



Inclusive Futures

Promoting disability inclusion



Mainstreaming disability inclusion in the SRHR sector

Lessons from the IFPLAN-Lafiya
collaborations in Kaduna, Nigeria

IFPLAN + Lafiya: the power of working together

The Inclusive Family Planning Project (IFPLAN) is funded by Inclusive Futures, UK aid's flagship disability inclusion initiative. It seeks to contribute to the reduction of unmet needs for family planning (FP) and to increase access to, and the use of, available modern contraceptive methods by both men and women with disabilities. The project is led by Sightsavers in a consortium with BBC Media Action (BBCMA).

Organisations of people with disabilities (OPDs) are represented in the project by the Joint National Association of Persons with Disabilities (JONAPWD) – which is the national umbrella body of people with disabilities in Nigeria – and the Network of Women with Disabilities (NWD), which specifically brings together OPDs that focus on empowering women and girls with disabilities.

The Lafiya Project is a UK-funded health intervention supported by the Foreign, Commonwealth & Development Office (FCDO), which operates in Northern Nigeria – particularly in Kaduna, Yobe, and Jigawa. Its overarching goal is to improve health outcomes and reduce maternal and child mortality by strengthening health systems and promoting healthier behaviours.

All sexual and reproductive health services need to be inclusive and accessible for people with disabilities as part of the global commitment to universal health coverage. Sexual and reproductive health and rights (SRHR) are human rights. They are not only an integral part of the right to health but are also necessary to enjoy many other human rights, including the rights to life, information and freedom from discrimination.

In Nigeria's northern states, such as Kaduna, IFPLAN and Lafiya are collaborating to strengthen and incorporate disability inclusion in the SRHR sector. Their joint efforts aim to strengthen health systems, policies, and community engagement, to help ensure that marginalised groups, especially adolescent girls and women with disabilities, can access family planning, maternal health, and reproductive health services without barriers. Their joint work has been guided by the use of the World Health Organization (WHO) [Global Report on health equity for persons with disabilities](#) as a guiding framework. After three years of collaboration and implementation, between 2022 and 2025, the following section outlines key lessons and insights that can inform similar initiatives operating in the sexual and reproductive health and rights space. It highlights how mainstream programmes can effectively embed disability inclusion when deliberate strategies, resources and partnerships are in place.

The insights that informed the lessons of the IFPLAN-Lafiya project emerged from a series of key informant interviews, conducted with 18 participants sampled from different stakeholders. The participants were drawn from Lafiya and IFPLAN project staff, as well as project staff from Lafiya partners such as the Clinton Health Access Initiative (CHAI), Family Health Advocates in Nigeria Initiative (FHANI), and the United Nations Population Fund (UNFPA). Additionally, participants included OPDs and government officials involved in the project.

Key lessons

Inclusive data plays a crucial role

Effective collaborations in mainstreaming disability inclusion require reliable, disaggregated, and up-to-date data to ensure that people with disabilities are not only visible in programming, but also meaningfully included in the design, implementation and evaluation of health interventions at different levels. The collection and analysis of data disaggregated by disability, gender, age, and location – among other characteristics – helps reveal the specific gaps and barriers experienced by marginalised groups, including people with disabilities, in accessing inclusive and reliable services.

The IFPLAN-Lafiya collaboration revealed that evidence, informed by disaggregated disability data at the state level, is critical for targeted, context-specific inclusion strategies. Furthermore, robust data supports a strong case for advocacy targeting SRHR policies in healthcare management. By capacity building the inclusive data and supporting the state or federal government officials to generate credible evidence on the barriers faced and the effectiveness of inclusive programming, similar collaborations can engage policymakers - using real-time data to influence budget decisions and advocate for inclusive policies and standards in health systems.

To strengthen this component of the project, the IFPLAN-Lafiya collaboration supported the Kaduna State Ministry of Health in implementing the national Health Management Information System (HMIS) policy to ensure an all-inclusive data system in the state. Furthermore, IFPLAN and Lafiya have advanced disability-inclusive data systems in Kaduna State by influencing the integration of disability data elements into the District Health Information System (DHIS) and the Health Management Information System (HMIS).

