking Down Barriers” envelope. Policy integration also aligns with global standards, notably the *IASC Guidelines*. In practice, this means promoting the guidelines’ four “must-do” actions and encouraging tools such as the Washington Group Questions to improve disability data. The HCT’s leadership also facilitated the creation of the BAY States’ DWG. Moreover, the HCT promotes progress reporting on disability inclusion by encouraging sectors to provide disaggregated beneficiary data and document accommodations provided to persons with disabilities. Through these strategies, which combine policy, funding, and oversight, the HCT has anchored disability inclusion as a non-negotiable priority in the humanitarian response.

5. Conclusions

Reflecting on the research questions – *How and to what extent have humanitarian organizations integrated disability inclusion in (1) protection-related humanitarian coordination processes; and (2) the NHF-supported protection programming as recommended in the IASC Guidelines? Where do gaps persist?* – the findings indicate uneven progress. Many actors now acknowledge the importance of disability considerations throughout the HPC, including needs assessments, implementation, and monitoring. Despite these strides, efforts vary considerably. Disability-focused INGOs – such as CBM – play a pivotal role, offering specialized expertise and advocating for rights-based principles. Meanwhile, most UN organizations have developed their own guidelines, which are partly based on the *IASC Guidelines*, UNDIS and the Sustainable Development Goals (SDGs). This multiplicity of frameworks can produce a patchwork of good practices rather than a unified standard. While actors such as the DWG, NHF and some protection partners are aware of the *IASC Guidelines*, this awareness does not systematically translate into practice. For example, although the NHF’s guidelines and annual reports do not explicitly reference the *IASC Guidelines*, their disability-inclusive funded projects nonetheless align with the guidelines and their four “must-do” actions. The DWG, on the other hand, aligns its work with both the *IASC Guidelines* and UNDIS.

A particular area of synergy emerges between the DWG and the NHF. The DWG’s technical advice helps shape the NHF’s allocations for disability inclusion initiatives. This coordination has encouraged diverse organizations to incorporate inclusion measures into their proposals, strengthened the visibility of OPDs, and positioned disability as a core consideration in humanitarian programming. Within the protection sector, the current strategy and annual reports have hardly focused on disability issues. Protection sector actors have focused more on strengthening areas such as child protection and gender-based violence. Still, they could do more to reflect the distinct needs of persons with disabilities in strategic documents and practical interventions. Improvements such as clarifying disability-sensitive objectives in strategy papers or investing in dedicated disability-focused training would allow for more coherent, disability-inclusive protection responses that align more fully with the *IASC Guidelines*.

Another observation is that disability inclusion in humanitarian protection continues to be treated by some actors as an “add-on” to existing programming, rather than as a foundational principle. Although donor interest in inclusive initiatives is on the rise, resource allocations do not always translate into measurable operational improvements. Data collection, analysis, and management practices have also evolved to include persons with disabilities, but methodologies are not yet standardized. While protection policies increasingly note disability as a key concern, frontline staff often lack the in-depth training needed to implement comprehensive, context-specific interventions. This shortfall leads to inconsistencies in referral pathways, accessible services, and meaningful participation of persons with disabilities in decision-making. Overall, the trajectory is encouraging. Coordination platforms are gradually embracing a rights-based approach, and collaboration among the government, UN organizations, OPDs, and disability-focused NGOs continues to grow. Although full, systematic alignment with the *IASC Guidelines* remains a work in progress, ongoing

advocacy, strengthened technical expertise, and more robust accountability mechanisms can further embed disability inclusion across all protection-related coordination processes and NHF-supported programs.

Despite clear advancements, several gaps persist at strategic and operational levels. First, although many actors acknowledge the importance of disability inclusion as outlined in the *IASC Guidelines* and its four “must-do” actions, there remains a clear need to translate this awareness into humanitarian action. Second, funding streams for disability-focused initiatives often remain ad hoc or limited. Third, data disaggregation by disability, though improving, is not yet standardized or universally practiced, resulting in incomplete information to guide evidence-based interventions. Fourth, meaningful participation of persons with disabilities – particularly women and girls and persons with psychosocial disabilities – in humanitarian programming often falls short of recommended standards. Finally, coordination mechanisms, although increasingly inclusive, still struggle to maintain consistent momentum, partly due to limited accountability structures and fragmented leadership on disability issues.

