National Policy on Sexual and Reproductive Health and Rights of Persons with Disabilities with emphasis on Women and Girls

June 2018

It is my honor and privilege to write the foreword to this important document that will significantly enhance the lives of persons with disabilities in Nigeria.

Based on the World Report on Disability (2011), approximately 25 million Nigerians live with one form of disability or the other with an estimated 13 million of this population being women and girls.

Persons with disabilities have the same sexual and reproductive health (SRH) needs as other people. They need the minimum package of reproductive health services available to everyone else, but their special circumstances create barriers to access, such as communication barriers, ignorance of service providers, societal attitude, inadequate capacity of service providers to manage clients with disabilities.

Women and girls with disabilities (WGWDs) are particularly affected, because generally, they are poor, live in remote rural areas without any economic power and experience multiple forms of discrimination, first as women then as WGWDs. They have often been denied the right to establish relationships and to decide whether, when, and with whom to have a family. Many have been subjected to forced abortions or forced marriages. They are more likely to experience physical, emotional, and sexual abuse and other forms of gender-based violence. They are more likely to become infected with HIV and other sexually transmitted infections (STIs).

The Nigerian Government is committed to providing Comprehensive and Integrated Sexual and Reproductive Health services for all Nigerians. The celebration that followed the passage of the NHAct by civil society groups was founded on the premise that everyone will get a fairer shot at 'equitable and inclusive' health care coverage in Nigeria.

While meeting these deliverables has faced considerable challenges, we remain far from attaining ***comprehensiveness*** and proper ***integration*** in the provision of Sexual and Reproductive Health especially for our Women and Girls with Disabilities (WWD).

These challenges and setbacks have not only stemmed from limited resources and required manpower in the health sector, but a bigger socioeconomic and cultural barrier posed by the Nigerian community in the form of; societal lack of knowledge and understanding of disability issues and disability rights, under estimated data capture of disabled persons in Nigeria; increased public stigmatization and denial of human rights i.e. freedom of association, movement, right to private and family life, freedom from discrimination & victimization, and right to fair hearing of Persons With Disabilities (PWD) especially for our Women and Girls with Disabilities. While counting the barriers, we must not forget the infrastructural and attitudinal barriers in our social services such as Transportation, Health, Education, as well as exclusion of persons with disabilities from participating in governance; elections, national

planning and decision making.

The Nigerian Government ratified the UN-Convention on the Rights of Persons with Disabilities on 24th September 2010, hence we are duty- bound to ensure that all laws, policies, and programs in the country comply with this convention and its provisions. Aside being a signatory to the Convention, Chapter Four of 1999 Constitution of the Federal Republic of Nigeria, puts the government in the position to protect the rights of all Nigerian citizens. Top among these rights is the "*Right to Life*", which can only be guaranteed when all our population are guaranteed the *"access to quality health services"*.

It is on this note that the Federal Ministry of Health in collaboration with the Federal Ministry of Women Affairs and a wide range of stakeholders, has put together this comprehensive strategic policy document, a first of its kind, to provide a policy direction to Government, Civil Society Organizations, Development Partners, Media practitioners and the Organized Private Sector, on how to deal with reproductive health concerns of Women and Girls with Disabilities (WGWD).

The policy aims at ensuring that all sexual and reproductive health programs reach and serve persons with disabilities, expanding access to Sexual and Reproductive Health services for Women and Girls with Disabilities (WGWD); improving understanding of the issues of the sexual and reproductive needs of WGWD; aid program development and highlight possible actions that can be undertaken by all relevant stakeholders. It will also act as an advocacy and resource mobilization tool, enable goal-setting and stimulate government and community action and accountability including resource allocation on the sexual and reproductive health issues of women and girls with disabilities.

Development of this strategic policy document involved consultations with organizations implementing Sexual and Reproductive Health services (both the public and private SRH providers) in Nigeria, individual health experts, numerous Civil Society Organizations, Organizations of Persons with Disabilities, Human Rights Bodies and Development Partners.