Need for dedicated budget lines for inclusion

The collaborating partners need dedicated budget lines to mainstream the inclusion of people with disabilities in SRHR and health programming, supporting a dual approach that includes financing inclusion and influencing planning. These resources are required to strengthen disability-inclusive data systems, conduct community outreach, provide reasonable accommodation and adapt infrastructure to ensure physical accessibility – among many other essential interventions.

Without a specific allocation, disability inclusion remains an unfunded mandate, often sidelined in the face of competing priorities at the state and federal levels. The financial inclusion mandate of collaborating partners should also include supporting the state and federal government to ensure inclusive budgetary planning. To facilitate this, the IFPLAN-Lafiya collaboration sensitised key actors - such as health officials, budget officers and programme planners at the Kaduna state level - on disability rights and inclusive development through advocacy and other formal engagement methods. By doing so, these actors were encouraged to actively integrate disability-responsive actions into their annual work plans and allocate dedicated budget lines.

Disability inclusion is a cross-cutting or mainstream issue, and without specific, ring-fenced resources, the realisation of its goals is more challenging. Furthermore, the lack of explicit budget lines reinforces systemic exclusion and limits accountability. It undermines the rights-based principles enshrined in national and international frameworks, such as the UN Convention on the Rights of Persons with Disabilities (CRPD).

Invest in inclusive financing models

The collaborating partners should, through joint advocacy, strategically support the government and its partners in developing bold, visionary and ambitious financing models that are anchored on disability inclusion in SRHR and the broader health sector. People with disabilities who belong to lower socio-economic groups face disproportionate financial barriers in accessing SRHR services that affect their ability to access quality healthcare services. Establishing inclusive financing for disability-inclusive SRHR for this group of people is not merely a social responsibility, it is a strategic investment in health equity, gender equality, and national development.

As a result of the collaboration with the Kaduna state government, the IFPLAN-Lafiya collaboration secured a three-year, £15.8 million plan to advance sexual and reproductive health rights for people with disabilities. The plan targets 800,000 women and girls with disabilities and, notably, Kaduna State has verbally committed to funding 40 per cent of it. UN agencies and international non-governmental organisations (NGOs) expressed interest in financing the remainder of the plan.

Another achievement resulting from the IFPLA-Lafiya collaborations was that the Kaduna state government unveiled a 33 billion Naira three-year implementation plan to improve sexual and reproductive health rights services for people with disabilities, with the partners providing technical advice on SRHR and disability inclusion. Furthermore, IFPLAN and Lafiya supported CHAI and the Kaduna State Contributory Health Authority (KADCHMA) with factoring their interventions into the healthcare financing scheme programme for pregnant women and children under the age of five. CHAI is supporting the state government with enrolling 10,000 vulnerable women who are pregnant, as well as vulnerable children under the age of five, women and girls with disabilities of reproductive age, and children with disabilities, into KADCHMA.

Strengthen and integrate inclusion into state policy frameworks

Advocate for disability-specific reforms by targeting specific health policies at the state and federal levels to ensure alignment with international standards, such as the UN Convention on the Rights of Persons with Disabilities (CRPD). Part of mainstreaming efforts should include the inclusion of disability-specific indicators in state and national health strategies. Address gaps, such as the lack of disability-disaggregated data, through policy mandates and funding.

Involve people with disabilities and their representative organisations from the outset in policy development, review, and adoption processes, to ensure policies are grounded in lived realities. For example, IFPLAN-Lafiya, working with OPDs, participated in the validation of the Kaduna State Contributory Health Management Authority's ten-year Strategic Development Plan, HRH Policy, Reform and Sustainability Documents, the Kaduna State Food-Based Dietary Guideline, and the Drug Revolving Fund, among other policy initiatives. Additionally, the collaboration successfully influenced the Kaduna State Strategic Health Development Plan II (SSHDP II) by submitting key WHO-aligned recommendations on health equity for people with disabilities, ensuring that disability inclusion remains a core priority in the state's health planning.

