



Disability Inclusion in Nigeria

A Rapid Assessment



WORLD BANK GROUP

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Abbreviations

BMZ	Federal Ministry for Economic Cooperation and Development (Germany)	INEC	Independent National Electoral Commission
CBR	community-based rehabilitation	JONAPWD	Joint National Association of Persons with Disabilities
COCIN	Church of Christ in Nations	LASODA	Lagos State Office for Disability Affairs
COPE	Care of the People	MDA	ministries, departments, and agencies
CSO	civil society organization	NAPID	National Association of Persons with Intellectual Disabilities
DFID	Department for International Development (United Kingdom)	NDHS Survey	Nigeria Demographic and Health Survey
ECWA	Evangelical Church Winning All	NGO	nongovernmental organization
ESSPIN	Education Sector Support Programme in Nigeria	OHCSF	Office of the Head of Civil Service of the Federation
FMWASD	Federal Ministry of Women Affairs and Social Development	OSHE	occupational safety, health, and environment
FMPWH	Federal Ministry of Power, Works and Housing	PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination Act
GHS	General Household Survey	PERL	Partnership to Engage, Reform and Learn
HANDS	Health and Development Support Programme	UK	United Kingdom
IDEA	International Association for Integration, Dignity and Economic Advancement	UNICEF	United Nations Children's Fund
		USAID	United States Agency for International Development

Currency

₦ = Nigeria Naira



Executive Summary

Background

According to the World Health Organization, in 2018, about 29 million of the 195 million people who comprise Nigeria's national population were living with a disability. Data from the 2018 Nigeria Demographic and Health Survey reveal that an estimated 7 percent of household members above the age of five (as well as 9 percent of those 60 or older) have some level of difficulty in at least one functional domain—seeing, hearing, communication, cognition, walking, or self-care; and 1 percent either have a lot of difficulty or cannot function at all in at least one domain (see figure 1). These estimated rates, while significant, are probably even higher because currently available data likely underestimate the prevalence.

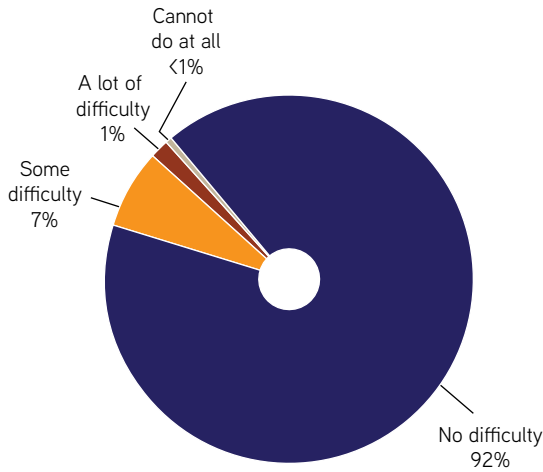
The prevalence rate of disabilities is expected to increase due to the impact of aging, war, conflict, natural disasters, and forced displacement, among other factors. As a group, persons with disabilities are more likely to experience adverse socioeconomic outcomes

and face higher rates of multidimensional poverty than the general population. They encounter attitudinal and environmental barriers that hinder their full, equal, and effective participation in society. Their lower rates of economic and labor market participation impose a greater welfare burden on governments and highlights the costs of exclusion, which range from about 3 to 7 percent of gross domestic product (Buckup 2009).

Disability-inclusive development directly responds to the World Bank's twin goals of ending extreme poverty and promoting shared prosperity; it is also directly linked to the Human Capital Agenda.¹ The global development and poverty reduction agenda will not be effective unless it addresses the socioeconomic inequality of persons with disabilities and ensures their participation in all stages of development programs.

1. Human capital consists of the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realize their potential as productive members of society. Investing in people through nutrition, health care, quality education, jobs and skills helps develop human capital, and this is key to ending extreme poverty and creating more inclusive societies. The Human Capital Agenda pursued by the Bank is helping to create the political space for national leaders to prioritize transformational investments in health, education, and social protection through country and regional engagements, for example in South Saharan Africa.

Figure 1. Prevalence of Functional Difficulties in Nigeria in at Least One Domain



Source: NPC and ICF 2019: 458 based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Note: Functional domains are seeing, hearing, communication, cognition, walking, and self-care.

Nigeria recently signed the national-level Discrimination of Persons with Disabilities (Prohibition) Act 2018—a major disability inclusion milestone indicative of the Nigerian government’s increasing prioritization of disability mainstreaming. Prior to the signing, a few Nigerian states had enacted similar laws, which are currently being implemented to varying degrees. There is no existing documentation of progress made to date or of lessons learned from the implementation of these laws, which could otherwise be drawn on for the implementation of the national law.

Doing nothing to address the challenges faced by persons with disabilities in Nigeria will have consequences for individuals as well as for the country as a whole, which bears the greatest burden. Given the vicious cycle of disability and poverty, excluding persons with disabilities from accessing basic services would impact the country’s economy enormously.

The Nigerian government has expressed a strong interest in working with the World Bank to strengthen programs and services for persons with disabilities. The Bank’s Social Development Global Practice, in collaboration with the Nigeria Country Team, undertook a rapid social assessment to better understand the challenges around disability inclusion across the various types of disabilities and to identify drivers and opportunities for inclusion that could be leveraged in a development context.

Methodology

This study included a desk review of published and grey literature, a mapping of services, and an online questionnaire-based assessment to document the barriers faced by persons with disabilities; the prevalence of disabilities; available disability-related services, programs, and funding; existing legal frameworks and policies; and the capacity of actors for disability inclusion. Findings from the literature review also guided the May 2019 collection of qualitative data from government officials, organizations of persons with disabilities, disability-focused organizations, and individuals with disabilities, using key informant interviews and focus group discussions. Persons with disabilities shared their experiences of attitudinal and structural barriers to accessing education, health services, employment, information and communications, transportation, assistive devices and technology, and social protection.

Findings

Summarized below are the study’s findings regarding the prevalence of disabilities, stigma and discrimination, education, health, community-based rehabilitation, assistive devices and technology, employment and social protection, public information and

communications, electoral and political processes, public transportation, legal frameworks, and the institutional landscape.

Availability of Data

Disability-related data are sparse in Nigeria. Data collection challenges include the government's low prioritization of collecting disability-disaggregated data and the lack of expertise in the collection process. Utilizing a disability/impairment approach known to yield low results (NPC 2009), the 2006 Nigerian population census reported a disability prevalence rate of 2.3 percent. In 2011, a national baseline survey conducted by the Federal Ministry of Women Affairs and Social Development² documented a similar rate: 3.2 percent (FMWASD 2011).

Nigeria's General Household Survey Panel 2010–11 also documents a 2 percent disability prevalence rate (Leonard Cheshire 2018). The panel used the Washington Group on Disability Statistics "Short Set,"³ a set of questions based on the framework of the World Health Organization's International Classification of Functioning, Disability, and Health and commonly referred to as the Washington Questions. The low rates may be connected to unreported alterations to survey instruments, such as screener or introductory statements, cultural barriers around mentioning functional difficulties, and differences in the training of interviewers (Leonard Cheshire 2018). The 2012–13 edition of the same survey has not yet been analyzed with a disability lens, and the survey's third wave (2015–16) only collected data on vision difficulties.

2. In August 2019, the Federal Ministry of Women Affairs and Social Development was split to Federal Ministry of Women Affairs and Social Development was moved to a newly created Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development.

3. The Washington Group "Short Set" includes questions that are designed to identify persons with disabilities in a census or survey format, for example, if they have difficulty performing basic universal activities such as walking, seeing, hearing, cognition, self-care, and communication. See <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>.

In 2018, for the first time, the Nigeria Demographic and Health Survey included questions in its disability module that were based on the Washington Group's Short Set. The survey's estimated disability prevalence rate of around 8 percent is still significantly lower than the World Health Organization's 2011 estimate of around 15 percent of the global population (WHO and World Bank 2011).

Stigma and Discrimination

Persons with disabilities in Nigeria face stigma and discrimination in the form of negative attitudes among family and community members, name-calling, and wrong beliefs about the causes of disabilities, which results in low self-esteem, depression, and isolation.

Cultural beliefs around gender roles that favor males magnify the challenges of women and girls with disabilities, who may not meet the norms in terms of beauty or of being a wife and mother, compounded by the myth that women with disabilities will give birth to children who also have disabilities.

Education

Education is inaccessible to persons with disabilities due to the lack of adapted learning materials, inadequately trained teachers, school shortages, a physically inaccessible school environment, and inaccessible communication. Inclusive education is typically thought to aid social inclusion, but participants expressed reservations about learning outcomes and the full participation of children with disabilities when school environments, teaching staff, and supports cannot adequately meet the needs of students with diverse disabilities, such as by ensuring sign language immersion. Hearing impaired participants were particularly concerned about the development of sign language as their mother tongue, and participants with visual disabilities

expressed concerns over the availability and use of braille documents, particularly at the primary level.

Health

There is dearth of research into the accessibility of health facilities across the country. One study reported that 71 percent of respondents with disabilities in the states of Kogi and Niger were unable to access needed health services (Smith 2011). Study participants with disabilities reported inadequate access to health services characterized by negative attitudes among health workers toward persons with disabilities, ignorance of health workers regarding disability issues, the prohibitive cost of care, inaccessible information and communications, and inaccessible environments and equipment.

Community-based Rehabilitation

Community-based rehabilitation (CBR) projects are currently limited in Nigeria. Participants were only aware of a few such projects in the states of Zaria and Kaduna. However, previous studies documented successfully implemented CBR projects in Nigeria. The adoption of CBR principles and community development projects can stimulate improvements in living conditions, self-esteem levels, and community acceptance of people affected by leprosy. Key to a robust CBR program are staff training in the principles, adoption of rights-based approach, program ownership, effective collaboration with government, and multisectoral partnerships. However, efforts will not be sustainable if persons with disabilities remain economically dependent on the program and if partnerships remain weak.

Assistive Devices and Technology

Study participants claimed that assistive devices and technology are not readily available, and if available, are unaffordable because they are imported. Nigeria

lacks the expertise needed for the local manufacturing of quality assistive devices and technology. Current attempts are small in scale, obsolete, and often inappropriate for the intended users.

Employment and Social Protection

Attitudinal and physical barriers are among the major challenges that prevent persons with disabilities in Nigeria from obtaining gainful employment. These barriers result in the denial of job opportunities, inappropriate job placement, lower expectations at work, a lack of reasonable accommodations, noninclusive human resource policies, inaccessible workplaces, and denial of leadership roles. Women with disabilities may be even more marginalized due to “beauty” standards required by some employers and because they have fewer opportunities to pursue an education or develop skills. These factors may partly explain Leonard Cheshire’s (2018) finding that there were no Nigerian women with disabilities in managerial positions compared with 0.9 percent of women without disabilities.

Despite the disproportionate impact of poverty on persons with disabilities in Nigeria, social protection schemes do not adequately include them, and there are no tailored interventions to reduce the impact of poverty. The internal bureaucracies of the organizations of persons with disabilities and a lack of accountability among their leadership further negatively impacts access to social protection.

Public Information and Communications

Public information and communications—especially on websites of public organizations and the various ministries, departments, and agencies—are seldom accessible to persons with disabilities in Nigeria, particularly those with cognitive or sensory impairments, including people with albinism. Findings indicate that public

information and communications are not available in accessible formats, such as in sign language, easy-to-read and plain language, audio, and large print. High levels of illiteracy among persons with disabilities and the poor quality of sign language interpretation services further contribute to the inaccessibility problem, along with other factors.

Electoral and Political Processes

Nigeria's electoral and political processes are characterized by inadequate knowledge regarding disability inclusion among Independent National Electoral Commission (INEC) staff; inaccessible election procedures and facilities, and a dearth of opportunities for persons with disabilities to participate in politics or to serve in leadership roles. In addition, the implementation of the INEC's Framework on Access for Persons with Disabilities in the Electoral Process is inadequate.

Public Transportation

Study participants cited multiple barriers to transportation, including inaccessible vehicles and negative attitudes toward persons with disabilities among commercial drivers and co-passengers. Regarding the aviation sector, participants reported discriminatory attitudes among airline and airport staff, driven by an approach that views passengers with disabilities as ill and incapable of caring for themselves while onboard. Participants also reported examples of being denied accessible parking, damaged assistive devices, and fees for assistance services.

Legal Frameworks

The study documents existing legal frameworks and policies that specifically target or at least include persons with disabilities. Eleven states—Plateau, Lagos, Ondo, Jigawa, Anambra, Nasarawa, Ogun, Kano, Bauchi, Kogi and Kwara—have enacted disability laws, each at a different implementation stage. Multiple factors are cited as having facilitated the implementation of the recently passed national-level Discrimination against Persons with Disabilities (Prohibition) Act 2018 (FRN 2019), including political will, the creation of an implementation committee and framework, the establishment of an independent commission, pressure from civil society, the active participation of persons with disabilities, and a strong disability movement.

Institutional Landscape

Nigeria's civil society is weak with regard to disability inclusion. Disability inclusion is also not a priority for government ministries, departments, and agencies in their policies, budget allocations, basic services provision, programs, and infrastructure. The newly established Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, which now has the mandate for disability inclusion, has an immense opportunity to enhance technical capacity on disability know-how/expertise in the ministry to spearhead this agenda. There is a shortage of disability-related service providers, and the few available services are provided by private individuals and organizations, which are often unaffordable and concentrated in large cities. Assistive devices and technology are expensive and not readily available. Capacity development and local production are key to increasing such availability.

Table 1. Key Findings Matrix

Sector	Main Issues and Barriers to Services	Current Programming, Laws, and Policies	Current Institutional Landscape	Gaps in Programming	Good Practices
Education	<ul style="list-style-type: none"> Inadequate opportunities for participation in schools Inadequate learning aids Few teachers trained in sign language or specialized staff and personnel trained in strategies and skills to ensure adequate learning for persons with disabilities Limited career opportunities in areas and sectors that are not considered “disability adequate” Negative attitudes among teachers and peers 	<ul style="list-style-type: none"> Mostly special education programs Inclusive education is an emerging concept Inadequately implemented national policies on special needs education, inclusive education, and albinism 	<ul style="list-style-type: none"> Few (mostly private) inclusive schools available Few nongovernmental organizations working on inclusive education Special education focal points in federal and state ministries, departments, and agencies Unavailable tertiary training in inclusive education Limited funding of inclusive education through USAID, International Agency for the Prevention of Blindness, DFID, and Disability Rights Advocacy Fund Few programs on inclusive education by Sightsavers International for those with visual impairment; Independent Living Programme for Persons with Disabilities (advocacy-related), and Daughters of Charity (for hearing impaired persons); and Brien Holden Vision Institute Production of braille books by Niger Wives Association 	<ul style="list-style-type: none"> Inadequately trained teachers Lack of early detection and intervention Dearth of learning materials and assistive technologies Lack of educational support in tertiary education for students with disabilities 	<ul style="list-style-type: none"> Primary schools that adopt the inclusive education model and well trained staff (e.g., primary school in Jos, Plateau State) Discrimination against Persons with Disabilities (Prohibition) Act
Health	<ul style="list-style-type: none"> Negative attitudes among health workers Health workers’ ignorance of disability (causes and treatment) Prohibitive cost of care Inaccessible environment, equipment, information, and communication 	<ul style="list-style-type: none"> Inclusive health policies are unavailable Health care costs related to disability services are “out of pocket.” New national policy on sexual and reproductive health for persons with disabilities 	<ul style="list-style-type: none"> Health care delivery inaccessible to persons with disabilities No disability focal point in the Federal Ministry of Health Small-scale inclusive health programs by a few nongovernmental organizations: CBM International, Sightsavers International, Disability Rights Advocacy Center, Deaf Women Association of Nigeria/Ipas, Daughters of Charity, HANDS, The Leprosy Mission, German Leprosy and Tuberculosis Relief Association, and Brien Holden Vision Institute Mental health by Gede Foundation and Comprehensive Community Mental Health Programme Donors include BMZ, International Agency for the Prevention of Blindness, CBM International, Australian Aid, Disability Rights Advocacy Fund, and Liliane Foundation 	<ul style="list-style-type: none"> Unavailable early intervention services Lack of disability training for health workers Inadequate budget allocation Lack of inclusive health policies 	<ul style="list-style-type: none"> Comprehensive Community Mental Health Programme in Benue State Discrimination against Persons with Disabilities (Prohibition) Act Good practices among health workers in Akwa Ibom State Policy on the sexual and reproductive health of women and girls with disabilities

(continued)

Table 1. Continued

Sector	Main Issues and Barriers to Services	Current Programming, Laws, and Policies	Current Institutional Landscape	Gaps in Programming	Good Practices
Employment	<ul style="list-style-type: none"> ◆ Employers' negative attitudes ◆ Disabling work environment ◆ Lack of affirmative action ◆ Inappropriate employment ◆ Denial of leadership roles ◆ Discriminatory language in job advertisements 	<ul style="list-style-type: none"> ◆ No clear provision for inclusive employment until the recently passed national disability law 	<ul style="list-style-type: none"> ◆ Livelihood programs seldom target persons with disabilities ◆ Few actors in inclusive livelihood or employment: Sightsavers International, CBM International, Theseabilities Foundation, The Leprosy Mission, Comprehensive Community Mental Health Programme, and Propcom ◆ Donors funding inclusive livelihoods: DFID, BMZ, European Union, and TY Danjuma Foundation ◆ Office of the Head of Civil Service of the Federation has a disability desk but the Ministry of Labour and Employment does not 	<ul style="list-style-type: none"> ◆ Lack of inclusive human resource policies ◆ Lack of advocacy for inclusive employment ◆ Failure to implement inclusive employment pronouncement 	<ul style="list-style-type: none"> ◆ Plateau State employment provision in its disability law ◆ Discrimination against Persons with Disabilities (Prohibition) Act ◆ Special quota of 1 percent for persons with disabilities of any organization that has up to 100 persons in the Lagos State Special People's Law 2011
Social protection	<ul style="list-style-type: none"> ◆ Lack of access to social security schemes ◆ Office of the Head of Civil Service of the Federation bureaucracy ◆ Unaccountable leaders 	<ul style="list-style-type: none"> ◆ The National Social Protection Policy makes provisions for disability inclusion 	<ul style="list-style-type: none"> ◆ Actors with inclusive social protection programs: The Leprosy Mission, CBM International, Comprehensive Community Mental Health Programme, and Save the Children International ◆ Donors in this sector: DFID, European Union, and BMZ ◆ Lack of coordination between departments in FMWASD 	<ul style="list-style-type: none"> ◆ Eligibility requirements are discriminatory ◆ Recognition level of the relationship between poverty and disability is low. ◆ Disability is not a cross-cutting factor in the National Social Protection Policy ◆ Failure to implement the policy ◆ Low level of implementation monitoring of the of schemes 	<ul style="list-style-type: none"> ◆ Lagos State disability grants ◆ Social security schemes implemented through the Plateau State Disability Rights ◆ Discrimination against Persons with Disabilities (Prohibition) Act
Community-based services, assistive devices, and technology	<ul style="list-style-type: none"> ◆ Unaffordable assistive devices and technology ◆ Dearth of available quality assistive devices ◆ Inadequate therapists and community-based rehabilitation services 	<ul style="list-style-type: none"> ◆ The previous rehabilitation policy was vague and poorly implemented ◆ National policy on disability is at the draft stage 	<ul style="list-style-type: none"> ◆ Assistive devices in short supply ◆ Mostly run by private companies and charities ◆ Few community-based rehabilitation programs ◆ FMWASD is in charge but not doing enough ◆ Not a focus of key donors 	<ul style="list-style-type: none"> ◆ Inadequate expertise and manufacturing centers for assistive devices and technology ◆ Low knowledge levels on the principles and practice of community-based rehabilitation ◆ Lack of sustainability plan for the design of community-based rehabilitation programs ◆ Low level of government commitment 	<ul style="list-style-type: none"> ◆ Vocational rehabilitation program in Oyo State ◆ Community-based rehabilitation and vocational training experiences in Kaduna, Zaria State ◆ Assistive devices and support provided by organizations such as the Leprosy Mission International, German Leprosy Relief Agency, and Damien Foundation

(continued)

Table 1. Continued

Sector	Main Issues and Barriers to Services	Current Programming, Laws, and Policies	Current Institutional Landscape	Gaps in Programming	Good Practices
Electoral and political processes	<ul style="list-style-type: none"> ◆ Low knowledge of disability inclusion among staff at the Independent National Electoral Commission (INEC) ◆ Inaccessible electoral procedures and facilities ◆ Lack of opportunities for political and leadership participation ◆ Physical inaccessibility of voting environment ◆ Situations of more vulnerability in case of electoral violence 	<ul style="list-style-type: none"> ◆ INEC’s Framework on Access for Persons with Disabilities in the Electoral Process 	<ul style="list-style-type: none"> ◆ INEC has a disability desk ◆ Actors in inclusive governance and electoral participation: Inclusive Friends Association, Centre for Citizens with Disabilities, The Albino Foundation, and ActionAid International ◆ Donors: DFID, USAID, European Union, Ford Foundation, and the Netherlands Embassy 	<ul style="list-style-type: none"> ◆ Low capacity of INEC for inclusive electoral process ◆ Lack of political will to facilitate active participation and leadership of persons with disabilities in politics ◆ Poor implementation of the INEC’s Framework on Access for Persons with Disabilities in the Electoral Process 	<ul style="list-style-type: none"> ◆ Framework on Access for Persons with Disabilities in the Electoral Process developed by INEC ◆ A paper ballot designed in braille for the 2019 elections
Public transportation	<ul style="list-style-type: none"> ◆ Inaccessible vehicles ◆ Negative attitudes among drivers and passengers ◆ Discriminatory attitudes among staff of airlines and airports ◆ Risky and inappropriate boarding procedures 	<ul style="list-style-type: none"> ◆ Lack of inclusive transportation policy ◆ Recently passed disability law includes provisions for inclusive public transportation 	<ul style="list-style-type: none"> ◆ No disability desk in the Ministry of Transport ◆ Dearth of programs targeted at addressing inclusive transportation 	<ul style="list-style-type: none"> ◆ Low awareness level of transportation rights and needs of persons with disabilities among relevant stakeholders ◆ Lack of facilities for safe, convenient, and dignifying boarding 	<ul style="list-style-type: none"> ◆ Lagos Metropolitan Area Transport Authority (LAMATA) has put in place the following disability inclusive measures for its bus rapid transport: priority queue; priority ticket purchase; priority seating; wheelchair space; accessible buses; level boarding; and accessible infrastructure, e.g., ramps and disabled-friendly crossings
Public information and communications	<ul style="list-style-type: none"> ◆ Inaccessible public information and communications ◆ High level of illiteracy among persons with disabilities ◆ Poor quality sign language interpretation services 	<ul style="list-style-type: none"> ◆ No policy on accessible information and communications ◆ There are provisions on accessibility of public information and communications in the new national disability law 	<ul style="list-style-type: none"> ◆ No disability desk in the Ministry of Information ◆ Organizations and the media do not prioritize accessible public information and communications ◆ Awareness programs are usually not provided in accessible formats 	<ul style="list-style-type: none"> ◆ Lack of available assistive technologies for accessible information ◆ Accessible information and communications are low priorities of stakeholders ◆ Lack of capacity for providing accessible information and communications ◆ Lack of regulation of sign language interpretation services 	<ul style="list-style-type: none"> ◆ Sign language interpreters at public events and to ensure adequate dissemination of key information about government-related issues.

BMZ = Federal Ministry for Economic Cooperation and Development; DFID = Department for International Development; FMWASD = Federal Ministry of Women Affairs and Social Development; HANDS = Health and Development Support Programme; INEC = Independent National Electoral Commission; USAID = United States Agency for International Development.

Conclusions

This rapid social assessment was undertaken to document the current socioeconomic status of persons with disabilities in Nigeria. Findings indicate that persons with disabilities lack access to basic services and that attitudinal barriers represent a major impediment to their socioeconomic inclusion. Inclusive policies are either nonexistent, weak, or inadequately implemented. There is an urgent need to improve the current socioeconomic situation of persons with disabilities in Nigeria.

Recommendations

- ♦ Target households; communities, including religious, traditional, and opinion leaders; schools; the media; and the general population with measures to reduce the stigma associated with disabilities and persons with disabilities, which is based on misconceptions and negative attitudes.
- ♦ Tailor needed capacity development to improve the current disability inclusion principles and practices in various sectors of the economy to relevant stakeholders, such as government officials at the policy- and decision-making levels (duty bearers), service

providers, development and humanitarian actors, persons with disabilities, parents and caregivers, and organizations of persons with disabilities.

- ♦ Support the generation of disability-related data, which is urgently needed to inform the planning and funding of disability-inclusive programs and services in Nigeria.
- ♦ All levels of government as well as development partners should allocate adequate budgets or increase budget allocations to disability-inclusive policies, programs, and services. They should mandate that their implementation partners and key stakeholders in private and organized sectors do the same.
- ♦ Establish national and state platforms to coordinate a disability-inclusive response, which is critical to creating a synergy among stakeholders, including persons with disabilities.
- ♦ Invest in the local manufacturing of assistive devices and other technology and the development of the needed expertise to produce and use such resources.



1. Background

About 29 million Nigerians have a disability, representing 15 percent of the estimated national population of 195 million in 2018.¹ This number is expected to increase as the prevalence of disabilities is affected by aging, war and conflict, natural disasters, and forced displacement, among other factors. Persons with disabilities are more likely to experience adverse socioeconomic outcomes and face higher rates of multidimensional poverty than the general population. They encounter attitudinal and environmental barriers that hinder their full, equal, and effective participation in society. Their lower rates of economic and labor market participation impose a higher welfare burden on governments, highlighting the costs of exclusion, which range from about 3 to 7 percent of gross domestic product (Buckup 2009).

Disability-inclusive development directly responds to the World Bank's twin goals of ending extreme poverty and promoting shared prosperity, and it is directly linked to

the Human Capital Agenda. The global development and poverty reduction agenda will not be effective unless it addresses the socioeconomic inequality of persons with disabilities and ensures their participation in all stages of development programs.

The disability-inclusive 2030 Agenda for Sustainable Development highlights the need to empower persons with disabilities. The Habitat III New Urban Agenda and the Sendai Framework for Disaster Risk Reduction for 2015–30 also explicitly include disability concerns. The right of a person with a disability to fully and effectively participate and be equally included in society is laid out in the United Nations Convention on the Rights of Persons with Disabilities,² which is close to universal ratification and which Nigeria ratified in 2010.

The World Bank recently launched the Disability Inclusion and Accountability Framework³ on disability-in-

1. Author's calculations based on 2011 World Health Organization disability data: https://www.who.int/disabilities/world_report/2011/report/en/.

2. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.

3. <http://documents.worldbank.org/curated/en/437451528442789278/Disability-inclusion-and-accountability-framework>.

clusive development, which showcases the institution's strong commitment to leaving no one behind. The main objective of the framework is to mainstream disability issues in World Bank activities. In addition, on July 24, 2018, the World Bank's chief executive officer announced 10 commitments—many with specific target dates—to accelerate global action toward disability-inclusive development in key areas such as education, digital development, data collection, gender, postdisaster reconstruction, transportation, private sector investments, and social protection.⁴ Many of the commitments have a specific target date.

The Nigerian government has expressed a strong interest in working with the World Bank to strengthen programs and services for persons with disabilities. The Bank's Social Development Global Practice, in collaboration with the Nigeria Country Management Unit, undertook a rapid social assessment to better understand the challenges around disability inclusion across the various disability clusters and to identify drivers and opportunities for inclusion that can be leveraged in the development context. The results of this study will form the basis of a series of consultations and shape the design of potential development interventions.

4. See <https://www.worldbank.org/en/topic/socialdevelopment/brief/world-bank-group-commitments-on-disability-inclusion-development>.

Objective

The objective of the study is to conduct a rapid social assessment of the status of persons with disabilities, as well as the barriers and facilitators to their socioeconomic inclusion in Nigeria.

Research Questions

The following research questions guided the collection of data:

- ◆ What legal frameworks, policies, strategies, plans, and data are in place to promote or uphold disability inclusion in Nigeria?
- ◆ What kinds of barriers do persons with disabilities encounter when trying to access basic services, such as education, health, livelihoods, employment, and transportation?
- ◆ What facilitating factors exist or could be put in place to improve the lived experiences of persons with disabilities in Nigeria?
- ◆ What and where are the available disability-related services in the country?



2. Statement of the Problem and Justification for the Study

Stigma and discrimination against persons with disabilities are rife in Nigeria, and evidence suggests that basic services continue to be inaccessible to persons with disabilities. However, the magnitude of such problems has not been comprehensively documented, especially from the perspective of a person with a disability. Little is understood of the structural and institutional factors influencing the socioeconomic status of persons with disabilities in the country.

Nigeria recently signed the national-level Discrimination of Persons with Disabilities (Prohibition) Act 2018—a major disability inclusion milestone indicative of the Nigerian government’s increasing prioritization of disability mainstreaming. Prior to the signing, a few Nigerian states had enacted similar laws, which are currently being implemented to varying degrees. No documentation currently exists of progress made to date or of lessons learned through the implementation of these laws, which could otherwise be drawn on for the implementation of the national law.

Doing nothing to address the challenges faced by Nigeria’s community of persons with disabilities will not only affect individuals with disabilities as well as their households but will also have consequences for the larger society and for country as a whole, which bears the burden of disability. Given the vicious cycle of disability and poverty, excluding persons with disabilities from accessing basic services will have a huge impact on the country’s economy.

This study therefore aims to provide deeper contextual understanding of the barriers that persons with disabilities in Nigeria encounter. It analyses the state of the various institutions that are relevant to disability inclusion and to the implementation of legal frameworks as well as policies to protect and promote the rights of persons with disabilities. Such assessments are not currently available in Nigeria.



3. Methodology

This section presents the methodology utilized toward achieving the study's main objectives.

Study Design

This is a mixed-method study that uses both quantitative and qualitative data collection methods. The quantitative component includes an online questionnaire-based rapid assessment of disability-inclusive programming among civil society in addition to a mapping of disability-related services. The qualitative component comprises a desk review, key informant interviews, and focus group discussions with government officials, leaders of organizations of persons with disabilities, disability-focused organizations, academics, and persons with disabilities. In all, about 60 people participated in key informant interviews and focus group discussions, including 45 persons with disabilities or their caretakers. The study also included five individual consultations with persons with disabilities.

Sampling and Data Collection

The study includes one-on-one interviews with key informants in the cities of Oyo, Ibadan, Lagos, Jos, and Abuja. Participants living outside of these cities were interviewed by telephone. Focus group discussions were held in Lagos and Jos. The key informant interviews and focus group discussions were held May 6–24, 2019. The data collection tools and procedures utilized for the study are detailed below.

Desk Review

This study reviews the available literature to document the prevalence of, societal attitudes toward, and stigma regarding disabilities in Nigeria. It identifies barriers encountered by persons with disabilities when accessing basic services, particularly education, health, skills development, vocational training, labor market, digital technology, and social protection. It reviews existing legislation and policies that include persons with disabilities and that specifically target them. The findings

of the literature review guided the development of the research tools to better understand the considered topics.

Mapping of Disability-related Services

The study reviewed the available literature—published and unpublished—and canvassed individuals to map public, private, and nongovernmental organization (NGO) sector entities that offer specific services to persons with disabilities, including rehabilitation services, clinical or surgical interventions, and the provision of assistive devices and technologies.

Rapid Assessment Survey

This study utilized an online rapid assessment survey to collect data from development partners and the civil society to explore the degree to which their programming, products, and services are addressing the needs of persons with disabilities, as well as to identify the disability-inclusion-related challenges, opportunities, and support needed.

The survey was shared with potential study participants through existing networks, such as the Nigeria International NGO platform; by email; and through social media (Facebook), also encouraging potential participants to share the link to the online survey with their own networks.

The survey, which takes about 20 minutes to complete, was available for four weeks between April 29 and May 24, 2019. About 50 responses were submitted, including seven duplicates, which were deleted, for a total of 43 responses.

Guides for Key Informant Interviews

The study developed guides for the collection of data from federal- and state-level government officials, organizations of persons with disabilities, disability-focused organizations, and academics during the key informant interviews. They are described in turn below.