The Federal Ministry of Health is committed to the implementation of the National Policy on Sexual and Reproductive Health and Rights of Persons with Disability in Nigeria, at the national and sub-national level while it is expected that all the 36 States of Nigeria and the FCT will take appropriate steps to adapt the policy for implementation.

Prof. Isaac F. Adewole, FAS, FSPSP, FRCOG, D.Sc(Hons)
Honourable Minister of Health

ACKNOWLEDGMENT

The contribution of a great number of individuals, groups and institutions to the process of conceptualizing and drafting this document must be acknowledged.

First, we wish to thank the President of the Federal Republic of Nigeria, His Excellency, General Muhammadu Buhari, for giving persons with disabilities the opportunity to participate in the Governance space through the appointment of a person with a disability as Senior Special Assistant on Disability Matters. This singular act has helped to position disability issues as a priority of this administration.

The Honorable Minister of Health, Prof. Isaac Adewole has also demonstrated his commitment and responsiveness to disability inclusion within the health sector. His commitment to ensuring access to health for persons with disabilities served as an impetus for the conclusion of this document.

We specially recognize and appreciate the contributions of the Senior Special Assistant to the President on Disability Matters, Dr Samuel Odeh Ankeli, and the Chairman, Senate Committee on Health, Senator Olanrewaju Tejuosho for their open doors and listening ears.

We greatly commend the numerous key officers in Government Ministries, Departments and Agencies [MDAs] for their constant availability and dedication throughout the process of consultations and in the development of this document. Some of these MDAs include, Federal Ministry of Women Affairs, Federal Ministry of Justice, National Primary Healthcare Development Agency, National Agency for the Control of AIDS (NACA), National Human Rights Commission (NHRC), National Agency for the Prohibition of Trafficking in Persons, the Nigerian Police Force, State Ministries of Health and Women Affairs who participated actively.

The Federal Ministry of Health is highly indebted to our Lead Technical Partner in this project, the Executive Director, Disability Rights Advocacy Center (DRAC) Irene Ojiugo Patrick-Ogbogu and her team, who kick-started the process in collaboration with the Federal Ministry of Health's Department of Family Health. Their efforts in facilitating and coordinating the various processes involved in the development, review and adoption of the policy cannot be overemphasized. The Consultants who also worked on the drafting of this document are owed a debt of gratitude.

All the processes that went into the development of this policy were made possible through funding from the United States Agency for International Development (USAID) through the Civil Society Project implemented by Chemonics International as well as from Christoffel Blinden Mission, United Kingdom (CBM UK). Our heartfelt gratitude goes out to them for demonstrating an unrivalled commitment to mainstreaming disability in the development agenda of Nigeria.

Our special appreciation goes to other Development Partners who contributed memoranda, granted interviews and provided documents on their best practices all of which made this policy possible and technically sound. They include UNAIDS, UN Women, UNHCR, UNFPA, Save the Children, Population Council, APIN, CBM Nigeria, Pathfinder International, IHVN, Australian Aid and many others too numerous to mention.

We appreciate the support and cooperation of the numerous women and girls with disabilities who participated in the development of this document and the situation analysis which preceded it. We express our deepest gratitude for their openness and conviviality whenever called upon to provide insight into the sexual and reproductive health challenges they face.

Other Partners in the process of consultation such as Civil Society Organizations [CSOs], Disability Clusters, Organizations of Persons with Disabilities, representatives of professional organizations, Private Sector Organizations and the Media demonstrated immense support by contributing useful ideas and documents on disability inclusion most of which confirmed the dire need for this Policy.

I must also appreciate and acknowledge the efforts of the GASHE Division of the Department of Family Health led by Dr. C.C. Ugboko, for midwifing the entire process of the development of this National Policy on the Sexual and Reproductive Health and Rights of Persons with Disabilities in Nigeria.

