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# **SCOPING STUDY: DISABILITY ISSUES IN NIGERIA**

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## **Final Report**

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## Abbreviations

- AAD - Abuja Association of the Deaf
- AAN - ActionAid Nigeria
- ADD – Action on Disability and Development
- ASCEND - Association for Comprehensive Empowerment of Nigerians with Disabilities
- C4C - Coalition for Change
- CAC - Corporate Affairs Commission
- CBM - Christian Blind Mission
- CBR - Community Based Rehabilitation
- CBVR - Community Based Vocational Rehabilitation
- CCD - Centre for Citizens with Disabilities
- CS - Civil Society
- CSOs - Civil Society Organizations
- CWD - Children With Disabilities
- DFID - British Department for International Development
- DPOs - Disabled Peoples' Organizations
- DWIN - Deaf Women in Nigeria
- ESSPIN - Education Sector Support Programme in Nigeria
- FACICP - Family Centred Initiative for Challenged Persons
- FBO - Faith Based Organization
- FEC - Federal Executive Council
- HIV/AIDS - Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
- ICT - Information, Communication Technology
- IDD - International Day of the Disabled
- IDEA – Integration, Dignity & Economic Advancement of people affected by Leprosy
- IFES - International Foundation for Election Systems
- INEC - Independent National Electoral Commission
- INGOs - International Non-Governmental Organizations
- JONAPWD - Joint National Association of Persons with Disabilities
- KM – Kilometre
- LCD - Leonard Cheshire Disability
- MDGs - Millennium Development Goals
- MOU - Memorandum of Understanding
- MWD - Men With Disabilities
- NAHCAN - National Handicap Carers Association of Nigeria
- NASS - National Assembly
- NEEDS - National Economic Empowerment Development Strategy
- NGOs - Non-Governmental Organizations

- NLC - Nigeria Labour Congress
- NNAD - Nigerian National Association of the Deaf
- NPRC - National Political Reform Conference
- PACT – Partnership And Capacity Training
- PATHS - Partnerships in Transforming Health Systems
- PAVS - Accountability and Voice in States
- PEDANET - Persons with Disabilities Action Network
- PRO - Public Relations Officer
- PWDs - Persons with Disabilities
- PWL - Persons with Leprosy
- SA - Special Adviser
- SCIAN - Spinal Cord Injury Association of Nigeria
- SEEDS - the State Economic Empowerment Development Strategy
- SPARC - State Partnership for Accountability, Responsiveness and Capacity
- SP - Strategic Planning
- SPD - Strategic Planning Document
- SWOT - Strengths, Weaknesses, Opportunities and Threats
- TLM - The Leprosy Mission
- TLMN - The Leprosy Mission Nigeria
- UK - United Kingdom
- UN - United Nations
- USAID - United States Agency for International Development
- WHO - World Health Organization
- WWD - Women With Disabilities
- YWD - Youth With Disabilities

## The Consultancy Team and Acknowledgements

Dr. Raymond Lang was appointed as a Research Fellow at the Leonard Cheshire Disability and Inclusive Development Centre, based at University College, London in January, 2007. He has been working in the disability and development sector for the past fifteen years. Since joining the Centre, Dr Lang in collaboration with colleagues has been developing funding strategies and potential research projects. He has also been involved in a number of international consultancies, including the DFID-funded Disability Scoping Study in Zimbabwe, as well as attending a number of international conferences. Dr Lang is also a member of a number of advisory boards and committees, including the Leonard Cheshire Disability Editorial Advisory Board to develop future academic publications. Prior to joining the Centre, Dr Lang worked as an independent consultant with regard to disability and development, undertaking consultancies for a wide range of policy makers and practitioners working in the field. These include the Department for International Development and the United Nations Development Programme. He has direct field experience of working in Afghanistan, Bangladesh, Nepal, India, South Africa, Zimbabwe and the Balkan States.

Ms Lucy Upah is the Social Welfare Officer in the Secretariat of the Joint National Association of Persons with Disabilities (JONAPWD). Ms. Upah has undergone some leadership training both in Nigeria and abroad to enhance her capacity in taking forward issues of persons with disabilities. She has attended some international conferences on Human Rights where she presented some papers. Presently, she is the Regional Coordinator of Deaf Associations of the World Federation of the Deaf in Western and Central Africa. She is also a Board Member of ActionAid Nigeria (AAN), an anti-poverty agency with the vision of a world without poverty, where she represents the interests of persons with disabilities. This DFID disability consultancy is her first major consultancy on disability issues.

The consultants would like to take this opportunity to thank all those who assisted with this consultancy and production of this report. In particular, we would like to thank Lorraine Wapling (DFID Disability Specialist) and Zoe Stephenson from the Equity and Rights Team in DFID London. We would also like to thank Abdulkareem Lawal and Graham Gass from DFID Nigeria for all their support, particularly with assistance with logistics. A special vote of thanks should be given to Ms Lola Ogundeji for her unstinting work as sign language interpreter for the consultants.

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**Disclaimer**

This report has been prepared by Dr Raymond Lang commissioned by the Equity and Rights Team, DFID. The conclusions reached and the suggestions offered are those of the author and do not represent the policy of DFID or those of the Equity and Rights Team.

## Section One

# Executive Summary

## Introduction

This Disability Scoping Study provides a situational analysis of disabled people in Nigeria. The survey was commissioned by the Equity and Rights Team of the UK's Department for International Development (DFID) and was conducted to complement a field visit undertaken by Zoe Stephenson and Lorraine Wapling from DFID London in April, 2008. The methodology employed within the study (see Appendix IV), included undertaking a background literature review of existing published and "grey" literature regarding disability issues in Nigeria. Furthermore, a 10-day visit was undertaken to consult with key stakeholders working within the disability sector. A concerted effort was made to consult with representatives from disabled people's organisations, with two focus group discussions being held in Abuja and Lagos. In addition, key informant interviews were conducted with officials from DFID Nigeria, representatives from NGOs providing disability services, as well as representatives from mainstream human rights-based civil society institutions. The rationale behind the recommendations made within this report have been contextualised with in the current strategic objectives of DFID Nigeria, as delineated in the Project Memorandum that DFID made available to the consultants. Furthermore, a concerted effort has been made to ensure that these recommendations will have a strategic, long-term impact upon promoting the rights of disabled people within contemporary Nigerian society, and therefore facilitate their effective social inclusion within the communities in which they live.

## **1.2 Key Findings and Observations**

Within contemporary Nigerian society, there is little appreciation that disability is fundamentally an issue inexorably link to and rooted in human rights. The common perception, held by policy-makers and the public at large, is that disabled people and disability issues are viewed in terms of charity and welfare. Consequently, this viewpoint is a significant, entrenched factor that seriously militates against the social inclusion of disabled people within the country. This is manifested in a number of ways. Firstly, at national level, there is no disability discrimination legislation that has been enacted within Nigeria, despite the fact that two bills have been introduced into the National Assembly. Secondly, there is no form of social protection for disabled people in Nigeria which exacerbates the level of poverty that they encounter. Thirdly, the Ministry of Women Affairs and Social Development is the lead government department for disability issues in Nigeria. However, the services that they provide are based on a charity/welfare approach to disability issues, with demand for such services far outstripping supply. There are some international NGOs that do supply services to disabled people, but their geographical coverage is very limited. Consequently, for the vast majority of disabled people living in Nigeria, particularly those living in rural areas, there is no access to disability services

whatsoever. Again, this situation compounds the level of social exclusion that they experience.

There are a plethora of disabled people's organisations (DPOs) that exist in Nigeria, that operate at the national, state and local levels. However, with a few notable exceptions, the vast majority of DPOs have themselves adopted a charity/welfare approach to disability issues, and have little understanding of a rights-based agenda or the principles of the social model of disability. Furthermore, within Nigeria there are two national umbrella DPOs, (the Joint National Association of Persons with Disabilities (JONAWPD), and the Association for the Comprehensive Empowerment of Nigerians with Disabilities (ASCEND), each perceives itself to be the authentic and representative voice of disabled people. However, there is a great deal of conflict that exists between these two organisations, which has a serious negative impact upon their ability to effectively lobby the Nigerian Government to implement a rights-based agenda to disability issues. In addition, the vast majority of the leaders of the disability movement are based in urban areas, and have little comprehension of the issues encountered why disabled people living in rural communities.

Until the Nigerian Government has passed disability discrimination legislation, and developed an effective and efficient administrative infrastructure for its effective implementation, it will be virtually impossible for Nigeria to ratify the UN Convention on the Rights and Dignities of Persons with Disabilities.

### **1.3 Recommendations**

This report makes seven key recommendations to enable DFID Nigeria to make a strategic, focused impact on promoting the rights and social inclusion of disabled people in Nigeria, and that fall within the broader strategic priorities of the organisation. In section 4 of this report, a rationale and justification of each of these recommendations is provided. The six recommendations are as follows:-

1. That DFID Nigeria facilitates a mediation and conflict resolution workshop between the Joint National Association of Persons with Disabilities (JONAPWD) and the Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND).
2. That disabled people's organisations in Nigeria receive training on the principles of the social model of disability.
3. That DFID Nigeria funds 2 pilot statistical studies to gather robust and reliable data on the number of disabled people in two of its key designated states.
4. That DFID Nigeria should provide some seed funding to start a pilot inclusive education programme in one of its key designated states.
5. That DFID Nigeria should draw upon the expertise of disabled people in Nigeria, on a periodic basis, to assist them in developing their work with regard to disability issues, and how they can be effectively mainstreamed into DFID's core activities.
6. That DFID provides technical support to the umbrella body of DPOs to effectively lobby the government and advocate for the passage of the Disability Bill into law.

7. That an explicit concerted effort is made by DFID Nigeria to ensure that disabled people are included in all its programmes and activities.

## Section Two

# Methodology

The methodology employed in this Disability Scoping Study was agreed between the consultants and officials within the Equity and Rights Team based at DFID London. This study complements the visit undertaken by Lorraine Wapling and Zoe Stephenson from the Equity and the Rights Team, primarily to undertake disability equality training for DFID Nigeria staff during April, 2008.

A background literature review of all relevant documents regarding disability issues in Nigeria was undertaken. This included a review of academic articles, as well as reports and other forms of "grey" literature produced by disabled people's organisations (DPOs), and other civil society institutions working within the disability sector in Nigeria. In addition, DFID Nigeria made available unpublished documents regarding their future strategy and priorities for the next six years. These documents have proved invaluable, and have provided the context and foundation upon which the majority of recommendations made within this report have been made. Where possible, a concerted effort had been made to make strategic recommendations that are in alignment with existing DFID priorities, with a view to ensure that disability issues and disabled people are effectively mainstreamed within DFID Nigeria's core activities.