Federal-level Government Officials

The guide for the interviews with federal-level government officials was developed to explore the government's provisions, plans, and strategies to protect and promote the welfare of persons with disabilities, including their access to basic services. The following ministries, departments, and agents (MDAs) were targeted:

- ♦ Federal Ministry of Education (Special Education Branch);
- ♦ Federal Ministry of Health (Hospital Services Department);
- ♦ Federal Ministry of Women Affairs and Social Development (Rehabilitation Department);
- ♦ Federal Ministry of Labour and Employment;
- ♦ Federal Ministry of Power, Works and Housing (Urban Housing Development Department); and
- ♦ Federal Ministry of Science and Technology.

Each ministry received a letter inviting its participation in the study. The letter included information about the study and a consent form to participate in it. Other than the Federal Ministry of Labour and Employment, whose minister was out of the office when the letter arrived, all of the ministries agreed to participate and supplied contact information for interview participants, along with relevant dates, times, and venues. In lieu of the Federal Ministry of Labour and Employment,

the study engaged the Office of the Head of Civil Services of the Federation due to their availability for the interview and the office's relevance to employment issues. The study conducted a total of six key informant interviews with federal government officials (four men and two women).

State-level Government Officials

Another key informant guide was developed to cover state-level government officials in Plateau and Lagos. The two states were selected because they have an office or commission that is specifically set up for persons with disabilities, socially vulnerable groups, and ongoing government social protection programs. The study targeted relevant officials in the Plateau State Disability Rights Commission and the Lagos State Office for Disability Affairs. The executive chairman of the former granted an interview, but the latter declined.

Organizations of Persons with Disabilities

The Joint National Association of Persons with Disabilities (JONAPWD) is the umbrella organization of organizations of persons with disabilities in Nigeria. Separate key informant interview guides were developed to collect data from key management officials at JONAPWD and cluster representatives to explore their members' experiences when accessing basic services, prevailing barriers, facilitating factors, opportunities, and suggestions on how to improve the situation.

Associations under JONAPWD represent different impairments: visual, physical, and intellectual intellectual disabilities; persons with spinal cord injury; and persons affected by leprosy. JONAPWD is currently composed of the following associations:

- ◆ Nigerian National Association of the Deaf;
- ◆ National Association of the Blind;
- ◆ National Association of the Persons with Physical Disability;
- ◆ International Association for Integration, Dignity and Economic Advancement (IDEA), Nigeria;
- ◆ National Association of Persons with Intellectual Disabilities (NAPID);
- ◆ Spinal Cord Injury Association of Nigeria; and
- ◆ The Albino Foundation (albinism is not yet an officially recognized national-level cluster, but most states do recognize it, including Plateau and Lagos).

No member organization currently officially represents the interest of persons with mental health conditions in Nigeria, although a community-based program in Benue State has been operating the Mental Health Advocacy Initiative for over five years, which comprises mental health service providers and other advocates. The key informant interview guide for the cluster organizations was also utilized to collect data from a member of the initiative who is also a mental health service user.

The study conducted eight key informant interviews, each targeting a different type of impairment, as well as one key informant interview with JONAPWD. The participants comprised leaders from the seven disability cluster organizations, including The Albino Foundation, a leader from the Mental Health Advocacy Initiative in Benue State, and a representative of JONAPWD's board of trustees. Participants were recruited into the study based on information provided by members of cluster organizations and other individuals in the disability community.

Disability-focused Organizations

Another key informant interview guide was developed to explore the barriers to inclusion that persons with disabilities face, the facilitators of disability inclusion, policies and legal frameworks, and recommendations. Two disability-focused organizations were selected for the key informant interviews based on their active participation in disability-inclusive programming and leadership roles in the enactment of the Discrimination against Persons with Disabilities (Prohibition) Act 2018.

Academics

A separate guide was created for the key informant interviews of three academics (two men and one woman) to explore their views on the inclusion of persons with disabilities, including perceived facilitators of inclusion, lessons and good practices, their role in improving the availability of disability data, assistive devices, and technology. The participants were from Federal College of Education (Special), Oyo; University of Ibadan, Ibadan; and University of Jos, Jos. The two male academics are in the special education field; the female academic works in public health but has a background in special education. There is a dearth of academics working on disability issues in Nigeria. The sampling was purposive in nature, based on existing networks.

Focus Group Discussions Guide

A focus group discussion guide was developed to explore the lived experiences of men and women with disabilities, including stigma and discrimination, access to livelihoods and other basic services, and availability of disability-related services and programs. Seven to 11 men and women with disabilities, including caregivers, participated in focus group discussions in Plateau and Lagos. Participants were selected in collaboration

with local organizations of persons with disabilities from both states to reflect the key cluster groups, except mental health conditions. Separate discussions were held for male and female participants in both states.

All of the key informant interviews and focus group discussions were recorded with the permission of the participants. A notetaker also took notes during every session, each of which was one to three hours in length. The quotations in this report are taken verbatim from the focus group discussions and key informant interviews.

A telephone conversation conducted with a leader of Jigawa State's disability community served to document the implementation of the disability law there—no commission or dedicated office for the implementation of the law exists there. A disability activist in Ondo State—which has a disability law with an established office—the Agency for the Welfare of Persons with Disabilities—was also interviewed. However, the agency's executive secretary was not keen to grant an interview. The study did conduct a personal interview with a visually impaired male teacher at the Federal College of Education (Special), Oyo, after following his Facebook posts regarding the plight of visually impaired students trying to write their examinations in Nigeria's tertiary institutions; and with and a woman with a disability in Abuja regarding her encounter with the staff of a domestic airline.

Skype sessions were held with two men from South Africa: an academic with a disability from the University of Cape Town and a leader of the QuadPara Association of South Africa. The focus of the discussions was to hear their views regarding the implementation of the White Paper on the Rights of Persons with Disabilities and other sectoral and general laws that have disability-inclusion provisions.

Ethical Considerations

All of the participants for this study were adults (age 18 and older) at the time of the research. Due to ethical considerations, study participants did not include people with intellectual impairments, but some parents and caregivers participated in the four focus group discussions in Lagos and Jos.

Information about the study and a consent agreement was presented on the first page of the online survey. Respondents had to affirm that they understood the information and that they gave their consent to participate in the study before they were able to proceed to the actual survey questions.

Before every key informant interview, participants read information about the study and signed a written consent agreement to take part. Permission was also sought to record the sessions. For telephone interviews, participants gave verbal consent prior to the interviews after reading and acknowledging their understanding of the study information and consent agreement.

Before every focus group discussion, the study information and consent agreement document were read aloud to participants in English; it was also interpreted into Hausa for those with a limited understanding of English, and sign language for the hearing-impaired. Each participant signed a separate sheet of paper attached to the study information and consent agreement document signifying their understanding of the information and giving their consent to participate. Focus group discussion participants also gave their permission to have the sessions recorded.

Data Analysis

Quantitative Data

The assessment of the data collected through the online rapid assessment entailed the generation of descriptive statistics using the Google Forms feature for the response summary. Forty-three of the 50 survey responses were included in the assessment. Seven duplicate responses were deleted.

For the service mapping, detailed information was collected on the types of disability-related services and programs in Nigeria, their scope, and contact information.

Qualitative Data

The qualitative data comprised 26 key informant interviews and focus group discussion scripts/files in Microsoft Word documents. The qualitative data analysis for this research entailed a verbatim transcription of each recorded interview and discussion. The recorded interview script allows a participant to be identified by gender and disability (if relevant).

The data analysis utilized NVIVO 12 software. Each interview file was imported into the program and read for content analysis; selected texts were coded as nodes. The nodes were later grouped into overarching themes based on the study's objectives. The themes are: stigma and discrimination, key intersections with disability, disability data in Nigeria, barriers to inclusion, institutional landscape, policies and programming, and state case studies. Subthemes under each were used to explain the findings.



4. Review of Findings

This section presents the study's findings, which are based on the quantitative and qualitative primary data collected, analysis of Nigeria Demographic and Health Survey (NDHS) 2018 data, as well as the literature review. The findings are further explored under the lens of the overarching themes.

Disability Data in Nigeria

Disability data are crucial to social inclusion and development of persons with disabilities. Data allow for an objective diagnosis of disparities in outcomes between people with and without functional difficulties. They are indispensable for the monitoring of progress (or regress) and the impact evaluation of policies and interventions over time. The study explored and documented the situation of disability data in Nigeria the following sections describe.

Availability of Disability-related Data

Disability-related data in Nigeria are sparse. The collection of disability-disaggregated data to inform planning for persons with disabilities in the development context does not appear to be a priority in the country. There are a few unreliable statistics on the prevalence of disabilities—the only type of data that most consider. There are also some disability-specific data, particularly regarding access to basic services and vulnerability to certain social issues among persons with disabilities. Usually, these kinds of data are not properly disseminated to the general population and are restricted to a specific audience. Data in national surveys are seldom disaggregated by disability. For national planning, such data are more relevant than standalone or disability-specific data, which are rarely of interest to the various stakeholders, including policy makers.

The 2006 Nigeria population census (NPC 2009) indicated a disability prevalence of 2.3 percent. This figure has been challenged as it is significantly below the global average. The definition of *disability* in the 2006 census—“disability is the inability of the respondent to perform up to normal natural expectation”—was somewhat general and vague. The census also identified six categories—seeing, hearing, speaking, mobility, mental, and other—with definitions better suited for capturing severe impairments. The prevalence rate therefore falls within the limit of severe disability documented by the World Report on Disability (WHO and World Bank 2011). Mont (2007) noted that this method of measuring disability prevalence usually yields rates between 1 and 3 percent, even when surveys of the same population using a more functional approach generate estimates of 10 to 20 percent. Contributing factors include the stigma attached to disability, particularly mental and psychological disabilities; that the word *disability* implies a very significant or severe condition; and that disability interpretation—how disability is understood or perceived—varies by cultures, age group, and income group (Mont 2007).

A national baseline survey by the Federal Ministry of Women Affairs and Social Development (FMWASD 2011) documented a disability prevalence of 3.2 percent, which was higher than that of the 2006 population census but lower than expected.

There are patchy reports regarding the prevalence of disabilities that focus on certain disciplines or areas of interest. For example, a survey report by the Federal Ministry of Youth Development documented a disability prevalence of 0.26 percent (167,549) among the total youth population of 64,038,008 who were surveyed (FMYD 2012). The definition of *disability* used for that survey is not clear, but the categories of disability in the report include visual impairment, poliomyelitis, and

partial paralysis. There were no data for Zamfara State or Federal Capital Territory.

A cross-sectional study of 1,824 elderly persons from three local government areas of Borno State, Abdulraheem, Oladipo, and Amodu (2011) reported a disability prevalence of 28.3, 15.7, and 12.1 percent using 10, 6, and 5 basic activities of daily living methodology, respectively. The functional limitation of the respondents was 22.5 percent. Disability prevalence and functional limitations were higher in elderly women than elderly men. This study defines disability as a “restriction in the ability to perform normal activities of daily living.” According to the authors, disability prevalence in the elderly with functional limitations is important for policy development of the formal and informal care of the elderly. In a recent analysis of the data from the first wave (2010–11) of Nigeria’s General Household Survey Panel 2010–11, which involves 3,586 respondents age 50 and older, there is a higher prevalence of mobility disability among women than men (Balogun and Guntupalli 2016). These findings also lend credence to the importance of collecting data disaggregated by age, gender, and disability in national surveys/surveillance for the development of public policies that are inclusive of men, women, and children with disabilities.

Disability prevalence varies with the method of measurement. Mont (2007) observes that the tendency is for developing countries to record the lowest disability prevalence. Disability prevalence varies with the method of measurement, definition of disability employed and how the prevalence questions are structured. Surveys that use questions around levels of functional difficulties such as the Washington Group short set on disabilities tend to report higher rates of prevalence than those that employ narrow categorical questions, often found in developing country censuses. However, the census is often the only alternative

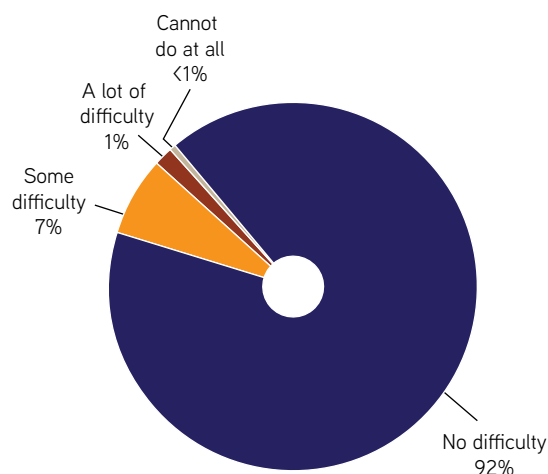
available to developing countries, and hence they are usually adopted for the purpose of international comparison (Mont 2007).

Most national surveys and surveillance data are not disaggregated by disability in Nigeria. In light of the above, the Washington Group questions⁵ have been recommended for reliable and comparable disability data in censuses (Mont 2007). The questions focus on six basic core activities designed to capture most adults with disabilities, except individuals with mental disabilities (Mont 2007). To the knowledge of the authors, the only two available surveys in Nigeria that have used the Washington Group questions in Nigeria are the General Household Survey Panel 2010–11 and, more recently, the 2018 Nigeria Demographic and Health Survey (NDHS). The General Household Survey Panel 2010–11 estimates a disability prevalence of 2 percent (Leonard Cheshire 2018). The 2012–13 edition of the same survey has yet to be analyzed with a disability lens, while the third wave of the survey (2015–16) only collected data on the visually impaired.

The popular Demographic and Health Survey is widely utilized for national planning and is useful for international comparisons. In 2018, the Nigeria Demographic and Health Survey (NDHS) included for the first time a disability module that is based on the Washington Group on Disability Statistics questions, which are themselves based on the framework of the World Health Organization's International Classification of Functioning, Disability, and Health. The questions address six core functional domains: seeing, hearing, communication, cognition, walking, and self-care. According to the 2018 survey data for Nigeria, an

5. The Washington Group Short Set are questions designed to identify people with a disability (in a census or survey format). People are asked if they have difficulty performing basic universal activities: walking, seeing, hearing, cognition, self-care, and communication. <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>.

Figure 4.1. Prevalence of Functional Difficulties in Nigeria in at Least One Domain



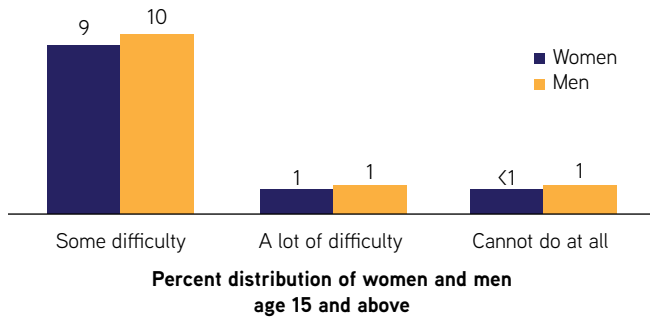
Source: NPC and ICF 2019: 458 based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Note: Functional domains are seeing, hearing, communication, cognition, walking, and self-care.

estimated 7 percent of household members age 5 and older (and 9 percent of those age 60 and older) have some level of difficulty in at least one functional domain; and 1 percent either have a lot of difficulty or cannot function at all in at least one domain (see figure 4.1; also NPC and ICF 2019: 458).

The 2018 NDHS data suggest that disability rates are significantly higher for those over the age of 60; one-third of this population reportedly has some difficulty in at least one functional domain. While only 1 percent of household members under the age of 40 have a lot of difficulty or cannot function at all in at least one domain, 9 percent of those age 60 and above have a lot of difficulty or cannot function at all in at least one domain (figure 4.2). The data also reveal that 30 percent of widowed women and 37 percent of widowed men have difficulty seeing, and that 31 percent of widowed

Figure 4.2. Level of Difficulty in at Least One Domain Among People with Functional Difficulty in Nigeria



Source: NPC and ICF 2019; 458 based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Note: Functional domains are seeing, hearing, communication, cognition, walking, and self-care.

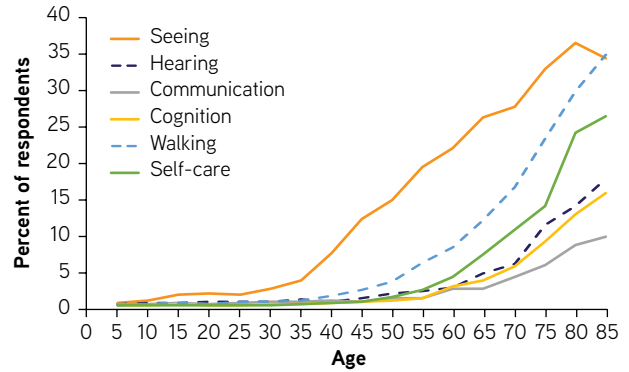
women and 35 percent of widowed men have some difficulty in at least one domain (NPC and ICF 2019: 458).

Types of disabilities. The most common functional difficulty experienced by Nigerians, according to 2018 NDHS data, is difficulty seeing, followed by difficulty walking, and difficulty carrying out self-care (dressing and washing entire body). Figures 4.3 and 4.4 illustrate that all types of functional difficulties increase with age. Difficulty *seeing* is by far the most common mild difficulty (described by respondents as “some” difficulty) for younger age groups. For more severe functional difficulties (described by respondents as “a lot of difficulty” or “cannot do at all”), the variation between different types of functional difficulties is less pronounced, and seeing, walking, and self-care are the most commonly experienced difficulties.

Educational attainment. According to the 2018 survey, women and girls who report having “a lot of difficulty” in at least one of the six functional domains (figure 4.5) are more likely to have an incomplete primary education or only a primary education; they are

Figure 4.3. Prevalence of “Some Difficulty” by Functional Domain and Age

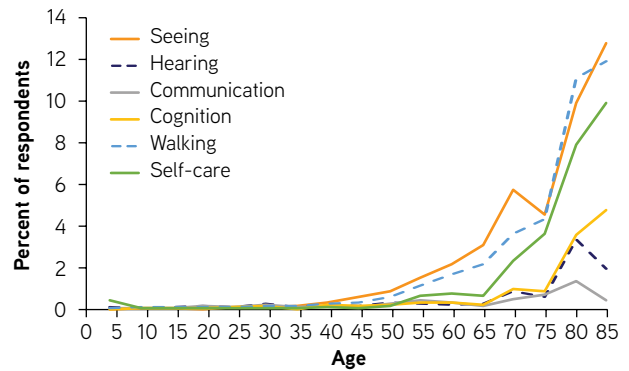
Respondents were asked if they experienced “some difficulty” with six functional domains: seeing, hearing, communication, cognition, walking, and self-care



Source: Author’s calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Figure 4.4. Prevalence of More Severe Difficulties by Functional Domain and Age

Respondents were asked if they experienced “a lot of difficulty” or “cannot do at all” with six functional domains: seeing, hearing, communication, cognition, walking, and self-care

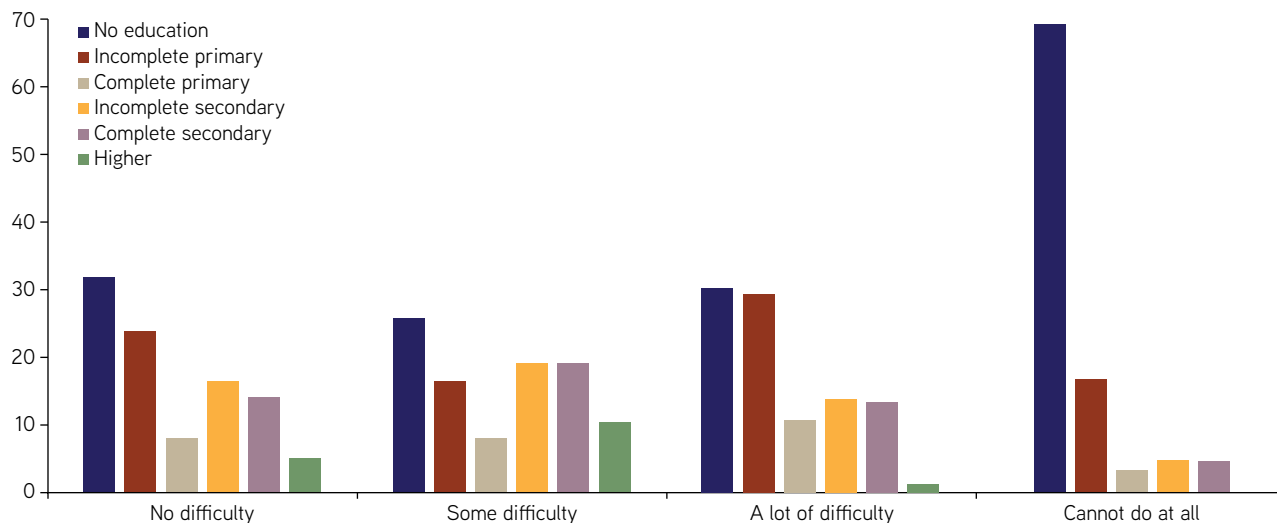


Source: Author’s calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

also less likely to have a partial or complete secondary or higher education. Women and girls who report that they are not able to “do at all” with regard to one of the domains are much more likely to have received no education.

Figure 4.5. Educational Attainment by Functional Difficulty Among Women and Girls Ages 6 to 30

Respondents were asked about difficulties in six functional domains: seeing, hearing, communication, cognition, walking, and self-care.



Source: Author's calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

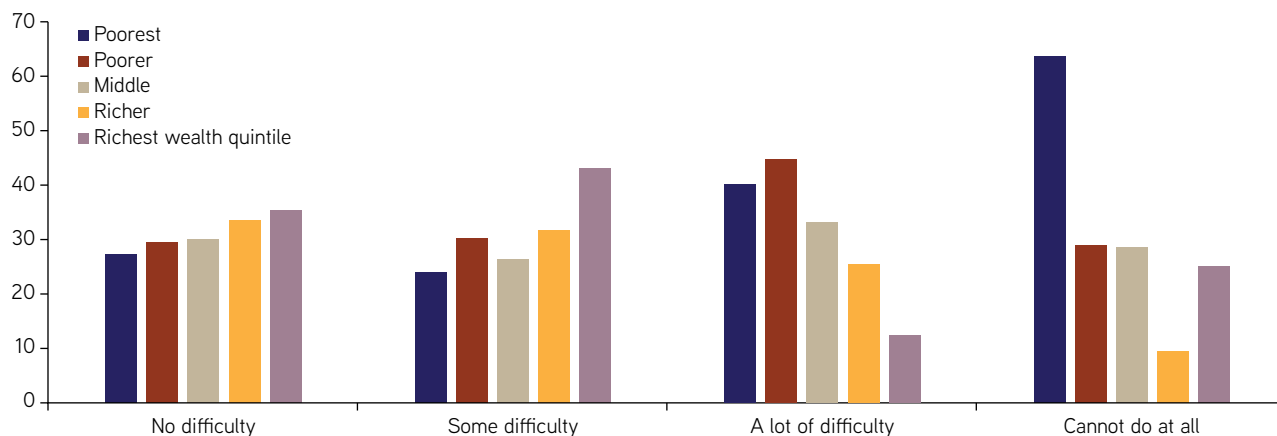
Note: In the NDHS, the sample is designed to represent the national population ages 15 to 49. For this figure, only people ages 6 to 30 were included in the sample to exclude those who may have acquired functional difficulties later in life and which therefore may not have impacted their educational attainment. NDHS data do not allow for the calculation of educational attainment by functional difficulty among boys and men.

Wealth outcomes. People ages 18 to 40 reporting “a lot of difficulty” engaging in at least one of the functional domains are more likely to live in a household that belongs to the two poorest wealth quintiles than

to those with “no” or only “some” functional difficulty (figure 4.6). Persons who report that they “cannot do at all” at least one of functions are more than twice as likely to live in a household belonging to the bottom

Figure 4.6. Wealth Outcomes by Functional Difficulty Among Men and Women Ages 18 to 40

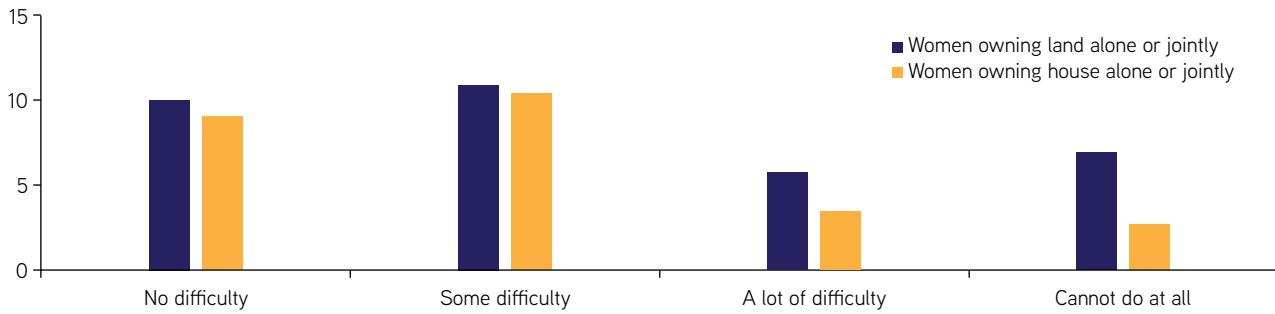
Respondents were asked about difficulties in six functional domains: seeing, hearing, communication, cognition, walking, and self-care.



Source: Author's calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Figure 4.7. Ownership of Assets by Functional Difficulty Among Women Ages 15 to 40

Respondents were asked about difficulties in six functional domains: seeing, hearing, communication, cognition, walking, and self-care.



Source: Author's calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Note: In the NDHS, the sample is designed to represent the national population ages 15 to 49. For this figure, only people ages 18 to 40, who are expected to be in their "breadwinning" years, were included.

wealth quintile than those with no functional difficulty, at rates of 41 and 18 percent, respectively. People with "a lot of difficulty" or "cannot do at all" at least one of the functions are also less likely to live in a household belonging to the two richest wealth quintiles than those with no or some difficulty.

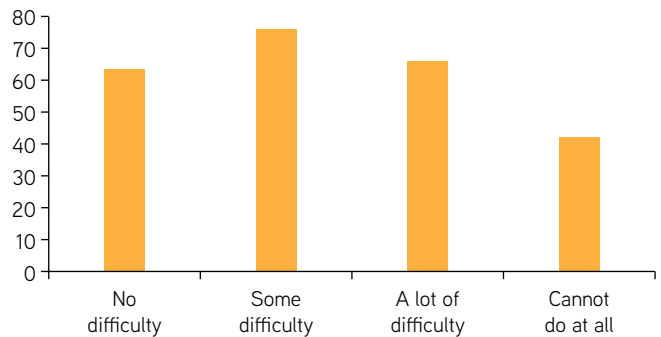
Ownership of assets. Overall, men in Nigeria are more than three times as likely to own a house or land as are women (NPC and ICF 2019: 382). Women who have "a lot of difficulty" or "cannot do at all" any of functions are significantly less likely to own land or a house alone or jointly (figure 4.7).

Employment. Women who "cannot do at all" at least one of the functions are less likely to be employed, although 43 percent still work (figure 4.8). At the same time, women with "a lot of" difficulty with one of the six functions, particularly those categorized as "cannot do at all" are much more likely not to be paid for their work: 21 percent of women with "a lot of" difficulty and 37 percent of those who "cannot do at all" one of the functions receive no payment for employment compared with 18 percent of those with no difficulty and 14 percent of those with "some difficulty" (figure 4.9).

Data are crucial to development—its planning, implementation, monitoring, and evaluation. The lack of available disability data makes it difficult to develop policies and interventions for Nigeria's development agenda that address the needs and concerns of persons with disabilities. It is therefore important that data from future censuses conducted in Nigeria

Figure 4.8. Employment by Functional Difficulty Among Women Ages 15 to 49

Respondents were asked about difficulties in six functional domains: seeing, hearing, communication, cognition, walking, and self-care.

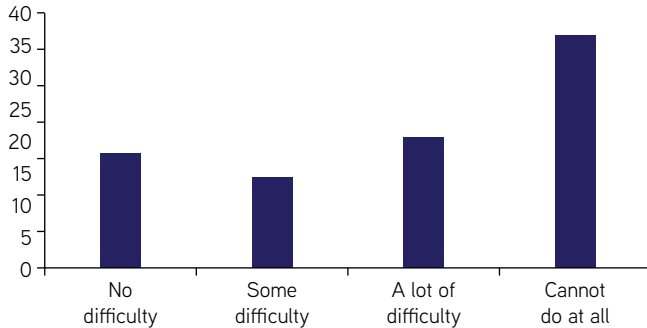


Source: Author's calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Note: NDHS data do not allow for the calculation of employment by functional difficulty among men.

Figure 4.9. Unpaid Employment by Functional Difficulty Among Women Ages 15 to 49

Respondents were asked about difficulties in six functional domains: seeing, hearing, communication, cognition, walking, and self-care.



Source: Author’s calculations, based on Demographic and Health Survey data: Nigeria DHS-VII (NDHS) 2018.

Note: Data do not allow for the calculation of educational attainment by functional difficulty among men; see NDHS sample.

be disaggregated by disability. National surveys and surveillance data should also collect disability-disaggregated data to ensure that the on-the-ground reality regarding disability is reflected.

The United Nations Children’s Fund (UNICEF) has collaborated with the Washington Group to develop another set of questions for identifying children with disabilities: the UNICEF–Washington Group Child Functioning Module.⁶ These questions, used as designed and with the technical support of the Washington Group show that prevalence rates tend to fall within 6–12 percent (Leonard Cheshire 2018). There is reason to believe that that the very low prevalence rates reported by some countries could be due to “unreported alterations such as screener/introductory statements, cultural barriers around mentioning functional difficulties, or differences in interviewer training” (Leonard Cheshire 2018).

6. The UNICEF–Washington Group Child Functioning Module. <https://data.unicef.org/topic/child-disability/module-on-child-functioning/>.

Challenges Related to the Collection of Disability-related Data

The problems associated with collecting disability-related data stem from a lack of understanding of disabilities as a cross-cutting development issue that requires attention. Some stakeholders view and portray disabilities as a complex issue, which may discourage the collection of data. The collection of disability-disaggregated data is a low priority among stakeholders in the major sectors of the economy, such as education, health, and transportation.

“The major challenge is [a lack of] political will or interest in generating data on people with disabilities.”
– a male double amputee, Lagos

The capacity for conducting disability-related research in Nigeria is limited. There is a lack of expertise for collecting disability data, which also makes it very difficult to gather reliable data. In addition, persons with disabilities and their organizations are seldom consulted by researchers.

“I’ll say people don’t understand disability. We don’t focus enough on disability. People don’t feel that it is something to collect data on. Also, we don’t have the expertise. We don’t have people who are good disability enumerators, who can define disability data and know how to collect it.” – a wheelchair-user, Abuja

It is imperative to raise awareness around and develop the capacity of relevant stakeholders in Nigeria to adopt the Washington Group questions in their censuses and surveys. Doing so would allow access to internationally comparable data, which would also provide a baseline for the implementation of the Sustainable Development Goals and the United Nations Convention on the Rights of Persons with Disabilities (Leonard Cheshire 2018). It would also provide a solid foundation for the

development of inclusive public policies in Nigeria. One key advantage of the Washington Group questions is that they are not stigmatizing because they do not mention disabilities, something with which some households and individuals may not want to be identified.

Recommendations for Improving Data Collection

- ◆ Raise awareness among stakeholders, including decision makers and policy makers, and advocate for disability to be viewed as a development issue that should be mainstreamed into all sectors of the economy.
- ◆ Ensure the active participation of persons with disabilities and their organizations in the design of data collection instruments, capacity building, data collection, monitoring, and leveraging the Washington Group methodology.
- ◆ Develop the capacity of relevant stakeholders for disability data collection and disaggregation, including defining the term disability for research purposes.
- ◆ Analyze the dataset from the first and second waves of Nigeria's General Household Survey through a disability lens.

Cultural Beliefs, Stigma, and Discrimination

Prejudice, social isolation, and discrimination are the greatest global barriers to disability inclusion reported by experts and persons with disabilities (Ashi, Olayi, and Ikwen 2015; Groce 1999). These factors are at the root of all of the other barriers that persons with disabilities encounter in their daily lives.