Knowledge about disability inclusion within humanitarian contexts has notably expanded in recent years. Key stakeholders – ranging from government agencies to international NGOs – are more aware of the critical importance of disaggregating data by disability type and engaging OPDs in strategic planning. Training programs, policy briefs, and thematic workshops have contributed to a more enlightened humanitarian community, one that increasingly understands the practical dimensions of inclusive practices and the necessity of adopting a rights-based approach. However, there remain uneven levels of expertise across different regions and among various partners. While some frontline staff have undergone robust training on accessibility standards, assistive technologies, and inclusive referral pathways, others still rely on outdated assumptions or lack specialized knowledge. This disparity is partly due to the sporadic and project-based nature of capacity-building initiatives, which often do not benefit from sustained, long-term investments. Additionally, most humanitarian actors grapple with limited technical guidance on disability-specific topics, such as psychosocial support tailored for persons with disabilities or the unique protection needs of women and girls with disabilities. Encouragingly, there is an emerging culture of knowledge-sharing through communities of practice and digital platforms. More humanitarian organizations are seeking specialized guidance from disability-focused NGOs and OPDs, leading to a modest but visible improvement in staff competence. At the same time, awareness of the *IASC Guidelines* and its four “must-do” actions is gradually increasing. While some organizations demonstrate solid understanding and integration of the *IASC Guidelines*, knowledge remains uneven and a work in progress. The positive developments suggest that despite persistent knowledge gaps, the overall trajectory is toward better understanding and a stronger skills base within the sector. Going forward, translating this growing knowledge into coherent practice will depend on formalized learning structures, continuous feedback loops from persons with disabilities, and targeted investments in practical training and mentorship opportunities. Maintaining momentum requires genuine commitment to ongoing learning, underscoring the importance of structured, long-term capacity enhancement strategies.

The discourse surrounding disability inclusion in humanitarian protection has evolved from niche discussions to a more mainstream priority within coordination forums and strategic documents. Whereas disability issues once featured only as footnotes in broad protection strategies, they are now highlighted in key policy dialogues and donor briefings, and in some cases, are integral to sector-level discussions. This shift is not merely rhetorical; many humanitarian actors explicitly reference the *IASC Guidelines* and articulate disability inclusion as a non-negotiable element of principled humanitarian action. Additionally, rights-based framing has increasingly taken root in humanitarian dialogue, partly due to the persistent advocacy of OPDs and disability-focused INGOs. Language reflecting autonomy, agency, and intersectionality has begun to replace older, more deficit-centered frameworks. As a result, persons with disabilities are increasingly viewed not as passive recipients of aid but as key stakeholders and agents in their own protection and well-being. This shift in narrative has had a ripple effect, prompting more open conversations about stigma, discrimination, and the need for accessible complaint mechanisms. Still, the discourse occasionally remains disconnected from practice. While there is momentum at higher strategic levels, local-level dialogues and day-to-day operational briefings sometimes lack the depth and rigor needed to translate ideals into action. Moreover, the narratives around disability inclusion can be overly generalized, glossing over the diversity of disabilities, the local context, and gender-specific vulnerabilities. The growing focus on intersectionality is a welcome development, yet it requires continued reinforcement to ensure that mainstream discussions reflect a holistic understanding of the challenges.

Operational responses to disability inclusion in humanitarian contexts have seen measurable progress but also remain subject to a range of resource and capacity constraints. Many organizations now incorporate persons with disabilities into their beneficiary targeting and ensure physical accessibility in distribution points or service centers, albeit inconsistently across different locations. The presence of accessible latrines, wheelchair ramps, sign language interpreters, and other disability-specific considerations has grown, underscoring a more deliberate approach to inclusive design. Collaboration between different actors has also improved. The protection sector is gradually becoming more intentional about inviting OPDs to planning sessions, and some programs funded by the NHF have specifically allocated budgets for disability-focused initiatives. Joint efforts between UN organizations and specialized NGOs have resulted in tailored guidelines for staff, particularly around inclusive case management, psychosocial support, and safe spaces designed with universal access in mind. However, the response remains uneven. Some humanitarian actors, particularly smaller local organizations with limited budgets, lack the specialized training and material resources needed to sustain inclusive programs. Operationalizing the *IASC Guidelines* remains a work in progress because organizations often follow their own approaches, leading to inconsistencies in how the four “must-do” actions are implemented on the ground. While disability-focused INGOs have taken proactive steps to put these guidelines into practice, there is a clear need for uniform standards and coordinated efforts across all actors to ensure that disability inclusion becomes a consistent, system-wide practice. In addition, there is a gap in monitoring the impact of these inclusion measures, since many organizations do not systematically collect and analyze data that would illustrate whether their interventions effectively reach persons with disabilities. This lack of robust accountability mechanisms and follow-up has sometimes led to well-intentioned but short-lived attempts at inclusion.