In addition to the background literature review, the consultants undertook a 10 day field visit within Nigeria, to gain some understanding of the issues encountered by disabled people in Nigeria. A concerted effort was made to engage with the leaders of the disability movement. To that end, two focus group discussions were held with DPOs in Lagos and Abuja. A list of all those who participated in the focus group discussions is found in Appendix III. Within each of the focus groups, the following issues were discussed:-

- What are the main challenges faced by DPOs?
- How have DPOs been lobbying the Nigerian Government and how effective has this lobbying been?
- How have DPOs been worked in collaboration with other NGOs and INGOs and how effectively?
- What needs to change to make the lives of Nigerian persons with disabilities better?

At the end of the focus group discussions, participants were invited to fill out a semi-structured questionnaire, (Appendix I).

The consultants also undertook a series of key informant interviews with key stakeholders who are working within the disability sector in Nigeria. These included officials from DFID Nigeria, mainstream generic civil society institutions promoting human rights, government officials from the Ministry of Women Affairs and Social Development, the National Planning

Commission, the National Human Rights Commission and the National Bureau of Statistics. In addition interviews were held with NGOs and INGOs specifically providing services to disabled people. A comprehensive list of key informant interviews is provided in Appendix III.

This study has also utilized the “Stepping Stool” to inclusion, originally designed by Philippa Thomas, (Social Development Advisor at DFID Zimbabwe), as an analytical tool to assess the relative strengths of the respective roles played by the State, service providers and DPOs with regard to the inclusion of disabled people within a given society. This model assumes that each of these components must be in equilibrium and interact with each other in mutually supportive and reinforcing ways, otherwise the Stepping Stool to Inclusion will be unbalanced or the legs may splay outwards causing the stool to collapse. The strength of each component or ‘leg’ in a country can be assessed by finding the answers to few simple questions. Then the Stepping Stool to Inclusion can be drawn to visually represent the basic status of disability issues within a country.

Finally, this study developed a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the contemporary position of the disability sector in Nigeria. Such an analysis provides an instructive insight and basis for making specific, strategic recommendations to DFID Nigeria in supporting disabled people and their representative organisations in taking forward a rights-based agenda to disability issues, but which nevertheless takes into account the political realities and operational modalities to which DFID Nigeria must adhere.

## Section Three

# Key Findings and Observations

### **3.1 Global Trends regarding Disability and Development**

It is important, at the beginning of this study, to make some reference to global trends and developments regarding disability in developing countries, and the dynamics of international disability politics. Disabled people comprise approximately 10% of the world's population, 75% of whom live in developing countries, and constitute one of the most poor, marginalised and socially excluded groups in any society (DFID, 2005, Barron & Amerena ed. 2007). Disabled people, irrespective of where they live, are statistically more likely to be unemployed, illiterate, to have less formal education, and have less access to developed support networks and social capital than their able-bodied counterparts. Consequently, disability is both a cause and consequence of poverty (Yeo, 2005).

Development agencies and practitioners are increasingly recognising disability as a key issue, inexorably linked to poverty, the extension of human rights and citizenship. In 2002, James Wolfensohn, former President of the World Bank, stated that unless disability issues were addressed, the UN Millennium Development Goal targets would not be met. Furthermore, the United Nations, in collaboration with civil society institutions, has successfully negotiated a convention regarding disability rights, ratified at the 61<sup>st</sup> Session of the General Assembly in December, 2007. At the time of writing this report, 126 States have signed the Convention and 20 States have ratified it. The Convention is of historic importance, for it is the first international legally-binding instrument that will hold signatory states to account to ensure that appropriate, robust policies and effective implementation architectures are developed to ensure that the rights and dignities of disabled people are upheld. Such developments will facilitate the social inclusion of disabled people within their respective countries.

Notwithstanding the high profile given to disability and development issues, there remains scant consensus on what are the most appropriate, sustainable strategies and operational modalities that should be employed for effective interventions within the disability sector. In 2000, DFID published its issues paper on disability and development, advocating a "twin-track approach" whereby DFID would fund projects specifically targeted at disabled people, as well as encouraging mainstream development projects to incorporate a disability component into generic development programmes (DFID, 2000). Since its publication, more emphasis has been placed on mainstreaming, in the belief that including disabled people in generic development activities will ultimately result in building more inclusive, sustainable societies (Voluntary Services Overseas, 2006). Nevertheless, development agencies are struggling to develop effective, sustainable operational modalities for mainstreaming disability issues into generic development programmes. This can be partially explained by the contention that surrounds what is precisely meant by "mainstreaming". In 2007, DFID published its "How To Note" on disability, that provides practical guidance to DFID country

offices and other development practitioners on how to mainstream disability into their core activities (DFID 2007).

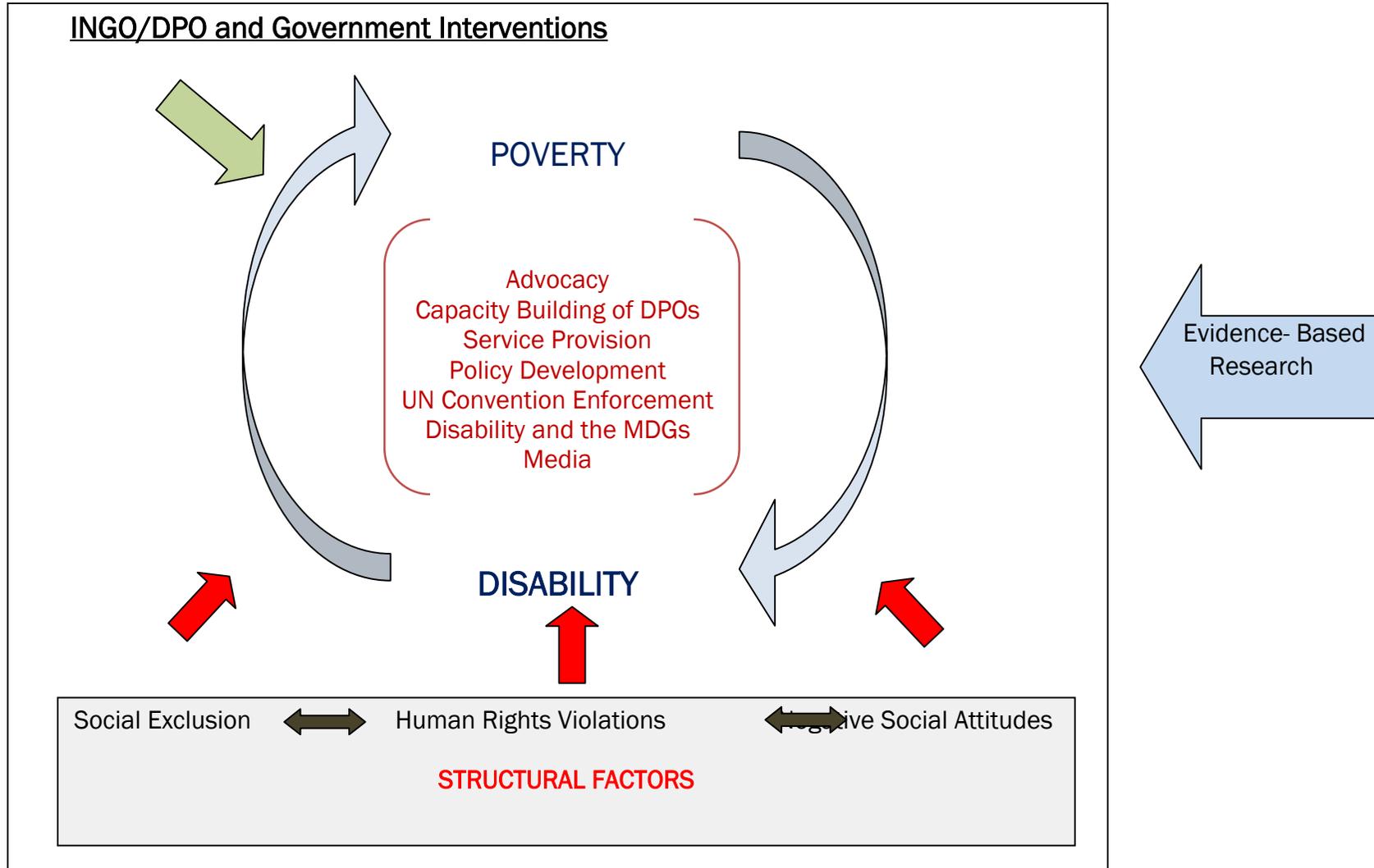
The past 40 years have witnessed, throughout developed and developing countries, the emergence of the international disability movement. Disabled People's Organisations (DPOs) now constitute a critical and essential component of civil society. The *raison d'être* of DPOs is to advocate for the advancement and enforcement of rights of disabled people, in the belief that, at its foundation, disability is a human rights issue. Typically, DPOs are ran and managed by disabled people. During the past decade, DPOs have become increasingly instrumental in working with national governments, as well as the bilateral and multilateral institutions, in developing policies and operational modalities for the effective social inclusion of disabled people in the societies in which the live.

The ideological foundation of the international disability movement is the social model of disability. This maintains that disability arises from the attitudinal, physical and institutional barriers that systematically exclude disabled people from fully participating in society. Therefore, rather than focusing on the physical and/or psychological limitations of individuals, the emphasis of the analysis now focuses upon the empowerment, social inclusion, choice and human rights. Furthermore, the clarion call of the movement is "Nothing About Us Without Us", which emphatically emphasises that disability policies and practices should not be developed and implemented without the non-tokenistic involvement of disabled people and their democratically elected organisations. The tenets of the social model of disability have become the ideological hegemony of disability policy-making and practice in the 21<sup>st</sup> century.