Negative Attitudes Toward Persons with Disabilities

Attitudes toward persons with disabilities vary but are most often negative. Such mindsets emanate from inaccurate beliefs about disabilities and people with them and from the sense that persons with disabilities seem and/or behave differently than the “norm.”

“I don't have hands. [...] So, people don't like the way I look because I look odd. I look, you know, shapeless that's how people see me. So people discriminate against me, people avoid me, people stigmatize me.” – a male double amputee, Lagos

Persons with disabilities experience the negative attitudes others have toward them in various ways, including rejection, neglect, loss of respect, reducing visibility to/of children with disabilities, being considered useless, and being thought unworthy of being alive.

“I offered my hand to somebody, [but] he said no, I don't shake hands with an albino.” – a man with albinism, Abuja

“I was about a month old and still didn't have a name because they believed I was a spirit.” – a man with albinism, Jos

“There was a woman I asked for money. She said she didn't have any and later she sent someone to come and tell me not to waste my money on that girl, that I should just let her die.” – father of a child with cerebral palsy, Jos

A common experience reported by persons with albinism in particular is being called derogatory names that connote difference and rejection. This manifestation of negative attitudes cuts across all parts of the country.

“There are many other names like ‘anyare’- I can’t even spell that - in the Onitsha area. There are all kinds of names, you go to the Yorubas, [they say] ‘Afin,’ afin oriran osan (afin does not see in daylight). I can’t even spell that, but it is derogatory, you know. You go to the north, they call us ‘baturen tuda,’ which is ‘fake white man’. Then, you go to Benin, they call us ebo, ebo, ebo. All those names are not complimentary, they are very derogatory, and we have to live with that” – man with albinism, Abuja

The consequences of these negative attitudes include low self-esteem, isolation, depression, and suicide. Therefore, some persons with disabilities see themselves as inferior to people who do not have disabilities and as unacceptable to others. They may withdraw from society due to such attitudinal barriers.

“Even when you go to Jos, children gather and start singing. One of them even called me Santa Claus. You know, you are a human being, someone calling you Santa Claus is very dehumanizing.” – a man with albinism, Jos

“I started thinking of suicide, I became depressed because my friends all deserted me.”
– a hearing impaired woman, Lagos

“That is why we use the name Integration, Dignity, and Economic Advancement (IDEA) intentionally, because some of us who suffer from leprosy see themselves as inferior. The self-esteem is no longer there.” – a man affected by leprosy, Benin

The Charity Model Masking as Positive Attitudes

Study respondents did identify some attitudes that could be considered positive, often informed by a charity model. However, this model can drive persons with disabilities into a state of perpetual dependence and can prevent them from exercising their rights. For persons with intellectual disabilities, such seemingly

positive attitudes can actually infantilize them. This model is therefore not empowering, and often turns out to be negative over the long term. Harmful attitudes include overprotection and the belief that disabilities are the will of God and that a person with a disability should just accept their fate and beg for a living.

“They said that if there is fracas or fighting they [people with disabilities] will be hurt or injured, that there is no need for them to come out and participate in the elections” – a male double amputee, Lagos

“One widespread idea is that we are beggars, that we are all beggars, that we should be recipients of charity. [...] It prevents people from seeing us as humans who have rights.” – a female wheelchair-user, Abuja

Family and Society

In Nigeria, persons with disabilities are discriminated against by their families and by society; many are therefore kept indoors, hidden away from neighbors and visitors, and mostly neglected (Mohammed 2017; Okafor 2003). They are rendered invisible to avoid being an embarrassment to their families (Okafor 2003).

Sometimes, persons with disabilities are not allowed to participate in family decisions or are betrayed by family members. Many families have very low expectations for their family members with disabilities. And some families are extremely overprotective of their family members with disabilities, preventing them from discovering their potential.

“They often hide the person (with a disability) so that he won’t stain their image. They will hide you, keep you away from society and social organizations, and make you feel lost and lonely. They go to soothsayers, to spiritual healers, to traditional healers for solutions.”
– a man with mental illness, Makurdi

“Even the family, [when they sit down] and discuss something, they will say, let us discuss it, we will let her know later.” – a hearing impaired woman, Jos

However, the family-level experience is not always negative. There are many families that take good care of their family member with a disability—most usually try their best in a “hostile” environment and without any support.

“I used to say that my father played a major role in my [upbringing] because he really trained me to be independent.” – a woman with spina bifida, Lagos

Participants with disabilities decried their lack of participation in decision making and social activities in the community. Naturally, persons with disabilities want to take part in community life. However, they are seldom invited to participate, and if they do so, are often rejected and ridiculed, which makes them tend to withdraw. Some lose the right to their inheritance due to their disability. Religious gatherings are no better. Persons with disabilities are usually neglected at these gatherings, reflecting the attitudes of the larger community.

“We are battling with cultural barriers. We are completely relegated out of the community. They will not even allow you to be part of any decision making, they will not allow you to get involved in a town hall meeting, they will completely keep you out of the main community.” – a woman affected by leprosy, Jos

Beliefs Around Causes of Disability

Study participants with disabilities shared some common beliefs around the causes of disabilities. These include the inaccurate belief that disabilities are a punishment for the past sins of the individuals, their parents, or their families. This belief is also being reinforced by some religious practitioners across multiple faiths, who consider disability to be an affliction or

sickness that befalls a person as punishment for their sins. Some believe it is a curse or bewitchment.

“Some people say the reason why I am visually impaired is because I committed a sin.” – a visually impaired woman, Jos

Some study participants expressed the belief that impairments can be acquired through close contact persons with disabilities and that women with disabilities always give birth to children with disabilities—which may be why some women with disabilities find it difficult to get married.

“When hearing impaired people have children, they tell them that if their children stay with them, they will inherit deafness.” – a hearing impaired woman, Lagos

People with albinism are believed to be spirits or gods with supernatural powers who can disappear at any time and that this is why they do not have long lives.

“So, there are entrenched superstitious beliefs, you know, for instance, in certain areas—Igbo, Yoruba, Hausa—believe that we are gods. Others believe that we disappear; others feel that we don’t have longevity.” – a man with albinism, Abuja

The literature supports the finding that many Nigerians believe the false notion that disabilities result from supernatural causes, including being cursed by the gods and witchcraft (Abang 1988; Abasiubong 2010; Abosi and Ozoji 1985; Okafor 2003). Okafor (2003) notes that “some local ancient mythology has it that persons with disabilities are social outcasts serving retribution for offences of their forefathers.” Anyatunwa (1977) reveals the Igbo’s belief that persons with disabilities, including those with albinism, must have sinned in their former lives. According to Adeoke (1977), the Yoruba culture believes that epilepsy is caused by the presence of a lizard-like creature in the stomach that is contagious. A recent

study of Yoruba women with epilepsy reveals the belief that epilepsy is identified with witchcraft and evil spirits (Komolafe et al. 2011). According to Abang (1988), a common misperception is that persons with disabilities are inferior to others and that they can be exploited for social and economic gain, such as with money rituals,⁷ because they are seen as less than fully human.

Yaksat and Hill (1997) acknowledge that the general attitude toward persons with disabilities in Nigeria is negative, although due to its cultural diversity, there is no homogenous “Nigerian attitude” toward anything—every tribe has its unique culture. Some Nigerian cultures are favorably disposed to their members with disabilities. In some cultures of North West Nigeria, fathers tend to show more favorable attitudes toward their children with disabilities than do mothers who might be disappointed at not having the desired “ideal child” or because mothers do the bulk of the childcare (Mohammed 2017). According to Abang (1988), some people in the north accept disabilities as the will of God; and according to the folklore of the Tiv⁸ ethnic group, it is the wish of the first chief of the land that all children with disabilities should be born in his village, where they can be adequately cared for. This study postulates that many people in the northern part of the country believe disabilities are the will of God, and a person with a disability just has to accept it and move on.

“When there is a person with a disability in the family, it is believed it is “divine” and you just have to accept it.”
– a visually impaired man from Gombe

Nicholls (1993) notes that indigenous African beliefs around disability are not always negative, such as witchcraft, sin, and retribution. In some cases, a spiritual perception of disabilities and their causes can

7. Money rituals are practices among people who believe they can create wealth for individuals with spells, charms, and sacrifices, which sometimes involve the use animal or human body parts.

8. The Tiv is an ethnolinguistic group; mostly found in Benue State, Nigeria, and in Cameroon.

promote acceptance of persons living with disabilities. Worshippers of the Yoruba deity Obatala, for example, who is said to be in charge of creation, see persons with disabilities as being very precious because it is said that Obatala creates persons with disabilities after he gets drunk, which accounts for their differences.

Etieyibo and Omiegbe (2016), however, highlight discriminatory practices against persons with disabilities in Nigeria on the basis of religion and culture such as:

- ♦ **Trafficking and killing of persons with mental illness and raping of women with mental illness.** Such practices result from a belief that the victims must have violated a community tradition or are involved in witchcraft. Homeless women with mental illness are sometimes raped by men who believe that doing so will make them wealthy (Eze 2005).
- ♦ **Trafficking and killing of people with oculocutaneous albinism and angular kyphosis.** Such practices are fueled by the belief that the body parts of persons with albinism and angular kyphosis can be used for rituals for wealth and long life (Anumihe 2008; Oji 2010; Omiegbe 2001).
- ♦ **Use of children with disabilities in alms-begging.** Some parents send their children with disabilities to the streets to beg for alms; the children obey for fear of being punished (Omiegbe 1995). These parents use their children to evoke a sense of empathy from members of society, especially those who consider alms-giving to be an obligation.

The use of proverbs for the transfer of knowledge, values, morals, and learning is prevalent in Nigeria, with the capacity to influence attitudes (Kisanji 1995). Therefore, McKenzie and Ohajunwa (2017) suggest exploring the representations of persons with disabilities in proverbs as a means of understanding the cultural

connotations around disability among the major ethnic groups in Nigeria.

Implications for Access to Basic Services

When persons with disabilities experience negative attitudes toward them, it reduces their access to basic services, such as education and employment. Negative attitudes can also contribute to institutional and environmental barriers that shut out persons with disabilities from receiving basic services. Children with disabilities may drop out of school or may not be given the opportunity to attend school at all due to negative attitudes toward them at home, at school, and in the community. Adults with disabilities report that some community members will not patronize their businesses because of their disability. All of these factors can negatively impact the socioeconomic status of persons with disabilities.

“When I started my business, people refused to patronize it because I have disability. Only few people buy from me. Others will say ‘buying *kunu*⁹ from a hearing impaired person, no.” – a hearing impaired woman from a rural area, Jos

“When the attitudes of policy makers are negative, it affects the institutions and the environment. Institutions are manned by individuals and individual attitudes shape the environment and institutions. So, when the attitudes of a community are negative towards a particular, vulnerable group, they will struggle much more to realize their potential” – a male amputee, Lagos

“When my sister was born, the second child who was also albino, my father stopped paying my school fees in

JSS 3. [He] said “What is the use of paying? It is a waste of resources”, since one day I would disappear because I am a spirit.” – a man with albinism, Jos

“If you talk about education, you will see that persons affected by leprosy are far behind all other groups because of the stigmatization they suffer as a child in school.” – a man affected by leprosy, Benin

Recommendations

- ♦ Raise awareness about the causes of disabilities to demystify the topic and to promote acceptance of persons with disabilities.
- ♦ Raise and support champions who identify with persons with disabilities.
- ♦ Raise families’ knowledge and awareness of support services and programs for persons with disabilities; increase services and information available to families.

Impacts of Intersectionality

Study participants, as well as the literature, describe the intersections of disabilities with multiple factors, particularly gender, age, displacement, religion, and geopolitical zone. Findings related to each intersection are summarized below.

Gender

A variety of beliefs exist around the sexuality of persons with disabilities, particularly women. Common misconceptions in Africa are that persons with disabilities are asexual (Groce 2004) and that people with intellectual disabilities are hypersexual (Aderemi 2014). Yousafzai et al. (2004) documents that women with disabilities in southern Africa experience sexual abuse due to the

⁹ *Kunu* is a drink consumed throughout Nigeria, usually made from a grain such as millet or sorghum

false and dangerous idea that having sex with a virgin can cure HIV, coupled with the misconception that women with disabilities are asexual and therefore most likely virgins. While there are more available data on the overall prevalence of gender based violence in Nigeria (DHS, 2018), there is scant information and data on the prevalence of GBV against women living with disabilities. This is an issue that should be further looked into as anecdotal information suggests that the prevalence is high.

This study's findings indicate that it is more difficult for women with disabilities to be involved in romantic relationships or to marry than for their male counterparts. Cultural beliefs around gender roles generally favor men over women, and this is magnified for women and girls with disabilities who might not meet a culture's norms in terms of beauty or be able to take on the expected role of wife and mother. There is also the common misconception that women with disabilities will give birth to children with disabilities or that they are asexual.

"[A]ny able-bodied man will believe that when you want to get married, a disabled woman cannot play her role very well as a homemaker, in terms of cooking, taking care of the children, and the house"
– a visually impaired woman from rural area, Jos

As a result, women and girls with disabilities are more likely to suffer from low self-esteem and, in their desperation, sometimes settle for the first man that will have them. This could partly explain the reported experience of exploitation and violence in romantic and marital relationships among women with disabilities participating in this study. When a man without disabilities sexually exploits or marries a woman (or girl) with a disability, he often later abandons her and denies her the right to raise their children.

"There are many situations where a woman with disability will get pregnant, and the man will just collect the child and send the woman away. And oftentimes, they want to experience what it is like to have sex with a girl with disability, and that is why rape is increasing even here on the Plateau. It has happened many times, and many have been reported and others left just like that." – a female with albinism, Jos

Men who are not hearing impaired might not even consider marrying a woman who is hearing impaired or hearing impaired due to communication-related challenges, which might also explain the high rates of hearing impaired women and men marrying one another.

"There are some guys that are so called "able", approaching them, but sometimes the families reject them and say "how will they communicate with them?"
– a hearing impaired woman from rural area, Jos

People affected by leprosy often marry one another due to their stigmatized status in society. A woman that acquires a disability after marriage is more likely to be divorced or neglected by her spouse than would a man in the same circumstance.

"If a woman develops leprosy after getting married, the man will find a way to divorce her. [...] For example, in Jigawa State, there are two couples who got married and none of them were suffering from leprosy. But the woman later developed leprosy and the man ran away from her. But in the same State, a man happened to contract leprosy and the wife did not leave him."
– a man affected by leprosy, Benin

Furthermore, female family members of persons with disabilities, particularly mothers, may experience more marginalization than the rest of the family. These mothers are at risk of losing their marriages and raising their children alone and in isolation.

“After everybody spoke and it was my mother’s turn to speak last, she said “this is my child and he has all the features of a human being, nobody will take my child away from me.” Then the battle lines were drawn because she was left with the choice of either leaving her marriage or surrender her child to the chief priest, so she made a decision to run away with me to a distant aunt for one year, three months” – a man with albinism, Jos

Study participants opined that women and girls with disabilities have fewer opportunities than their male counterparts to participate in socioeconomic activities such as employment, education, and attending social events. Contributing factors to this inequity may include the inaccessibility of water, sanitation, and hygiene facilities; attitudinal barriers; and limited economic opportunities.

“When it comes to using toilets, rest rooms, monthly flow there are more complications. I wonder how they live. When somebody is perceived to be unkempt [...], even the women will not like to associate with her. [...] In fact, it hinders them from even attending education.” – a male double amputee, Lagos

Finally, experts on disability inclusion in Nigeria also point out the lack of opportunities for women living with disabilities to exercise leadership roles, reinforcing the fact that the barriers and needs of women with disabilities continue to be invisible and, thus, are not being addressed.

Recommendations

- ◆ Raise awareness of girls, boys, women, and men with disabilities with regard to their sexual and reproductive health and rights and develop their capacity to advocate for their rights in this regard.
- ◆ Advocate for inclusive sex education for girls, boys, women, and men with disabilities.

- ◆ Develop the capacity of gender-based violence and women’s rights actors to address disability-related issues in their work related to sexual and reproductive health and rights.
- ◆ Address the current programming gap between gender and women’s rights actors on the one hand and disability rights actors on the other to strengthen interventions that target the intersection of gender and disability.
- ◆ Support the active participation of girls and women with disabilities and the organizations that represent them in national platforms on sexual and reproductive health and gender-based violence.
- ◆ Develop and implement inclusive policies regarding sexual and reproductive health and rights and gender-based violence.

Age

Study participants shared their views on the influence that age plays in the experiences of persons with disabilities. Low knowledge levels among children with disabilities regarding the nature of their particular disability exposes them to greater risk of harm than adults with disabilities. It is therefore crucial to educate these children about the nature of their disabilities and to provide guidance on how they can manage them.

“the [albino] child may see his friends playing under the sun and will want to join, not knowing that the sun is dangerous to his skin.” – a woman with albinism, Jos

“I tell mothers and parents to allow children to be aware of the disabilities they have. When they know what they have, they will know how to manage.”
– a woman with spina bifida, Lagos

However, early intervention services in Nigeria are poorly developed. Therapists are scarce, are

concentrated in major cities, and lack the necessary equipment; and their services are often unaffordable to the average family.

“I went here and there, probably until he was 15, when I learned that there was a psychiatric hospital I could take him to where he can be given speech and occupational therapy. By then, his hand had coagulated, he could barely turn his hand to do anything. But he talks, walks, he is very active.”
– mother of an adult with Down syndrome

Some participants shared their belief that individuals who acquire impairments as adults carry a greater burden than children with disabilities. The adult has already experienced life without a disability, whereas a child may not yet fully understand the implications of his or her disability. However, adults and children with disabilities alike are hurt by maltreatment and stigmatization. Among other things, children with disabilities have limited access to education and recreation, which are crucial to their development, including their mental capacity.

“For the elderly, their own [stigma] is worse than that of children. Once you were using your hands, legs, and eyes, but over time you can no longer do all those things. Their own stigma is much worse than that of children.” – a visually impaired woman, Jos

“There are many differences when it comes to a child [with disability] because there are no recreation activities for development, and the mental capacity as a child is not there. As adults, some can struggle to make their way and survive.” – a visually impaired man, Gombe

Further, children likely have many more years to live with their disabilities than adults do. The degree of access they have to early intervention services is a significant determinant of meeting development

milestones and skills development and impacts their futures. Children and youths with disabilities have much to contribute to society, and society should take advantage of this by making basic services more accessible to them.

Society must recognize them [people with disabilities] and give them opportunity to contribute. Like in the case of my brother, he works with the radio station. But it is more difficult for an elderly person who has [...] lived a “normal” life until he becomes disabled.”
– a visually impaired man from rural area, Jos

On the other hand, a person who becomes impaired in his or her adulthood who has already accomplished a great deal and is well recognized by society tends to face less discrimination than a person who becomes impaired at a young age. In a study that included three ethnic groups from Nigeria: the Igede from North Central, the Yoruba from South West, and the Igbo from the South East, Nicholls (1993) notes that the Igede distinguish between impairments resulting from accidents or the aging process (objective causation) and those resulting from birth defects, which cannot be explained. The former group receives more favorable treatment, that is, they are less likely to experience discrimination and isolation; the latter are subject to more negative attitudes.

“Some people may lose their sight with age, but they may have the advantage of being rich and people in the community will respect them because of their wealth. There is a former Commissioner of Plateau State who is now visually impaired, but people do not despise him and accord him due respect because of his status.”
– a visually impaired man, Jos

Recommendations

- ♦ Make early intervention services more available by promoting skills development in related fields, such as speech therapy and pediatric neurology, and through the provision of relevant equipment.
- ♦ Offer counseling to and educate parents about their child's disability so they can teach their children how to care for themselves so as to safeguard their health and prevent secondary conditions.
- ♦ Deliver disability management services, including care-taking, access to education, and health services through the formation of and networking with support groups.
- ♦ Ensure that adults who have recently acquired impairments have access to rehabilitation services, including mental health, psychosocial, and reintegration support.
- ♦ Provide inclusive basic services to children and young persons with disabilities, including recreational activities, transportation, and education.
- ♦ Foster disability inclusion among children and youth through awareness-raising and role modeling activities that demystifies disability.

Religion and Geopolitical Zones

In Nigeria, religion informs many of the beliefs and attitudes toward persons with disabilities in the northern and southern parts of Nigeria. The predominant religion in the north is Islam; in the south, it is Christianity. The Islamic religion teaches that disability is the will of Allah and should therefore be accepted.

“The Islamic religion holds that people with disabilities should seek help from others who are well-to-do in the society. Like during Ramadan, when people go to the mosque in the evening, rich men will cook and bring food

for them, or will call them to his house and provide food for free.” – a man affected by leprosy, Jos

“We are Muslims and we have taken medication from Christians and lived with Christians without problems. But since they have left, we don't have a place to collect drugs or even treat ourselves. Missionaries were helpful to us, my leg was amputated in Mangu for free, but now we have to pay 120,000 and also go with a patient relative in Bayera in Bauchi state before they can attend to you.”
– a man affected by leprosy, Jos

However, many persons with disabilities have a different experience in terms of inclusion in religious activities and leadership under the current dispensation. Despite biblical teachings against stigmatizing persons with disabilities, religious leaders and followers still reflect the larger society, which does stigmatize them. Many view persons with disabilities as miraculous rather than allowing them to actively participate in religious activities. The Islamic faith practiced in Nigeria is less discriminatory in terms of the participation and leadership of persons with disabilities in the religious sphere.

Recommendations

- ♦ Raise awareness among religious and traditional leaders about disabilities and persons with disabilities.
- ♦ Advocate for the inclusion of persons with disabilities in places of worship by, for example, making churches and mosques accessible.
- ♦ Promote the active participation and leadership of persons with disabilities in religious settings.
- ♦ Promote the idea that persons with disabilities can be religious leaders.
- ♦ Encourage religious leaders to publicly champion disability inclusion.

Displacement

The Boko Haram insurgency in North East Nigeria and attacks by herdsmen in the north and south have displaced many, including persons with disabilities. Further, conflict and humanitarian contexts are known to result in impairments.

A recent review of disability inclusion in the humanitarian response in North East (CBM International and JONAPWD 2019) reveals that the efforts reported by four selected actors toward disability inclusion were inadequately systematic to have a positive impact on beneficiaries with disabilities. Disability data were not available, services and programs were not accessible to persons with disabilities, and beneficiaries with disabilities did not actively participate in making decisions that affect their lives in the camps. Identified reasons for this include a disability-inclusion capacity gap among humanitarian actors, the absence of an available coordination platform for disability inclusion, the low prioritization of disability inclusion in the face of a complex humanitarian environment, the adoption of a charity approach, and the lack of a budget allocation for disability inclusion.

Study participants reported that environmental barriers, which lead to dependence, represented their main challenge. Internally displaced persons with disabilities are cut off from the environment to which they had already adapted and where they had already mastered their livelihoods. Moving into a new environment poses great barriers to their freedom and independence. Many are traumatized by being separated from their families and friends.

Recommendations

- ◆ Address disability as a cross-cutting issue in emergency, relief, and recovery interventions by humanitarian actors.

- ◆ Develop the capacity of humanitarian actors to mainstream disability into their work.
- ◆ Raise awareness of the existing international frameworks and resources on inclusion of persons with disabilities in humanitarian actions among relevant actors.
- ◆ Provide technical support and resources to relevant actors to implement frameworks on the inclusion of persons with disabilities in humanitarian actions.
- ◆ Establish and support a national platform on disability-inclusive humanitarian actions.
- ◆ Advocate for active participation of persons with disabilities.

Barriers to Inclusion

Access to basic services is critical to the socioeconomic development of individuals. Persons with disabilities regularly face a variety of obstacles related to education; employment and livelihoods; public information and communications; health; community-based rehabilitation, assistive devices, and technology; transportation; social protection; electoral and political processes; institutional landscape; and legal frameworks and programming. They are each discussed in turn below.

Education

According to Ojile (2000), the first attempts at meeting the educational needs of persons with disabilities in Nigeria was initiated by missionaries. According to this research, a school for the visually impaired was established in Faliya, Bauchi State, in 1935, and the Gindiri School for the Blind was established in Plateau State in 1953 by the US and UK branches, of the Sudan United Mission, respectively. The Pacelli School for the Blind and the Wesley School for the Deaf were both founded

in 1962 by Roman Catholic and Protestant church missionaries, respectively.

Nigeria currently operates a special school system, particularly at the primary level, including a few attempts at an integrated approach focused on specific disabilities at the secondary level. There are very few inclusive public schools in the states of Katsina and Kaduna. As awareness of inclusive education for children with disabilities has increased, a few private inclusive schools have been springing up, particularly in Lagos and Abuja. Tertiary institutions of learning are mostly inaccessible to students with disabilities. However, no official documentation exists regarding the degree of accessibility of these various tertiary schools, other than limited information from a few universities (Ahmed, Awad, and Adam 2014; Ajuwon and Chitiyo 2016).

In 2008, 29.6 percent of children with disabilities who were of primary school age were reportedly out of school (FRN 2012a). A study by Smith (2011) in the states of Kogi and Niger indicated that half of the sample had no education, while 19 percent had a primary education (of which two-third were male and one-third female), and 18 percent had an Islamic education.

Multiple studies identify the following impediments to the education of learners with disabilities in Nigeria: a lack of facilities and learning aids, including assistive technologies due to their high cost; inadequate and unskilled human resources; an absence of legislation that guarantees inclusive education; inadequate funding to meet learning and teaching needs for children with disability; inadequate implementation of existing education policies; discriminatory attitudes; and a dearth of early identification and intervention programs (Akogun, Njobdi, and Adebayo 2018; Eleweke, Agboola, and Guteng 2015; Nkechi 2013; Obiakor and Eleweke 2014; Oladele, Ogunwale, and Dafwat 2016). Participants of this study also cited these barriers, as well as others outlined below.

Inadequate opportunities to participate in quality education. The education sector is segregated, children with disabilities have difficulty getting admitted into schools, most schools lack adequate facilities and resources, and parents lack the financial capacity needed.

“First there is the educational barrier, many of them [people with disabilities] don’t have access to quality education. Many parents cannot even afford getting admitted [to the school] and then as to continuing education, the system itself is not inclusive enough to cater to their needs.” – a man with albinism, Abuja

Inadequate learning aids. Learning materials, including assistive devices and technology, are not available in adequate quantities for effective learning.

“They are not really available, you take your recorder to class, then you have to get your own scanner to scan. If you cannot afford to have your own scanner then you have to go to shops to get online materials. Your source for all these things is yourself.” – a visually impaired woman, Jos

Dearth of resource persons. There are too few resource specialists, even at special schools. Sometimes specialists are posted to the wrong schools, impeding learning and participation in the classroom and eventually having a negative impact on performance.

“I may be specialized in vision impairment, another person in hearing impairment. I witnessed a situation where a visually impaired person who studied education for the visually impaired was posted to Wesley school for the hearing impaired to teach.” – a visually impaired man, Lagos

Inaccessible environment. The physical environment in schools is often inaccessible to students with physical and vision disabilities. The overall state of buildings dedicated to impart educational services to children

living with disabilities could also be improved. This poses a challenge to their participation in education at all levels and puts the health of the students at risk.

“Let’s talk about visual impaired people in the school environment. Especially in Unijos, the school environment is not adapted to the visually impaired at all. I fell into the gutter several times and injured myself, even now I still have a wound on my leg.”

– a visually impaired woman, Jos

“I’ve been to schools where there is no ramp and the floor is so rocky that the wheelchair cannot easily move.”

– a woman with physical disability, Lagos

Inaccessible communication. Hearing impaired students in schools face communication barriers. Some teachers are not proficient in sign language, even in special schools. Students with albinism are cut off from classroom communication due to their eyesight, particularly if a teacher refuses to acknowledge the issue and does not let them sit at the front of the classroom.

“Many teachers in schools for the hearing impaired nowadays cannot sign. Employment of the hearing impaired teachers has become something else. They just receive notes from politicians and take them to schools for the hearing impaired for immediate employment, even though they are not trained in sign language. In my state, Kwara State, many teachers of the hearing impaired cannot sign. They will just write on the board and they leave. The same in Osun State and Lagos State.” – a hearing impaired teacher, Oyo

“Some of us [people with albinism] are short sighted and this affects our education. Teachers ask you to sit at the back of the class, knowing full well that you cannot see.”

– a woman with albinism, Lagos

Limited career opportunities. Persons with disabilities are often limited in their choice of careers due to stigma and to the dearth of skilled professionals

available to teach particular subjects, such as mathematics to visually impaired students. A common mindset among those in the education sector is that persons with disabilities should not pursue careers other those related to their disability.

“They feel that there are courses a visually impaired person should not do [...]. Like the one I studied, psychology, it wasn’t expected for a visually impaired person to study psychology. So, a lot of discrimination, lecturers will tell you to your face you don’t have any business coming to this department.”

– a visually impaired woman, Lagos

“Some people believe that all hearing impaired people should go into special education as a teacher.”

– a hearing impaired man, Lagos

Many students with disabilities are systematically excluded from science-oriented careers because of their disabilities. Studying the sciences is associated with better paying jobs, so excluding persons with disabilities contributes to the high poverty rates among the population, particularly women and girls. Participation rates among women and girls in the sciences is low across the globe; some governments are responding with affirmative actions. However, women and children with disabilities are not included in any affirmative action programs in Nigeria, despite their vulnerability.

“Even in our school, there is no one that can teach visually impaired persons maths or English, and these subjects are the gateway to university.”

– a visually impaired man, Jos

“I think the ministry needs to develop specific policies to encourage children living with disability to study sciences.” – federal ministry official

Negative attitudes among teachers and peers.

Negative attitudes toward children with disabilities are widespread among teachers and peers, particularly

impacting children with albinism, children affected by leprosy, and children with epilepsy. Name-calling, bullying, and teasing are common at school. This relates to the issue of child protection and the fact that children living with disabilities experience higher vulnerabilities compared with other students. This issue should be further explored and researched to inform educational programming in Nigeria.

“So you understand, it starts at home and continues at school. In school, [...] we go through all kinds of teasing, name calling, all sorts of humiliation. The teachers do not help, the teachers will call you names, “you, this blind man”, you know. All of that brings its own untold pressure that many of us, at a certain point, drop out of school and never want to go back to school.”

– a man with albinism, Abuja

Inclusive Education for Children with Disabilities

Inclusive education is still lacking in Nigeria. Nkechi (2013) opines that special education should be made available to all learners with disabilities, while inclusive education is the ultimate goal.

Some study participants expressed the view that educating children with and without disabilities in the same classroom improves attitudes toward children with disabilities as well as the social interactions among all students. Inclusive education can also accelerate speech-related improvements among children with developmental disabilities.

“Inclusion is best for children with intellectual disabilities because it helps in their speech therapy.”

– mother of a son with Down syndrome, Lagos

“When I was in university, one of my lecturers would make disabled and “normal” persons sit together to break the barrier of discrimination. Inclusive education is very important.” – a visually impaired woman, Jos

Inclusive Education for Hearing Impaired Learners

The hearing impaired participants of this study strongly oppose the idea of inclusive education in Nigeria. Similarly, most of the hearing impaired participants in a study by Nkechi (2013) preferred segregated to inclusive education. From the perspective of many hearing impaired people, inclusive education does not suit their learning, particularly at the primary level. There is a current dearth of teachers who know sign language, even in special education settings. Fellow students who are not necessarily proficient in sign language themselves are sometimes asked to be interpreters. Communication barriers result in hearing impaired students receiving less benefit in an inclusive setting.

“We might have some other students sign for us during class but those students might not be very good at it.”

– a hearing impaired woman, Jos

“If you look at the schools for the hearing impaired in Nigeria, most teachers cannot communicate in sign language. Most of those who studied special education in universities are posted to schools for the hearing impaired because they cannot find jobs. They don't even study education of the hearing impaired. They keep posting teachers to schools for the hearing impaired and the teachers are not trained in sign language, how will they communicate?” – a hearing impaired man, Jos

Structure and language development are vital to the education of hearing impaired children. Educators believe that inclusive education at the primary level negatively impacts hearing impaired students because their opportunities for sign language development, which is the mother tongue of the hearing impaired, is reduced. They advocate for direct student-teacher interaction using sign language—not through interpreters.