Multi-stakeholder alignments and collaborations

Two projects alone cannot meet the diverse and extensive needs of people with disabilities around SRHR programming. Ultimately, the IFPLAN-Lafiya also drew in additional partners - such as Clinton Health Access Initiative (CHAI), Family Health Advocates in Nigeria Initiative (FHANI), and United Nations Population Fund (UNFPA), as well as actors from the state primary healthcare board (SPHCB). It also involved various OPDs, including the national umbrella federation, JONAPWD, and other OPDs working on relevant themes - such as Network of Women with Disabilities (NWD) and Advocacy for Women with Disabilities Initiative (AWWDI).

These additional collaborations underscored the importance of strong coordination frameworks and multi-stakeholder cooperation. The IFPLAN-Lafiya collaboration served as a model for aligning goals and leveraging resources without duplicating efforts across various actors and partners, promoting synergy rather than parallelism. In collaboration with UNFPA and FHANI, they led discussions on addressing gaps in child spacing commodity availability and advocating for inclusive, affordable and quality SRHR services.

Institutional anchoring and ownership

It is recommended to identify focal points, from existing departments, a state-level institutional department to oversee and coordinate disability inclusion in health programming - including in SRHR, with clear mandates and responsibilities. The mandate for the focal points should include, among others, promoting OPD leadership in policy monitoring and advocacy, with technical and financial support.

The IFPLAN-Lafiya collaboration ensured that OPDs were represented at the State Primary Health Care Board (SPHCB) in Kaduna and also in various other decision-making committees - and empowered to take leadership roles in advocating for disability inclusion. The subsequent involvement of OPDs in the board's processes - such as system audits, inter-departmental commitments, and community engagements - helped to strengthen the inclusiveness and accessibility of the health interventions at the state level. People with disabilities now serve as champions within their Local Government Areas (LGAs), influencing local health governance structures such as Ward Development Committees (WDCs).

Furthermore, the collaboration supported the creation and institutionalisation of staff focused on disability inclusion within government agencies, including the Ministry of Health. To enhance their capacity and improve the sustainability of the intervention, the IFPLAN-Lafiya collaboration facilitated capacity building for OPDs on policy gap analysis, policy development processes, healthcare financing, and scorecard development for advocacy – all aimed at strengthening disability inclusion in health systems and improving universal health coverage (UHC).

Advocating for inclusive health financing

One key lesson from the IFPLAN-Lafiya collaboration is the importance of strategic advocacy in influencing inclusive health financing schemes, primarily to support people with disabilities who are more likely to come from lower socio-economic backgrounds. A notable example was during the Kaduna Contributory Health Management Authority (KADCHMA) and CHAI planning meeting on the enrolment of vulnerable populations into the Kaduna State Contributory Health Scheme. While CHAI and KADCHMA were initially focused on enrolling 10,000 pregnant women and children under five, IFPLAN successfully advocated for the inclusion of women and girls with disabilities of reproductive age, as well as children with disabilities, within the target group.

As a result of this advocacy, the planning committee agreed to specific inclusion measures. These included modifying the enrolment tools to capture disability data and committing to the deliberate identification and enrolment of people with disabilities. Additionally, the committee accepted the nomination of the chairman of JONAPWD as a member of the enrolment oversight team, ensuring representation and accountability throughout the process.

Leverage on expertise to build practical models for collaboration

It is important to understand and leverage projects like IFPLAN and Lafiya to build practical, outcome-driven collaboration models that integrate inclusive approaches into state health planning and service delivery. The link to the State Ministry of Health is also critical for sustainability. Lafiya-IFPLAN collaboration offers a compelling example of how cross-organisational collaboration can drive inclusive and sustainable health outcomes, particularly in the area of SRHR. This model demonstrates the value of bringing together technical expertise, implementation capacity, and funding support, to address the complex barriers faced by people with disabilities, especially women and girls, in accessing quality health services.

At the core of this collaboration is the leveraging of complementary strengths. On the one hand, Lafiya contributed its strong foundation in health systems strengthening and policy advocacy; on the other hand, IFPLAN contributed through specific disability inclusive expertise. At the centre of this collaboration was the meaningful engagement of OPDs to ensure people with disabilities, and especially women and girls with disabilities, are equitably included in the SRHR and broader health sector. While this collaborative model has faced its challenges and setbacks, it is highly adaptable. It demonstrates that disability inclusion is not a siloed activity but, rather, a shared responsibility that requires structured partnerships, joint planning, and mutual accountability.

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