The relationship between disability, poverty and international cooperation is complex, but it is crucial to understand these relational dynamics if bilateral and multilateral agencies are to be in a position to make a long-term, sustainable impact on improving the lives of disabled people, by developing appropriate polices and implementing well-grounded, strategic interventions in low-income countries. The diagram overleaf attempts, in a very simple manner, to provide an analysis of these dynamics, and how they can be effectively tackled. At the heart of the model is a mutually self-reinforcing negative cycle between poverty and disability. Hence, if one is poor, there is a greater likelihood of being disabled, due to the fact that those who are poor often live in physical and environmental conditions, (such as inadequate sanitary conditions and lack of access to health care provision), that will result in disability and the onset of impairments. Similarly, a disabled person has a greater statistical probability of being poor than their able-bodied counterparts, because of lack of access to education and employment opportunities. This mutually self-reinforcing negative cycle is driven and fuelled by underlining structural factors, the most prominent of which are social exclusion, negative social attitudes and human rights violations. In order to break this negative cycle, governments, NGOs and disabled people's organisations can undertake a range of activities. For example, in many countries, including Nigeria, disabled people's organisations lack sufficient organisational capacity to effectively lobby their respective governments to claim their basic human rights. Furthermore, in many low-income countries, there is a paucity of appropriate, sustainable services that are affordable and that

facilitate the effective social inclusion of disabled people. In many instances, if not for the activities undertaken by international NGOs, many disabled people would not receive any

**DISABILITY, POVERTY AND DEVELOPMENT COOPERATION**  
**A Conceptual Framework**



services whatsoever.

However, the relational dynamics that exist between disability, poverty and international cooperation remains under-researched. Despite there being a great deal of anecdotal evidence to suggest that there is any direct mutually self-reinforcing correlation between poverty and disability, there is a dearth of robust statistical data to prove this point.

### **3.2 The Role of DFID Nigeria**

DFID established its full country office in Nigeria in 2001, and is working with other bilateral and multilateral development agencies, particularly the World Bank, in tackling some of the entrenched and deep-seated development challenges that the country is currently facing. The overall mandate of DFID Nigeria is to assist, through making strategic interventions, Nigeria to make progress in achieving the Millennium Development Goals (MDGs). During the past six months, DFID Nigeria has been developing its new six-year strategy. In broad terms, this will focus on three main, strategic priorities which are:-

- An improvement in the environment for services in the non-oil industrial sector;
- An enhanced transparency and better governance system within Nigeria; and
- An improved service delivery for human development.

Through its newly developed State Partnership for Accountability, Responsiveness and Capacity (SPARC) programme, DFID will seek to enhance the capacity of the Nigerian Government, to provide efficient and effective public services that are responsive and accountable to the citizens of Nigeria. This programme will initially be implemented in six of Nigeria's 36 States: Kano, Jigawa, Enugu, Ekiti, Benue, and Lagos. The strategy that is being implemented by DFID Nigeria is in alignment with Nigeria's National Economic Empowerment Development Strategy (NEEDS) and the State Economic Empowerment Development Strategy (SEEDS), which were launched in May, 2004. It is envisaged that over the next six years, DFID will spend £37 million.

A complimentary component of this programme is the Accountability and Voice in States (PAVS) initiative, that will seek to strengthen the capacity of civil society institutions, (which has the potential to include disabled people's organisations), to hold the government to account for its activities. PAVS comprises of three components: 1) advocacy projects, 2) monitoring research and analysis, and 3) support for State Houses of Assembly. In addition, there are two cross-cutting components which are media and communications, and civil society capacity building. It is considered that the PAVS initiative that DFID Nigeria is implementing is of particular relevance to promoting the rights of disabled people in Nigeria.

In addition to the SPARC, DFID has instituted two other programmes. First, there is the Partnerships in Transforming Health Systems (PATHS2) Programme. The overall objective of this programme is to "improve the planning, financing and delivery of sustainable and

replicable pro-poor health services and health problems" (DFID Nigeria 2007b: 11), which again will be implemented in the six states. This will be achieved by "strengthening the governance of the health sector and by assisting states in establishing effective, integrated health systems which are able to deliver a pro-poor, cost-effective package of health care. This programme will foster community demand for better health services and community ability to promote their own health" (DFID, 2007b: 13). DFID Nigeria acknowledges that this is a "high risk strategy", due to the entrenched systematic mismanagement of public resources and former political allegiances established by military rule.

Secondly, DFID Nigeria is implementing an Education Sector Support Programme in Nigeria (ESSPIN). The overall objectives of this programme is to "improve the planning, financing and delivery of basic education services in terms of access, equity and quality at Federal level and it is up to six States" (DFID, 2007c: 6-7). Under this programme, a concentrated effort will be made to improve the state's ability to provide basic universal primary education. The lack of robust statistical data has been a major impediment for the delivery of universal primary education in Nigeria.

Where possible, the recommendations made within this report will endeavor to be framed within the context of the programmes outlined above, as it is duly recognized by the consultants that it is highly unlikely that DFID Nigeria will finance disability-specific programme and initiatives, in addition to its already agreed and established priorities and financial commitments.

It is instructive at this juncture to succinctly outline some of the key development challenges that DFID Nigeria, and other bilateral and multilateral agencies have identified which are summarized in Table 3.1 below.

**TABLE 3.1: Development Challenges in Nigeria**

Source, DFID Fact sheet on Nigeria, (2008)

- 52% of the total population (70 million people) live on less than \$1 per day
- GNP per capita = \$640 (£323) per year
- Nigeria's 36 States control over 56% of total public expenditure, but there is no effective infrastructure for public service delivery
- 1 in 5 children die before reaching the age of 5
- Enrolment in primary education = 68%
- Average life expectancy is 47 years
- Approximately 800 per 100,000 women die in childbirth
- 4.4% of people aged 15-49 years are affected by HIV/AIDs
- 48% of the total population have access to clean water
- 75% of school teachers are under-qualified
- Nigeria has approximately 200 ethnic groups, 500 indigenous languages and two major religions
- Nigeria is overly-dependant on the oil industry for economic growth

### **3.3 The Nigerian Policy Context with Regard to Disability Issues**

The World Health Organisation (WHO) estimates that there are approximately 19 million disabled people living in Nigeria, (equivalent to 20% of the country's total population), although there are no robust, statistical data that either confirms or refutes this estimate. However, what is very apparent is that disabled people constitute one of the poorest, socially excluded and marginalised groups within Nigerian society. Meetings held with the National Planning Commission and the National Bureau for Statistics confirmed that there are no reliable statistics on disability in Nigeria, which compounds the problems of planning and evaluating any services provided by the public sector.

This situation is reinforced and compounded by deep-seated, ingrained underlying factors and attitudes that underpin Nigerian society, and that have arisen from the country's recent political history. These underlying factors not only have a detrimental effect upon disabled people, but also apply to other marginalised and socially excluded groups. Firstly, with regard to social policy in general, and particularly with respect to disability issues, there is an underlying ideological belief that these should be addressed through "charity and welfare". Hence, social policy issues in Nigeria are categorically not perceived in terms of human rights. Consequently, from a public-policy perspective, there is a prevailing attitude that disabled people should be "cared for". Furthermore, as will be explained below, this charity ethos has even been embraced by disabled people's organisations.

An additional confounding factor, that is a direct result of Nigeria's chequered history of military dictatorships, is that the ideals of democratic governance, together with the need for an administrative infrastructure that promotes an accountable and transparent delivery of public services, has not sufficient time to develop and mature. This is particularly the case at State and local level, where over 50% of all public expenditure is spent. For example, from the key informant interviews at the Ministry of Women Affairs and Social Development, it was clear that no robust monitoring and evaluation frameworks have been developed for assessing the impact of the activities undertaken by the Rehabilitation Department. This general lack of an efficient administrative infrastructure is readily acknowledged by DFID. When assessing the governance overview of Nigeria, DFID in its Project Memorandum for its State Partnership for Accountability, Responsiveness and Capacity explicitly states that:-

- Public participation in policy-making is generally poor;
- Most plans [at State and local government level] are for projects not programmes, and fail to attend to poverty and social exclusion problems;
- Public procurement is notably non-transparent and a huge proportion of projects are left uncompleted;
- Monitoring, if carried out, focuses upon inputs, not outputs or impact, resulting in limited potential for evaluation

Furthermore, the South African-based Institute for African Studies, in analyzing the contemporary political situation in Nigeria, states that:-

*"The most urgent issue in Nigeria currently is the issue of democracy, understood not only as an end to military rule but also as the establishment of responsive and responsible political institutions which promote a government that is accountable, prevent corruption, respect human and civil rights, and ensure popular sovereignty. The issue of corruption, nevertheless, still remains one of the most difficult problems under the current government of Obasanjo. For most Nigerians however, the pressing problems of everyday survival remain the highest immediate priority. Since the oil boom of the 1970s, Nigeria's economy has been in crisis despite continued expansion in oil production. The SAP has not helped the Nigerian economy much and the political instability since the early 1990s has severely impeded the ability of successive governments to implement economic policies. Without the establishment of an accountable government, the chances of addressing other pressing problems - like the deterioration of living conditions and the collapse of once outstanding educational institutions - are very minimal<sup>1</sup>.*

Within such a challenging public policy environment, it is difficult to foresee how a rights-based approach to disability that effectively facilitates and promotes the social inclusion of disabled people in Nigeria can be achieved. Consequently, there is a multiplicity of confounding factors that militate against such inclusion. Once again, this is explicitly acknowledged by DFID Nigeria who state:-

*"A range of exclusionary factors exist in the States - beyond gender, age and physical location. These include disability and stigmatised illness (HIV/AIDS). These are cross-cut by ethnicity, religion, indigene/settler status. The interplay of such factors has implications for issues that SPARC and the associated programmes address - e.g., equity in service delivery, diversity in the public workforce, supporting public action. ... Though patterned by that stage, there are few effective means by which citizens can hold government to account for poor performance, for the outcomes of decision-making, or for corrupt practices. Even where mechanisms exist, citizens may lack the power to influence providers and decision-makers effectively. On the one hand, the incentives, mechanisms, and authority that might allow the government to respond effectively to such demands are typically often lacking. The outcomes of these weak accountability relationships between citizens, service providers and policymakers are services that are unresponsive to needs." (DFID Nigeria, 2007a: 25)*

### **3.4 The Disability Movement in Nigeria**

Notwithstanding the deep-seated institutional barriers that militate against the development and implementation of a rights-based agenda to disability issues, it is nevertheless the case that within Nigerian society, there is a vibrant disability movement, populated by a plethora of disabled people's organisations (DPOs), who are operating at a

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<sup>1</sup> Institute for Security Studies, Patoria, South Africa  
<http://www.iss.co.za/Af/profiles/Nigeria/Politics.html>

national, state and local level. However, the disability movement in Nigeria faces a number of complex challenges, some of which are common to DPOs in other low-income countries, but there are other challenges unique to the Nigerian context. The information contained within this section of the report was primarily gathered from two focus group discussions that were held with the leaders of DPOs, which were held in Lagos and Abuja. What is most interesting is that within Nigeria, there are two separate national umbrella DPOs which each sees itself to be the "authentic, representative" of all disabled people who are living within the country. These are the Joint National Association of Persons with Disabilities (JONAWPD) and the Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND). A brief description of each organisation is given below.