Study participants emphasized that hearing impaired culture and values are also better absorbed when hearing impaired learners can interact with one another and with hearing impaired adults. Inclusive education does not promote hearing impaired culture because hearing impaired children have fewer opportunities to interact with hearing impaired peers and adults.

Inclusive Education for Visually Impaired Learners

Similarly, visually impaired participants of this study do not support inclusive education for visually impaired children at the primary level. Visually impaired children feel left out in an inclusive classroom, sometimes because the teacher excludes them, even if unintentionally. Visually impaired learners in an inclusive setting also experience inadequate access to learning materials in accessible formats.

“The teacher will write on the board and continue teaching, forgetting that there are visually impaired children in the class and we get lost. Sometimes in the course of teaching, they point to the board and say ‘this’ but we don’t know what the ‘this’ is, so they don’t take us along.” – a visually impaired woman, Jos

“[...] What is the point of being in the same class preparing for the same examination and the handout is in print and not braille? We are not prepared for inclusive education.” – a visually impaired man, Jos

The visually impaired participants of this study believe that special education is extremely relevant at the primary level to develop the ability of visually impaired children to read and write and to rehabilitate those who become visually impaired. Mobility and orientation are also more effectively taught in a special education setting.

“For people who lose their sight later in life, maybe when they are about to write West African Examination Council (WAEC)¹⁰ or they are in the university, need rehabilitation—how to read and write, mobility and all that. Visually impaired children who are going to school for the first time have the same needs. So, those kind of special schools will be there to cater for that kind of students. To now advocate for inclusive school like that, to me, it’s not going to work for now, particularly at the primary education level. Inclusive is good but let’s have functional special schools.”
– a visually impaired man, Lagos

Challenges experienced by visually impaired students attending regular schools in South East Nigeria, according to a descriptive study by Esere et al. (2016), include negative cultural and traditional beliefs, such as lowered expectations among teachers and school staff; inadequate availability of adaptive and assistive devices; and architectural barriers. A study of visually impaired students in Lagos State similarly finds a lack of instructional support and discriminatory attitudes (Brydges and Mkandawire 2016). Coping mechanisms include getting to know another visually impaired student who performs well academically and relating with nondisabled peers without disabilities who are open to such relationships (Esere et al. 2016). Role models, champions, and advocates are crucial to raising awareness about the education of persons with disabilities. Esere et al. (2016) further posits that the low rates of school enrollment rates among girls may be due to the parents’ fear that their children will suffer abuse and discrimination at the schools and that the removal of subjects such as braille education, typing, daily living skills, mobility, and orientation from the secondary school curriculum has discouraged people with vision impairments to pursue further education in Nigeria.

10. The West African Senior School Certificate Examination (WASSCE) is a type of standardized test in West Africa administered by West African Examinations Council (WAEC). The examination is informally known as WAEC.

According to Iroegbu (2007), segregated education focuses on individuals' disabilities, isolates them from their homes and communities, and provides them with less exposure to experiences in the society (Dada 2006), but it also affords learners with disabilities the opportunity for individualized educational programs. Segregated special education can also aid the effective implementation of inclusive education as the latter draws from the experience, expertise, and resources of the former, making it more effective at accommodating learners with disabilities in inclusive settings (Iroegbu 2007).

Special education and integrated approaches are currently ineffective at providing education to learners with disabilities in Nigeria; they force learners to leave their communities, and there are not enough specially trained teachers to meet the need (Iroegbu 2007). Multiple experts affirm that inclusive education is a better approach (Adetoro 2014; Fareo 2012; Iroegbu 2007; Lang and Upah 2008). In addition, inclusive education practices already exist in the country as general education teachers manage learners of varying cognitive abilities, with only those at either extreme being classified as special needs learners (Iroegbu 2007).

Iroegbu (2007) therefore recommends that all preservice teachers be trained in the principles and practice of inclusive education so that every teacher has the basic skills and knowledge to accommodate all learners in the same classroom. Other experts express similar opinions (Adetoro 2014; Eleweke, Agboola, and Guteng 2015). Teachers already trained in inclusive education can benefit from in-service training to improve their skills, assisted by specially trained teachers and resources, as needed. The National Policy of Special Needs Education 2015 adopts such an approach.

Currently, information on the number of children with disabilities in Nigerian schools is limited to Education

Management Information System data from states supported by the Education Sector Support Programme in Nigeria (ESSPIN) (Humphreys and Crawford 2015). The report identifies disability as one of the cultural barriers to education and acknowledges the lack of education provided to learners with disabilities in Nigeria's basic education system. Enrollment rates among children with disabilities in mainstream schools has been increasing in states that have been implementing the recent ESSPIN interventions, such as Jigawa, Lagos, and Kaduna, but the retention rate, their needs, and their experiences at school are not known (ESSPIN 2013).

Vocational Education and Technical Training

Vocational education involves skill-based programs that help students acquire the skills they will need to enter a defined vocation or workplace. Technical training offers general technical knowledge not specific to a particular vocation (Okoye and Arimonu 2016). Furthermore, "technical education prepares people for entry into recognized occupation at a higher level but usually lower than the first degree" (Okoye and Arimonu 2016). Both technical and vocational education offer people the opportunity to become more proficient in their current or future occupation. Both take place in formal and nonformal settings in Nigeria, and they are usually offered as combined technical and vocational education that merges basic technical and scientific knowledge with skill-based learning, particularly in formal settings (Okoye and Arimonu 2016).

There is dearth of published information on the experiences of persons with disabilities in technical and vocational education in Nigeria. The government has established six rehabilitation and vocational centers (one in each geopolitical zone) to provide training to persons with disabilities, but most are in deplorable condition as a result of neglect by the authorities. Anecdotal reports indicate that most vocational training

offered at these centers is outdated, nonfunctional, and irrelevant to the young generation. Inclusive technical and vocational training is rare in Nigeria, although it can be found in some other African countries, including Uganda and Kenya. The inclusive technical and vocational training that development partners and civil society organizations are implementing could be studied to guide a similar effort in Nigeria (Light for the World 2017).

It is very common for vocational training to be conducted in nonformal settings in Nigeria, which allows participants to learn in the local community, but little to no evidence exists regarding the accessibility of formal and nonformal vocational training to persons with disabilities, nor of the related barriers and facilitators.

According to participants of this study, vocational and rehabilitation centers specifically for persons with disabilities exist around the country, but their number is inadequate. Many are dilapidated, lack programs for relevant vocations, and only have obsolete equipment.

“We have a vocational center in Zawan, but it is dilapidated, and we want the government to help because some of our equipment [for people with disabilities] is obsolete and some not even there.”
– a visually impaired woman, Jos

“I think there are about five or six federal government-established rehabilitation centers in the whole of Nigeria we are talking of about 36 states and then the federal capital territory.”
– a man with physical disability, Ibadan

Furthermore, protective items needed to make it possible for students with disabilities to learn certain vocations—such as carpentry and soap making—are not available at the vocational centers, limiting their choices.

“Some of the challenges that visually impaired children face are that some of them want to learn carpentry, but the equipment for learning is very sharp, or that some want to learn how to make liquid soap, but there are some chemicals that are very harmful.”
– a visually impaired woman, Jos

Regular vocational centers and programs are not inclusive. Persons with disabilities also encounter stigma and communication barriers when they try to learn at regular vocational centers or programs.

“Sometimes we go and there is no interpreter, so we just sit and look because there is no interpreter. We have a lot of hearing impaired women who are willing to take on skill acquisition, but there is no interpreter. and nobody is willing to help them.” – a hearing impaired woman, Jos

Adult Literacy

An adult literacy rate is the percentage of a population age 15 years or older who can both read and write with understanding a short, simple statement regarding everyday life. Literacy also encompasses numeracy—the ability to make simple arithmetic calculations (UNESCO 2019).

Groce and Bakhshi (2011) note the global lack of available publications, statistics, reports, policies, or practices on adult literacy programs and adults with disabilities. A recent review of literature on this topic in Nigeria reveals that notable adult literacy programs, such as the UNIVA Functional Literacy Programme and use of radio for nomadic educational programs and mother and child educational programs, do not target or include adults with disabilities, and that the program activities are not available in accessible formats (Akin-tolu, Nzima, and Kapueja 2018). Given the barriers they face in accessing education, persons with disabilities could benefit from inclusive adult literacy.

An analysis of the data (Leonard Cheshire 2018) on the inclusion of persons with disabilities in education from Nigeria's General Household Survey Panel 2012–13, reveals the following:

- ♦ Primary school completion rates among persons with disabilities is 100 percent compared with 78 percent of people without disabilities;
- ♦ Secondary school completion rates of persons with disabilities is lower (40 percent) than that of people without disabilities (56 percent);
- ♦ The participation rate in organized learning (a year before the official primary entry age) is higher for people without disabilities (57 percent) than for persons with disabilities (12 percent);
- ♦ The rate of participation in formal and nonformal education and in training over the previous 12 months is lower among youth with disabilities (25 percent) than for youth without disabilities (55 percent);
- ♦ Adults with disabilities participated less in formal and nonformal education and training during the previous 12 months (0.5 percent) than had adults without disabilities (4.5 percent);
- ♦ Nondisabled persons in the age cohort of 25–54 years or 55 years and older are more likely to complete a university education (9.1 and 9 percent, respectively) than persons with disabilities in the same age groups (4.5 and 5 percent, respectively); and
- ♦ Among the age cohorts of 15 and older, under 25, and 25 and older, persons with disabilities are less likely to have functional literacy skills (37, 36, and 35 percent, respectively) than people without disabilities (68, 64, and 61 percent, respectively).

Gaps in Programming

Unprepared and inadequately trained stakeholders and teachers

Relevant stakeholders in the inclusive education of students with disabilities are not yet adequately prepared to embrace the concept and take up the challenge. Similarly, teachers do not have a solid understanding of inclusive education practices.

“Inclusive education is very good but the situation is that the teachers, special teachers, are not well trained.” – a visually impaired woman, Lagos

Lack of early detection and intervention

Most students with disabilities have better outcomes if they receive appropriate interventions very early, but early detection and intervention is not practiced in Nigeria.

“Those students who will benefit from that type of education have been evaluated, and provided with hearing aids for them to follow with their peers. We know that many of the students we have in special schools would be in regular classrooms outside Nigeria because they would have been identified early. For instance, they would have had cochlea implants as a baby and would have developed speech like every other child. We don't have this opportunity, and so early detection is not there. And even if it is detected early, for how many of them do we intervene?”
– a female academic in Public Health, Ibadan

Dearth of learning materials and assistive technologies

Most of the printed materials are not available in formats accessible to visually impaired students, which are expensive to produce. Assistive technology is not always available, and when it is available, it is unaffordable.

“As a visually impaired student—at all levels—you don’t have access to most of these materials [...] in braille format [...] Also those materials seem to be very, very expensive, the gadgets, accessibility to printers, the computer.” – a visually impaired man, Gombe

In a survey of 165 special educators from five Nigerian states, Ajuwon and Chitiyo (2016) show that the largest users of assistive technologies are learners with a hearing or learning disability (53 and 40 percent, respectively). The study also indicates that the professionals are not trained in the use of assistive technologies, assistive devices and services are not available in classrooms, and the electricity supply is erratic. Respondents from a different study also reported that they have little access to assistive devices out of ignorance and due to the high cost (Smith 2011).

No information or publications exist regarding the availability and contents of policies, strategies, standards, programs, services, resources, and facilities for the inclusion of students with disabilities in tertiary institutions in Nigeria. The efforts of information technology stakeholders to make public information more accessible to persons with various types of disabilities is also not understood.

Lack of educational support to students with disabilities in tertiary education

Students in higher education do not receive any support to help them study. Other countries have disability support units to cater to the needs of students with disabilities, including the provision of reasonable accommodations in classes and during examinations. Visually impaired students in all Nigerian tertiary institutions use typewriters to answer examination questions. According to one visually impaired informant, an invigilator reads the questions to the visually impaired students, who then respond on a typewriter using two

sheets of paper plus a carbon sheet between them, which is manually set.

A lack of skills in terms of using assistive technology devices among teachers is another factor. In fact, a few institutions have limited access to assistive technologies, but their students do not due to the inability of unskilled teachers to transfer the necessary skills to the students.

Good Practices

An inclusive private primary school in Jos, Plateau State, enrolls children with various disabilities as well as those without disabilities, teaching them in the same classroom. The teachers are adequately trained to educate children with disabilities, and parents of hearing impaired children are required to have one other family member take lessons in sign language lessons at the school so that the child can communicate at home. It is compulsory for all students to learn sign language, regardless of their disability status. The school’s educational standards are high, which attracts many students.

Recommendations

- ◆ Ensure that the government puts in place the educational support necessary for inclusive education to work in Nigeria.
- ◆ Advocate for inclusive education that targets key stakeholders, such as the hearing impaired community and special needs educators and administrators, to get their buy-in, commitment, and support.
- ◆ Develop mainstream teachers in the principles and practices of inclusive education.
- ◆ Investigate and learn from the experiences of the private schools that are currently practicing inclusive education for children with disabilities.

- ♦ Integrate the learned experiences of other African countries where inclusive education is working.
- ♦ Explore the perspectives of teachers in mainstream schools regarding inclusive education, how prepared they are to include learners with disabilities in the regular classroom, and what would motivate them to accommodate learners with disabilities in an inclusive setting.
- ♦ Strengthen early detection and early intervention efforts for children with disabilities by developing relevant expertise, providing equipment, and developing referral pathways.
- ♦ Establish disability support centers to provide educational support services to learners with disabilities in tertiary institutions.

Employment and Livelihoods

Employment is crucial to poverty alleviation and independent living. However, attitudinal and physical barriers have been cited as some of the challenges preventing gainful employment of persons with disabilities in Nigeria, including denial of job opportunities; inappropriate job placement; lower expectations at work; and a lack of reasonable accommodations, including assistive devices and technology (Eleweke and Ebenso 2016). This may also take a gender dimension for women with disabilities, who may not meet the standard of beauty required by some firms for employing women; and women with disabilities may be less educated than women without disabilities and men with disabilities (Eleweke and Ebenso 2016). Leadership positions may not be given to women with disabilities for a variety of reasons, including the fact that they have few opportunities to receive an education or skills development. This may partly explain Leonard Cheshire’s (2018) finding of 0 percent women with disabilities in managerial positions in Nigeria compared

with 0.9 percent of women without disabilities. Participants for this study cited several barriers to employment, outlined below.

Negative Attitudes Among Employers

Persons with disabilities are rarely hired due to the mindset among employers that sees the disability rather than what the person might offer on the job. Employers in some sectors think persons with disabilities will negatively impact their brand, and in some cases, job advertisements explicitly discourage persons with disabilities from responding. And in a context of high unemployment in the general population, persons with disabilities end up relegated to the back of the employment line.

“There are many people that have graduated and have all the degrees but they don’t have a job.

In fact, they will say ‘we the non-disabled persons don’t have jobs let alone the disabled persons.’”

– a male academic in special education, Jos

“There is a shop where I was working for a woman, and some people came and asked her why she allowed me to work in her shop, people would not come and buy anything. The woman answered and said to them ‘a human being is a human being and I don’t discriminate against people.’”

– a woman with albinism from rural area, Jos

Disabling Work Environment

Persons with disabilities who do get hired can prove unproductive due to a lack of inclusive human resources workplace policies. They may find themselves in a work environment that is disabling, including an inaccessible physical environment, a lack of assistive devices and technologies, and negative attitudes among colleagues. This results in a lack of job security because

persons with disabilities are likely among the first to be laid off if a redundancy is declared.

“I know that at one point the federal civil service will improve the employment drive. But if we want to look at employment, is it really just about putting somebody on your payroll and paying them for doing nothing? Part of being employed is to be productive, you understand. [...] When looking at employment, we shouldn't just be looking at your name getting on the payroll but making sure that your environment is conducive, there are disability policies in place at the workplace, and all of that. So, looking at it that way we might not find that the quota is being implemented.”
– a female wheelchair user, Abuja

Lack of Inclusive Affirmative Action in Employment

In line with the provision of the Disability Act, all public organizations are to reserve at least 5 percent of employment opportunities for persons with disabilities. However, it is technically a federal law until domesticated by states, the provision is not being enforced, and is mostly subject to the individual discretion of hiring personnel.¹¹

“With regard to access to employment, we also know that the government has announced that for any government established, a certain percent of employee should be reserve for persons with disabilities. How have we implemented this thing?” – a male academic, Oyo

Inappropriate Employment

Persons with disabilities sometimes accept jobs in undesirable industries because it is their only available opportunity. For example, the portrayal of persons with disabilities in the entertainment industry can indirectly reinforce negative images of disability.

11. <https://www.premiumtimesng.com/news/headlines/307494-ten-things-to-know-about-nigerias-new-disability-law.html>.

“They don't employ us because of our short stature. The only place they accept us is in movies, or in entertainment like dancing. They use people of short stature as statues by coloring our bodies so people can laugh. It's for money that people play such roles.”
– a woman with short stature, Lagos

Denial of Leadership Roles

Persons with disabilities employed in government agencies tend to be denied leadership roles because of their disabilities. Study respondents cited multiple cases that they believe were intentional.

“I have never seen a director who is an albino.”
– a man with albinism, Jos

Additionally, most employers of labor today demand more skills than previously. However, persons with disabilities may have fewer opportunities to develop their skills due to the many barriers they face—attitudinal, physical, institutional, and communication-related. Skills development opportunities must be opened up to men and women with disabilities to increase their participation in the labor market.

Data from Nigeria's General Household Survey Panel 2012–13 reveal unemployment rates among persons with disabilities of 77 and 63 percent for ages 15–24 and 25–64, respectively, compared with people without disabilities in the same age cohorts at 49 and 21 percent, respectively (Leonard Cheshire 2018). The data also show that 61 percent of youth with disabilities (ages 15–24) are not in education, employment, or training compared with 23 percent of persons without disabilities in the same category. Additionally, 12 percent of adults with disabilities and 16 percent of people without disabilities (ages 15 and older) have an account at a bank, at another financial institution, or with a mobile money service provider.

Gaps in Programming

- ♦ The implementation of inclusive employment policies and pronouncements is inadequate.
- ♦ The absence of an inclusive human resources policy puts employees with disabilities at a disadvantageous situation at work.
- ♦ There is a lack of advocacy for inclusive employment.

Good Practice

The Plateau State government is implementing the employment provision in its disability law.

Lagos State Special People's Law 2011 has an employment quota for any organization with 100 or fewer people in their workforce of 1 percent for people with disabilities.

Recommendations

- ♦ Increase advocacy efforts for inclusive employment that target all private and public sectors.
- ♦ Develop and fund inclusive employment and livelihood interventions by development partners.
- ♦ Promote the active participation of men and women with disabilities in skills development programs and in leadership roles.

Public Information and Communications

Study participants identified the lack of access to public information and communications as a major constraint to the social development of persons with disabilities, particularly individuals with sensory and cognitive impairments. Elsewise and Ebenso (2016) document the absence of adequately trained sign interpreters as a challenge for the hearing impaired population in Nigeria in accessing public information and communications. Similarly, public information is seldom available in formats that are accessible visually impaired persons or to

those with cognitive impairments (Eleweke and Ebenso 2016). In addition, information meant for the general population is not available in language simple enough for people with intellectual disabilities to access.

In tertiary institutions in Nigeria, studies indicate insufficient access to assistive technologies for making information accessible to students with disabilities (Ezeani et al. 2017). Reported challenges include the lack of available assistive technologies for people with sensory impairments, out-of-use assistive technologies, negative attitudes among relevant staff and peers, and physically inaccessible information and communications technology facilities and resources. This study reveals similar findings, as described below.

Inaccessible Public Information and Communications

Public information and communications are not accessible to people with sensory impairments, including individuals with albinism. Information is not available in accessible formats, such as sign language, audio, simple language, and large typeface. When provided, sign language interpretation on television is ineffective.

“We have sign language interpreters on TV, but in a very small corner and we might have to call our children to come and interpret for us. But the children sometimes run away or fall asleep when it is time for news because they are tired of interpreting.” – a hearing impaired woman, Jos

Illiteracy

The high rate of Illiteracy among persons with disabilities makes it difficult for many to access public information in English. Sometimes, information is not available in the local languages.

“The information on the radio is in English and this language is not understood by a majority of our members at the grassroots level.” – a visually impaired man, Gombe

Poor Quality Sign Language Interpretation

The quality of sign language interpretation in the country is poor. Interpreters do not receive any organized training to qualify, hindering effective communication with hearing impaired people and ultimately negatively impacting their socioeconomic development.

“We don’t have any institution in Nigeria that trains interpreters. Those who we call “interpreters” are just signers. They are only trained to use sign language. They use speech language to sign; we can’t classify them as interpreters. There should be something like a registered certificate for interpreters.” – a hearing impaired man (hearing impaired educator), Oyo

Gaps in Programming

- ◆ Assistive technologies are lacking to make public information accessible in alternative formats.
- ◆ Making information and communications accessible to persons with disabilities is a low priority for the government.
- ◆ Capacity is lacking to provide accessible information and communications.

Good Practice

Ability Plus, a television program on Nigeria television that highlights the needs and the potential of persons with a variety of disabilities, is anchored by a hearing impaired woman and presented in sign language. Experts have pointed that the studios where the program is recorded should be improved to allow access of persons of disabilities into the building.

Recommendations

- ◆ Develop and implement inclusive information and communications policies.
- ◆ Provide assistive technologies to make public information accessible to persons with disabilities.

- ◆ Review, document, and provide assistive technologies and apps for persons with different types of disabilities, such as for a mathematics student with weak hands.
- ◆ Develop expertise to foster the local production of assistive technologies.

Health

In Nigeria, as elsewhere in the developing world, health services are seldom accessible to individuals with physical, sensory, intellectual, or mental disabilities. Barriers to accessing health services include physically inaccessible environments, negative attitudes among health workers, low knowledge of disability issues by health care workers, inaccessible equipment, and lack of available health-related information in accessible formats.

There is dearth of research into the general accessibility of health services in Nigeria. Smith (2011) reports that 71 percent of the respondents of a survey of persons with disabilities in the states of Kogi and Niger were unable to access disability-specific health services. Some studies focused on sexual and reproductive health, including HIV, document the experiences of persons with a variety of disabilities while they try to access health care services. They demonstrate that information, educational resources, and services for sexual and reproductive health, including HIV, are inaccessible to persons with disabilities despite the reportedly high rates of risky sexual behavior among this group (Aderemi, Pillay, and Esterhuizen 2013; Groce, Yousafzai, and van der Maas 2007; Olaleye et al. 2007). Most available studies focus on the hearing impaired community (Aru-logun et al. 2012, 2013; Groce, Yousafzai, and van der Maas 2007; Osowole 1998).

Research shows that persons with disabilities, like other vulnerable groups, are at a high risk of acquiring conditions related to sexual and reproductive health,

and that they need equal access to relevant services (Aderemi 2014; Aderemi, Pillay, and Esterhuizen 2013; Arulogun et al. 2012, 2013; ENR 2015). However, persons with disabilities are seldom able to access sexual and reproductive health services—or any other health care services for that matter. The findings of a recent audit of health, social, and criminal justice facilities reveal that 93 percent of health care facilities do not have disability-friendly policies, and only two of the 14 audited facilities are physically accessible (DRAC 2018).

There are a few studies documenting the low level of knowledge among health care personnel regarding disability matters. For example, Bakare et al. (2009) finds that health care workers have little knowledge of some of the symptoms of childhood autism. Similarly, only a few respondents were aware of risk factors for hearing loss in infants, such as low birthweight and maternal exposure to noise during pregnancy (Olusanya and Roberts 2006). This study's findings corroborate the existing literature, as illustrated by the following descriptions of their experiences.

Negative Attitudes Among Health Workers

Health workers exhibit negative attitudes toward persons with disabilities, particularly in the area of sexual and reproductive health. They generally frown upon the idea of a woman with a disability being sexual, and if the woman is pregnant, health workers will probably ridicule and blame her for it. The health workers' attitudes reflect those of the larger society that discriminates against women and girls with disabilities. In some instances, this has reportedly led to the sudden death of the woman.

“There are instances where midwives help a woman to give birth, see a person with albinism, and are in shock. “What have you given birth to?”. And some women will just go into depression and die.”

– a man with albinism, Abuja

Ignorance of Disability Among Health Workers

People affected by leprosy complain that health workers stigmatize them as being contagious long after they have ceased being so, although they live with the resultant impairments caused by the infection. Such an attitude is indicative of the ignorance level among health workers on topics with which they should be familiar—they should be educating the general population to reduce stigma.

“I am a leper, when I go to the hospital, they treat me very well the first day. And, if I pass the night at the hospital, the next day they chase me out saying other patients won't want to come because I am there.”

– a woman affected by leprosy, Jos

Prohibitive Cost of Care

The cost of medical treatment is often beyond the means of the average person with a disability. Most persons with disabilities have no access to health insurance, except the few who work for the federal government.

“It is not really affordable because by the time you check the consultation fee and other fees, not everybody can afford it. Particularly the mentally ill, who have been neglected, and nobody is taking care of them.”

– a man with mental illness, Benue

Inaccessible Information and Communications

Health-related information and educational materials are not available formats accessible to persons with disabilities in Nigeria. Hospitals lack sign language interpreters, so hearing impaired patients must depend on their family members and friends to communicate, representing a breach of confidentiality. Visually impaired patients are unable to independently read

their medication instructions, and must also sacrifice their right to confidentiality in some instances.

“Our major challenge is communication, I had high BP, the doctor didn’t tell me my diagnosis. Health is not accessible to us as persons with disability. It’s a big challenge, so we rarely use hospitals but rely on self-medications or pharmacies.” – a hearing impaired woman, Lagos

“For most government programs that have to do with health, whether it is reproductive health or else, most information is not in accessible format for visually impaired people.” – a visually impaired man, Gombe

“Sometimes, when you go to the hospital, you are given different types of prescription. To find the drug you need to rely on somebody else, there is no inscription on the [medication] to identify which one you need to take in the morning, which one you take in the afternoon, which one is which.” – a visually impaired man, Gombe

Inaccessible Environment and Equipment

The physical environment at most health facilities in Nigeria is inaccessible to persons with mobility and visual impairments. Also, hospital beds and equipment may not be accessible to persons with mobility impairments.

“Health is not accessible, starting from the accessibility into the facility, to their beds. This caused me to lose my child 10 years ago when I was pregnant and enrolled for an antenatal clinic. Unfortunately the antenatal clinic was upstairs, the rest rooms and bathrooms were not accessible. If the hospitals had been accessible, I would have been on bed rest for them to manage my condition; I do not have a child till now.” – a female wheelchair-user, Lagos

Gaps in Programming

Dearth of early intervention services

Early medical interventions, such as rehabilitation and speech therapy, are scarce in Nigeria. The lack of expertise in these areas constitutes a major challenge to early intervention, particularly for children with developmental disabilities. The experts who are available are very expensive.

Lack of training and skills in disability inclusion

Health workers lack disability-inclusion training, representing an enormous gap in addressing the needs of persons with disabilities in the health sector.

Lack of budget allocation

A lack of relevant budget allocation is an impediment to the implementation of health policies for addressing issues impacting persons with disabilities.

Lack of inclusive health policies

Health-related policies do not address the needs of persons with disabilities. The only disability-specific national-level policy on sexual and reproductive health for persons with disabilities has not yet been implemented.

Good Practices

- ◆ Health workers in Akwa Ibom State do not discriminate against persons affected by leprosy—a result of the work of The Leprosy Mission and the German Leprosy and Tuberculosis Relief Association to sensitize and raise awareness of relevant stakeholders in the health sector. The health workers are now well versed in the treatment and prognosis of leprosy.
- ◆ The Comprehensive Community Mental Health Programme in Benue State provides mental health services at the community level using low-cadre health workers trained specifically for the purpose. The health workers are government workers, which

promotes the sustainability of the program. The health workers are supervised by a tertiary hospital in the catchment area. The program includes the establishment of the Mental Health Advocacy Initiative, which includes mental health service users and community members. It raises awareness around mental health at the community level and provides support to service users.

- ◆ The Minister of Health recently launched a policy on the sexual and reproductive health of women and girls with disabilities, developed in collaboration with the national-level nongovernmental organization (NGO) Disability Rights Advocacy Center in Abuja.

Recommendations

- ◆ Provide health information, education, and communication in accessible formats.
- ◆ Train health workers to provide inclusive health services and to understand the rights that men and women with disabilities have to health care services.
- ◆ Collect and disaggregate disability-related data from patient records.
- ◆ Raise awareness among persons with disabilities of their right to health services, including sexual and reproductive health care.
- ◆ Make health insurance accessible to persons with disabilities to reduce exorbitant out-of-pocket expenses.

Community-based Rehabilitation, Assistive Devices, and Technology

Community-based rehabilitation (CBR) is a community-level effort and multisectorial approach to rehabilitate persons with disabilities, equalize opportunities, and socially include all children and adults with disabilities (Samuel 2015). The CBS matrix, which gives an overall visual representation of CBR and the different

sectors that can make up a CBR strategy include:¹² (1) education; (2) employment; (3) health; (4) livelihoods; and (5) social services. A CBR program does not have to implement activities in all of the components; rather, it should consult with persons with disabilities to identify and prioritize the services they need, and the establish collaborative relationships with other programs in its service provision catchment area.

Empirical studies documenting the practice of CBR in Nigeria, the experiences of persons with disabilities, lessons learned, and good practices during the implementation of CBR programs are sparse. A pilot project aimed at facilitating the reintegration of persons with disabilities into their communities after they completed a vocational rehabilitation program was implemented in Oyo State (Alade 2004). Reportedly, the project has successfully trained 155 persons with disabilities since its inception, has witnessed an increase in vocational training programs from 7 to 24, has provided revolving loans to trainees, and has been introduced in six other Nigerian states. Major implementation challenges include inadequate funding due to low repayment rate of loans and lack of expertise among local artisans to train people with vision impairments. Findings from another descriptive survey of the beneficiaries of a CBR program in Akwa Ibom State indicate a significant association between CBR and livelihood enhancement among persons with disabilities (Effiong and Otu 2017).

Ebenso et al. (2010) presents the findings of a 13-year historical review of the transformation of the socio-economic rehabilitation project in northern Nigeria into a coordinated CBR program for people affected by leprosy, including formulating new program policies and guidelines and training staff in CBR principles and practices. The review's findings point to the fact that the adoption of CBR principles and community

12. See: World Health Organization <https://www.who.int/disabilities/cbr/matrix/en/>

development projects can stimulate improvements in living conditions, self-esteem, and acceptance of people affected by leprosy into the community. However, people in the program who are affected by leprosy remain economically dependent on the program, and the mobilization of other funding and partnerships for the program is weak, making the program unsustainable.

In 2015, CBM International's Nigeria country office, one of the main funders of CBR programs in the country, evaluated its 10 CBR projects, most of which had already been supported for about 10 years each (Enablement 2015). The evaluation found multiple factors crucial to effective CBR programming: the establishment of a multisectoral partnership network, including a strong collaborative relationship with the government; the empowerment of persons with disabilities; a clear understanding and practice of CBR principles; community-targeted activities; CBR program ownership; and the adoption of a rights-based rather than a charity-based approach. A community-based approach is also more effective than a CBR program operating within an institution, such as a hospital.

According to the findings of the present study, CBR is currently quite uncommon in Nigeria, with only a few such programs in existence, such as blindness rehabilitation in Zaria and a program for other disabilities in Kaduna.

“Okay, we have a few that do provide basic rehabilitation services. We have one in northern Nigeria, we call it Hope for the Blind, Zaria.” – a visually impaired man, Gombe

The revival of CBR programming in Nigeria is vital to promoting the inclusion of persons with disabilities at the community level and for advancing disability-inclusive development in the country. The following steps are essential to sustain their sustainability:

- ◆ Reorient CBR actors and their capacity development efforts to enshrine CBR principles into project implementation plans;
- ◆ Maintain the change processes initiated by community-level CBR programs (e.g., by ensuring the continuity of an effective idea or scheme);
- ◆ Ensure the participation of persons with disabilities, their organizations, and the community in decisions regarding the evaluation and ownership of CBR programs; and
- ◆ Mobilize multisectoral partnerships and networks (Ebenso et al. 2010; Enablement 2015).