6. Recommendations

Disability inclusion in Nigeria's humanitarian crises clearly demands coordinated, context-specific responses rather than a one-size-fits-all approach. The barriers faced by persons with disabilities – and the solutions needed – vary significantly across regions, types of impairment, and demographic factors such as age and gender. This reality underlines the importance of flexible, adaptive strategies that directly involve persons with disabilities and their representative organizations from the earliest stages of program design. Additionally, the recommendations outlined below hold broad relevance for all humanitarian and development actors, reflecting the fundamentally cross-sectoral nature of inclusion work. Whether an organization focuses on protection, WASH, livelihoods, or health, it can adopt or adapt many of the proposed measures, strengthening data collection, promoting accessible infrastructure, investing in OPD capacity, and embedding more robust accountability systems. Ultimately, these actions are most effective when pursued in unison through consistent collaboration among government bodies, UN organizations, local and disability-focused NGOs, donors, and OPDs themselves.

OPDs should/can:

- **Strengthen internal governance:** develop robust governance structures with clear roles, responsibilities, and succession planning to ensure organizational sustainability beyond leadership changes.
- **Diversify leadership representation:** ensure leadership positions include persons with diverse disabilities, particularly those with psychosocial disabilities, and women with disabilities.
- **Build technical capacity:** invest in developing technical expertise in humanitarian principles, protection standards, and proposal writing to position OPDs as credible partners in humanitarian action.
- **Build strategic partnerships:** forge strategic alliances with mainstream humanitarian organizations, government bodies, and donors to amplify advocacy efforts and resource mobilization.
- **Develop sustainable funding strategies:** diversify funding sources by exploring social enterprise models, membership contributions, and multi-year partnerships to reduce dependence on project-based humanitarian funding.

Local NGOs should/can:

- **Institutionalize inclusive policies:** incorporate disability-inclusion principles into organizational strategies, human resource policies, and codes of conduct, signaling a long-term commitment beyond project-specific activities.

- **Strengthen technical know-how:** pursue targeted training on disability inclusion – particularly around accessible program design, disability data, and universal design –so staff can integrate good practices in all interventions.
- **Form coalitions with OPDs:** engage OPDs as equal partners in project design, needs assessments, and monitoring visits. Set aside budget lines specifically for OPD engagement (e.g., travel subsidies and meeting stipends).
- **Integrate inclusion indicators:** adopt relevant disability markers – such as the percentage of beneficiaries with physical, sensory, or psychosocial impairments reached – and report these systematically in donor proposals and sector meetings.
- **Adopt “twin-track” approaches:** combine disability-specific programs (e.g., assistive device provision) with mainstream programming (e.g., livelihoods or child protection) to serve both persons with disabilities and the wider community inclusively.
- **Establish disability focal points:** designate and train specific staff members as disability inclusion focal points with clear terms of reference and adequate resources to fulfil their responsibilities.

Disability-focused INGOs should/can:

- **Develop inclusion toolkits:** design user-friendly guides for mainstream NGOs covering topics such as universal design, accessible communication, and disability data-collection methods. Conduct “training-of-trainers” sessions to multiply impact.
- **Bridge humanitarian and development agendas:** encourage donors and governments to support multi-year programs that combine immediate humanitarian responses with livelihood training, social protection, and inclusive education for sustainability.
- **Be accountable to affected populations:** embed inclusive, community-based feedback mechanisms, from sign-language support to picture-based complaint forms, to ensure persons with diverse disabilities can safely report concerns.
- **Improve visibility:** increase the visibility of disability-inclusive practices. Ensure regular follow-up meetings and briefings to strengthen advocacy, particularly when leadership rotation occurs in UN organizations/agencies.
- **Advocate for disability-focused representation in the ISCG:** sustain efforts to secure a formal role for disability-focused INGOs at the ISCG to ensure more effective advocacy and broader integration of disability-inclusive approaches across all humanitarian coordination processes.
- **Leverage DRG online courses:** utilize DRG online courses as an introductory or refresher tool.