#### **THE JOINT NATIONAL ASSOCIATION OF PERSONS WITH DISABILITIES (JONAPWD).**

JONAPWD came into being in 1992 at the first Conference of disabled people in Nigeria at the University of Jos. The aim of the conference was to bring all disability groups together under one umbrella, which however at this time was not a recognised entity by the Federal Government. In the course of time, it was apparent at the international arena that Nigeria had no umbrella body to represent the teeming population of persons with disabilities. It was in the light of this that the Obasanjo Administration decided to give recognition to JONAPWD as the umbrella body of disabled people in Nigeria that would represent Nigeria at the international level.

Therefore, in 2004, JONAPWD received a grant from the Federal Government to conduct election of its National Executive Council. It was at a Convention of disabled people held in Minna that a National Executive Council was constituted. The Executive Council acts as a conduit between the Government and disabled people, to promote the rights of all disabled people. JONAWPD has had some limited success. For example, very recently it has lobbied the Independent National Electoral Commission (INEC) to amend Section 57 of the 2004 Electoral Act, so as to ensure that all Nigerians with disabilities vote in elections. The organisation has also been proactive in establishing strategic partnerships with other mainstream human-rights based organisations, (such as PACT Nigeria, ActionAid Nigeria and Coalitions for Change), with the objective of broadening the support for lobbying for a rights-based approach to disability to be adopted. However, it was very apparent that JONAWPA lacked sufficient organisational capacity to become an effective rights-based advocacy organisation, evidenced by questionable democratic credentials, the absence of a strategic plan and a demonstrable lack of transparency in terms of governance and decision-making.

#### **ASSOCIATION FOR COMPREHENSIVE EMPOWERMENT OF NIGERIANS WITH DISABILITIES (ASCEND).**

ASCEND started as the Movement for the Empowerment of Nigerians with Disabilities (MEND) in 2002. The formation of the group was to create a platform for all Nigerians with disabilities to join forces and speak with one voice. However, before MEND could be launched as an organisation, another organisation, Movement for the Emancipation of Niger Deltans came into existence with the same acronym (MEND). Coupled with other exigencies, it decided to change the name to ASCEND, which was finally launched in 2006.

ASCEND is a National socio-political Organisation aimed at mainstreaming Persons with Disabilities through active participation in every sphere of life, particularly politics.

In addition to the two national DPOs, there is a multiplicity of other DPOs, working at the national, state and local level. For example, there is the Spinal Cord Injury Association of Nigeria (SCIAN), the Centre for Citizens with Disabilities (CDD), the Accidents Victim Support Association, Deaf Women in Nigeria (DWIN), the Nigerian National Association of the Deaf (NNAD), and the Resource Centre for Advocacy on Disability. All of the above named organisations, as well as other DPOs, attended the focus group discussions held in Lagos and Abuja. In common with many other low-income countries, many DPOs cater for the needs of single impairment groups. Consequently, it is fair to say that the disability movement at state and local level in Nigeria is weak, and is characterised by infighting and factions. Once again, such a state of affairs militates against and frustrates attempts by the disability movement from speaking with one, united voice in effectively advocating for their rights and the ability to become fully included within their local communities. Furthermore, such a scenario is further compounded by the fact that DPOs have themselves been heavily influenced by the "charity/welfare model" approach to disability issues. Few DPOs in Nigeria have a clear understanding of the social model of disability which in turn results in the adoption of inappropriate advocacy and campaigning strategies. Admittedly, this is a gross generalisation, but nonetheless, in the vast majority of instances, it remains to be the case. Within their campaigning and advocacy activities, DPOs have tended to focus on tackling environmental barriers, rather than dealing with the more deep-seated institutional and attitudinal barriers. As a result, to date the disability movement has not really made any significant progress in taking forward a rights-based approach to disability. DPOs are indeed aware of the importance of the UN Convention on Disability Rights, but given that there is no effective disability legislation, nor an adequate administrative infrastructure for its implementation, it is unlikely that the political ramifications of the UN Convention will have any impact within Nigeria for the foreseeable future.

Another confounding factor is that the leadership of Nigerian DPOs tend to be middle-class and urban based. However, the overwhelming majority of disabled people in Nigeria are represented by DPOs, which are by and large populated by "disability elites"

### **3.5 Barriers to Social Inclusion of Disabled People in Nigeria**

In common with the vast majority of low-income countries, not least in Africa, disabled people in Nigeria encounter a plethora of attitudinal, institutional and environmental barriers that impede and militate against their active social inclusion within contemporary society. Within rural areas, it is commonly held that disability is a result of a "curse". Therefore, disabled people are commonly perceived as being "dependent", "helpless" and "in need of charity ". Such strong and commonly held beliefs reinforce these structural factors that fuel the mutually negative symbiotic relationship between poverty and disability described above. Consequently, disabled people in Nigeria, particularly those living in rural areas, find it extremely difficult to complete primary education, as well as finding it virtually impossible to obtain long-term, sustainable employment. This scenario is further compounded when gender disparities are taken into account.

This latter point was made all too aware by a field visit made by the consultants to the Yangoji Community, which is approximately 100 km from Abuja. The Yangoji Community, which was established in 2007, has approximately 200 people who are living with leprosy. Prior to moving into the community, the vast majority of residents lived in segregated leprosy colonies, with virtually no contact with other people. During the past few months, many of the residents have begun to establish relationships within the local community, sharing a primary health clinic and a school. Notwithstanding these positive developments, it was very evident to the consultancy team that those who were living in the Yangoji Community had no concept whatsoever of disability rights, and a complete lack of awareness of the basic tenets of the social model of disability. As a direct result of many years of isolation, there was a deep-rooted beggar mentality. It was commonly expected that any visitors from outside the community will bring gifts. This provides a classic example of how, from an historical perspective, DPOs have systematically failed to engage with disabled people living in rural areas.

From the data gathered from the focus group discussions held in Lagos and Abuja, it is very clear that disabled people encounter high levels of marginalization and social exclusion, even in comparison with other socially excluded groups. Until comparatively recently, it has been virtually impossible for disabled people to exercise their right to vote. However, as stated earlier, JONAWPD has made some progress in this particular area.

Furthermore, there is a dearth of affordable and appropriate services that are available to disabled people, especially at state and local levels. The Rehabilitation Department at the Federal Ministry of Women Affairs and Social Development does provide prosthetics and orthotics through its regional offices. However, such appliances are prohibitably expensive for the vast majority of disabled people to ever really benefit from such provisions. Also, demand far outstrips supply for such appliances, which means that, even if they were affordable, only a very tiny proportion of disabled people would be able to benefit.

As already stated, at the national level, there is a lack of political will, commonly held by politicians and senior civil servants, to ascribe to disability issues a sufficient level of importance, as to ensure real progress in terms of disability rights. This has been manifested in a number of ways. First, during the past legislative session, two separate disability bills have been introduced into the National Assembly, but both failed to be enacted. Moreover, as both of these bills progressed through the legislative process, their substantive content was so diluted such as to make them meaningless in promoting disability rights, even if they were to have become enacted.

Secondly, the lead government department with regard to disability is the Federal Ministry of Women Affairs and Social Development. However, in recent years, the Ministry has been grossly underfunded, this being particularly the case for the Rehabilitation Department.

Furthermore, within six of Nigeria's 36 states, disability legislation has indeed been enacted, but there are no effective monitoring and evaluation mechanisms to assess or benchmark their utility. Also, in nine States, Disability Advisors have been appointed. However, it was

far from clear to the consultants what essentially their roles were and how effective they have been. It is apparent that these are political appointments made by the Governors of the States. Once again, anecdotal evidence suggests these Advisors adopt a charity/welfare approach to disability, providing cash handouts to a very small number of disabled people, which is not conducive to long-term sustainable change and the development of a rights-based approach to disability.

In addition to the attitudinal and institutional barriers described above, participants in the focus group discussions identified a multiplicity of environmental barriers that militate against their social inclusion. The acute marginalization and social exclusion of disabled people in Nigeria is graphically summarized in an internal report, published by Leonard Cheshire Disability in 2007 which states:-

*“The abuses that disability communities face are such that they are contrary to spirit of the Nigerian Constitution, the African Charter on Human and Peoples Rights, the Continental Plan of Action for the African Decade of Persons with Disability, and the United Nations Convention on the Protection of the Rights and Dignity of Persons with Disability. They are often, treated as second-class citizens, shunned and segregated by physical barriers and social stereotypes. This discrimination occurs in a range of arena, including the workplace, schools, health centres, recreational facilities, and many societal contexts. As a fall-out of social discrimination, economic marginalization, and a broad range of other human rights violations, people with disability face difficult challenges in living a normal life. To add salt to their injuries, they are ignored and sometimes excluded from development policies and programs. While some governments and societies have adopted a social inclusion and rights-based approach to disability issues, Nigeria relies on charity models of assistance and a narrow medical model that focuses on finding medical “solution” to limitations caused by a disability and ignores the need to address the vast array of limitations created and imposed by discrimination, exclusion, ignorance, and lack of access.” (Leonard Cheshire Disability 2007: 5).*

Generally, people with disability face insurmountable barriers in their quest for education. In Nigeria, the number of disabled children in school is desperately low, and the number of those in mainstream schools is far less. Apart from the physical and sometimes mild mental disabilities which obviously create set-backs for disabled children, the discriminatory attitude of dumping all children with disability in special schools, robs many children of important association and friendships in life; they lose the opportunity of having close contact and healthy interaction with the larger community, hence, perpetuating further their exclusion from mainstream society. A flipside to the issue is that the lack of training and inadequate funding in mainstream schools also leads to many disabled children becoming “refugees” in special schools – forced out of mainstream classes because of a lack of capacity to meet their needs. No doubt, inclusive education can help to eliminate some of the systemic discrimination and stereotype impressed on persons with disability but embarking on wide-spread national campaign for inclusive education is no easy task.

The environmental, institutional and attitudinal barriers encountered by disabled people in Nigeria are summarized in Table 4.2 below.