Participants of this study claimed that assistive devices and technology are not readily available in Nigeria, and because they are imported, they are very expensive if available.

Local expertise regarding the manufacturing of assistive devices is lacking, and when is available, there is little funding and incentives from development finance institutions, which reduces the opportunities for scaling up the production of these devices easily and quickly. There is only small-scale production, with most of the locally fabricated assistive devices being either obsolete or inappropriate for the intended users.

“The types they produce in Nigeria are not comfortable. We just put the person in the wheelchair, not minding if they are comfortable.” – a hearing impaired man, Jos

“Ordinarily, assistive technology is not readily available in markets in Nigeria, because they are not commonly demanded due to their high cost. But if you demand it, they can import it for you.” – a visually impaired man, Lagos

“One barrier is the availability of knowledge. Do they even know it’s available? And that starts from the educational system.”

– a female academic in public health, Ibadan

Similarly, therapists are very few, based in large cities, and usually with privately-owned practices; it is also very expensive to engage their services. These factors have significant implications for early intervention and rehabilitation, particularly in rural settings.

“The speech therapists are too expensive to access.

The speech therapist, occupational therapist, physiotherapist. My God! There are some people who say “There are NGOs that have this equipment”, but you will pay through the nose to access the therapy for the child and they keep telling you they are doing you a favor.”

– mother of an adult with Down syndrome

Gaps in Programming

- ♦ Inadequate expertise and centers for manufacturing of modern assistive devices.
- ♦ Low knowledge level of the principles and practice of community-based rehabilitation.
- ♦ Lack of sustainability plan or design of community-based rehabilitation programs.
- ♦ Little government commitment to community-based rehabilitation and the local production of assistive devices.

Good Practices

There are a few local government areas in Kaduna that have community-based rehabilitation programs, including the local government areas of Kajiru and Suba. These communities run workshops supported by the local government authority. They train persons with disabilities within the community in vocations such as welding, bricklaying, and tailoring. The University of Jos

offers a diploma program in community-based rehabilitation. The program helps to generate interest in the field and raise experts. However, it is only offered as a diploma course.

A few international NGOs focused on leprosy provide assistive devices to persons affected by leprosy in the states where they work, including The Leprosy Mission International, German Leprosy Relief Agency, and Damien Foundation.

Recommendations

- ♦ Assess and strengthen existing CBR initiatives through capacity development on CBR principles and practices.
- ♦ Mainstream CBR issues into existing and future community-based interventions to address the needs of persons with disabilities.
- ♦ Develop manpower and establish facilities to locally produce assistive devices and technology.

Transportation

Accessibility is both a principle and an Article of the United Nations Convention on the Rights of Persons with Disabilities (UN 2006). Accessibility should be comprehensive, including the provision of accessible information and communications. Access to transportation goes beyond services to include the personnel and physical environment utilized in the delivery of such services. Therefore, the inclusion of persons with disabilities should be prioritized across all components of the travel chain, including the pedestrian environment, access to terminal buildings, information provision, public transportation, and operators and managers (Babinard et al. 2012). The government and its partners have an obligation to understand, identify, and remove every barrier to the transportation of persons with disabilities.

Accessible transportation is important to increasing the participation of persons with disabilities in the mainstream of life—social, economic and political—and in reducing poverty (Babinard et al. 2012; Odufuwa 2007). When transportation is accessible, other groups also benefit, including the elderly, children, and pregnant women (Babinard et al. 2012). However, inclusion is rarely a priority in transportation planning, design, construction, or implementation in Nigeria.

A few available studies indicate the road environment, vehicle design, and travel information as the main mobility challenges faced by persons with disabilities in Nigeria (Ipingbemi 2015; Odufuwa 2007). Poverty is also a negative consequence of the exclusion of persons with disabilities from transportation in the country (Odufuwa 2007). The transportation barriers reported by persons with disabilities for this study are summarized below.

Inaccessible Vehicles

Public transportation in Nigeria is physically inaccessible to persons with various types of disabilities. Commercial drivers often have negative attitudes toward them; some refuse to drive people who have been affected by leprosy; some charge more to transport assistive devices such as wheelchairs; and some will not even accept a wheelchair-using passenger.

And most cars are not constructed to take care of persons with disability. We struggle to get into the car, we struggle to see how we can get on the bus.”

– a male disability activist, Akure

“He has his wheelchair and the loads. Each time he wanted to enter, they would tell him he had to pay for all the seats where he would sit.”

– a male academic in Special Education, Jos

Negative Attitudes Among Commercial Drivers

Some commercial drivers think that it is a waste of their time to help a passenger load a wheelchair into their vehicle or assist a visually impaired person by dropping them at an appropriate bus stop.

“So, when we stop a vehicle, the driver will say, ‘If I pick up this person, she doesn’t even know where she is going, she will waste my time and that of other passengers.’ If I don’t go out with my guide, I might end up in the wrong place.” – a visually impaired woman, Jos

Negative Attitudes Among Co-passengers

Additionally, other passengers may shift away from persons with severe disabilities or alight from a vehicle, suggesting a discriminatory attitude toward persons with disabilities. Due to these attitudes, persons with disabilities are often forced to hire taxis to their destinations rather than boarding buses or public taxis. This means additional expenses for people who are already economically disadvantaged in many ways.

“When you stop a vehicle to enter and they see you’re disabled, the people in the vehicle will not even allow you to enter. Some drivers believe that if they take you, other passengers might not get on or alight from the public bus.” – a woman affected by leprosy, Jos

It is crucial to raise awareness to these challenges among relevant stakeholders—policy makers, development partners, and personnel—and to jointly explore sustainable solutions. It is also critically important to consult with persons with disabilities and their organizations during the planning, design, construction, and implementation phases of transportation programs in Nigeria.

Anecdotal reports suggest that the Nigerian aviation sector is grossly inaccessible to persons with

disabilities, although there is an unfortunate lack of published research on the subject. Disability inclusion in this sector is primarily informed by the medical model of disability, which does not recognize the rights of persons with disabilities to accessible air travel.

This study finds evidence of discriminatory attitudes among airline and airport staff, who often associate disabilities with illness and think that passengers with disabilities are incapable of caring for themselves while onboard. Sometimes, persons with disabilities are told they must travel with a companion, even though many can and do travel unaccompanied, especially given the expense of traveling with an assistant. In some instances, unaccompanied passengers with disabilities have been prevented from boarding planes or have been forced to deplane.

“As a visually impaired person, you cannot get on board [an airplane] without a guide. [...] A visually impaired woman reported to us; she finished school and tried to come back to Abuja from Lagos, from a kind of rehabilitation center in Lagos. Suddenly, when she went to the airport in Lagos, they told her she could not board unless she had somebody [to take care of her]. After a lot of dragging, the woman had to pay a certain amount of money for her to be taken care of on board before she was allowed to board. This is a serious. It is not all the airlines [that do this], but we receive these types of cases.” – a visually impaired man, Gombe

Many think this sector is a lower priority than public road transportation under the incorrect assumption that only a few persons with disabilities travel by plane. This category of men and women with disabilities, who have the resources to undertake air travel, are key to disability inclusion advocacy in Nigeria and globally if they are able to travel without constraints. They depend on air travel to fulfill this important role as well as other

personal socioeconomic and political roles. Domestic and international airports in Nigeria should make provisions to allow access for persons with disabilities, including those using wheelchairs. Airport staff, including that of the Federal Airport Authority of Nigeria, do not receive adequate training on the principles and practices of inclusive air travel for persons with disabilities. They usually demonstrate inappropriate and risky boarding procedures and handling, such as demanding a passenger with mobility difficulties pay for the use of a wheelchair for boarding, as this study documents. Sometimes, airport staff damage assistive devices, such as wheelchairs, and then refuse to replace them.

“The airline insisted I pay for wheelchair services despite the provisions of the Disability Act and the Air Passenger Bill of Rights.” – a female with mobility impairment, Abuja

Furthermore, the wheelchair-accessible parking at the Nnamdi Azikiwe International Airport, Abuja, is not available to air travelers with disabilities. The parking has been converted to “VIP” (very important person) use and requires the purchase of a sticker that costs ₦100,000 annually. Indeed, there is a great need for interventions in the aviation sector to improve the situation.

Gaps in Programming

- ◆ There is little awareness among commercial drivers, airline staff, and airport staff of the transportation-related rights and needs of persons with disabilities, including the handling of assistive devices.
- ◆ There is a lack of facilities for safe, convenient, and dignified boarding.
- ◆ Inclusive transportation is a low priority to relevant stakeholders.

Recommendations

- ◆ Raise awareness among commercial drivers as well as among the staff and management of airlines and airports about disabilities, persons with disabilities, and their rights.
- ◆ Train airline and airport staff on how to appropriately handle assistive devices.
- ◆ Ensure that the government provides accessible transportation for passengers with disabilities.
- ◆ Develop and implement an inclusive transportation policy.

Social Protection

Social protection (or social security) is a human right, defined as a set of policies and programs designed to reduce and prevent poverty and vulnerability throughout the life cycle (ILO 2017). According to the International Labour Organization (2017), social protection includes benefits for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors of crisis and conflict, and health protection. Social protection systems address these areas with a mix of contributory and noncontributory schemes (ILO 2017).

Poverty and inequality are rife in Nigeria. A social protection policy has been on the agenda since 2004 but remained at the draft stage due to inadequate political traction (Hagen-Zanker and Holmes 2012) until it was finally approved in 2017. The lack of a national-level social protection policy had been an impediment to the implementation of a social protection policy at the state level. There are currently three small-scale programs led by the federal government: Care of the People (COPE), a conditional cash transfer program; subsidized maternal and child health care provision; and the

community-based health insurance scheme. Government ministries, departments, and agencies (MDAs) have implemented other ad hoc social assistance programs, such as child savings accounts, disability grants, health waivers, education support, and nutrition support. Other donor-led programs include conditional cash transfers for girls' education in three states, child development grants in two states, and programs that include social protection components.

In 2016, the Nigerian government organized all of its social welfare initiatives under a single umbrella called "social investment," with no deliberate effort to ensure the inclusion of persons with disabilities. The social investment umbrella includes five program components: (1) N-Power—job provision to youth, particularly young graduates; (2) homegrown school feeding; (3) the national cash transfer program; (4) an enterprise and empowerment program; and (5) the STEM (science, technology, engineering, and mathematics) bursary program (Ukpong and Ikoh 2017). The National Social Protection Policy was finally approved in 2017, but these five program components persist as the government has not yet rolled out the full implementation plan for it (Ukpong and Ikoh 2017).

Disability, gender, ethnicity, geographical location, and HIV status are social dimensions of vulnerability that influence people's exposure to risk as well as their resilience (UNICEF 2015). Social protection programs can therefore improve people's living standards and households' access to services, which can then lead to inclusive development outcomes (UNICEF 2015).

Disability and poverty interact in a vicious cycle such that persons with disabilities are among the poorest of the poor, with limited access to education, employment, or livelihoods. Coupled with adequate access to basic services, social protection can provide livelihood

security of and alleviate poverty among persons with disabilities (Palmer 2013; UNICEF 2015).

Despite the vulnerability of persons with disabilities, there is no evidence of concrete provisions for including them in all of the existing social protection programs in Nigeria, although the National Social Protection Policy included such provisions. In fact, some of the eligibility conditions may not favor most persons with disabilities. For example, COPE's conditional cash transfer program targets households with children of school-going age that are headed by a woman or that include a member who is elderly, has a disability, has fistula, or is HIV-positive. A woman with a disability in Nigeria may not have children or a head a household and so therefore may not be eligible to be a primary beneficiary. Similarly, women with disabilities are less likely to benefit from the maternal and child health care program. Only the Jigawa State government provides disability grants to its citizens without clear eligibility criteria. Eligibility requirements for social protection schemes should be reviewed to better include persons with disabilities.

Studies on the coverage of persons with disabilities by the conditional cash transfers in Nigeria are sparse. A review of cash transfer programs for persons with disabilities in developing countries generally indicate positive socioeconomic and service access outcomes, but coverage and benefit levels remain low (Palmer 2013). Leonard Cheshire (2018) reported a social protection coverage of 1.4 percent for persons with disabilities in Nigeria compared with 2.4 percent for persons without disabilities. This report was based on data on people that contributed to the national insurance scheme, which also highlights the exclusion of persons with disabilities from employment.

The experiences of persons with disabilities participating in this study related to social protection are characterized by a lack of access to social security schemes,

internal bureaucracies of organizations of persons with disabilities, and corruption of the leadership of organizations of persons with disabilities. These are discussed in turn below.

Lack of Access to Social Security Schemes

Persons with disabilities experience high levels of poverty, but they do not have access to loans or grants to start businesses, to access education and health, or to augment their incomes. Life is more expensive for a person living with a disability, who might need assistive devices, aides, personal assistance, home accommodations, accessible transport, rehabilitation services, or medical treatments to improve functioning. Access requires financial resources that the average person with a disability or a typical household that includes a member with disability may not have.

“My elder sister gave me a plot of land now and said “Since you have learned about poultry, “Start a poultry [farm] and take care of yourself.” But without money to invest in the poultry business, how was I supposed to do that?” – a woman with physical disability, Jos

“It is very expensive, especially with cerebral palsy children. I tried taking my daughter to [an NGO], the condition there is that you have to bring a nanny. If the child cannot sit you have to get a special chair, called the CP Chair, and the last time I checked it cost about 200,000. As a person who is not working, you get [the chair] and you will be able to move the child to school, but you still have to settle the school fees.” – father of a child with cerebral palsy, Jos

Internal Bureaucracies of Organizations of Persons with Disabilities

Occasionally, when social security is available, persons with disabilities who are not affiliated with an organization do not benefit, possibly because they did not

receive the relevant information or because they did not meet certain requirements, such as being a registered member of a relevant organization. Provisions are not usually made to facilitate the access of persons with disabilities to schemes aimed at the general population.

“Between 2013 to 2015, the government established a program and we were given money to start a small business. But to enjoy this program, you had to belong to a certain association.” – a visually impaired woman, Jos

“Like for the cash transfer, we are not aware and nobody is going to tell us. So it would be better if the government could send us text messages.”
– a visually impaired woman, Jos

Gaps in Programming

- ◆ Provisions of the National Social Protection Policy that address the needs of persons with disabilities are not being implemented.
- ◆ The National Social Protection Policy does not include disability as a cross-cutting issue; only a few provisions mention disability inclusion.
- ◆ Monitoring and accountability strategies to ensure the proper implementation of the existing social security schemes are inadequate.

Good Practices

- ◆ The Lagos State government is implementing a disability grant to alleviate poverty among persons with disabilities through the Lagos State Office for Disability Affairs. The entrepreneurship loans aimed at the general population are also inclusive of persons with disabilities.
- ◆ The Plateau State government, through the Plateau State Disability Rights Commission, is implementing social security schemes specifically targeted at persons with disabilities.

Recommendations

- ◆ Investigate the level of access to the current social protection schemes that persons with disabilities have, including barriers and facilitating factors.
- ◆ Address disability as a cross-cutting issue in the current National Social Protection Policy.
- ◆ Develop an implementation plan for the National Social Protection Policy, including monitoring and evaluation with disability-specific indicators and disaggregation of data by disability.
- ◆ Develop eligibility criteria that do not exclude persons with disabilities.
- ◆ Ensure the active participation of persons with disabilities, their organizations, and/or disability-focused actors in the development of the implementation, monitoring, and evaluation plan for the National Social Protection Policy.

Electoral and Political Processes

Low Knowledge Levels Among Staff

Independent National Electoral Commission (INEC) staff lack adequate knowledge about disabilities. They did not receive any disability-related training for the 2019 election, which made it difficult for them to define or identify persons with disabilities during the election cycle.

“We deployed observers to seven states and Abuja and the report was the same. [...] So even the INEC [Independent National Electoral Commission] ad hoc staff does not know who is a person with a disability, they don’t even recognize it. So, when the INEC does not make a concerted effort to build the capacity of their staff to cater for people with disabilities, it becomes a problem.” – a male amputee, Lagos

Inaccessible Election Procedures and Facilities

Although INEC made attempts in some places, overall, the electoral procedure and facilities were not accessible to all persons with disabilities. For example, persons with disabilities who do not have fingers were unable to vote. Similarly, some polling units were not physically accessible to persons with mobility difficulties.

“During the INEC registration, we registered but we were not given Permanent Voters Card. We have visited the INEC office several times, but they keep directing us to different places, and we cannot cast votes. And it was announced on the news that even people with disabilities have the right to vote.”
– a man affected by leprosy, Jos

“That is why even in the last election so many of us could not thumbprint. Many of us are disenfranchised and I even complained to the INEC chairman. He said he was going to look into the matter but nothing is being done.” – a man affected by leprosy, Benin

Lack of Opportunities for Political Participation and Leadership

Persons with disabilities are systematically excluded from political participation and leadership. They are often marginalized into political appointments that are disability-specific, even when they have areas of expertise or interest where they could better perform. Currently, persons with disabilities are not represented among Nigeria’s cabinet ministers. If they can participate, they are more vulnerable to cases of political violence, for example.

[...] The best that they can do is to create a disability office for you. Even if you are the best doctor or the best communicator in a wheelchair, they won’t consider you for Commissioner of Health or Education. At most, they will give you “Disability affairs, Special Adviser.” These things are demoralizing” – a visually impaired man, Lagos

“Recently the Albino Foundation launched what we call a “disability inclusion campaign.” And this disability inclusion campaign is not only to get persons with disability into the electoral process but to get persons with disability into every sphere, every sphere of governance you know. Now we are putting pressure on the state house to appoint a person with a disability as one of the cabinet ministers.”
– a man with albinism, Abuja

Gaps in Programming

- ♦ Political will is lacking to facilitate the active participation and leadership of persons with disabilities in electoral process and governance.
- ♦ The capacity of electoral workforce to ensure disability-inclusive elections is weak.
- ♦ The implementation of the INEC framework on access and participation of persons with disabilities in electoral processes is haphazard.

Good Practices

- ♦ INEC developed the Framework on Access for Persons with Disabilities in the Electoral Process.
- ♦ A paper ballot was designed in braille for the 2019 elections.

Recommendations

- ♦ Adequately implement the INEC framework for the access and participation of persons with disabilities to the electoral process, guided by an implementation plan.
- ♦ Develop the capacity of INEC officials to oversee an inclusive electoral process.
- ♦ Foster the active participation of persons with disabilities and their organizations, and develop the capacity of INEC officials to implement the framework.

Institutional Landscape

This section presents the findings and discussions related to the situation of the various institutions that are relevant to disability inclusion and the socioeconomic development of persons with disabilities in Nigeria.

Government Ministries, Departments, and Agencies

Core mandates

While its area of discipline informs the core mandate of an MDA, all share broad responsibilities including:

- ♦ Regulation of its areas of specialization, including the setting of standards and guidelines and monitoring;
- ♦ Provision of relevant services;
- ♦ Formulation, review, and implementation of policies and programs;
- ♦ Personnel welfare and management; and
- ♦ Coordination and/or collaboration with states to ensure uniformity and standardization in its specialty area.

The rehabilitation department of FMWASD is responsible for disability matters in Nigeria. The ministry still relies heavily on the charity approach to deliver its mandates.

Budget allocations are insufficient to run programs for persons with disabilities. Some past programs are no longer feasible due to lack of funds.

“Now we can’t even provide the subsidies we used to give to organizations for persons with disability in the past.”

– FMWASD official

The ministry is not currently implementing any policies to address the needs and concerns of persons

with disabilities. It used to have a vague rehabilitation policy that was inadequately implemented. However, the ministry recently developed a national-level disability policy.

About 20 of FMWASD’s current staff members are persons with disabilities, 40 percent of whom are female.

“I don’t have the actual number, but we should be about 20 or less than. I think they are more than us, on average let’s say 40 percent.” – FMWASD official

There is no coordination between the other departments of the ministry and the rehabilitation department that handles disability issues. The ministry includes departments that handle gender, children, and the elderly, but their programs and policies are not disability-inclusive despite the known intersections between the issues of these other departments with disability. Similarly, disability issues are isolated in the ministry’s rehabilitation department, with other ministries believing that FMWASD should manage all disability-related concerns, an approach that further marginalizes persons with disabilities. Overall, however, the study and the opinion of experts consulted for it point to an overall gap in institutional coordination in the government to address disability inclusion.

FMWASD may also be unintentionally encroaching into the mandates of other ministries due to a lack of effective collaboration and coordination.

Disability-inclusive policies and practices

Only three of the MDAs who participated in this study claim to have any disability-inclusive or disability-specific policies or practices, and even these are only being partly implemented—if at all—usually due to lack of funding. The Federal Ministry of Education is subject to the following policies, none of which have been fully implemented: National Policy on Special Needs Education in Nigeria and Implementation Guidelines, 2015;

National Policy on Inclusive Education in Nigeria, 2017; and National Policy on Albinism in Nigeria, 2012.

The Federal Ministry of Power, Works and Housing (FMPWH) is subject to the National Urban Development Policy, National Housing Policy, and National Building Code. The National Building Code enforces the country's building standards. It addresses everyone's needs, including persons with disabilities. It sets standards to ensure that private and public buildings are usable by persons with disabilities.

"The National Building Code [...] is a set of guidelines that addresses the needs of everybody with regard to building developments, but there are special sections that address issues of disability." – FMPWH official

"It talks about providing capacity for people who are limited in their capacity that they will have ability to use either private or public buildings effectively. That's the general, but in doing that, there are details about entrances have facilities that people with wheelchair would be able to go in and also move in different ways." – FMPWH official

The National Building Code has yet to be signed into law; it was under review at the time of this study's data collection.

The Minister for Health recently launched the National Policy on Sexual and Reproductive Health of Persons with Disabilities, with an emphasis on women and girls, developed by the Federal Ministry of Health through processes led by the NGO Disability Rights Advocacy Center. The ministry will develop the implementation guidelines and kick-start its implementation.

The Office of the Head of the Civil Service of the Federation (OHCSF) has the unique mandate of providing leadership, management, and capacity development to all civil servants for effective, efficient, and accountable

public service delivery. OHCSF interfaces with other MDAs on issues regarding civil service regulation, including the welfare of employees.

In 2003, OHCSF became the first government organ in Nigeria to establish a disability desk. It is located in the Occupational Health, Safety and Environment Division under the Employee Relations and Welfare Department. The division's main function is to provide guidelines on health, safety, and the environment. The disability desk was established to implement disability-inclusive practices in OHCSF with the main objective of coordinating the affairs of all federal civil servants with disabilities and to improve their working conditions.

"First and foremost, my department passed their own mandate and one of the mandates is that there should be disability inclusion. And the second is the establishment of the disability desk of the head of service, of which one of the main objectives is to coordinate the affairs of all federal civil servants with disabilities and also to improve their working conditions." – OHCSF official

"They were the first to establish the disability desk in 2003. [...]" – OHCSF official

The disability desk collates data of civil service with disabilities; ensures that the office environment in all the MDAs are safe for and accessible to persons with disabilities; receives and addresses complaints about disability inclusion in government policies that are staff-related, and attends to issues around reasonable accommodations for civil servants with disabilities.

"First and foremost, we collate data on persons with disabilities nationwide. The main aim of the occupational safety health and environment (OSHE) is that we make sure that the office environment is as friendly as we can. Of course, the structures have been there for years and we understand that some of these MDAs have no lifts." – OHCSF official

Apart from OHCSF, the finance, national human rights commission, justice, and other ministries have disability focal points.

However, these focal points seem to be works-in-progress as many of the federal ministries are still physically inaccessible, with very steep ramps and no lifts. Reports by staff members with disabilities in some MDAs also indicate that the provision of reasonable accommodations to staff is inadequate.

“Personally, I don’t have interpreters. No sign language interpreters. I remember not long ago, we had a program for my level [...]” – a hearing impaired FMWASD official

Programming gaps

- ◆ The formulation and implementation of disability-inclusive policies is inadequate.
- ◆ Knowledge and skill levels regarding disability-inclusive policies, programming, and service delivery is inadequate.
- ◆ Disability focal points are unavailable in most MDAs; those that do exist should look into disability inclusion across all other mandates of the MDAs, including the provision of accessible services and products, as well as the formulation and review of policies with a disability lens.
- ◆ Collaboration and coordination on disability issues within and between departments and MDAs is lacking.

Good practice

Other MDAs should adopt having a disability desk like the one at OHCSF.

Organizations Representing Persons with Disabilities

The findings and discussions presented here relate to the mandates and activities of organizations of persons with disabilities in Nigeria.

Joint National Association of Persons with Disabilities

The Joint National Association of Persons with Disabilities (JONAPWD) is the umbrella organization for persons with disabilities in Nigeria. Established in 1992, it operates under FMWASD’s supervision.

Core mandates

The aim of JONAPWD is to promote the rights and development of Nigerians with disabilities. It represents their interests at the local and international level by:

- ◆ Promoting the human rights of Nigerians with disabilities;
- ◆ Advancing the economic and social integration of persons with disabilities;
- ◆ Delivering technical support to grassroots organizations of persons with disabilities;
- ◆ Providing a national platform for disability discourse; and
- ◆ Serving as a national clearinghouse on disability and development.

Structure

JONAPWD members include an appointed board of trustees, national officers, zonal coordinators, advisers, and heads of disability clusters. JONAPWD’s headquarters is in Abuja, with branches operating in all of Nigeria’s 36 states as well as in the Federal Capital Territory. A few local government areas also have their own JONAPWD branches.

Governance and Leadership

JONAPWD's constitution needs to clearly spell out the responsibilities of its board of trustees and its executives for more effective functioning. In addition, JONAPWD needs to have a clear strategy for coordinating with other actors, including disability-focused organizations and the disability community as a whole to promote disability inclusion in Nigeria. In the opinion of the experts consulted for this study, there is also a need to enhance the level of representation and accountability of JONAPWD, which is manifest in internal disagreements among JONAPWD leadership and members.

“We make sure that whatever committee the government sets up, as long as they have a representative of forwomen, for youth, there must be representatives of people with disabilities. There is no way we can be out of anything they are doing, either in agriculture, either in education either in economy there's nothing nobody.”
– JONAPWD Board of Trustees member

Programs and partnerships

JONAPWD has recently engaged in multiple programs and partnerships, including:

- ♦ **Advocating for inclusive basic education for children with disabilities in Nigeria.** Funded by the United States Agency for International Development (USAID) through its Strengthening Advocacy and Civic Engagement project, this inclusive education initiative, implemented from 2014 to 2018 in the Nigerian states of Akwa Ibom, and Kwara and in the Federal Capital Territory included support to rebuild JONAPWD's institutional and management systems.
- ♦ **Fulfilling the duty of the Nigerian government to protect and uphold the human rights and dignity of persons with disabilities by passing the disability rights bill into law.** This two-year

project (2018–20) is funded by the Disability Rights Advocacy Funds.

JONAPWD has also been involved in advocacy regarding the electoral process and governance during the country's recently concluded elections.

Programming gaps

- ♦ Coordination and collaboration with other actors to promote disability inclusion, including the MDAs, is weak.
- ♦ Capacity is low in terms of good governance, leadership, and accountability.
- ♦ There is no strategic plan.
- ♦ The constitution is controversial, which slows down the organization's progress.

Good practice

JONAPWD has initiated and implemented development programs such as inclusive education and disability rights projects.

Disability clusters

There are six official disability cluster members under JONAPWD: (1) Nigerian National Association of the Deaf; (2) National Association of the Blind; (3) National Association of Persons with Physical Disabilities; (4) National Association of Persons with Intellectual Disabilities (NAPID); International Association for Integration, Dignity and Economic Advancement, Nigeria (IDEA); and (6) Spinal Cord Association of Nigeria. The Albino Foundation may soon join as an official cluster member as well.

“But I was told in the last meeting that they had passed the resolution to include it in the constitution and therefore we have unofficially become a cluster group.”
– chief executive officer, The Albino Foundation

NAPID is currently being led by a person with physical disability, which seems fitting given that the association's long-term mission has been to influence and encourage the parents of children with intellectual disabilities. Awareness levels have improved, with parents and caregivers of people with intellectual disabilities now encouraging their wards and forming stronger coalitions with other parents and caregivers of children with intellectual disabilities.

“Well, the association seeks to influence parents of persons with intellectual disability to have hope, to know that such children are children that should not be discarded outright, just kept somewhere. The association also seeks to encourage persons with intellectual disabilities to do what we know that they are capable of doing, but which they or their parents don't know ...” – NAPID chairman

Persons with mental health conditions are not represented in JONAPWD, which could be connected to the level of stigma associated with them. But such organizations are springing up in other African countries. There is also the Mental Health Advocacy Initiative on a community mental health project in Benue State.

All of the cluster organizations were established over a decade ago, except NAPID, which was established 9 years ago. Most have branches in each of the 36 states and the Federal Capital Territory. The Albino Foundation has 54 branches, with more than one branch in some states for better coordination across some states.

Core mandates

The core mandates of all of the cluster members generally revolve around the promotion of the rights and welfare of their members through advocacy, training, provision of assistive devices, and empowerment of their members.

Partnerships

Disability cluster organizations partner with JONAPWD, their parent organization. They also partner with national and international NGOs, particularly those with related mandates, diplomatic missions, United Nations agencies, donors, and MDAs.

The nature of the partnerships varies depending on the capacity of the cluster members forging the partnership, including consultations, funding support, provision of assistive devices, capacity development, policy formulation, and implementation.

Programming gaps

- ◆ Capacity is inadequate, particularly in terms of accountability, governance, leadership, and project management.
- ◆ Partnership and funding opportunities are scant, stemming from weak organizational and programmatic capacity.
- ◆ There are no strategic plans.

Good practices

- ◆ The Albino Foundation has strong networks and collaborates well with MDAs.
- ◆ IDEA and international NGOs working on leprosy are engaged in effective collaboration.
- ◆ A strategic plan guides the operations of The Albino Foundation.

Disability-related services and actors

A wide array of disability-related services and actors operate in Nigeria. Findings from the online assessment of 43 organizations working on disability-related issues (international and national NGOs) have relevant organizational strategies. However, this does not greatly influence their programs—many have insufficient or nonexistent budget allocations for disability inclusion.

Only a few of the organizations disaggregate data by disability using the Washington Group questions, which leaves in doubt their level of effectiveness at addressing the needs of persons with disabilities in their programs. Such gaps in programming may partly contribute to the current dearth of disability data for the country.

A mapping of actors working on disability issues in Nigeria involved documenting organizations that are

either specifically working on disability inclusion or that are providing disability-specific services, such as the production and distribution of assistive devices or inclusive education. Other actors address issues of persons with disabilities within the mainstream, but most of these are few, primarily concentrated in major cities, and their services are expensive. The most relevant actors are outlined below.

Disability-focused organizations

Key national, international, and private organizations with a core mandate that involves disability and that implement programs and provide services to persons with disabilities

Organization	Description of Services or Programs
Angel Wings global freedom foundation	Builds capacity of people living with disabilities, especially young girls; raises awareness among parents and guardians of children living with disabilities.
Anglo-Nigerian Welfare Association for the Blind	Provides braille books and printed materials for visually impaired learners; provides training in braille, mobility, and typing for newly visually impaired adults.
CBM International	Delivers disability-inclusive programming that addresses neglected tropical diseases, eye health, mental health, community-based rehabilitation, and humanitarian response (health, livelihoods, and education).
Centre for Citizens with Disabilities	Involved with disability advocacy and rights, governance and electoral processes, and inclusive public infrastructure.
Comprehensive Community Mental Health Programme	Supports community mental health and livelihoods.
Daughters of Charity	Provides community-based rehabilitation, health, and education services to persons with disabilities, including those affected by leprosy.
Deaf Women Association of Nigeria	Promotes the rights of hearing impaired women; advocates for the sexual and reproductive health of hearing impaired women.
Disability Rights Advocacy Center	Involved in disability advocacy and rights, gender-based violence, sexual and reproductive health, and capacity development.
German Leprosy and Tuberculosis Relief Association	Provides community-based rehabilitation for people affected by leprosy.
Hope for the Blind Foundation	Provides support to visually impaired people, including services and training.
Inclusive Friends Association	Promotes inclusive electoral processes, addressing gender-based violence, disability rights, and advocacy.
Independent Living Programme for Persons with Disabilities	Promotes rehabilitation, integration, and support to persons with disabilities and vulnerable people to live independently through research, interventions, monitoring and evaluation, inclusive education, and advocacy.
International School of Disability Studies	Conducts research and training in disabilities, including but not limited to intellectual and developmental disabilities and mental illness in Nigeria.
Nigerwives Association	Produces and distributes braille books to visually impaired children.
Sightsavers International	Promotes eye health, inclusive education, livelihood, neglected tropical diseases, and support to visually impaired persons (e.g., facilitation of Marrakeshi International Treaty for Nigerians that are visually impaired to have access to reading materials in accessible formats).
The Albino Foundation	Provides educational support and empowerment for people living with albinism.
The Leprosy Mission Nigeria	Engages in community-based rehabilitation, advocacy, and medical treatment for persons affected by leprosy; provides livelihood support.
TheseAbilities Foundation	Advocates for social inclusion of persons with disabilities in everyday life and inclusive employment.