The DWG should/can:

- **Expand strategic influence:** advocate for formal representation in high-level coordination forums such as the ISCG.
- **Develop technical resources:** create sector-specific guidance notes on disability inclusion for each humanitarian sector, translating general principles into practical, contextual applications.
- **Further strengthen OPD engagement:** implement structured mechanisms to ensure meaningful OPD participation in the DWG, including financial support for travel, accessible meeting formats, and capacity building.
- **Build cross-sector partnerships:** establish formal collaboration protocols with other coordination bodies, including the protection sector, GBV sub-sector, and CP AoR.
- **Develop a capacity-building strategy:** create a comprehensive, multi-year plan for strengthening disability inclusion capacity among humanitarian actors at all levels.

The protection sector should/can:

- **Integrate disability analysis:** incorporate comprehensive disability analysis into protection assessments, monitoring frameworks, and situation reports to identify specific risks and barriers.
- **Strengthen OPD participation:** formalize OPDs' role in protection sector coordination, for example through dedicated representation in strategic advisory groups and technical working groups.
- **Enhance staff capacity:** develop and implement a structured capacity-building plan on disability-inclusive protection for all protection sector members and staff following the *IASC Guidelines*.
- **Adapt referral pathways:** review and modify protection referral mechanisms to ensure they are accessible for persons with diverse disabilities, including alternative communication formats and physical accessibility.
- **Improve data disaggregation:** strengthen disability data collection and disaggregation within protection monitoring systems, including adoption of the Washington Group Questions and analysis by disability type.
- **Address intersectional vulnerabilities:** strengthen analysis and programming that addresses the intersection of disability with other vulnerability factors, particularly gender, age, and displacement status.
- **Develop specialized protection strategies:** create targeted protection strategies for groups facing heightened risks, such as women with disabilities, children with disabilities, and those with psychosocial disabilities.

- **Ensure disability inclusion in strategic documents and reports:** systematically integrate disability inclusion across all strategic documents and reports. This includes outlining clear objectives, dedicated strategies, and measurable indicators to address accessibility, specialized support, and targeted outreach for persons with disabilities.

The NHF should/can:

- **Continue funding allocations:** the NHF should increase the dedicated funding envelope for disability-inclusive projects and require disability mainstreaming across all allocations.
- **Strengthen partner capacity:** the NHF should provide structured capacity-building support on disability inclusion for implementing partners, particularly local NGOs with limited prior experience in this area.
- **Support OPD direct access:** the NHF should simplify the application process and offer targeted training for local NGOs and OPDs on proposal development and financial compliance.
- **Enhance its coordination role:** the NHF should leverage its position to strengthen coordination on disability inclusion among implementing partners through learning forums and communities of practice that explicitly apply the *IASC Guidelines*.
- **Publish inclusion outcomes:** in annual reports, highlight how funded projects improved accessibility or participation for persons with disabilities, even if not labeled under the “Breaking Down Barriers” envelope.

UN organizations should/can:

- **Harmonize disability approaches:** align organizational disability inclusion frameworks with the *IASC Guidelines* to create more consistent approaches across UN organizations operating in Nigeria.
- **Designate inclusion focal points:** designate inclusion focal points within each UN organization with clear accountability for the implementation of disability-inclusive programming and make them participate in the DWG.
- **Build staff capacity:** implement comprehensive training programs on disability inclusion for all staff, moving beyond awareness-raising to practical skills development.
- **Enhance procurement policies:** revise procurement guidelines to ensure all goods and services contracted by UN organizations meet accessibility standards and universal design principles.
- **Develop transition strategies:** create clear handover protocols to maintain disability inclusion knowledge and commitments during staff transitions.
- **Improve accessibility standards:** develop and enforce minimum accessibility standards for all UN-managed facilities, services, and communication materials.

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