<b>TABLE 4.2 Barriers to the Social Inclusion of Disabled People in Nigeria</b>		
<b>Environmental</b>	<b>Institutional</b>	<b>Attitudinal</b>
<ul style="list-style-type: none"> <li>• Inaccessible public buildings</li> <li>• Inaccessible transport system;</li> <li>• Lack of access to computers &amp; the internet</li> <li>• Poor lighting</li> <li>• Lack of accessible information,</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of disability legislation;</li> <li>• Lack of robust and reliable disability statistics</li> <li>• No social protection;</li> <li>• Inadequate provision of medical and rehabilitation services;</li> <li>• Lack of access to micro-finance and banking services</li> <li>• Inaccessibility to mainstream public services, (especially education)</li> </ul>	<ul style="list-style-type: none"> <li>• The cause of impairment often attributed to a “curse”;</li> <li>• Disability issues are predominantly perceived in terms of charity/welfare – not in terms of human rights</li> <li>• Lack of understanding of disability issues by the general public</li> </ul>

### **3.6 Provision of Disability Services**

The lead government department with regard to disability is the Federal Ministry of Women Affairs and Social Development. However, in recent years, the Ministry has been grossly under-funded, this being particularly the case for the Rehabilitation Department. Furthermore, there is a dearth of publicly-funded affordable and appropriate services that are available to disabled people, especially at state and local levels. The Rehabilitation Department at the Federal Ministry of Women Affairs and Social Development does provide prosthetics and orthotics through its regional offices. However, such appliances are prohibitably expensive for the vast majority of disabled people to ever really benefit from such provision. Also, demand far outstrips supply for such appliances, which means that, even if they were affordable, only a very tiny proportion of disabled people would be able to benefit.

Many disabled people, particularly the leaders of disabled people's organisations, are of the opinion that the Ministry of Women Affairs and Social Development is inappropriate and does not have sufficient political leverage within the Nigerian Government to effectively take forward disability issues in a competent and effective manner. Consequently, they advocate that a separate ministry should be established whose mandate is solely to deal with disability.

During the 1970s, the Ministry of Women Affairs and Social Development set up large-scale Community-Based Vocational Rehabilitation Centres, located in Sokoto, Kaduna, Kano, Lagos, Ibadan, Enugu. There are now 24 such centres within the country. Their purpose is to provide vocational rehabilitation to disabled people, with a view to helping them secure sustainable long-term employment. However, independent research conducted by Eunice Alade has conclusively demonstrated that such services have been significantly under-utilised. She states:-

*"Even though these centres are numerically inadequate to serve the country's population of persons with disabilities, they are all, paradoxically, underused. Due to factors ranging from finance to religion, ignorance, distance from home communities and attitudes towards persons with disabilities, many persons with disabilities fail to come forward for the services offered by the centres. Another factor constituting a problem for these centre-based vocational rehabilitation programmes is the nature of the training offered. The training programmes are mostly highly specialised, using sophisticated and expensive equipment and materials that are not affordable by the trainees after the programme. Consequently, putting much of the training to use is impractical in the areas in which the trainees need to go and establish themselves in a work. ... Another shortcoming of the centre-based vocational rehabilitation programmes is the failure to tackle the issue of the reintegration of the trainees into their respective communities after the training period." (Alade, 2004: 143--144)*

Within Nigeria, there are a number of national and international NGOs that are working within the disability sector. These include CBM, Leonard Cheshire Disability (LCD) and the Leprosy Mission. Their role is primarily twofold. First, to provide services that support disabled people in their endeavor to become active and socially included citizens in the local communities in which they live. Secondly, in partnership with disabled people and their organisations, they facilitate and undertake advocacy and campaigning activities, in order to promote and secure disability rights.

LCD has recently developed a three-year strategy for its activities within Nigeria. It is currently working in five of Nigeria's 36 States - (Lagos, Ibadan, Port Harcourt, Imo and Enugu). The three-year strategy comprises of five main components – Education and Vocational Training Project, Empowerment Project, Home Service and Care-giving Project, Communications and Publications Project, and National Advocacy Project. An inclusive education project is currently being piloted in Port Harcourt, which is still in its infancy. Under this initiative, LCD has trained 200 teachers in mainstream schools in the principles of inclusive education.

LCD is currently lobbying the Ministry of Education and the Ministry of Women Affairs and Social Development to adopt the principle of inclusive education throughout Nigeria. The organization is also piloting a new micro-finance scheme, thereby enabling disabled people to become financially independent and also play a more active role within their own communities. Furthermore, it is envisaged that vocational training will be undertaken for disabled people, particularly focusing on ICT and computer technologies. It is also hoped,

that in collaboration with other disability organisations, LCD will act as a catalyst to enable disabled people to obtain full time employment. However, it is recognized that this is very challenging indeed, particularly within the context where the vast majority of the Nigerian population is unemployed.

CBM international has been working in Nigeria for many years, and has traditionally directed its activities upon those who are blind or who are visually impaired. However, in recent years, it has broadened its remit to include other impairment groups. The organisation has established community-based rehabilitation programmes in six states. In the majority of cases, these are being funded through churches, although the Nigerian Government has provided some funding. However, it will be fair to say that CBM's relationship with the Government has been problematical, hampered by bureaucratic procedures. This is despite a formal Memorandum of Understanding being signed between the two organisations. CBM also has been active in advocating for disability rights, and had employed an Advocacy Officer. However, the organisation duly recognizes that advocating for disability rights in countries such as Nigeria is very difficult, particularly because of the lack of political will and the charity/welfare approach to disability issues that pervades the country. CBM also runs vocational rehabilitation and training programmes that provides generic business skills to disabled people to secure full time employment.

The Leprosy Mission has been working in Nigeria since 1927. It is currently providing services to some 22,000,000 individuals with leprosy in eight states which are located in the North East of the country; Akwa Ibom, Kebbi, Kwawa, Niger, Sokoto, Kogi and Abuja. Traditionally, people with leprosy had been segregated in leprosy colonies, with virtually no outside contact with their able-bodied counterparts. However, in recent years the Leprosy Mission has made a concerted effort to undertake public awareness campaigns to educate and inform the general public about leprosy. Furthermore, the organisation has begun the process of relocating those with leprosy from living in segregated colonies to living in local communities. This initiative has achieved limited success, regardless deep-seated, traditional negative attitudes towards those with leprosy are very hard to dispel.

Notwithstanding the portfolio of services that are described above, it remains the case that the vast majority of disabled people in Nigeria benefit from no services whatsoever. This is especially the case in rural areas, where traditional attitudes towards disability and disability issues are so deeply entrenched.

### **3.7 Role of Other Civil Society Institutions**

During the 10 day field visit to Nigeria: the consultants held a number of meetings with other mainstream rights based civil society organisations. The purpose of these meetings was to explore how the disability movement in Nigeria could take forward a rights-based approach to disability. As previously stated, one of the most deeply entrenched obstacles in promoting a rights-based agenda to disability, is the underlying assumption that disability policy and service provision are perceived in terms of charity/welfare, rather than in terms of human rights. This attitude pervades all stakeholders, including disabled people's

organisations, and therefore constitutes one of the most difficult areas that need to be addressed within this consultancy. The consultants therefore thought that it was very beneficial to engage with other human rights-based organisations that are seeking to address human rights issues.

Coalitions for Change (C4C) is a relatively new organisation, that seeks to promote a rights-based agenda to policy-making and service delivery, operating at a federal, state and local level. It was established in 2007 and believes that hitherto the Nigerian government had not been held accountable for its actions. It also seeks to ensure that Nigeria makes some progress towards achieving the Millennium Development Goals. The *raison d'être* of C4C is to establish coalitions between interested parties on specific and well focused issues. Such coalitions bring together interested parties from a wide range of backgrounds, including academics, people working in the media, other civil society institutions and even government representatives. By holding consultative meetings, the different interested parties are able to discuss, in a very safe environment, share issues where there are often diverging opinions. Despite being a very young organisation, C4C has already engaged with JONAWPD, and believes that disability issues in the future will constitute one of its main priorities. However, C4C readily acknowledges that JONAWPD is weak in terms of organisational capacity, and currently is not in a position to play a leading, catalytic role in taking forward a rights-based approach to disability issues. Furthermore, C4C were of the opinion that it is very difficult to promote human rights within a country that has for many years been driven by an underlying culture of charity and welfare, not just with regard to disability issues, but also in every other sphere of social and economic policy. They also considered that one of the most potent catalysts for change in the policy-making arena is to engage with the media in promoting human rights issues.

The consultants also met with PACT Nigeria, which is another human rights-based organisation, funded by USAID. As with C4C, the organisation has already relationship with JONAWPD. PACT seeks to engage with the government of Nigeria, in order to promote accountability, democracy and justice in the policy-making arena. It has recently worked with JONAWPD to advocate that all disabled people in Nigeria have access and ability to vote in elections. Recently PACT and JONAWPD had a joint meeting with the Independent National Electoral Commission (INEC), and made some substantive progress on this issue.

Table 4.3 below summarises the principal barriers that exist and seriously militate against the social inclusion of disabled people in Nigeria. Frankly, the challenges that disabled people encounter in Nigeria are daunting, and underpinned by deep-seated and entrenched negative social attitudes regarding disability issues and disabled people, that will take a generation to change. The main challenge is that there is hardly anything to apply and implement a rights-based approach to disability issues, in a culture which has an underlying, foundational culture of charity and welfare, and where there is scant commitment on the part of policy-makers to develop an effective and efficient administrative infrastructure for service provision. It is clearly evident that the demand for disability services far outstrips supply. What services do exist are too sparse to have any long-term, sustainable impact upon the lives of the large majority of disabled people, especially those living in rural areas. Furthermore, it will be many years before the Government of Nigeria will be able to ratify

the UN Conventions on the Rights and dignities of persons with disabilities, because there is no effective disability discrimination legislation. It will be many years hence before this is enacted.