Disability-inclusive organizations

Mainstream national and international organizations that address the needs of persons with disabilities in their programs and through service delivery

Organization	Description of Services or Programs
ActionAid International	Supports social justice, gender equality, and poverty eradication; partners with organizations of persons with disabilities on inclusive governance programs.
Balm in Gilead Foundation for Sustainable Development	Supports initiatives that include persons with disabilities in gender-based violence programs
Brien Holden Vision Institute	Promotes eye health, including “low vision” and inclusive education.
British Council—The Rule of Law and Anti-Corruption Programme	Seeks to reform the criminal justice system; ensure that women, children, and people with disabilities have access to justice; improve the performance of and coordination between anticorruption agencies; and enhance the voice of Nigerians in curbing corruption.
Dorothy Njemanze Foundation	Feminist organization using entertainment media to blur divisive lines that promote trends of abuse toward children, youths, women, people with disabilities, and members of a sexual minority group
Gede Foundation	Research and services in mental health and HIV
Health and Development Support Programme (HANDS)	Diagnoses and treats “low vision” and neglected tropical diseases; promotes eye health.
Ipas	Promotes sexual and reproductive health and rights for women and girls; partnered with the Deaf Women Association of Nigeria to make sexual and reproductive health services accessible to hearing impaired women in the Federal Capital Territory.
Journalists Against AIDS	Engages in research, community and media mobilization, policy advocacy and response, monitoring and training to address issues related to HIV/AIDS and tuberculosis, and is interested in partnerships with organizations of persons with disabilities to make HIV services accessible to persons with disabilities.
Partnership to Engage, Reform and Learn (PERL)	Promotes the improved delivery of public services in Nigeria, including the rights of the marginalized to access quality public goods and services; supports activities to develop and enact disability laws at the state level; and facilitates processes for implementation of disability laws at the state and national levels
Population Council	Engages in evidence-based sexual and reproductive health care and rights, HIV services, and empowerment of girls.
Project Alert Violence against Women	Promotes the rights of women, girls, and persons with disabilities against violence; provides shelter for survivors of domestic violence.
Propcom Mai-Karfi—A program managed by the Palladium	An innovative, market-driven program aimed at reducing poverty in Nigeria by making rural markets work for the poor in northern Nigeria; it seeks to mainstream disability into the program, including data collection, using the Washington Group questions.
Save the Children International	Saves children’s “lives and fights for their rights” has a focus on health and nutrition, education, hunger and livelihoods, child rights governance, and child protection; and seeks to evaluate child development grants with a disability lens and to mainstream disability in the project.

Developmental disabilities support services

Public and private organizations and facilities that provide services to people with developmental disabilities

Organization	Description of Services or Programs
Autism Association	Provides autism-related care and support.
Benola Foundation	Promotes an inclusive Africa where people living with cerebral palsy receive proper recognition and have an equal opportunity to realize their potential.
Blazing Heart Autism Center	Provides autism-related care and support.
Centre for Autism and Developmental Disabilities	Provides comprehensive care and translational medicine to individuals with autism or related neurodevelopmental disorders.
Centre for Children with Special Needs	Evaluates, diagnoses, and treats children, adolescents, and adults with complex developmental disabilities.
Cerebral Palsy Center	Provides support, services, and therapeutic modalities for children with cerebral palsy.
Comprehensive Autism and related Disabilities Education and Training (C.A.D.E.T.) Academy/Dew Drops Community Centre for Special Needs	Provides one-on-one educational interventions, behavioral therapy, speech and occupational therapy, and physiotherapy for children with developmental disabilities; does not operate a school but conducts educational assessments for school placement.
Down Syndrome Foundation	Provides information and support to people with Down syndrome, their families, and professionals.
Ire Pearl Centre of Hope	Provides educational and therapeutic services to children with autism, developmental delays, or learning disabilities; parent training services; family therapy; psychological services for adults with mental health conditions; and professional consultations on inclusive teaching strategies, classroom management, and staff training.
Let Cerebral Palsy Kids Learn Foundation	Provides school readiness assessments, counseling, referrals to medical professionals, inclusive educational support to schools, and capacity development to teachers and educators.
MO-Rainbow Foundation	Provides support for Down syndrome-related concerns.
Modupe Cole Memorial Child Care and Treatment Home	Caters to people with Down syndrome, cerebral palsy, and autism, among other concerns.
National Society for Autism Nigeria	Provides autism-related support services.
Nwatu Autism Foundation	Provides support for autism-related concerns.
Open Door Special Educational Centre	Provides quality special education, vocational training, speech and language therapy, and physiotherapy for children with learning disabilities.
OLG Autism Nigeria	Provides autism-related care and support.
Patrick Speech and Language Centre, Lagos	Creates awareness around autism and other related developmental disabilities.
Super Parents Support Foundation	Offers a support group for parents of children with developmental disabilities and adults with disabilities.
The Zamarr institute LEA Nursery and Primary School	Promotes excellency in education and training for exceptional children.

Occupational therapy services

Public and private organizations and facilities that provide occupational therapy services

Organization	Description of Services or Programs
Echo Occupational Therapy Services	Provides occupational therapy services.
Enability Occupational Therapy Centre	Provides occupational therapy services.
Kabworld Physiotherapy and Co.	Provides excellent quality occupational and physiotherapy services based on consultations and medical conditions.
Talktotherapist Inc.	Provides neurodevelopmental therapy for cerebral palsy and Down syndrome and sensory integration therapy for autism and attention-deficit hyperactivity disorders.
Teaching Hospitals and Federal Medical Centres	Delivers health care services, including occupational therapy.

Speech therapy services

Public and private organizations and facilities that provide speech therapy services

Organization	Description of Services or Programs
Asokoro General Hospital, Abuja	Delivers health care services.
Bingham University Teaching Hospital, Abuja	Delivers health care services.
BSA Hearing and Speech Centre	Hearing and speech pathology consulting firm providing quality and reliable hearing diagnosis for children and adults as well as the supply and maintenance of hearing aids.
Comprehensive Autism and related Disabilities Education and Training (C.A.D.E.T.) Academy/Dew Drops Community Centre for Special Needs, Abuja	Provides educational interventions; behavioral, speech, and occupational therapy; and physiotherapy for children with developmental disabilities; conducts educational assessments for school placement.
Federal Medical Centre Abeokuta	Delivers health care services.
Federal Neuropsychiatry Hospital, Kakuri, Kaduna	Delivers health care services.
Federal Specialist Hospital Gwagwalada, Abuja	Delivers health care services.
Federal Staff Clinic, Federal Secretariat, Central Areas, Abuja	Delivers health care services.
Glory Speech Centre	Offers diagnostic and other services for children and adults with a speech defect.
J and J Calvary Hearing and Speech Centre	Provides development services to children with disabilities, disability management, and environmental assessments.
Lagos State Psychiatric Hospital	Delivers health care services.
Maitama General Hospital Aguiyi Ironsi Street, Maitama, Abuja	Delivers health care services.
Nigerbell Speech and Hearing Centre Limited	Promotes the prevention, identification, assessment, treatment, and rehabilitation of hearing difficulties in children and adults.
Open Door Special Educational Centre, Jos	Provides quality special education, vocational training, speech and language therapy, and physiotherapy for children and youth with learning disabilities.
Patrick Speech and Language Centre	Offers educational resources and promotes awareness of autism.
State Hospital Abeokuta, Abeokuta	Delivers health care services.
The Pearl Centre of Hope, Lagos	Delivers speech and language therapy sensory integration, behavioral therapy for children with autism, Down syndrome, or learning disabilities.
University College Hospital, Ibadan, Oyo State	Delivers health care services.
Wellpath Physiotherapy and Wellness Limited	Provides body therapy, hearing therapy, and support for learning disability.
Wuse General Hospital, Abuja	Delivers health care services.
Zankli Medical Centre Shehu Yaradua Way, Abuja	Delivers health care services.

Physical rehabilitation and orthopedic surgeries

Public and private organizations and facilities that provide physical rehabilitation services and orthopedic surgeries

Organization	Description of Services or Programs
Ageless physiotherapy	Delivers highly specialized physical rehabilitation for diseases and illnesses such as stroke, spinal cord injury, and Parkinson's disease.
Children's Developmental Centre	Supports children and young adults with learning difficulties and provides services for the intellectually disabled; ensures the development of the skills they need in the future.
Comprehensive Autism and related Disabilities Education and Training (C.A.D.E.T.) Academy/ Dew Drops Community Centre for Special Needs	Provides educational interventions; behavioral, speech, and occupational therapy; physiotherapy for children with developmental disabilities, and educational assessment for school placement.
Down Syndrome Foundation, Lagos	Provides children with Down syndrome with the necessary encouragement and enabling environment they need to develop.
Iblawy Investment Company	Provides health care and rehabilitation services.
Lagos Disability Support Home	Provides rehabilitation and residential accommodations to adults and children with disabilities.
Modupe Cole Memorials, Lagos	Provides skills and empowerment to improve performance through enhanced learning capacities.
National Orthopaedic Hospital Enugu, Nigeria	Offers ambulance services, a diagnostic center, and dietician services.
National Orthopaedic Hospital, Igbobi Lagos	Provides corrective surgery, calipers, prostheses, and physiotherapy.
Open Doors Special Education Centre	Offers quality special education, vocational training, speech and language therapy, and physiotherapy for children and youth with learning disabilities.
Physiofit Physiotherapy Clinic	Offers physiotherapy and physical rehabilitation services.
Ralphasal Global Limited	Provides physical and psychological rehabilitation services.
Teaching hospitals, federal medical centers and general hospitals	Delivers health care services.

Prosthetics and orthotics

Public and private organizations and facilities that provide and/or produce prosthetics and orthotics

Organization	Description of Services or Programs
Arm of Hope Foundation	Provides prosthetic limbs, skill acquisition training, and financial support.
Bimma Hospital Sabon Bariki	Delivers health care services.
Bingham University Teaching Hospital	Delivers health care services.
Cedar Crest Hospital	Delivers health care services.
Chidex Surgical Suppliers Limited	Supplies hospital equipment.
Daisy Land Orthopaedic and Trauma Hospital	Delivers health care services.
Doctor Bone Heritage Orthopaedic Centre	Delivers health care services.
Federal College of Orthopaedic Technology Lagos	Delivers health care services.
Feet of Grace Foundation	Provides free prosthetic limbs, wheelchairs, and accessible vehicles.
George Orthopaedic Services	Delivers health care services.
Goldville Prosthetics and Orthotics Services	Provide prosthetics (artificial arms, hands, and legs) and orthotics.
Ifean Health Nigeria LTD Prosthetics and Orthotics	Provides professional artificial limb fitting services, repair, and maintenance.
Naraguta Leather Works, Jos	Locally produces artificial limbs.
National Orthopaedic Hospital	Delivers health care services.
National Orthopaedic Hospital, Dala, Kano	Reduces morbidity and mortality due to trauma.
National Orthopaedic Hospital Enugu	Delivers health care services.
National Orthopaedic Hospital, Igbobi Lagos	Offers corrective surgery, calipers, prostheses, and physiotherapy.
Orthoex Nigeria	Provider of medical and prosthetics devices.
Orthofits Orthopaedics Limited	Delivers health care services.
Our Lady of Apostles Zaria Road, Jos	Delivers health care services.
Purple Prosthesis	Designs quality prosthesis and orthotics for Nigerian amputees.
Raphadon Global Health Care Limited, Abuja	The use of latest bionic technology in prosthetic and orthotic, orthopedic support.
Roca Prosthetics Ortho Care Enterprises	Fabricates prosthetic devices.
The 3D Team, Yola Humanitarian Innovation Hub	Conducts research in 3D-printed prosthetic limbs with robotics to improve functionality.
The IREDE Foundation	Provides free prosthetic limbs to children and promotes awareness of amputation-related issues.
Tolaram Charity Foundation, Lagos	Provides artificial legs, cosmetic artificial hands, and polio calipers for free to any Nigerian in need.

Standard wheelchairs, cerebral palsy wheelchairs, and tricycles

Public and private organizations and facilities that produce and/or donate standard wheelchairs

Organization	Description of Services or Programs
A. Martins Stores	Supplies standard wheelchairs, crutches, and walking frames and accessories.
Ameri-care Medicals Central Business District Abuja	Distributes standard medical equipment.
Beautiful Gate Handicapped People Centre, Jos	Manufactures and freely distributes tricycles, crutches, and prosthetic limbs; distributes free crutches, folding white canes, and recording devices to people with visual impairments; trains apprentices with disabilities and supports their education.
Benola Cerebral Palsy Initiative	Supports and advocates for people with cerebral palsy.
Bingham University Teaching Hospital	Delivers health care services.
Cerebral Palsy Centre	Promotes the full integration individuals with cerebral palsy into society.
Chidex Surgical Suppliers Limited	Supplies hospital equipment.
Coscharis Medical and Food Limited Ikeja	Provides professional health care services.
Daughters of Charity Nigeria Limited	Provides health, agricultural, and social development services.
FinLab Nigeria LTD Ikorodu, Lagos	Supplies hospital and laboratory equipment.
Focus on Disability Foundation	Provides educational materials and disability aids to persons with disabilities; empowers persons with disabilities.
Fraham Enterprises Nigeria Ltd.	Supplies hospital and laboratory equipment.
Latter Day Saints Charities Melvit, Lagos	Faith-based charitable organization working on disability issues.
Melvit, Lagos	Meets hospitalization needs.
Mobility Aid and Appliances Research Development Centre	Empowers persons with disabilities by providing innovative and affordable mobility aid appliances, including motorized wheelchairs and vision- and hearing-related devices.
National Cerebral Palsy Family Funds	Provides wheelchairs, vision- and hearing-related devices for people with cerebral palsy.
National Orthopaedic Hospital, Kofarua Dala, Kano State	Delivers health care services.
Obafemi Martins Foundation	Provides humanitarian services.
Super Parents Support Foundation	Offers a support group for parents of children with developmental disabilities and adults with disabilities.
Toyin Medical Supply Ltd.	Supplies hospital and laboratory equipment, medical consumables and dressings, standard wheelchairs, crutches, and walking frames.

Hearing aids and accessories

Public and private organizations that provide or supply hearing aids and accessories

Organization	Description of Services or Programs
BSA Hearing and Speech Centre	Hearing and speech pathology consulting firm that provides quality and reliable hearing diagnoses for children and adults.
International Centre for the Prevention of Deafness and Rehabilitation of Hearing Impaired Persons, Abuja	Provides ear, nose, and throat consultation services; ear mold manufacturing; and audiological consultation services.
International Hearing Centre	Provides patients with quality audiological services, including evaluation, hearing, and fitting.
Victoria Memorial Hospital Jos	Delivers medical services.

Braille machines, accessories, and services

Public and private organizations and facilities that provide braille services, machines, and accessories

Organization	Description of Services or Programs
COCIN Hospital and Rehabilitation Centre	Provides general medical care, surgical care, laboratory services, eye care, and physiotherapy services.
Federal Nigeria Society for the Blind	Provides psychological, emotional, and social rehabilitation, including mobility training for everyday living.
Gindiri Material Centre For the Blind	Provides brailing of printed materials and books.
National Charity Project (Nigerwives)	Provides educational services to visually impaired people, enabling them to achieve their optimum education and earn independent livelihoods.

COCIN = Church of Christ in Nations.

Low vision devices and services

Public and private organizations and facilities that provide low vision devices and services

Organization	Description of Services or Programs
Bingham University Teaching Hospital	Delivers health care services.
Brien Holden Vision Institute	Targets governments and nonprofit organizations to provide low vision services; sets up low vision service units; provides training for skills and work tools; raises awareness and advocates to governments on the magnitude of the need for spaces to set up service units; monitors and assesses posttraining skills; sets up supply units and work tools.
ECWA Eye Hospital	Delivers health care services.
Global Sales and Distribution Company Ltd./Accessible Technology Centre	Blindness and low vision products, including technological devices that make information accessible to visually impaired persons.
HANDS, Jos	Assesses low vision assessment; sells low vision assistive devices to individuals, associations, and corporate organizations; promotes eye health; treats neglected tropical diseases.
Jordan Eye Hospital	Delivers health care services.
Jos University Teaching Hospital	Provides treatment and health care services.
Our Lady of Apostles Zaria Road Jos	Provides quality preventive and rehabilitative health care.
Teaching Hospitals	Delivers health care services.

ECWA = Evangelical Church Winning All; HANDS = Health and Development Support Programme.

Assistive technology

Private organizations that supply assistive technologies

Organization	Description of Services or Programs
COCIN Hospital and Rehabilitation Centre	Delivers health care services.
Global Sales and Distribution Company Ltd./ Accessible Technology Centre	Blindness and low vision products including technological devices that makes information accessible to visually impaired persons. Guide canes for blind and partially sighted persons
Nigeria Association of the Blind	Provides a platform to review the activities of associations and recognizes government interventions.
Obafemi Martins Foundation	Provides humanitarian services.

COCIN = Church of Christ in Nations.

Crutches and accessories

Public and private organizations and facilities that supply crutches and accessories

Organization	Description of Services or Programs
A. Martins Stores, Ibadan	Supplies standard wheelchairs, crutches, and walking frames and accessories.
Ameri-care Medicals Central Business District Abuja	Distributes quality medical equipment.
Chidex Surgical Suppliers Limited	Supplies hospital equipment.
Mobility Aid and Appliances Research Development Center, Lagos	Empowers persons with disabilities by providing innovative and affordable mobility aid appliances as well as specialized items, including motorized wheelchairs and vision- and hearing-related devices.
National Orthopaedic Hospital, Dala, Kano	Delivers health care services.
Toyin Medical Supply Ltd., Ibadan	Supplies hospital and laboratory equipment and medical disposables and dressings, including standard wheelchairs, crutches, and walking frames.

Calipers

Public and private organizations and facilities that produce or supply calipers.

Organization	Description of Services or Programs
Mon Scientific	Serves as an online shopping destination for laboratory and scientific products.
National Orthopaedic Hospital, Dala, Kano	Delivers health care services.
National Orthopaedic Hospital, Lagos	Delivers health care services.

Fully inclusive schools

Private schools that provide fully inclusive education to children with disabilities

Name	Address	Contact Details
American Christian Academy	2, 4, 6 Shell Close, Onireke Ibadan	https://www.acaonefamily.com ; + 234 809-634-4878; 809-981-4312; acaonefamily@gmail.com
Brooke House Learning Center	31 Kusenla Road, Ikate-Elegushi, Lekki	https://www.brookehouseedu.com ; + 234 908-568-9038; 909-079-1065; info@brookehouseedu.com
Casa Dei Bambini	10b Onikepo Akande Street, Lekki Phase 1 Lagos	Casadeibimbini@yaho.com
Children's International School, Lekki	Plot 8 Funke Zainab Usman Street, Lekki Phase 1 Lagos	www.cislagos.com
Cita International School	Rumuogba Housing Estate, Port Harcourt	info@citainternationalschool.org
Fitrah Children's School	Oko Oba, Abule Egba	+ 234 0 802-345-3402; fitrahchildrenschool@yahoo.com
Grange Schools	6 Harold Sodipo Crescent, Ikeja GRA Lagos	info@grangeschool.com; + 234 1-295-7630
Great Expectations Private School	19 Raji Oladimeji Street, Magodo Phase 2 Lagos	+ 234 0 813-842-7404
Greater Scholars International School	Road 41 Abraham Adesanya Estate Ajah Lagos	admissions@greatscholars.com; + 234 0 802-966-0967
Green Wood House School	1 Green Wood House Road, off Layi Ajayi Street, Parkview Estate Ikoyi	greenwoodhous1995@gmail.com; info@greenwoodhouseschool.org
Greensprings Schools	Anthony and Lekki Campuses	www.greenspringsschools.com
Hill Crest High School	Lemna Road Ikot Effanga Mkpa, Calabar	www.hillcrestschools.net
Howbury School	3 Alegebe Close, Mende Maryland and Ota campus	http://howburyschool.com ; + 234 0 704-621-0181; 0 818-092-0687; 0 802-330-4870; info@howburyschool.com
Inspired Christian Learning Center	Abraham Afolabi Street, Ahmadiya Abule Egba, Lagos	TBD
Lagos Preparatory School	11/12 Bayo Kuku Street, Ikoyi Lagos	www.lagosprepkoy.com.ng
Meadow Hall School	Alma Beach Estate, Meadow Hall Way, Lekki Peninsula II, Lekki	info@meadowhalleducation.org
Oakwood Montessori	33 Adedamola Ojomo Close, off Bode Thomas Street, Surulere	https://oakwoodmontessorischool.org ; + 234 0 909-144-2680; 0 704-633-1844; info@oakwoodmontessorischool.org
Otana Integrated School	By Living Faith Church, British-American Junction, Jos	otanajos@yahoo.com
Posh Babies and Kids	25 Sir Tony Eromosele Street, Parkview Estate, Ikoyi, Lagos	https://poshbabiesandkids.com ; +234 0 812-552-8442; 0 810-285-4056; 0 706-235-3379; pbk_office@yahoo.com
Premier International School	26 N'djemena Crescent, Wuse 2, Abuja	Info@premierinternationalschool.org
Professor Abdullahi Mahdi Academy	Off Jauro Abare Road, Gombe	https://pama.com.ng/ +234 806-844-0084; info@pama.com.ng
RA International School	Bonny Island, Rivers State	TBD
Salem Montessori Centre	1 Aihie Close, off Ijeboh Street, off Airport Road, GRA, Benin	+ 234 0 806-645-7648
Supreme Education Foundation Schools	23 Emmanuel Keshi Street, Magodo Lagos	www.supremeeducation.com
Sure Start School	28 Queen Street, Alagomeji, Yaba	+ 234 0 802-312-1111
Temple Prep	213 Ikorodu Road, Ilupeju Lagos	www.templeprepschool.com
Treasure House Schools	63a Coker Road, Ilupeju Lagos	www.treasurehouseschools.com

Donors

Donor organizations that fund disability-inclusive and disability-specific projects

Commitment to Disability Inclusion	Organization	Funding Focus for Disability Inclusion
Implementing global organizational disability policy	DFID/UK Aid Nigeria	Mainstreams of disability into political and electoral processes, humanitarian action, economic development, and accountability.
	USAID Nigeria	Increases the governance capacity for civic advocacy, monitoring, and engagement with a focus on marginalized groups, including persons with disabilities; provides inclusive education for children with disabilities.
	BMZ	Provides disability-inclusive humanitarian relief with a focus on health, livelihoods, and education.
	Australian Aid	Promotes treatment for mental health and neglected tropical diseases, including the management of resulting disabilities; the treatment of obstetric fistula; and the sexual and reproductive health of women with disabilities.
	European Union	Promotes access to social services among persons with albinism, access to justice for women with disabilities, and the participation of persons with disabilities in the electoral process.
	The Netherlands Embassy/ Government	Promotes disability-inclusive governance and political participation.
Disability-focused or disability-related mandate	International Agency for the Prevention of Blindness	Promotes children's eye health and inclusive education for children with disabilities.
	CBM International	Promotes eye health and community-based rehabilitation.
	Liliane Foundation	Supports children with disabilities through Daughters of Charity.
	Disability Rights Advocacy Funds (Disability Rights Advocacy Funds)	Promotes the rights of women with disabilities to health and justice, the right to inclusive education, and the disability rights law.
Interest in social inclusion/social justice	Ford Foundation West Africa	Promotes political participation, including among persons with disabilities.
	Open Society Initiative for Western Africa	Promotes the rule of law, electoral processes, and the rights of women and other vulnerable groups.
	TY Danjuma Foundation	Supports women with disabilities, persons affected by leprosy, and visually impaired persons through the production of braille materials.

Programming gaps

- ◆ Suppliers of assistive devices and rehabilitative services do not meet the needs of the target population and are concentrated in large cities.
- ◆ Locally manufactured assistive devices are scarce. The few that are available use outdated technology and are produced on a small scale.
- ◆ The organizational and programmatic capacity of the few available national disability-focused NGOs is low.
- ◆ Systems and structures to drive disability-inclusive development are lacking.
- ◆ There is emerging competition for disability funding associated with a lack of standards and principles regarding inclusive project management.

Good practice

Established in 1999, Beautiful Gates Handicapped People's Centre, Jos, is a small-scale producer of tricycles, crutches, and artificial limbs. It distributes tricycles free of charge, with about 70 percent going to the northern region. Its founder employs young persons with disabilities and orphans as staff and apprentices; he pays them about ₦4,000 per month, with half set aside to help pay for their tuition. The center, which has reportedly produced 13,000 tricycles over an 18-year period, has received donations from Rotary International and Sileka Foundation.

Legal Frameworks and Programming

Attitudes toward persons with disabilities may be influenced by environmental factors, such as the availability of a disability law and the existence of a pool of persons with disabilities who are able to advocate for their rights (Akhidenor 2007). This is evident in Akhidenor's (2007) study, which reveals that the majority of Nigerians living in the Sacramento area of California had positive attitudes toward persons with disabilities, while the attitudes of those age 46 and older and those who had resided in the United States for one to four years were more negative than among those who were younger and among those who had resided in the United States for longer than four years.

The following provides an overview of the existing legislation, policies, and strategies in Nigeria that include or specifically focus on persons with disabilities.

General

- ◆ The Constitution of the Federal Republic of Nigeria (FRN 1999) prohibits discrimination against any Nigerian on any grounds.
- ◆ The Discrimination against Persons with Disabilities (Prohibition) Act 2018 (FRN 2019), enacted January 23, 2019, is a comprehensive piece of legislation that guarantees the full integration of persons with disabilities into society and establishes a national commission responsible for ensuring their education, health care, social, economic, and civil rights. The law draws on and seeks to domesticate the provisions of the Convention on the Rights of Persons with Disabilities (2006), which Nigeria has signed and ratified. Implementation, which has not yet begun, will involve a rigorous process of developing and costing the plan, including the establishment of a national commission to monitor the process. Additionally, 11 states already have disability laws in place.
- ◆ Violence Against Persons (Prohibition) Act 2015 seeks to eliminate violence in private and public life. It prohibits all forms of violence against persons, provides maximum protection and effective remedies for victims and punishment of offenders. The law applies to all people, including those with disabilities, although they are not specifically mentioned. The Disability Rights Advocacy Center organized a workshop in 2018 to familiarize disability-inclusive development actors with the provisions of the law. The law is applicable in the Federal Capital Territory, but only a few other states have begun to adapt it for their use (FRN 2015b).
- ◆ Eleven states—Lagos, Plateau, Jigawa, Bauchi, Ondo, Ogun, Nasarawa, Anambra, Kano, Kogi, and Kwara—currently have disability laws to safeguard the rights of persons with disabilities. However, the rate of implementation for these laws is very low, with only Lagos and Plateau having structures in place for their implementation, the extent and quality of which has not been adequately assessed.

Education Sector

National Policy on Inclusive Education in Nigeria.

This policy seeks to provide unhindered access to quality education and engage the active participation of all learners in the same safe school environment. It aims to achieve these objectives with the following strategies:

- ◆ High-level sensitization and advocacy to enhance political will, acceptance, and buy-in on inclusive education by all;
- ◆ Effective stakeholder engagement and community mobilization at the local, state, national, and international levels;
- ◆ Regular capacity building for all stakeholders;

- ♦ Creation of access and safety in all schools and learning centers;
- ♦ Improvement of institutional support for inclusive teaching;
- ♦ Adaptation of curriculum and resource materials;
- ♦ Rehabilitation and upgrading of special schools to serve as resource centers; and
- ♦ Adequate resource mobilization, allocation, and utilization.

It is a comprehensive policy, developed with support and based on lessons learned from ESSPIN projects in Nigeria, which includes provisions for its implementation plan and monitoring and evaluation framework. It clearly states how the educational needs of children with disabilities should be mainstreamed. However, implementation seems to have stalled since 2016, and it is not clear whether or not the plan has been costed. A coordination mechanism may be needed to revisit the process. Strong political will coupled with funding support will be crucial to its proper implementation (FRN 2016).

Universal Basic Education Act. This law provides for compulsory and free universal basic education for all children of primary and junior secondary school age in Nigeria. It draws on the provisions of international legal instruments, such as the Convention on the Rights of the Child, to promote universal access to basic education and equity. It therefore applies to all children, including those with disabilities (FRN 2004a).

National Policy on Education. This national-level policy emphasizes inclusive education as a way of ensuring equity in education as enshrined in the Universal Basic Education Act 2004 (Asiwe and Omiegbe 2014). It

asserts that the education of children with disabilities shall be free at all levels and makes provisions for all needed educational support, training, and retraining of teachers, learning materials, and assistive devices and technologies. However, the policy is weak in terms of early detection and identification mechanisms, the monitoring and evaluation system, the implementation structure, funding, and data collection. And it is only being partially implemented as is (Asiwe and Omiegbe 2014; Eleweke, Agboola, and Guteng 2015). Much needs to be done to ensure the full implementation of the policy, including drafting a plan that has disability-specific indicators for monitoring (FRN 2004b).

National Policy on Albinism in Nigeria 2012.

This policy, whose review was completed in 2019 (FRN 2012c), aims to guarantee the welfare and rights of persons with albinism through awareness and sensitization efforts, the protection and promotion of their rights, the fostering of their participation and empowerment, the facilitation of the passage of a law to establish the National Agency for Albinism and Hypo-pigmentation in Nigeria, and the promotion of relevant research and data collection.

National Policy on Special Needs Education in

Nigeria 2015. This policy seeks to provide complete service delivery that encompasses physical, mental, and emotional disabilities in Nigerian children at school, at home, and the hospital; to provide adequate qualitative education to all persons with disabilities in all aspects of national development; and to ensure that all persons with disabilities develop at a pace commensurate with their abilities so they can contribute to the nation's socioeconomic and technological development (FRN 2015a).

Social Protection Sector

Economic Recovery and Growth Plan, 2017. This medium-term plan builds on the 2016 strategic implementation plan. Aimed at restoring economic growth while leveraging the ingenuity and resilience of Nigerians, it envisions sustained inclusive growth through structural economic transformation focused on improving both public and private sector efficiency and provides a foundational blueprint for future generations while building the capacity of Nigerian youth to carry the country forward. The plan utilizes 60 strategies to attain its objectives, two of which are directly related to social inclusion and another two to job creation. One of the strategies specifically targets the elderly and persons with disabilities; another—regarding social safety nets—refers to the vulnerable in general terms. The two job creation strategies do not make any mention of disabilities, which has implications for addressing the needs of persons with disabilities. The disability movement and inclusion experts should actively participate in the development and review of any such documents in the future. As a standard, disability inclusion should be treated as a cross-cutting issue, in addition to its role in targeted strategies. (FRN 2017).

National Social Protection Policy, 2017. The National Social Protection Policy is an umbrella policy framework with provisions covering all conventional core sectors and emerging issues that the social protection programs and projects in the country are currently implementing. It also encompasses emergency and crisis contexts of social protection. It comprises 16 policy measures to be implemented in eight sectors. Persons with disabilities are targeted specifically in three of its five education and health services sector programs as well as in one of its four livelihood enhancement and employment sectors. There are no other specific efforts

toward disability inclusion in any of the remaining six sectors. Disability inclusion should be considered as a cross-cutting issue in the policy, given the strong relationship between poverty and disability (Ukpong and Ikoh 2017).

Housing and Urban Development Sector

National Building Codes, 2012. These legal codes support the 2012 National Housing Policy. They provide standards and guidelines for the accessibility of private and public buildings to persons with different types of disabilities. However, they were neither approved nor implemented and are now being reviewed (FRN 2012b).

National Urban Development Policy in Nigeria, 2012. The aim of the policy is to promote a dynamic system of clearly defined, planned, and well-managed urban settlements that foster sustainable economic growth, promote efficient and balanced urban and regional development, and ensure an improved standard of healthy living and the well-being of all Nigerians. The policy was approved in June 2012 but has not been implemented (FRN 2012c).

Health Sector

National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities, especially Women and Girls. This policy seeks to ensure that all sexual and reproductive health programs reach and serve persons with disabilities, to expand access to such services, and to increase understanding about the sexual and reproductive health issues among women and girls with disabilities. The policy, which also serves as an advocacy and resource mobilization tool for relevant stakeholders, seeks to achieve its objectives through the implementation of policy actions and strategic activities under five thematic areas:

1. Increasing knowledge, raising awareness, generating popular support, and mainstreaming the issue;
2. Improving access to sexual and reproductive health for women with disabilities, including access to related education, services, transportation, information, and communications;
3. Improving the inclusion of women with disabilities in governance by mainstreaming them into in all government programs, including them in policies and laws, and allocating budgets for persons with disabilities;
4. Building bridges for partnership and collaboration and building the capacity of stakeholders; and
5. Promoting research, monitoring, and evaluation for issues, activities, and programs involving women with disabilities.

Adequate implementation will require the collaboration of multisectoral stakeholders to develop an effective implementation plan that includes monitoring, evaluation, and costing (FRN 2018b).

Social Development Sector

National Rehabilitation Policy. Nigeria has a vague and outdated policy for the rehabilitation of persons with disabilities. Relevant stakeholders have recently made unsuccessful efforts to develop a more functional policy. A comprehensive policy that meets the rehabilitation needs of men, women, and children with disabilities is urgently needed. FMWASD, in collaboration with other stakeholders in the disability community, is currently developing a national disability policy to replace the National Rehabilitation Policy (FRN n.d.).

National Gender Policy, 2006. This policy brings a gender perspective into all aspects of planning, policy, legislation, and transformation activities in Nigeria. It is meant to address the systematic inequalities between women and men in society without ignoring the fundamental differences between them. The policy acknowledges disability as a form of social vulnerability, dedicating a section to it. Given the strong intersectionality between gender and disability, the minimum standard should be to treat disability as a cross-cutting issue in this policy. The country is already feeling the effect of this omission because the gap in programming between women's rights and disability rights is still present. Recent efforts to close this gap by the disability rights movement, particularly women with disabilities, is increasing awareness about this intersectionality among relevant actors. Such efforts should receive more support so that the women's rights movement includes a disability perspective in their work and the disability rights movement includes a gender perspective in theirs. In addition, the monitoring system for the National Gender Policy should disaggregate indicators by disability and develop disability-specific indicators (FRN 2006).

Electoral/Political Participation Sector

The Independent National Electoral Commission Framework on Access and Participation of Persons with Disabilities in the Electoral Process (FRN 2018a). This framework enshrines the inclusion of persons with disabilities in all aspects of the electoral process, including eliminating the barriers they encounter as voters, aspirants, candidates, party officials, and staff of the INEC. The framework has an accompanying internal operational plan to deliver on its objectives.

Humanitarian Settings

National Policy on Internally Displaced Persons in Nigeria (FRN 2012d). This policy asserts the principles that guide humanitarian assistance and implementation of durable solutions in situations of internal displacement in Nigeria. It is a comprehensive policy that addresses all of the causes of internal displacement and all of the groups of internally displaced persons, including those with disabilities. It is applicable to all of the assistance and protection needs during every phase of displacement—preparedness, relief, and recovery—and at every level of government.

Discrimination against Persons with Disabilities (Prohibition) Act 2018

The Discrimination against Persons with Disabilities (Prohibition) Act 2018 (FRN 2019) is a law of the Federal Republic of Nigeria to provide for the full integration of persons with disabilities into society; establish the National Commission for Persons with Disabilities; and vest in the commission the responsibilities for their education, health care, social, economic and civil rights, and for related matters.

The law provides for the following socioeconomic spheres of life among persons with disabilities in Nigeria:

1. Prohibition of discrimination and awareness program;
2. Accessibility of physical structures;
3. Road transportation;
4. Seaports, railways, and airport facilities;
5. Liberty; rights to education, health, and first consideration in queues; and accommodations in emergencies;
6. Opportunity for employment and participation in politics and public life;
7. Establishment of the National Commission for Persons with Disabilities; and
8. Appointment and duties of the executive secretary and other staff.

The law came into being following years of relentless advocacy and struggles by the disability movement and civil society in Nigeria. On January 23, 2019, President Buhari signed the act into law. Prior to its enactment, there had never been a statute to protect the rights of persons with disabilities in Nigeria. The right to freedom from discrimination is a human right enshrined in Nigeria's 1999 constitution (FRN 1999), but it is limited to Nigerian citizens and does not make specific provisions for the privileges, opportunities, and services that may be occasioned by a significant human difference, such as a disability.

The law criminalizes discrimination by imposing sanctions on the offenders, including fines and prison sentences. It also stipulates a five-year transitional period for modifying public buildings, structures, and automobiles to make them accessible. Employers of labor must ensure that 5 percent of their workforce comprises persons with disabilities. A person with a disability who is discriminated against can instigate a civil action against the offender without prejudice to acquittal or conviction under this law.

Furthermore, the law establishes a National Commission for Persons with Disabilities, which will ensure that stakeholders adequately implement its provisions, including by liaising with the public and private sector and with the government to ensure that all policies, programs, and activities address the needs of persons with disabilities. The commission has the power to receive complaints from persons with disabilities regarding any

violation of their rights and to provide support to such complainants to seek redress through the courts.

The opinions expressed by this study's respondents regarding the Discrimination against Persons with Disabilities (Prohibition) Act are discussed below.

Implications of the law

One important expected impact of the law, according to study participants, is that persons with disabilities will have improved access to the physical environment and to basic services, such as education, health, and livelihoods, which will help alleviate poverty among persons with disabilities.

In addition, it is expected that society will begin to treat persons with disabilities as rights-holders rather than as objects of charity or as those whose needs should be addressed only after all others.

“The law also provides criminalizes begging in the street and sets aside 5 percent of employment opportunities for persons with disabilities in Nigerian institutions. So, for the private sector, for businesses, it is about the employment of people with disabilities, ensuring that their facilities are accessible to persons with disabilities, including their products.”

– a male double amputee, Lagos

“We just pray that the implementation will be prompt and not be difficult. Because this idea of ‘we see that you have a disability and we are trying to help you’ has gained much ground. Most people, even the government, feel that they are just trying to help when they do things for persons with disabilities in our society, [...] They feel that you are an unfortunate fellow, you are suffering and they have come to alleviate your suffering. And you have got say ‘thank you’ even if they are not giving you what you deserve or what you have worked around the clock to qualify for.”

– a man with physical disability, Ibadan

The law also implies that organizations of persons with disabilities will need to raise awareness and mobilize their members to access basic services. They will also play a role in monitoring the implementation and/or enforcement of the law by holding offenders accountable.

“For organizations of people with disabilities it also means that they create awareness to ensure that people with disability are not deprived of education, health care services. And ensuring that they hold a discriminatory office accountable [...]”

– a male double amputee, Lagos

Similarly, civil society is expected to become gradually more inclusive by ensuring the application of the principles of equity, participation, and accessibility in their programs and services. The law also calls for the expanded engagement of development partners in disability inclusion through increasing funding of disability-inclusive interventions, particularly capacity development of organizations of persons with disabilities to improve their participation and leadership in disability-inclusive development.

“For civil society groups, it is ensuring that people with disability are not discriminated in the delivery of their services.” – a male double amputee, Lagos

“Development partners, too, should bring more money and actually support the objectives of organizations of persons with disabilities. This is the time to grow organizations by persons with disabilities; help them, support them build their systems, let them be at the forefront. We are not saying that other people cannot get involved but persons with disability should lead the way.” – a female wheelchair-user, Abuja

Implementation potential at the national and state levels

The law is being introduced at a time when disability inclusion is receiving global attention; and as a subject of the Sustainable Development Goals, has made disability inclusion a high priority among many stakeholders. The Nigerian government is facing pressure to commit to this global shift in priorities. Disability is a key consideration of most of the key development partners supporting the Nigerian government in its efforts to reduce poverty, uphold the rule of law, and improve governance and accountability, including the UK's Department for International Development (DFID) and USAID.

“It is to make sure that the development partners work in collaboration with government agencies and disabled people organization make sure that the law is implemented properly.” – a man with physical disability, Kaduna

Awareness of disability issues is increasing among civil society in Nigeria. Many civil society organizations are becoming increasingly interested in making their programs and services inclusive of persons with disabilities, and Nigeria's disability movement has greatly expanded its actors, which together represent a potentially formidable pressure group to facilitate the implementation of the law.

“I think the civil society as it is now if they are adequately informed and then mobilized to take up the fight for disabilities inclusion I think it could be, is one of the big opportunities we have.” – a female wheelchair-user, Abuja

“We have NGOs that do very well and bring up fantastic programs for persons with disabilities and help to improve their lives. Equally, there are those that are just shambles. They virtually do nothing and do not

help anyone. We need to have sincere agencies that check on these types of things.” – a male academic in Special Education, Jos

“And unfortunately, we do not have the capacity. We need the capacity to be strengthened in that area, it's just a few of us. And those who have the capacity might not have the reach or the resources to be able to do more.” – a female wheelchair-user, Abuja

“Disability discrimination or exclusion seems to be moving into another phase now where everybody wants to be an actor on disability. [...] And then they do activities and don't consult people with disabilities. We've noticed it, in three different organizations where they held meetings about the Disability Act and they didn't consult a single person with a disability.” – a female wheelchair-user, Abuja

Also challenging the law's implementation is a dearth of disability-inclusive policies, and where disability-related provisions exist, whether in inclusive or disability-specific policies, implementation is deficient. Further, the development and review phases for Nigerian policies lack the active participation of persons with disabilities.

Actions to ensure the implementation of the law at the national and state levels

Study respondents asserted the need for several actions to adequately implement the law at the national and state levels. They are outlined below.

Awareness-raising and advocacy. The law must be popularized among the general population and key stakeholders through awareness-raising activities and by advocating for its implementation. Beginning with promoting awareness among the disability community, the provisions of the law should be disseminated to all Nigerians in local languages and in formats accessible to people with multiple types of disabilities.

“Persons with disabilities should not relax and think “we now have a law, everything you need will fall into place.” No, we must continue to work, to advocate for implementation. We are already doing that, raising awareness. The first thing is to simplify the Disability Act. We also have plans of putting it into local languages. And then, there is a need for a lot of advocacy at the state level.” – a female wheelchair-user, Abuja

“We also need to translate these laws into the three major languages in Nigeria. And the law can be in braille so that nobody is excluded in Nigeria.”
– a man with physical disability, Ibadan

Creation of an implementation workforce. The starting point is to create an implementation committee or a task force that will oversee the implementation of the law. This should allow for the active participation of persons with various types of disabilities as well as professionals. Thereafter, a strategic framework should be developed to implement the law at the national level with immediate effect. The same should be done at the state levels, after each state has domesticated the law or reviewed existing laws based on the national law.

“I’m still waiting for government to say “We want to constitute a committee to look at what has been signed and implemented.” The next step is for them to constitute the committee to propose strategic implementation. A presidential task force to look at the law, and how it can be implemented.” – a man with albinism, Abuja

“There has to be a national strategy framework team. In the first 5 years, what do we want to see done at the state level, at the local government level? What will be the roles of different bodies, disability bodies and all of that? That should be the next thing and that should be done before it gets cold.”
– a female academic in public health, Ibadan

Establishment of a commission. The law provides for the establishment of a commission to oversee its implementation. The study participants believe that the government should ensure the immediate establishment of the commission. Appointments of people to serve on the commission should be based on their capacity to achieve its set objectives. The disability community has a role to play in this.

Budget allocations. Funding is critical to the implementation of the law, without which nothing tangible can be achieved. Budget allocations for disability issues has always been a problem, even for existing policies that address the needs of persons with disabilities. Study participants affirmed that adequate budget allocation is key to implementation.

“There must be budget allocation. We’re not in this year’s budget, but that is not to say they cannot get money from supplementary funds [...]. Whatever it is, by the next budget we will be included in the budget.”
– a female wheelchair-user, Abuja

Collaborations and partnerships. To ensure proper implementation, respondents emphasized the importance of collaboration and partnerships among several stakeholders, including government, development partners, the disability community, and civil society.

“I think we too, who are involved, we need to come together; all development partners and institutions and all NGOs, we need to come together and chart a course, with government.”
– a male academic in Special Education, Oyo

Monitoring. Monitoring at various levels of implementation is critical. Stakeholders should be careful to report any discriminatory acts but also hold the commission accountable for delivering their mandates. JONAPWD, among other stakeholders, must be well-positioned to perform this role.

“Monitor compliance, you know. Continue to be a watchdog. If we see where discrimination is happening and call it out, hold individuals or organizations accountable for any form of disability discrimination.”

– a female wheelchair-user, Abuja

Capacity development. Capacity and skills development is crucial for organizations of persons with disabilities, service providers, government, and development actors to properly implement the law.

Participation and leadership. Persons with disabilities should be given opportunities to actively participate and assume leadership roles in the affairs of the commission—this is crucial to the successful implementation of the law and is linked to developing the capacity of persons with disabilities to assume leadership positions in every sector of the economy.

“We must make sure that in anything the government does, persons with disability are included, whatever program, whatever policy [...]. That is how we can move forward.” – a man with spinal injury, Lagos

Recommendations

- ♦ Optimize the provisions of the legal frameworks and policies related to disability inclusion through adequate implementation, which will require the support of multisectoral stakeholders.
- ♦ Strengthen the monitoring and evaluation of available policies and frameworks, including by developing disability-specific indicators and by disaggregating data by disability.
- ♦ Review the current instruments to better address the needs and concerns of persons with disabilities in Nigeria.
- ♦ Conduct a thorough and/or expert audit of every future framework to influence disability advocacy in the relevant sectors.

Table 4.1 presents the key findings on disability inclusion across various sectors.

State Case Studies

This section presents case studies of some of the Nigerian states that have passed disability laws. The elements of the laws, implementation progress, and contributing factors toward success are examined. Lessons learned and the recommendations for the way forward are highlighted.

The assessed states are at different stages of implementing their laws. Collected data are based on key informant interviews and focus group discussions. The study conducted an interview with the Executive Chairperson of the Plateau State Disability Rights Commission and a disability activist in Ondo State; and a phone interview with a leader of the disability community in Jigawa State. The information presented for Lagos State was extracted from the two focus group discussions conducted in Lagos, a key informant interview with a representative of a disability-focused NGO in Lagos, and information on the website of the Lagos State Office for Disability Affairs (LASODA).

Plateau State

The Disability Rights Commission Law 2005

The Disability Rights Commission Law 2005 (Plateau State of Nigeria 2005) was passed in Plateau State on December 22, 2005, by Governor Joshua Dariye. It establishes the Plateau State Indigenes with Disabilities Rights Commission and for other Matters Ancillary thereto.

The commission’s objective is to coordinate and implement activities that ensure the full inclusion of persons with disabilities into the mainstream of society, particularly in education, employment, rehabilitation,

and civil rights. The law vests power in the commission to mobilize resources, to collaborate with relevant actors within and outside Nigeria in pursuit of its aims, to demand and obtain relevant information and data, and to report on relevant matters. The commission can engage in multisectoral and multidisciplinary collaborations, network with civil society organizations to the benefit of persons with disabilities, and formulate and implement policies aimed at their full inclusion.

The commission is authorized to collaborate with a wide variety of stakeholders, including organizations of persons with disabilities, MDAs, and international organizations, to engage in program activities, research and advocacy, community-based interventions, and technical assistance. It can set criteria for social services schemes, implement awareness and rehabilitation activities, and register and monitor the activities of NGOs that receive funds from the state and federal government for the benefit of persons with disabilities.

Under this law, the government must ensure that persons with disabilities have comprehensive access to public information and communications, public buildings, public transportation, and all sectors of the economy—but particularly education, health, social security, and employment. The commission receives an annual budget allocation from the government. It may also raise funds through private and public donations, including NGOs and other organized private sector actors; investments and property; or services rendered. The law repeals the Plateau State Rehabilitation Board Law (1999); and all of its property rights, assets, and liabilities were transferred to the commission. However, this law neither prohibits nor criminalizes any form of discrimination against persons with disabilities in the state.

The Plateau State Indigenes with Disabilities Rights Commission

The Plateau State Indigenes with Disabilities Rights Commission was created in 2013, eight years after the law calling for its establishment was passed. The management team was appointed in 2015. The commission is a standalone entity with a direct link to the governor's office.

The commission's management includes an executive team, consisting of an executive chairman and four other members, including a secretary. A management team oversees eight departments: rehabilitation services; planning, research, and statistics; empowerment, civil rights, and legal issues; education and disability; administration; finance; supplies; and accessibility.

Of the five members managing the commission, three are women and two are men. Three of the members are persons with disabilities, and two of the three are women with disabilities. There were 24 staff members at the commission at the time of the interview 13 of whom (54 percent) were persons with disabilities. The remaining staff members had at least one member with disabilities in their immediate families.

Implementation progress

The commission collaborates and partners with wide range of actors, including international and national NGOs, the German and Australian embassies, CBM International, SightSavers International, the Leprosy Mission, Motivation UK, Disability Rights Advocacy Center, Inclusive Friends Association, Health and Development Support Programme (HANDS), Emmaus Christian Centre, and International Federation of Women Lawyers Nigeria. The commission also collaborates with MDAs at both the federal and state levels. The partnerships are based on funding, technical support, the provision of assistive devices, and capacity development.

Table 4.1. Key Findings Matrix

Sector	Main Issues and Barriers to Services	Current Programming, Laws, and Policies	Current Institutional Landscape	Gaps in Programming	Good Practices
Education	<ul style="list-style-type: none"> Inadequate opportunities for participation in schools Inadequate learning aids Few teachers trained in sign language or specialized staff and personnel trained in strategies and skills to ensure adequate learning for persons with disabilities Limited career opportunities in areas and sectors that are not considered “disability adequate” Negative attitudes among teachers and peers 	<ul style="list-style-type: none"> Mostly special education programs Inclusive education is an emerging concept Inadequately implemented national policies on special needs education, inclusive education, and albinism 	<ul style="list-style-type: none"> Few (mostly private) inclusive schools available Few nongovernmental organizations working on inclusive education Special education focal points in federal and state ministries, departments, and agencies Unavailable tertiary training in inclusive education Limited funding of inclusive education through USAID, International Agency for the Prevention of Blindness, DFID, and Disability Rights Advocacy Fund Few programs on inclusive education by Sightsavers International for those with visual impairment; Independent Living Programme for Persons with Disabilities (advocacy-related), and Daughters of Charity (for hearing impaired persons); and Brien Holden Vision Institute Production of braille books by Niger Wives Association 	<ul style="list-style-type: none"> Inadequately trained teachers Lack of early detection and intervention Dearth of learning materials and assistive technologies Lack of educational support in tertiary education for students with disabilities 	<ul style="list-style-type: none"> Primary schools that adopt the inclusive education model and well trained staff (e.g., primary school in Jos, Plateau State) Discrimination against Persons with Disabilities (Prohibition) Act
Health	<ul style="list-style-type: none"> Negative attitudes among health workers Health workers’ ignorance of disability Health workers ignorance of disability (causes and treatment) Prohibitive cost of care Inaccessible environment, equipment, information, and communication 	<ul style="list-style-type: none"> Inclusive health policies are unavailable Health care costs related to disability services are “out of pocket.” New national policy on sexual and reproductive health for persons with disabilities 	<ul style="list-style-type: none"> Health care delivery inaccessible to persons with disabilities No disability focal point in the Federal Ministry of Health Small-scale inclusive health programs by a few nongovernmental organizations: CBM International, Sightsavers International, Disability Rights Advocacy Center, Deaf Women Association of Nigeria/Ipas, Daughters of Charity, HANDS, The Leprosy Mission, German Leprosy and Tuberculosis Relief Association, and Brien Holden Vision Institute Mental health by Gede Foundation and Comprehensive Community Mental Health Programme Donors include BMZ, International Agency for the Prevention of Blindness, CBM International, Australian Aid, Disability Rights Advocacy Fund, and Liliane Foundation 	<ul style="list-style-type: none"> Unavailable early intervention services Lack of disability training for health workers Inadequate budget allocation Lack of inclusive health policies 	<ul style="list-style-type: none"> Comprehensive Community Mental Health Programme in Benue State Discrimination against Persons with Disabilities (Prohibition) Act Good practices among health workers in Akwa Ibom State Policy on the sexual and reproductive health of women and girls with disabilities

(continued)

Table 4.1. Continued

Sector	Main Issues and Barriers to Services	Current Programming, Laws, and Policies	Current Institutional Landscape	Gaps in Programming	Good Practices
Employment	<ul style="list-style-type: none"> ◆ Employers' negative attitudes ◆ Disabling work environment ◆ Lack of affirmative action ◆ Inappropriate employment ◆ Denial of leadership roles ◆ Discriminatory language in job advertisements 	<ul style="list-style-type: none"> ◆ No clear provision for inclusive employment until the recently passed national disability law 	<ul style="list-style-type: none"> ◆ Livelihood programs seldom target persons with disabilities ◆ Few actors in inclusive livelihood or employment: Sightsavers International, CBM International, Theseabilities Foundation, The Leprosy Mission, Comprehensive Community Mental Health Programme, and Propcom ◆ Donors funding inclusive livelihoods: DFID, BMZ, European Union, and TY Danjuma Foundation ◆ Office of the Head of Civil Service of the Federation has a disability desk but the Ministry of Labour and Employment does not 	<ul style="list-style-type: none"> ◆ Lack of inclusive human resource policies ◆ Lack of advocacy for inclusive employment ◆ Failure to implement inclusive employment pronouncement 	<ul style="list-style-type: none"> ◆ Plateau State employment provision in its disability law ◆ Discrimination against Persons with Disabilities (Prohibition) Act ◆ Special quota of 1 percent for persons with disabilities of any organization that has up to 100 persons in the Lagos State Special People's Law 2011
Social protection	<ul style="list-style-type: none"> ◆ Lack of access to social security schemes ◆ Office of the Head of Civil Service of the Federation bureaucracy ◆ Unaccountable leaders 	<ul style="list-style-type: none"> ◆ The National Social Protection Policy makes provisions for disability inclusion 	<ul style="list-style-type: none"> ◆ Actors with inclusive social protection programs: The Leprosy Mission, CBM International, Comprehensive Community Mental Health Programme, and Save the Children International ◆ Donors in this sector: DFID, European Union, and BMZ ◆ Lack of coordination between departments in FMWASD 	<ul style="list-style-type: none"> ◆ Eligibility requirements are discriminatory ◆ Recognition level of the relationship between poverty and disability is low. ◆ Disability is not a cross-cutting factor in the National Social Protection Policy ◆ Failure to implement the policy ◆ Low level of implementation monitoring of the of schemes 	<ul style="list-style-type: none"> ◆ Lagos State disability grants ◆ Social security schemes implemented through the Plateau State Disability Rights ◆ Discrimination against Persons with Disabilities (Prohibition) Act
Community-based services, assistive devices, and technology	<ul style="list-style-type: none"> ◆ Unaffordable assistive devices and technology ◆ Dearth of available quality assistive devices ◆ Inadequate therapists and community-based rehabilitation services 	<ul style="list-style-type: none"> ◆ The previous rehabilitation policy was vague and poorly implemented ◆ National policy on disability is at the draft stage 	<ul style="list-style-type: none"> ◆ Assistive devices in short supply ◆ Mostly run by private companies and charities ◆ Few community-based rehabilitation programs ◆ FMWASD is in charge but not doing enough ◆ Not a focus of key donors 	<ul style="list-style-type: none"> ◆ Inadequate expertise and manufacturing centers for assistive devices and technology ◆ Low knowledge levels on the principles and practice of community-based rehabilitation ◆ Lack of sustainability plan for the design of community-based rehabilitation programs ◆ Low level of government commitment 	<ul style="list-style-type: none"> ◆ Vocational rehabilitation program in Oyo State ◆ Community-based rehabilitation and vocational training experiences in Kaduna, Zaria State ◆ Assistive devices and support provided by organizations such as the Leprosy Mission International, German Leprosy Relief Agency, and Damien Foundation

(continued)

Table 4.1. Continued

Sector	Main Issues and Barriers to Services	Current Programming, Laws, and Policies	Current Institutional Landscape	Gaps in Programming	Good Practices
Electoral and political processes	<ul style="list-style-type: none"> ◆ Low knowledge of disability inclusion among staff at the Independent National Electoral Commission (INEC) ◆ Inaccessible electoral procedures and facilities ◆ Lack of opportunities for political and leadership participation ◆ Physical inaccessibility of voting environment ◆ Situations of more vulnerability in case of electoral violence 	<ul style="list-style-type: none"> ◆ INEC’s Framework on Access for Persons with Disabilities in the Electoral Process 	<ul style="list-style-type: none"> ◆ INEC has a disability desk ◆ Actors in inclusive governance and electoral participation: Inclusive Friends Association, Centre for Citizens with Disabilities, The Albino Foundation, and ActionAid International ◆ Donors: DFID, USAID, European Union, Ford Foundation, and the Netherlands Embassy 	<ul style="list-style-type: none"> ◆ Low capacity of INEC for inclusive electoral process ◆ Lack of political will to facilitate active participation and leadership of persons with disabilities in politics ◆ Poor implementation of the INEC’s Framework on Access for Persons with Disabilities in the Electoral Process 	<ul style="list-style-type: none"> ◆ Framework on Access for Persons with Disabilities in the Electoral Process developed by INEC ◆ A paper ballot designed in braille for the 2019 elections
Public transportation	<ul style="list-style-type: none"> ◆ Inaccessible vehicles ◆ Negative attitudes among drivers and passengers ◆ Discriminatory attitudes among staff of airlines and airports ◆ Risky and inappropriate boarding procedures 	<ul style="list-style-type: none"> ◆ Lack of inclusive transportation policy ◆ Recently passed disability law includes provisions for inclusive public transportation 	<ul style="list-style-type: none"> ◆ No disability desk in the Ministry of Transport ◆ Dearth of programs targeted at addressing inclusive transportation 	<ul style="list-style-type: none"> ◆ Low awareness level of transportation rights and needs of persons with disabilities among relevant stakeholders ◆ Lack of facilities for safe, convenient, and dignifying boarding 	<ul style="list-style-type: none"> ◆ Lagos Metropolitan Area Transport Authority (LAMATA) has put in place the following disability inclusive measures for its bus rapid transport: priority queue; priority ticket purchase; priority seating; wheelchair space; accessible buses; level boarding; and accessible infrastructure, e.g., ramps and disabled-friendly crossings
Public information and communications	<ul style="list-style-type: none"> ◆ Inaccessible public information and communications ◆ High level of illiteracy among persons with disabilities ◆ Poor quality sign language interpretation services 	<ul style="list-style-type: none"> ◆ No policy on accessible information and communications ◆ There are provisions on accessibility of public information and communications in the new national disability law 	<ul style="list-style-type: none"> ◆ No disability desk in the Ministry of Information ◆ Organizations and the media do not prioritize accessible public information and communications ◆ Awareness programs are usually not provided in accessible formats 	<ul style="list-style-type: none"> ◆ Lack of available assistive technologies for accessible information ◆ Accessible information and communications are low priorities of stakeholders ◆ Lack of capacity for providing accessible information and communications ◆ Lack of regulation of sign language interpretation services 	<ul style="list-style-type: none"> ◆ Sign language interpreters at public events and to ensure adequate dissemination of key information about government-related issues.

BMZ = Federal Ministry for Economic Cooperation and Development; DFID = Department for International Development; FMWASD = Federal Ministry of Women Affairs and Social Development; HANDS = Health and Development Support Programme; INEC = Independent National Electoral Commission; USAID = United States Agency for International Development.

Ongoing programs of the commission include:

- ◆ An entrepreneurial project conducted in collaboration with the state government and with funding from the African Development Bank that involves 107 persons with disabilities in potato farming;
- ◆ The Church of Jesus Christ of Latter-day Saints, United States, that donated 1,000 wheelchairs, which were distributed by the commission;
- ◆ Technical support and advocacy training targeted at traditional leaders and other opinion leaders at the community level with funding from the Australian embassy;
- ◆ Provision of educational assistance to persons with disabilities in collaboration with the state's Universal Basic Education Board;
- ◆ Social security grants such as scholarships and entrepreneurial grants to persons with disabilities;
- ◆ Automatic employment of qualified persons with disabilities; and
- ◆ Distribution of 1,500 devices, including crutches, guide canes to persons with disabilities, in collaboration with the State Ministry of Health.

Contributing factors to implementation progress

- ◆ **Political will.** The state governor is highly committed to disability inclusion.
- ◆ **Supportive staff.** Staff members are committed; they view their service at the commission as a way to also help themselves.
- ◆ **Community involvement.** The community has been sensitized to and is interested in disability inclusion, even in rural areas, as illustrated by the training of traditional rulers on disability inclusion, which targeted 18 participants but which eventually had 37 people interested in attending.

- ◆ **Participation and leadership.** Persons with disabilities actively participate in and lead the affairs of the commission, which has greatly motivated their commitment.
- ◆ **Autonomy.** The commission is autonomous—it does not operate under any ministry or agency. It is directly linked to the governor's office, with functional autonomy.
- ◆ **Annual budgetary allocation.** Dedicated annual budget for disability inclusion with budgetary allocations deposited in the commission's bank account, allowing for planning and implementation of disability-inclusive activities.

Gaps and challenges

- ◆ None of the provisions in the health sector are being implemented.
- ◆ Only about 5 percent of the target has been met for assistive devices due to lack of funding.
- ◆ Community-based rehabilitation services have yet to be planned and implemented. There are also funding constraints, including capacity development of staff to implement the services in a sustainable manner.
- ◆ Funding is inadequate, with a large part of the budget dedicated to recurrent expenditures.
- ◆ Support is needed in terms of funding; technical assistance; and capacity development of duty bearers, service providers, and persons with disabilities.

Lagos State

Lagos State Special Peoples Law 2010

The Lagos State Special Peoples Law 2010 (Lagos State of Nigeria 2011), which came into force in 2011, established the Office for Disability Affairs to safeguard persons with disabilities against all forms of discrimination and to equalize their opportunities in all aspect

of living in society. The office issues guidelines regarding the education, social development, and welfare of persons with disabilities, and collaborates with relevant ministries, parastatals, and corporate bodies with the authority to issue building or design codes to facilitate the accessibility and use of buildings for persons with disabilities. It is authorized to receive complaints regarding violations of the rights of persons with disabilities and to support the investigation, prosecution, and sanctioning of reported cases.

Additionally, the office registers and coordinates organizations of persons with disabilities, reorients and educates the public to reduce stigma around disabilities, and collects and collates data on persons with disabilities for planning purposes. It liaises with other ministries and government agencies to ensure that the needs and concerns of persons with disabilities are addressed in government policies, programs, and activities. It maintains and updates a database of persons with disabilities, designs and issues customized insignias for use in parking lots, and sensitizes the public on how to interact with persons with disabilities.

Moreover, the law makes provisions for the social protection of persons with disabilities; accessible public transportation, including no extra charges for assistive devices; reserved parking spaces; and accessible public buildings with a transitory period within which all roads, pedestrian crossings, and other structures should be modified for accessibility.

The law also recognizes the rights of children with disabilities to their identity and to protection against neglect, exploitation, and violence; it also recognizes the right of persons with disabilities to basic services, including health, education, and employment. Under this law, persons with disabilities have the right to freedom; to drive; to inclusion in communal life; and to participate in cultural life, recreation, leisure, and sports.

The law criminalizes—with fines and imprisonment—treating persons with disabilities cruelly or inhumanely, including medical and scientific experiments, torture, and degrading treatment; using them for alms begging; or subjecting them to slavery, forced labor, or any form of exploitation.