<b>TABLE 4.3: DFID DISABILITY SCOPING STUDY IN NIGERIA</b>		
<b>Stepping Stool to Inclusion</b>		
	<b>Key roles and functions</b>	<b>Sample indicative assessment questions</b>
<b>STATE</b>	<ul style="list-style-type: none"> <li>To date, no disability discrimination law has been enacted in Nigeria, although two Bills have been presented within the National Assembly;</li> <li>The Government of Nigeria signed the UN Convention of the Rights of Persons with Disabilities, (including the optional protocol), on the 30<sup>th</sup> March, 2007</li> <li>Some States have enacted disability legislation, but there are insufficient financial resources to ensure its effective implementation;</li> <li>There are no social protection programmes for disabled people in Nigeria.</li> </ul>	<ul style="list-style-type: none"> <li>At the Federal level, the Ministry of Women and Social Affairs is the lead Government Department with regard to disability issues;</li> <li>However, the priority given to disability issues within the Ministry is low, reflected in insufficient budgetary resources being allocated</li> <li>The Ministry of Health has provided some funding for the provision of medical rehabilitation;</li> <li>In nine of Nigeria's 36 States, Disability Advisors have been appointed, but not what their role and functions are.</li> <li>At State and local level, there are no monitoring and evaluation frameworks in place to evaluate the effectiveness of publicly funded disability service provision.</li> <li>There is the underlying assumption held by Government that disability is perceived as a "charity issue", and not in terms of human rights. This is a major obstacle in promoting a human rights-based agenda with respect to disability issues in Nigeria</li> </ul>
<b>DISABILITY SERVICES</b> (e.g. rehabilitation, assistive devices, support services for disabled children, specialist vocational training, etc.)	<ul style="list-style-type: none"> <li>The Ministry of Women Affairs and Social Development (Rehabilitation Department), provides some basic rehabilitation services. However, these are grossly under-resourced</li> <li>Leonard Cheshire Disability has an operational presence in Nigeria, and have initiated a pilot inclusive education project in Port Harcourt;</li> <li>Since 1991, the Leprosy Mission, in collaboration with 4 other NGOs, with funding from the Ministry of Health, has provided medical and vocational rehabilitation services. Since 1996, the Leprosy Mission has broadened its remit to include all impairments.</li> <li>CBM is running Community-Based Rehabilitation programmes in six States.</li> </ul>	<ul style="list-style-type: none"> <li>The Rehabilitation Department of the Ministry of Women Affairs and Social Development was created to "care" for people with disabilities. Again this underlines the endemic charitable ethos that underpins attitudes to disability issues within the public sector.</li> <li>The Rehabilitation Department has established a "Rehabilitation Desk" in each of the 774 local government administrative districts. However, it had been impossible to ascertain what functions these desks play, and how effective they are</li> <li>The Ministry has also created Community-Based vocational rehabilitation centres in 23 States. During the forthcoming year, it wishes to expand this to a further 13 States.</li> <li>In addition, the Ministry provides prosthetic and orthotic assistive devices on a regional basis. However, given the vast geographical coverage of the regions, in concert with the prohibitive cost of</li> </ul>

		<p>providing such services, it is questionable whether the vast majority of disabled people who benefit from such provision.</p> <ul style="list-style-type: none"> <li>• The Ministry has also provided specialist service to those who are blind, by providing free training in the fields of carpentry, poultry farming, and the provision of written materials in Braille.</li> <li>• It was also very apparent that the Rehabilitation Department is vastly under-resourced, with only approximately £8,500 for the 2006/07 financial year. The budget for this next financial year has yet to be determined.</li> <li>• It was apparent that the Ministry is not establishing any robust monitoring and evaluation frameworks by which to evaluate how effective their programmes are. This is indicative of a lack of public accountability structures at state level, with respect to all other social service provision.</li> <li>• NGOs and DPOs working within the disability sector have found engaging and lobbying government to raise the political profile of disability issues to be extremely problematic. Once again, this can be attributed to the fact that disability is seen in terms of charity - not human rights.</li> </ul>
<p><b>DISABLED PEOPLE'S ORGANISATIONS</b></p>	<ul style="list-style-type: none"> <li>• There are many disabled people's organisations (DPOs) in Nigeria, operating at National, State and local levels.</li> <li>• Many DPOs cater for single impairment groups (such as the Deaf, Blind and "physically challenged").</li> <li>• There are two national umbrella DPOs in Nigeria – the Joint National Association of Persons with Disabilities (JONAWPD) and Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND).</li> </ul>	<ul style="list-style-type: none"> <li>• The disability movement is characterized by disunity and infighting between DPOs. This is particularly the case between the two national DPOs.</li> <li>• This militates against a strong human-rights based to disability issues in the country.</li> <li>• The leadership of the vast majority of DPOs are populated by "disability elites", who have little understanding of the difficulties encountered by disabled people living in rural areas.</li> <li>• Many DPOs operate under a "charity ethos" of disability, and do not have a good understanding of the social model of disability.</li> <li>• Recently, JONAPWD successfully lobbied the Independent National Electoral Commission to ensure that all disabled people are able to vote in forthcoming elections.</li> <li>• However, in general DPOs have found it very difficult to lobby</li> </ul>

		Government Ministers and Senior Civil Servants to raise the political profile of disability issues. This can be largely attributed to the lack of political will to take disability issues seriously.
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### **3.8 SWOT Analysis of the Disability Sector in Nigeria**

The strengths, weaknesses, opportunities and threats (SWOT) analysis of the disability sector in Nigeria, presented in Table 4.3 below, again highlights many of the challenges that militate against the promotion of a rights-based approach to disability issues described in previous sections of this report. These are, namely, a weak and disunited disability movement, the total inadequacy of the provision of disability services, and the underlying philosophy that disability is primarily perceived in terms of charity. However, notwithstanding the huge challenges that have been described, there are nevertheless some opportunities to promote a rights-based approach. For example, recently JONAWPD, in collaboration with PACT Nigeria had a very productive meeting with the Independent National Electoral Commission to ensure that in future disabled people are able to actively participate in elections, thereby exercising their democratic rights. In addition, currently the 1999 Constitution of the Nigerian is being reviewed, and there may be a strong possibility to make sure that disabled people's rights are enshrined within any new constitution. Another encouraging trend is that disabled people's organisations are beginning to work in collaboration with mainstream human rights-based organisations, thereby raising the profile of a rights-based approach to disability and other social issues.

However, one must not underestimate the enormous changes that need to occur in order for progress towards a rights-based approach to disability issues in Nigeria to have any sustainable impact. Of primary importance is to lobby the Nigerian Government to enact, at a federal level, disability discrimination legislation, in concert with developing an administrative structure that will ensure that such legislation, once it is passed, can be effectively implemented. Until this happens, it will be impossible for the Nigerian Government to ratify the UN Convention on the Rights and Dignities of Persons with Disabilities.

TABLE 4.3 SWOT ANALYSIS OF THE DISABILITY SECTOR IN NIGERIA				
SECTOR	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
The State	<ul style="list-style-type: none"> <li>• Two bills have been introduced into the National Assembly to secure disability rights;</li> <li>• In 9 of Nigeria’s 36 state, Disability Advisors have been appointed;</li> <li>• In 6 administrative regions, rehabilitation centres have been established, but it has not been possible to ascertain how effective they have been;</li> <li>• Limited attempts have been made to engage with DPOs in policy dialogue;</li> <li>• The Ministry of Health have provided some funding for Leprosy and TB medical rehabilitation services</li> </ul>	<ul style="list-style-type: none"> <li>• Government officials and Nigerian society at large perceive disability issues in terms of charity and not in terms of human rights;</li> <li>• No disability legislation has been enacted to date;</li> <li>• There are no robust statistics on disability</li> <li>• There is a lack of political will on the behalf of policy-makers to raise the political profile of disability issues</li> <li>• Government funded services have had virtually no long-term sustainable impact;</li> <li>• No effective monitoring and evaluation systems have been established to assess the impact of service provision;</li> <li>• There is no main Government Ministry that actively promotes disability issues.</li> </ul>	<ul style="list-style-type: none"> <li>• The 1999 Nigerian Constitution is currently under review, which may provide an opportunity for disability rights to become enshrined;</li> <li>• In 2010, the CAN CBR conference will held in Nigeria, which may provide an impetus for the Nigerian Government to take disability issue more seriously.</li> <li>• Civil society institutions, including DPOs are keen to establish effective partnerships with relevant Government Ministries to advance disability issues.</li> </ul>	<ul style="list-style-type: none"> <li>• The “charity ethos” in mainstream Nigerian culture is so deeply entrenched that disability issues will continue to be primarily perceived as an issue of charity – not rights,</li> <li>• That the current inefficient administrative infrastructure will frustrate the implementation of effective disability policy and service provision.</li> </ul>

## Section Four

# Recommendations

### 4.1 Introduction

The raison d'etre behind the recommendations made within this report is to enable DFID Nigeria to undertake strategic, well-focused interventions that will facilitate the promotion of human rights and the social inclusion of disabled people in the country. A concerted effort has been made to ensure that the recommendations are in alignment with the overall strategic direction of DFID Nigeria, as described in the Project Memorandum made available to the consultants (DFID Nigeria 2007a, 2007b and 2007c). Furthermore, for each of the recommendations delineated below, an attempt has been made to provide the rationale and reasoning why they had been made. These recommendations have been made within the context of the constraints and development challenges that categorise contemporary Nigerian society, particularly the perception that disability issues are perceived in an old welfare and charity model, and the lack of accountability, transparency and efficiency in the provision of public services.

### 4.2 List of Recommendations

1. That DFID Nigeria facilitates a mediation and conflict resolution workshop between the Joint National Association of Persons with Disabilities (JONAPWD) and the Association for Comprehensive Empowerment of Nigerians with Disabilities (ASCEND).

It was very apparent to the consultants that the disability movement in Nigeria is very divided, and does not speak with one voice. Within the country, there are two national umbrella disabled people's organisations that each sees itself to be the legitimate representative voice of all disabled people. If a rights-based approach to disability issues in Nigeria is going to proceed, it is imperative that the disability movement, especially at the national level, achieves some degree of unity, in order that it can effectively lobby government. In any mediation and conflict resolution process, it will be essential that this workshop is facilitated by an independent, neutral organisation, that does not have any existing partnerships or relationships with JONAWPD or ASCEND. One possibility is that representatives from DFID Nigeria hold preliminary meetings with the Leprosy Mission, who is widely respected throughout the disability sector in Nigeria to discuss the possibilities of acting as a facilitator in the process. Such an initiative could be provided under the auspices of the State-level Partnerships for Accountability of Voice project that is currently being implemented by the DFID Nigeria.

2. That disabled people's organisations in Nigeria receive training on the principles of the social model of disability

As already stated, within Nigeria disabled people and disability issues are predominantly perceived in terms of welfare and charity - not in terms of human rights. Unfortunately, this perception is held up by many disabled people's organisations. At the national level, there are some disabled people that do have a thorough understanding of the social model of disability, but this has proved to be the exception rather than the rule. It is therefore recommended that two workshops are held, (one in Abuja and one in Lagos), where disabled people's organisations receive some basic training on the principles that underpin the social model. Given the politicised nature on the disability movement in Nigeria, it is strongly recommended that this training can be facilitated by a disabled person that is not in any manner linked with any Nigerian DPOs. It is likely that there are consultants with disabilities in the West African region that could provide such a training package. In the first instance, it would be advisable to contact the Secretariat of the African Decade of Persons with Disabilities <http://secretariat.disabilityafrica.org/index.php> to identify suitable consultants to undertake this work. Another possibility is to contact Action on Disability and Development (ADD), which is a UK-based INGO, which has extensive experience of capacity building of DPOs, and also has a Partnership Programme Agreement with DFID. ADD has an operational presence in Ghana and Burkina Faso. See <http://www.add.org.uk/index.asp>

3. That DFID Nigeria funds 2 pilot statistical studies to gather robust and reliable data on the number of disabled people in two of its key designated states.

There is a real paucity of robust and reliable statistical data on the number of disabled people that currently reside in Nigeria. The World Health Organisation has estimated that there are approximately 19 million disabled people living in Nigeria, but this is at best an imprecise estimate. Without accurate and robust data on the number of disabled people, it is virtually impossible for the Nigerian Government to effectively plan and implement any form of service provision. Furthermore, in the absence of such data, it is virtually impossible for citizens to hold their respective state legislatures to account for the service that they provide. Therefore, the democratic credentials of state and local government are seriously compromised. Consequently, it is therefore proposed that DFID Nigeria fund two pilot studies in two of its key designated states. The methodology and logistics involved in undertaking such pilot studies could be developed in collaboration with the National Planning Commission and the National Bureau of Statistics. Furthermore, if DFID Nigeria considered it to be appropriate, it could also draw upon the expertise of the Leonard Cheshire Disability and Inclusive Development Centre, based at University College, London <http://www.ucl.ac.uk/silva/lc-ccr/>. The Centre has considerable expertise in undertaking statistical surveys with regard to disability in developing countries. Such an initiative would fall within the remit of Output 1 (policy targets and strategy development) and Output 2 (developing systems for the efficient and effective implementation of policy) of the State Partnership for Accountability, Responsiveness and Capability initiative that is currently being implemented by DFID Nigeria. It would therefore assist DFID in its quest to "... build the capacity both in collecting and utilising evidence for policy formulation" and "using

evidence to inform decision-making [and] increasing demand for monitoring and evaluation information" (DFID Nigeria, 2007a: 17).

4. That DFID Nigeria should provide some seed funding to start a pilot inclusive education programme in one of its key designated states.

Access to universal primary education is the fundamental catalyst for the social inclusion of disabled people in developing countries, such as Nigeria. Without the benefit accruing from education, the systematic social exclusion and marginalisation of disabled people is further compounded, because their ability to secure sustainable employment, as well as accessing affordable health care and other services, is seriously diminished. Traditionally, education for disabled people in developing countries has been provided within the specialist, segregated institutions. However, a plethora of international evidence suggests that the most cost-effective and sustainable strategy for educating disabled children is through placing them in mainstream schools. Such an approach has the additional advantage of changing deeply entrenched negative social attitudes towards disability, due to the fact that disabled children interact with their able-bodied peers on a daily basis. It is therefore recommended that DFID Nigeria pilots an inclusive education programme in one of its key designated states. This initiative falls within the remit of DFID's Education Sector Support programme in Nigeria. Specifically it is in alignment with the programme's objective of supporting "systemic change in selected States' delivery of basic education" and "... to train and develop teachers and deploy them where they are most needed (DFID Nigeria, 2007b: 17-18). As previously stated Leonard Cheshire Disability is currently piloting an inclusive education programme in Port Harcourt, and has been involved in training of 200 teachers in the principles of inclusive education. It therefore might be advisable, if DFID Nigeria considered it to be appropriate, to enter into a dialogue with Leonard Cheshire Disability regarding what is the most effective strategy for implementing such programme.

5. That DFID Nigeria should draw up on the expertise of disabled people in Nigeria, on a periodic basis, to assist them in developing their work with regard to disability issues, and how they can be effectively mainstreamed into DFID's core activities.

If DFID Nigeria is committed to promoting a rights-based agenda to disability issues, then it is important that they enter into an ongoing dialogue with disabled people, thereby ensuring that what is being proposed is appropriate in meeting their expressed needs. However, it is duly recognized that it is imperative to consult with a range of disabled people, thereby ensuring that the needs of different impairment groups are represented. Listed below are some of the names and contact details of individuals that DFID Nigeria could consult with.

- Danlami Basharu - [duhkb@yahoo.com](mailto:duhkb@yahoo.com)
- Lucy Upah – [Lucy.Upah@gmail.com](mailto:Lucy.Upah@gmail.com)
- Cosmas Okoli - [maardec@yahoo.com](mailto:maardec@yahoo.com)

5. That DFID provides technical support to the umbrella body of DPOs to effectively lobby the government and advocate for the passage of the Disability Bill into law.

If there is going to be a significant progress towards implementing a rights-based agenda to disability issues in Nigeria, then it is imperative that disability discrimination legislation is enacted as soon as possible. However, this is not to underestimate the significant challenges that exist in bringing this to fruition, which have already been delineated within this report. However, unless such legislation is enacted, with an appropriate administrative infrastructure to ensure its effective implementation, then it will be virtually impossible for disabled people to exercise their inherent human rights. In this, it is duly acknowledged that this recommendation is contingent upon some degree of unity and purpose within the disability movement in the team. However, this recommendation form was being the remit of DFID Nigeria's State Partnership for Accountability, Responsiveness and capability initiative. Furthermore, this recommendation is in alignment with DFID's strategic objective of promoting pro-poor, good governance frameworks within the counties in which it works, as outlined in its 2006 White Paper, *Making Governance Work for the Poor* (DFID, 2006).

6. That an explicit concerted effort is made by DFID Nigeria to ensure that disabled people are included in all its programmes and activities.

If DFID Nigeria is committed to ensuring that disabled people are included in all of its programmes and activities, then it is important that it develops robust monitoring and evaluation mechanisms that demonstrate how effective the agency has been in meeting this goal. Initially, it may be advisable to set a target of ensuring that at the least 10% of beneficiaries of DFID programmes of disabled people. It is emphasized that this is a target figure, that may not be achieved in the short term. Another strategy for ensuring that disability issues within DFID Nigeria it remains a keen priority, is to appoint a "disability champion", who is a member of the Senior Management Team.

**APPENDIX I**

**Questionnaire for Disabled People's Organisations**

**Organisation**

1. Name of organisation

2. Address

Tel:

Email:

3. What type of organisation are you?

Eg: DPO

Disability Organisation

Faith-based group

NGO

3) Is your organisation registered with the Government?

4) How long has your organisation been operating?

**SECTION B Details of activities**

5) Which areas of the country do you work?

(Province, districts, ward)

6) What activities do you carry out to support disability issues and disabled people? For example: advocacy, provision of assistive devices, income generation projects etc.

7) Have you undertaken any campaigning activities in relation to the UN Convention on the Rights of Persons with Disabilities?

8) What are your sources of funding? For example

1. Membership fees
2. Government grants (which ministries?)
3. Local donors (please specify)
4. International donors (please specify)
5. Other (specify) .....

**SECTION C – Working with others**

9) What relationships do you have with Government Ministries with regard to disability issues?

10) What is the nature of these relationships?

11) How effective are these and how has be improved?

12). Do you work with any other organisations in support of your programmes? If yes, please give details.

14). What has been your experience of working with these other organisations?

15) How is your organisation involved?

**SECTION D – Working with mainstream organisations**

16) Are you aware of any development and assistance programmes being offered in the areas where your organisation works? Please give details:

If yes, are disabled people benefiting from these programmes?

If No in Q16 what is the reason for disabled people not benefiting from the programmes?

17) What needs to be done to ensure better inclusion of disabled people in development and assistance programmes?

18) How best can mainstream organisations work with disabled people?

19) Do you have any further comments? Can you suggest other organisations who should be consulted?

20) Do you work with disability specific INGOs and Nigerian NGOs? If Yes, in way manner?

**APPENDIX II**

**Questionnaire for INGOs and NGOs**

**SECTION A – DETAILS OF ORGANISATION**

1. Name of organisation

2) Address & contact details

3) Type of organisation

National NGO,  International NGO  UN Agency

Other  Please specify

4) Please list the core activities of your organisation

5) Geographical coverage

Where does your organisation work? (Provinces, districts, ward)

**SECTION B – Knowledge of disability**

7) What do you understand by the term 'disability'? How would you define disability?

8) Does your organisation have any policy or guidelines on disability and the inclusion of disability in programmes?

9) What do you know about the situation of disabled people in Nigeria – from reading, experience of working in the country?

**SECTION C: Disability and current activities**

10) Does your organisation consider disability to be relevant to your work in Nigeria?

If yes, why?

If no, why?

11) Does your organisation incorporate disability issues into your current core activities?

If, yes, please describe in what way

12) Have you consulted with any Disabled People's Organisations or other organisations working on disability issues? If so, please give details

13) Has your organisation specifically allocated financial resources for including disability in your core activities?

14) What difficulties and constraints hamper the effective inclusion of disability issues into your core activities?

15) What need to take place for these difficulties to be overcome?

i) Internally within the organisation?

ii) Within the broader development and policy-making context?

16. Does your organisation intend to incorporate disability issues into its future activities?

i) If yes, in what way?

ii) Have you consulted with disabled people's organisation regarding your future plans?

iii) What challenges and difficulties have you encountered or anticipated in developing this?