Lagos State Office for Disability Affairs

Executive Governor of Lagos State Babatunde Raji Fashola (Senior Advocate in Nigeria-SAN) inaugurated the governing board for the Lagos State Office for Disability Affairs (LASODA) on July 9, 2012. LASODA, which operates under the supervision of the Ministry of Youth, Sports and Social Development, is charged with implementing the Lagos State Special People's Law 2011. It has nine principal officers, including a general manager and a secretary. Three of the principal officers are women and three are men with disabilities. Of its approximately 25–30 staff members, seven have disabilities, including women.

Implementation progress

- ◆ Lagos State Disability Fund was launched by the immediate past Governor of Lagos State Akinwumi Ambode on May 29, 2016 with a seed fund of ₦ 500 million intended for the education and social advancement of persons with disabilities in Lagos State. The funds are being disbursed to persons with disabilities and disability cluster organization registered with and recognized by LASODA. Persons with disabilities are recommended to receive the ₦ 100,000 per person funds by their respective organizations. No clear eligibility criteria exist.
- ◆ About 1,000 civil servants have received training in sign language in Lagos State over the past three years.
- ◆ Persons with disabilities have been employed in the Lagos State civil service.

- ◆ LASODA has initiated the Disability Entrepreneurship and Empowerment Programme which is a loan service for eligible persons with disabilities. Borrowers must have a viable business or be involved in entrepreneurial activities; loan amounts vary and must be paid back within one year.
- ◆ Assistive devices have been distributed.
- ◆ Bus Road Transport have allocated seats for persons with disabilities although the buses are not physically accessible.
- ◆ There are some new accessible pedestrian bridges.

Contributing factors to implementation progress

- ◆ Past state governors have demonstrated a commitment to LASODA through, for example, the provision of the seed funds for the Lagos State Persons Living with Disability Fund.
- ◆ The presence of a board provided oversight over the affairs of the office.

Gaps and challenges

- ◆ Study participants believe that there is a lack of capacity to implement the Lagos State Special People's Law 2011. They believe that many of its provisions are being inadequately implemented—if at all. They highlight that the employment of persons with disabilities in Lagos is lagging, as are health issues, priority on queues, and designated parking spaces.
- ◆ There are indications that the general population is not yet aware of the law or its provisions.

“When people are in a queue, you get there as a person with disabilities and tell them that the law says I should be attended to first, they will not listen to you. They will even quarrel with you over that. That awareness [...] is not there yet.
– a visually impaired participant, Lagos

- ◆ The office lacks the autonomy to directly interact with the governor's office.
- ◆ Funding levels are insufficient.
- ◆ The law does not provide a government budget allocation to LASODA, except through the establishment of Lagos State Persons Living with Disability Fund with seed funds of ₦500 million.

Ondo State

Ondo State Agency for the Welfare of Persons with Disabilities and Other Provisions Law 2011

Dr. Olusegun Mimiko, the then governor of Ondo State, passed the Ondo State Agency for the Welfare of Persons with Disabilities and other Provisions Law 2011 (Ondo State of Nigeria 2012) on March 29, 2012. The objectives of the Ondo State Agency for the Welfare of Persons with Disabilities are to:

- ◆ Facilitate the protection of the rights of persons with disabilities in the state as well as the eradication of all forms of discrimination against them;
- ◆ Mobilize persons with disabilities to be self-reliant, to contribute to economic development, and to foster public awareness on disability inclusion;
- ◆ Provide an avenue for programs that would enhance interactions between persons with disabilities and their peers without disabilities within and outside the state; and
- ◆ Promote, protect, and represent the interest of persons with disabilities in all spheres of life.

To achieve its objectives, the agency will formulate policies and programs to enhance the welfare of persons with disabilities in the state; source funds from other tiers of the government, the organized private

sector, and international donor agencies; and make provisions to enhance the employment of and empower persons with disabilities. It expects to ensure adequate health care for persons with disabilities in the state and advocate for accessible public buildings and recreational facilities. It also seeks to prevent persons with disabilities from socially unacceptable behaviors such as street begging.

The law provides for the physical accessibility of public buildings and roads. It demands that the development and remodeling of public transportation and public communication conform to national standards and guidelines regarding access to persons with disabilities. The law makes it mandatory for the media industry that operates in the state to raise awareness on the rights, respect, and dignity of persons with disabilities, and to showcase their capabilities, achievements, and contributions to society—with the involvement of persons with disabilities.

The law has provisions regarding the boarding of vehicles by persons with disabilities and for the preferential treatment of persons with disabilities in boarding process, but it does not specifically recognize the rights of persons with disabilities to access basic services, such as education, health, and employment. It also makes no specific provisions for the rights of children or women with disabilities. It does prohibit any form of discrimination against or harmful treatment of a person with a disability, with criminal penalties that include fines and imprisonment.

The Ondo State Agency for the Welfare of Persons with Disabilities initially had two departments: (1) finance and (2) administration, and rehabilitation, and health services—but the law allows for the creation of additional departments with board approval. The agency operates under the supervision of the State Ministry

of Women Affairs and Social Development. On July 17, 2019, eight years after the agency was established, Governor Oluwarotimi Akeredolu inaugurated its board, which comprises five persons with disabilities (including one woman and the chairman) who represent the state's key disability cluster organizations. Additional board members were drawn from the Ministry of Women Affairs and Social Development; the Ministry of Health; the Ministry of Education; and the Ministry of Employment, Labour and Productivity. The agency's secretary also serves as secretary of the board. The principal officers of the agency include the secretary, who is responsible for the administration of the agency under the supervision of the chairman (who has not yet been appointed). The secretary will advise the board on the formulation and implementation of its policies and will convene board meetings. The agency will determine the number of staff necessary to deliver its mandates, and then have them posted from the civil service.

None of the agency's current principal officers is a person with a disability. There were no persons with disabilities in the agency's workforce until recently, when one person with a disability was recruited. The agency's primary source of funding is the state government's subvention and budgetary allocation, coupled by funds from the federal and local governments, donor agencies, gifts, money earned on property, and assets accrued to the agency from any other source.

Implementation progress

The implementation of the law is highly inconsistent. The agency occasionally implements empowerment programs, but they are not sustainable. It is also working on presenting the issue of employment to the government.

“So, you see, you buy a sewing machine to empower somebody but there is no shop. So the empowerment opportunities they are giving are not comprehensive

enough to me. By the time you come back in six months to assess the people you claimed you have empowered, they would have sold off the items because your empowerment talk is not comprehensive enough.”

– an activist, Akure

Gaps and challenges

- ◆ The board has only recently been inaugurated, allowing it to begin its work, which was a major setback to the law’s implementation.
- ◆ Persons with disabilities did not actively participate in implementation because there was no board in place. Further, the agency’s office is not physically accessible, and there are no sign language interpreters. Persons with disabilities are treated more as beneficiaries and/or recipients of charity.
- ◆ Awareness of the law is scant. Most of general population and key stakeholders, including the media, does not know that the law exists.
- ◆ Funds for implementing the law are lacking.

Jigawa State

Jigawa State Persons with Disabilities

Law 2016

The Jigawa State Persons with Disabilities Law 2016 (Jigawa State of Nigeria 2017) was signed on January 19, 2017, by Governor Muhammad Badaru Abubakar. The law is meant to safeguard persons with disabilities from all forms of discrimination, to promote their access, and to advance their opportunities to engage in all aspects of society. It prohibits discrimination against and the harmful, cruel, or inhuman treatment of persons with disabilities. It recognizes the rights of women and adolescents with disabilities to all of the law’s provisions. However, it selectively criminalizes only cruelty and inhuman treatment of persons with

disabilities, including the employment, use, or involvement of persons with disabilities in alms begging, as well as discrimination in employment.

Furthermore, the law proposes adequate standard of living and social protection, the accessibility of public buildings and facilities, and supporting person with disabilities in situations of risk and humanitarian emergencies. It specifies a transition period of five years during which modifications should be made to all public buildings, roads, pedestrian crossings, and other relevant infrastructure to make them accessible to and usable by persons with disabilities.

The law recognizes the rights of children with disabilities to protection from all forms of violence, free and compulsory education up to the secondary level, and recreational activities. Under the law, the government provides early intervention services and support to children with disabilities and their families.

The law affirms the rights of persons with disabilities to free or affordable health care services of the same quality available to their peers without disabilities, including any needed communication support; it guarantees access to education absent any form of discrimination; and it promotes inclusive education. It recognizes the rights of persons with disabilities to gain employment in a chosen labor market and work environment. The law makes it compulsory for any employer with up to 100 employees to reserve at least 5 percent of its workforce for qualified persons with disabilities. It also recognizes the right of persons with disabilities to participate in politics and government policy; to access transportation; to take part in communal life; and to engage in cultural life, recreational activities, leisure, and sports.

The Jigawa State Rehabilitation Board is mandated with the responsibility of implementing the law’s provisions.

It has the responsibility to protect, promote, and support the social and economic development of persons with disabilities in the state. The law does not establish a separate office or commission to oversee its implementation. The law also does not provide a government budget allocation for implementation. Instead, it establishes the Jigawa State Persons with Disabilities Fund to advance the cause of persons with disabilities in the state.

Implementation progress

The government set up and inaugurated a committee for the Jigawa State Disability Fund immediately after the law was passed to raise funds for its implementation, but it has not been functioning. In response, the Partnership to Engage, Reform and Learn (PERL), in collaboration with the Jigawa State Rehabilitation Board and a civil society initiative, established and inaugurated a disability law implementation committee and has developed an action plan for the implementation of the disability law and is raising public awareness on the importance of the law. The implementation committee consists of government officials from the relevant MDAs, such as the Ministry of Women Affairs, Ministry of Education, Ministry of Finance and Economic Planning, Jigawa State Due Process and Project Monitoring Bureau, other organizations, and persons with disabilities. It has a chairman and is under the supervision of the Jigawa State Rehabilitation Board.

In 2007, prior to the passage of the law, Governor Sule Lamido, rolled out a social security allowance of ₦7,000 per month for 150 persons with disabilities in each local government area in the state. The state has also been implementing policies that provide free education to everyone, including persons with disabilities from the primary to secondary level as well as scholarships to students at the tertiary level, provided that the education is at a state-owned institution. There is also a

provision for the automatic employment of five persons with disabilities for each of the 27 local government areas and for empowerment in terms of vocational training. In addition, there is a policy to ensure the participation of persons with disabilities in political life, including a provision of a special adviser on disability issues for each local government area who must be a person with a disability. This policy produced 27 special advisers with disabilities as well as a member of the state house of assembly representing Dutse Constituency, who is a man with a disability. To ensure sustainability, a lawmaker with a disability in the Jigawa house of assembly during Governor Lamido's tenure in office sponsored the state disability bill for the first time. The bill sought to harmonize all of the ongoing social security schemes into one law and to include other relevant provisions for the well-being of persons with disabilities in the state.

Contributing factors to implementation progress

- ◆ PERL, in collaboration with relevant stakeholders, provided support to facilitate the process.
- ◆ There were already existing social protection schemes, which had been instituted due to the political will of a past governor.

Gaps and challenges

- ◆ There is no separate office or commission to manage the implementation of the law.
- ◆ Political will is insufficient.
- ◆ Implementation funding is lacking.
- ◆ There is a dearth of leadership among persons with disabilities.

Anambra State

Anambra State Disabilities Rights Law 2018

The Anambra State Disabilities Rights Law 2018 (Anambra State of Nigeria 2018) came into force on September 13, 2018. It provides for the full integration of persons with disabilities into society and prohibits all forms of discrimination and harmful practices against persons with disabilities, including the imposition of fines and/or imprisonment. Under this law, a person with a disability who experiences discrimination can instigate a civil action against the perpetrator and is entitled to unconditional free legal aid provided by the government, as needed.

The law mandates the prioritization of persons with disabilities in welfare, social development, poverty reduction, and related programs, as well as the provision of social security to persons with disabilities age 60 and older. It affirms the rights of persons with disabilities to access public buildings and places; and mandates that roads, sidewalks, and pedestrian crossings be accessible to persons with disabilities. During a five-year transition period, public buildings and facilities must be made accessible.

The law protects the rights of persons with disabilities to public information and communications in accessible formats, including the free use of assistive technologies to facilitate same. It provides for accessible transportation facilities, including free transport for assistive devices and the right of persons with disabilities to drive and to reserved parking spaces. The law upholds the right of persons with disabilities to education through special education and inclusive education and provides for scholarships; learning support; and a curriculum that is inclusive of braille, sign language, and augmentative and alternative communication.

Moreover, the law makes it mandatory to ensure equity in employment for persons with disabilities. All employers of labor with at least 100 employees, as well as all state and local government public institutions, must reserve 1 percent of their workforce across different cadres for qualified persons with disabilities. It makes provisions for the fair treatment of employees who acquire permanent impairments whether in the course of duty or otherwise.

The Anambra State Disabilities Rights Commission, as established by the law, will implement it and monitor compliance. The principal officers of the commission, who will work in part-time positions, will be selected from a variety of stakeholders, including organizations of persons with disabilities, the civil society, and relevant government ministries. The law mandates that half of the commission's staff members be persons with disabilities.

Anambra State Office of the Governor on Disability Matters

The Anambra State Office of the Governor on Disability Matters was established in December 2016, following the appointment of Senior Special Assistant to the Governor on Disability Matters Barr. Chuks Bertrand Ezewuzie by the Executive Governor of Anambra State, His Excellency Dr. Willie M. Obiano. The office was established to:

- ◆ Ensure employment opportunities for qualified persons with disabilities in the state;
- ◆ Prevent all forms of discrimination against persons with disabilities in society;
- ◆ Formulate and implement disability-inclusive policies in Anambra State;
- ◆ Promote self-reliance and entrepreneurship among persons with disabilities; and

- ◆ Provide support to NGOs and motivate public-private partnerships to benefit persons with disabilities living in the state.

The Anambra State Office of the Governor on Disability Matters has six principal officers—the senior special assistant to the governor on disability matters; the special assistant to the governor on sign language and communication; the executive assistant to the governor on disability services; the program coordinator; the administrative and accounts officer; and the program and service coordinator. Seventeen staff members work in this office. Nine (53 percent) are persons with disabilities, four of whom (44 percent) are women.

Implementation progress

The implementation of the Anambra State Disabilities Rights law has not begun because a commission has not yet been established. However, the state has been embarking on some disability inclusion activities through the Anambra State Office of the Governor on Disability Matters in coordination with the Ministry of Social Welfare, Children and Women Affairs, which is currently responsible for disability-related issues in the state. Key achievements include:

- ◆ The enactment of the Anambra State Disabilities Rights Law;
- ◆ The employment of about 100 persons with disabilities;
- ◆ The appointment of five persons with disabilities in the governor’s cabinet;
- ◆ The provision of tailored services for persons with disabilities, such as the establishment of a disability law center and access to a computer technology center, and the recruitment of disability-related specialists, such as sign language interpreters and braille instructors;

- ◆ Free transportation for persons with disabilities in state-owned vehicles; and
- ◆ Harmonization of the activities of the disability cluster organizations, NGOs, and the government.

Contributing factors to implementation progress

- ◆ The state governor had the political will to strengthen disability inclusion.
- ◆ An experienced senior special assistant to the governor on disability matters was appointed who is able to establish platforms for coordinating disability inclusion activities among the various disability stakeholders in the state.
- ◆ Persons with disabilities participate in and provide leadership for governance.
- ◆ The principal government officials collaborate with the Ministry of Social Welfare, Children and Women Affairs.

Challenges

- ◆ Funds to implement projects activities and tailored services are lacking.
- ◆ The implementation of the Anambra State Disabilities Rights Law is delayed.

Ekiti State

Ekiti State Rights of Persons with Disability Bill 2013

The passage of the Ekiti State Rights of Persons with Disability Bill 2013 would ensure the inclusion of persons with disabilities into mainstream society and prohibit all forms of discrimination against persons with disabilities in Ekiti State. The bill was drafted during Dr. John Kayode Fayemi’s first tenure as the state governor. The state executive council ratified and forwarded it to the house of assembly for its passage into law.

It seeks to criminalize discrimination against persons with disabilities, including an optional fine for anyone or any organization violating its provisions. It provides for an accessible physical environment, transportation, information, communication, and technology. During a five-year transition period beginning at the date of notification of relevant standards and regulations, existing public buildings must be made accessible.

If the Ekiti State Rights of Persons with Disability Bill becomes law, it would provide an approach to the inclusion and prohibition of discrimination against persons with disabilities that is more comprehensive than similar laws. The bill provides for legal capacity and guardianship of persons with disabilities, which means it addresses the concerns of persons with intellectual disabilities better than the country's existing disability laws. It includes affirmative actions related to agricultural land and housing, poverty alleviation, and the allotment of land. It criminalizes all forms of violence and abuse of persons with disabilities, including jail terms for offenders.

The bill is very clear on the role of state and local educational institutions and governments in providing inclusive education to learners with disabilities. It further provides for the inclusion of persons with disabilities in adult education, vocational training, and self-employment programs. Government institutions of higher education and higher educational institutions receiving aid from state governments must reserve 5 percent of the seats in every class for students with disabilities, and students with disabilities must then be allowed to compete for the remaining nonreserved seats.

Each state government Ministries, Departments and Agencies (MDAs) must reserve at least 5 percent of available vacancies for persons with disabilities, with allocations distributed across the major types of

disabilities. Within one year of the enforcement of the law, employers in the private sector with 20 or more employees will receive incentives to ensure that at least 5 percent of their workforce comprises persons with disabilities.

The bill provides for capacity development for the adequate implementation and monitoring of its provisions, including mandatory training in disability rights for the members of the house of assembly, the police, judges, lawyers, and legal officers; a disability component in the training of professionals and community workers; tailored capacity building programs for persons with disabilities, families, caregivers, and community members; and the promotion of disability studies and research in tertiary institutions.

The bill also provides for the constitution of a committee for persons with disabilities comprising a chairperson and six members. The committee would be responsible for monitoring the implementation of the provisions of the law, if passed. It will have to liaise with the Ekiti State Citizens' Rights Centre to discharge its functions.

Ekiti State Office for Disability Affairs

The administration of Dr. John Kayode Fayemi established the Ekiti State Office for Disability Affairs on December 24, 2018. The office is primarily responsible for providing essential services and psychosocial interventions to persons with disabilities. The functions of the office are to:

- ◆ Promote the rights of persons with disabilities;
- ◆ Motivate persons with disabilities to be self-reliant;
- ◆ Facilitate the acquisition of working tools and mobility aids; and

- ◆ Encourage persons with disabilities to maximize their potential.

The Ekiti State Office of Disability Affairs has four principal officers: an executive secretary, a director of disability affairs, a director of administration and supplies, and a director of finance and accounts. It has a total of 27 staff members, six of whom (22 percent) are persons with disabilities, and 3 of whom (50 percent) are women with disabilities. The office is under the supervision of the State Ministry of Women Affairs and Social Development.

Achievements

The Ekiti State Office of Disability Affairs:

- ◆ Facilitated efforts to domesticate the Discrimination against Persons with Disabilities (Prohibition) Act 2018 in collaboration with the Ministry of Justice;
- ◆ Monitored and supervised disability cluster organizations operating in the state;
- ◆ Collaborated with NGOs working on disability inclusion;
- ◆ Employed 55 persons with disabilities in the state government.
- ◆ Maintained inmates at the state rehabilitation center; and
- ◆ Rescued and repatriated beggars, the destitute, and persons with mental impairments to their states of origin.

Challenges

- ◆ There is a shortage of resources and amenities.
- ◆ There are an inadequate number of professional social workers.

Disability Legislation and Policies in South Africa—A Case Study

During the apartheid regime, South Africa adopted the charity and medical models of disability, whereby persons with disabilities only accessed rehabilitation and habilitation services and social grants (Republic of South Africa 2016). Services such as education and employment were segregated for children and adults with disabilities.

Today, South Africa lacks a comprehensive national disability law but does have some national laws and policies that promote and protect the rights of persons with disabilities. For example, the Constitution of the Republic of South Africa, 1996, states that “everyone is equal before the law and has the right to equal protection and benefit of the law.” It prohibits discrimination on a number of grounds, including disability. The constitution also recognizes South African Sign Language as the first language of hearing impaired South Africans.

The Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) 2000 (Republic of South Africa 2003) is a law to give effect to section 9 of the South African constitution. The law prohibits unfair discrimination and harassment, promotes equality, eliminates unfair discrimination, and prevents and prohibits hate speech. It mandates the removal of barriers and acts to ensure that persons with disabilities can fully participate in society.

Similarly, the National Development Plan 2012 (National Planning Commission 2012) envisages a country that has eliminated poverty and reduced inequality by 2030. The plan affirms the need for the integration of disability inclusion into all facets of planning by adopting a tailored approach. Sector-specific legislation and policies that cut across sectors such as education, health, employment,

and social protection address the needs of persons with disabilities as part of the mainstream or as a group.

A contributing factor to disability inclusion is the active participation of all previously marginalized and vulnerable groups, including persons with disabilities represented by organizations of persons with disabilities in the transformation agenda of democratic governance in South Africa. This effort was operationalized through the establishment of the first disability program in the Office of the Reconstruction and Development Programme, leading to the formal establishment of the Office on the Status of Disabled Persons in the Presidency, which is responsible for monitoring the implementation of the White Paper on an Integrated National Disability Strategy (1997) in all government departments and facilitating disability mainstreaming across the public sector and civil society.

The Disability Rights Charter of South Africa 1992, developed by Disabled People South Africa, has been the benchmark for all future legislation, programs, and projects on disability in South Africa, including the White Paper on an Integrated National Disability Strategy and the White Paper on the Rights of Persons with Disabilities.

The White Paper on the Rights of Persons with Disabilities

The White Paper on the Rights of Persons with Disabilities (Republic of South Africa 2016) is a comprehensive document that brings together provisions to promote and protect the rights of persons with disabilities from existing legislation and policies to fulfill the obligations of the United Nations Convention on the Rights of Persons with Disabilities. It endorses mainstreaming as the primary approach to realizing the inclusion rights of persons with disabilities while providing guidelines for disability mainstreaming and a review of existing and the

development of new sectoral policies, programs, budgets, and reporting systems to fulfill South Africa's constitutional and international treaty obligations. It lays out benchmarks for the removal of barriers to access.

The white paper holds to account multiple stakeholders, including duty bearers and right-holders (persons with disabilities and their families) for ensuring equal opportunity for persons with disabilities at all levels of government. It commits duty bearers to ensuring implementation of existing legislation and policies; upholding the rights of persons with disabilities; facilitating access and participation in planning, budgeting, and service delivery; recognizing the right to self-representation; acknowledging the differences occasioned by the intersection of disability with gender, age, sexuality, religion, culture, and geographic location; and embedding the obligations in the United Nations Convention on the Rights of Persons with Disabilities in legislation, policy, and service delivery.

To achieve its purpose, the white paper builds on nine strategic pillars that span accessibility and participation; protection of rights of persons at risk of compounded marginalization; support to sustainable integrated community life; empowerment of children, women, and youths with disabilities; reduction of economic vulnerability; strengthening the voice of persons with disabilities; building a disability-equitable state machinery; promoting international cooperation; and providing monitoring and evaluation.

The monitoring and evaluation pillar entails the elaboration of an implementation plan for each strategic pillar, including outcome indicators to measure implementation impact on the lives of persons with disabilities and their families. An implementation matrix lays out targets to achieve by 2030, including the enactment of national disability-specific legislation. Every five

years, the South African Human Rights Commission is to publish an annual progress report of the white paper's implementation and to conduct an in-depth review of its impact.

Disability-related issues used to be under the supervision of the social development department, which is responsible for social welfare, suggesting that disability used to be considered a welfare-related issue. However, responsibilities for disability-related matters were recently moved back to the president's office, a widely supported move among the disability community.

The White Paper on the Rights of Persons with Disabilities has no legal authority, but the disability community in South Africa has been drawing on its and PEPUDA's provisions for years to uphold the rights of persons with disabilities. While the white paper is relatively comprehensive as described above, PEPUDA is a legal instrument with a disability component. Anecdotal and published indications suggest that the implementation for both is slow (HRW 2015, 2019; CRPD 2018), but implementation efforts of existing provisions offer the following lessons:

- ♦ **Political will.** The government of South Africa's post-Apartheid transformation agenda has focused on race, gender, and disability; and in some ways, this commitment has helped drive the country's disability agenda.
- ♦ **Political participation.** A major impetus for implementing disability policies and legal frameworks is the participation of persons with disabilities as parliament members and their engagement in political issues of national interest, including those that focus on disabilities.
- ♦ **Strong disability movement.** South Africa's disability movement is robust, united, and committed. The movement has assumed a leadership role in terms of lobbying and advocacy to ensure the implementation of disability provisions in the available policies and legal instruments.
- ♦ **Implementation matrix.** The White Paper on the Rights of Persons with Disabilities includes an implementation matrix to monitor and evaluate its progress, thereby holding the government accountable.
- ♦ **Accountability to global and regional disability bodies.** South Africa complies with the submission requirements of reports to global and regional platforms on disability, such as the Committee on the Rights of Persons with Disabilities and the African Union, which has helped track the progress made implementing the legal frameworks such as the United Nations Convention on the Rights of Persons with Disabilities as domesticated through the White Paper on the Rights of Persons with Disabilities.
- ♦ **Direct link to the presidency.** Disability issues are better prioritized and treated as human rights issues by having direct contact to the office of the presidency rather than being under the social development department, which suggests a charity- or welfare-based approach.



5. Conclusions and Key Recommendations

The findings of this rapid social assessment of the socioeconomic status of persons with disabilities in Nigeria indicate that their access to basic services is wholly inadequate and that deeply ingrained and widespread attitudinal barriers across the country significantly contribute to their exclusion from all sectors of the economy. Policies and legal frameworks to promote and protect the rights of persons with disabilities are either nonexistent or poorly implemented. The current institutional landscape is poorly adapted to disability-inclusive development. To advance the status of persons with disabilities in the country, substantial improvements are needed in the areas of disability advocacy, disability data, capacity development, provision of assistive devices and technology, and stigma reduction. Key recommendations based on the study's findings are summarized below.

Capacity Development

Capacity development is crucial to improving on the current disability inclusion principles and practices in various sectors of the economy. Capacity development efforts should target various stakeholders who will be responsible for addressing the needs of persons with disabilities, including:

- ♦ **Duty bearers.** Duty bearers are government officials, policy makers, and decision makers at the helm of state affairs. Gaining their buy-in for the prioritization of disability inclusion will require raising awareness of the disability concept; the importance of disability as a development issue, including the link to development instruments like the Sustainable Development Goals; Nigeria's commitment to disability inclusion; the practical implications of the Discrimination against Persons with Disabilities (Prohibition) Act 2018; the relevance of inclusive policies; the importance of data disaggregation by disability; and the costs of exclusion.

- ♦ **Service providers.** These stakeholders need expanded awareness of the concerns of persons with disabilities, the various types of impairment, the definition of disability, data collection, the use of the Washington Group questions, and legal frameworks on disability inclusion. Their capacity to provide disability-inclusive services tailored to their specific spheres is also essential. Negative attitudes among service providers must be addressed in the context of awareness-raising and disability advocacy.
- ♦ **Development and humanitarian actors.** Much of the development and humanitarian aid that comes into Nigeria is in the form of programs implemented by development actors, including disability-focused organizations. This study's findings suggest that there are gaps in such programming related to disability inclusion. It would therefore be valuable to develop the skills of the development actors regarding the principles and practice of disability-inclusive project management. They also need more skills to collect disability-disaggregated data using the Washington Group questions. Advocacy efforts will be vital to gaining the commitment of top management regarding disability inclusion and to promoting organizational practices that will serve as a basis for sustainable and inclusive programming.
- ♦ **Persons with disabilities and their organizations.** With the current drive for disability-inclusive programming, occasioned by Nigeria's increasing commitment to disability inclusion, there will likely be a surge in the demand for expertise in disability-inclusive works. There is currently a dearth of such expertise in the country. It will therefore be crucial to develop the capacity of individuals with disabilities, their parents and caregivers, and organizations of persons with disabilities in

terms of disability inclusion. Specifically, they can receive training to become trainers for disability awareness, rights, and inclusion, ensuring a pool of knowledgeable trainers who can collaborate with other stakeholders, such as the duty bearers, service providers, and development actors. They may also need capacity development in disability advocacy, community mobilization, and economic empowerment. Organizations of persons with disabilities and disability-focused organizations may also need capacity development in governance, leadership, and accountability, which would help them attract disability funding that they can use to implement relevant projects. Currently, most are probably not strong enough to receive funds for meaningful project implementation.

Establishment of National and State Platforms for Disability Inclusion

There is currently a gap in the coordination of disability inclusion in Nigeria. JONAPWD is in the best position to lead a coordinated effort but seems to lack the necessary capacity at present. A coordinated platform could help organize pressure groups to push for a disability-inclusion agenda through partnerships; collaborations; networking; resource mobilization; technical support; advocacy; and capacity development, including knowledge sharing and transfer. Intersections between disability and other marginalizing issues could be more deeply explored and addressed through such platforms, which could be established in a variety of sectors. The states should establish their own platforms as well, with each comprising mainstream organizations, organizations of persons with disabilities, disability-focused organizations, and other relevant interest groups. These

mechanisms would help organize and track disability-inclusive initiatives, resources, donors, and actors in the various sectors, and ensure the efficient and effective use of available resources. They could also influence the formulation and implementation of policy and the implementation of the disability law.

Medium- or Large-Scale Local Manufacturing of Assistive Devices

Assistive devices are expensive because they are usually imported into Nigeria. A few local manufacturers produce devices on a small scale, often using outdated technology and designs that may not suit the users. Therefore, to address the lack of available, affordable, and appropriate assistive devices, medium or large-scale local manufacturing of assistive devices should be established, beginning in a few places. This could address the country's gross unmet needs for assistive devices. The training of some people to manage the production may also be necessary as expertise is also lacking.

Stigma Reduction

Stigma is a major attitudinal barrier that precludes persons with disabilities from accessing basic services and from participating in mainstream society. Measures are needed to reduce the stigma associated with misconceptions and negative attitudes around disabilities and persons with disabilities in Nigeria. Interventions around this should target households; community members, including religious, traditional, and opinion leaders; school staff; members of the media; and the members of the general population. Adopting the following strategies might benefit interventions:

- ◆ Role modeling and showcasing of persons with disabilities;
- ◆ Awareness-raising and public education on the causes of impairments, with a focus on different types of impairments, particularly albinism, leprosy, mental illness, and developmental impairments;
- ◆ Affirmative actions by religious, traditional, and opinion leaders;
- ◆ Public enlightenment and sensitization on disability inclusion through the media;
- ◆ Disability mainstreaming into community development committees and formation of disability-inclusive community development committees where there are none;
- ◆ Promotion of participation and leadership of persons with disabilities in community activities and decision making;
- ◆ Positive representations of persons with disabilities in the media; and
- ◆ Formation of community level support and advocacy groups.

Disability Data Generation

Disability data generation is the bedrock of planning and design for disability inclusion. The dearth of disability data in Nigeria is worrisome. Advocacy for collection of disability-disaggregated data that targets relevant stakeholders, such as the Nigeria Bureau of Statistics and National Population Commission, should be intensified. Capacity development for disability data collection using the Washington Group questions is crucial and should be prioritized. Advocacy is needed

to encourage the collection of disability-disaggregated data in the Health Management Information System and Education Management Information System and in all national surveys and surveillance operations.

Strategic frameworks and implementation guidelines for policies should also include a mix of disability-inclusive indicators and disability-specific indicators. Development partners should require proposed grantees to demonstrate how their monitoring frameworks will include disability indicators. They should mandate that grantees and implementing partners report on disability issues.

Funding

Funding of disability inclusion activities must be prioritized through dedicated budgetary allocations for the ministries, departments, and agencies; for the proposed Disability Rights Commission; and for all government planning, implementation, and monitoring and evaluation efforts. Similarly, all public and private actors working on disability must allocate budgets to disability inclusion, without which they cannot achieve the inclusion of persons with disabilities in their programs and services.

Donors must prioritize disability inclusion in projects that they fund, with accountability frameworks that include disability-specific indicators and reporting on disabilities.

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