**APPENDIX IV**

**List of Organisations and Individuals Interviewed During the Field Visit**

1. National Human Rights Commission, Abuja:
  - Muhammed Nasir Ladan
  - Abdulquadir Abiola Apaokagi
2. National Bureau of Statistics, Abuja:
  - Mr. Henry C. Eteama
3. Coalition For Change, Abuja:
  - Amina Salisu
  - Fabian Okoye
  - Tunde Akanni
4. The Leprosy Mission, Minna:
  - Basseyy Ebenso
  - Sani Useni
  - Michael Idah
5. Christian Blind Mission (CBM), Abuja:
  - Paul Caswell
  - Duro Onota
  - Daniel Tsengu
  - Patience Ogolo
6. National Planning Commission, Abuja:
  - Bashir Moddibo, PhD
7. The Federal Ministry of Women Affairs & Social Development, Abuja:
  - Mrs. Daodu
  - Victoria Akintaro
8. DFID Nigeria, Abuja:
  - Graham Gass
  - Abdulkareem Lawal
9. PACT Nigeria + USAID, Abuja:
  - Muhammed Ahmed
  - Onyih Egbogu
10. Yangoji Leprosy Community, Abuja:

- Chief Ali Yisa (Village Head)
11. ActionAid Nigeria, Abuja:
    - Ojobo Atuluku
  12. Lagos Focus Group Discussion, Lagos:
    - Christy Orduh
    - Obi
    - David Anyaele
    - Donald Unanka
    - Vitus Iroka
    - Judith Umoh
    - Emeka Betram Ubaka
    - Adedoyin Beyioku Alase
    - Taiye Oloye
    - Adewale Adeyanju
    - Kehinde Akewusola
    - Danlami Basharu
    - Olanrewaju Adeola Adejoke
  13. Abuja Focus Group Discussion, Abuja:
    - Omotunde Ellen Thompson
    - Calister Ugwuaneke
    - Sulayman Abdulmumuni Ujah
    - Dandeson Nwnakpa Hart
    - Idemudia Edellifo Lawrence
    - Mohammed Q. Adelani
    - Duro Onota
    - Dickson V. Tarnongo
    - Nike Akinbola
    - B. A. Moddibo
  14. Email Interview:
    - Cosmas Okoli – National President (ASCEND)

## APPENDIX III

# Disability Scoping Study Terms of Reference

### A) Scope of work

In particular this study will:

- Provide an overview and assessment of the current situation of disabled people in Nigeria
  - indicate the scale and prevalence of disability using existing data sources (eg: Census, Demographic Household Survey etc)
  - assess perceptions and attitudes towards disability
  - provide an overview of the role of the state, disability services and disabled people's organizations (DPOs) in Nigeria using as the tool of analysis the 'Stepping Stool to Inclusion' (see Annex)
  
- Map channels of support on disability in Nigeria
  - Map organizations for and of disabled people providing support and services to disabled people
  - Map current sources of donor funds for disability in Nigeria
  - Provide a SWOT analysis of the different stakeholders (the State, DPOs, national NGOs and INGOs working in the disability sector)

### B) Methodology

This study will provide an overview and rapid assessment of disability issues in Nigeria. Research techniques will include the following:

- Desk review of literature of published and "grey" literature on disability issues in Nigeria.
  - Reference will be made to key relevant DFID policies and papers
- Key informant interviews
  - Organisations of and for disabled people
  - PRP partners
  - DFID staff
  - Disabled people
- Focus group discussions with disabled people
- Stakeholder workshop

### C) Outputs

- Inception report outlining how the consultants will undertake the mission
- Stakeholder workshop
- 4 Reports
  - 1) Summary Report (maximum 20 pages) outlining key findings and recommendations
  - 2) Situation Analysis of disability in Nigeria
  - 3) Mapping of support for disability in Nigeria

**D) Estimated Number of Consultancy Days**

- Desk review of existing literature – 2 days
- Field visit to Nigeria – 9 days
- Writing of report - 5 days
- **Total number of consultancy - 16 days**

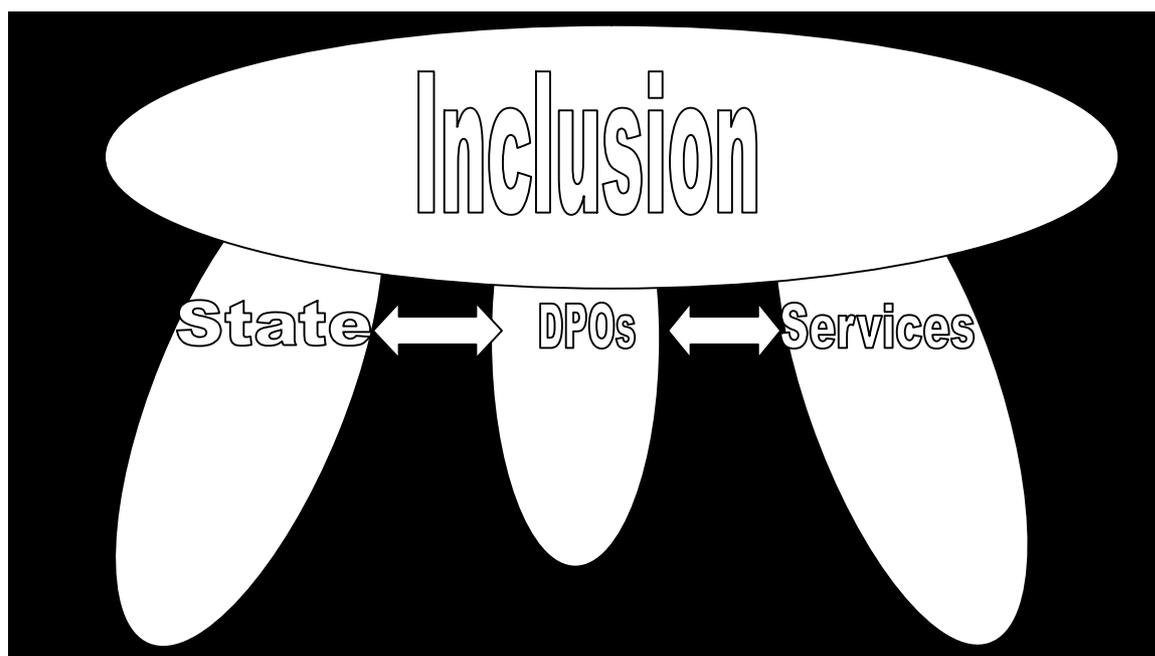
## ANNEX 1

### EQUALITY OF RIGHTS AND OPPORTUNITIES FOR DISABLED PEOPLE: THE STEPPING STOOL TO INCLUSION

Disability is increasingly being acknowledged as a human rights issue. Indeed, members of the disability movement see disability rights as the last liberation struggle. The new UN Convention on the rights of persons with disabilities was adopted in January 2007, and many countries have passed their own domestic disability rights laws. Some of the most comprehensive disability legislation exists in developing countries, such as South Africa.

However, translating rights on paper into real improvements for the lives of disabled citizens is much harder. If organisations, such as DFID are to effectively enable such a transformation, it is necessary to have a basic understanding of the foundations of inclusion to achieve equality of rights and opportunities for disabled people in a society. Presented below is a simple tool to assist this.

#### THE STEPPING STOOL TO INCLUSION TOOL



#### Aim:

The tool aims to capture and present in a simple visual format the basic components and their inter-relationships needed to support the inclusion of disabled people to realise their equality of rights and opportunities.

#### Use

The tool can be *used* to:

- Provide a basic assessment of the status of disability issues within a country
- Identify the areas where interventions are likely to be the most enabling and thus effective

### Explanation

There are *three essential components* necessary to support the process of inclusion. They are:

- The state
- Disability services
- Disabled people’s organisations (DPOs)

*Each component has distinct roles and functions* (outlined in the table below).

These components can be visualised as the three supporting legs of the Stepping Stool to Inclusion.

*The components must be in equilibrium and interact with each other in mutually supportive and reinforcing ways*, otherwise the Stepping Stool to Inclusion will be unbalanced or the legs may splay outwards causing the stool to collapse.

The strength of each component or ‘leg’ in a country can be assessed by finding the answers to few simple questions (see table below). Then the Stepping Stool to Inclusion can be drawn to visually represent the basic status of disability issues within a country.

The role of a donor like DFID is to design and implement interventions that will:

- strengthen weaker components
- facilitate the key components (state, disability services and DPOs) to interact with each other in mutually supportive ways
- ensure balance and equilibrium between the key components

As a minimum, the donor actions should avoid anything that further unbalances the Stepping Stool to Inclusion.

Table: roles and functions of the key components (*cont. next page*)

	<b>Key roles and functions</b>	<b>Sample indicative assessment questions</b>
<b>STATE</b>	<ul style="list-style-type: none"> <li>• Define rights and entitlements through legislative and policy framework</li> <li>• Set standards and monitor implementation</li> <li>• Provide resources as much as the economic development of the country permits</li> <li>• Ensure that mainstream services, particularly health and education, are accessible to disabled people</li> </ul>	<ul style="list-style-type: none"> <li>• Is there any disability rights legislation? Are there any policies addressing disability issues?</li> <li>• Which ministry or ministries take responsibility for disability issues? Is disability recognised as a cross-cutting issue?</li> <li>• Do the ministries of health and education have any policies or plans on disability?</li> <li>• What resources does the state provide to ensure implementation of any disability legislation, policies and plans?</li> <li>• Are there any mechanisms in place to monitor and enforce the rights of disabled people and their entitlements?</li> </ul>

		<ul style="list-style-type: none"> <li>• Does the state engage with disability service providers and DPOs? If so, in what ways? Does the state take on any responsibility for coordination?</li> </ul>
<p><b>DISABILITY SERVICES</b> (e.g. rehabilitation, assistive devices, support services for disabled children, specialist vocational training, etc.)</p>	<ul style="list-style-type: none"> <li>• Reduce the impact of impairments</li> <li>• Enable disabled people to access their rights</li> <li>• Services can be provided by the state, international and local NGOs, DPOs</li> </ul>	<ul style="list-style-type: none"> <li>• What services are available? Are there any major services gaps? (e.g.: mental health services, services for the hearing impaired)</li> <li>• Who are the main service providers? The state? Civil society? Combination of the two? Do service providers cooperate with each other?</li> <li>• Broadly what proportion of disabled people has access to the basic services they need? Nearly all? Most? Very few?</li> <li>• How sustainable are the existing services?</li> <li>• What are the main barriers preventing access to services?</li> <li>• What is the quality of existing services? Are there any standards? If so, are they monitored?</li> <li>• Are services well coordinated? Is there a good geographical spread?</li> </ul>
<p><b>DISABLED PEOPLE'S ORGANISATIONS</b></p>	<ul style="list-style-type: none"> <li>• Represent disabled people</li> <li>• Advocate and lobby for disability rights</li> <li>• Ensure that the state and service providers are responsive to the needs and rights of disabled people</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a national, cross-disability, umbrella DPO?</li> <li>• Are there national DPOs representing people with different impairments?</li> <li>• Are there DPOs at provincial, district and local levels?</li> <li>• Do DPOs have a rights-based approach to disability?</li> <li>• How united or divided are DPOs?</li> <li>• In what ways do DPOs engage with the state and service providers?</li> </ul>

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