I sincerely hope that this document will be useful to all stakeholders involved in mainstreaming disability in health services in Nigeria.

Dr. Adebimpe Adebiyi, mni
Director, Family Health Department
Federal Ministry of Health

ACRONYMS

BCC	-	Behavioural Change Communication
CRPD	-	Convention on the Rights of Persons with Disabilities
CSO	-	Civil Society Organizations
CSR	-	Corporate Social responsibility
DRAC	-	Disability Rights Advocacy Centre
FCT	-	Federal Capital Territory
FERMA	-	Federal Road Maintenance Agency
FGN	-	Federal Government of Nigeria
GASHE	-	Gender Adolescent School Health and Elderly
ICT	-	Information Communication Technology
MDAs	-	Ministries, Departments and Agencies
MDG	-	Millennium Development Goals
MTEF	-	Medium Term Expenditure Frameworks
MTSS	-	Medium Term Sector Strategies
NACA	-	National Agency for the Control of AIDS
NASS	-	National Assembly
NGOs	-	Non-Governmental Organizations
NHRC	-	National Human Rights Commission
NPHCDA	-	National Primary Health Care Development Agency
OPDs	-	Organizations of Persons with Disabilities
PHC	-	Primary Health Care
PPP	-	Public Private Partnership
PWD	-	Person with Disability
RHR	-	Reproductive Heath Right
SRH	-	Sexual and Reproductive Health
STI/D	-	Sexually Transmitted Infection/Disease
UNAIDS	-	Joint United Nations Programme on AIDS
UNFPA	-	United Nations Population Fund
UN Women	-	United Nations Entity for Gender Equality and the Empowerment of Women.
UNHCR	-	United Nations High Commission for Refugees
VAPP	-	Violence Against Persons Prohibition Act
WWD	-	Women and Girls with Disabilities
WHO	-	World Health Organization

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CHAPTER ONE

BACKGROUND, CONTEXT AND RATIONALE

Relevant Global and National Context

Following its adoption at the 61st session of the United Nations General Assembly on 13th December, 2006, the Convention on the Rights of Persons with Disabilities (CRPD) became operational as an International Law on 3rd May, 2008. This was the result of years of activism, campaigns and pressures from Persons with Disabilities, Civil Society and International Agencies. If well implemented, it would go a long way in addressing the indignities, stigma, discrimination and violence suffered by millions of Persons with Disabilities around the world. It portrayed the international community and many nations who ratified the Convention as being sensitive, humane, committed to equity and justice in ensuring the inclusion of persons with disabilities, providing unfettered access to services to all irrespective of special circumstances and vulnerability. It also indicates the critical importance that the international community places on the rights of persons with disabilities.

The Nigerian Government ratified the convention on 24th September 2010. As the Convention is a legally binding instrument, once ratified by a country, the Nigerian Government is duty-bound to ensure that all laws, policies, and programmes in the country comply with its provisions.

Some of the provisions of the Convention clearly emphasize the provision of reproductive health information and services, reproductive rights, and elimination of gender-based violence. For instance, Article 9 calls for accessibility, including access to medical facilities and information. Article 16 requires state parties to take

measures to protect persons with disabilities from violence and abuse, including gender-based violence. Article 22 asserts the equal rights of persons with disabilities to privacy, including privacy of personal health information. Article 23 requires states to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood, and relationships, including in the areas of family planning, fertility, and family life. Article 25 requires that states ensure equal access to health services for persons with disabilities, with specific mention of SRH and population-based public health programmes. In particular, Articles 23 and 25 require specific attention to the issues of persons with disabilities in matters of SRH and reproductive rights (WHO/UNFPA2006[1])

More than a billion people are estimated to live with some form of disability, or about 15% of the world's population (based on 2010 global population estimates). Based on the World Report on Disability (2011), approximately 25 million Nigerians live with a disability with 3.6 million of them having very significant difficulties in functioning. According to a report by Disability Rights Advocacy Center (DRAC)[2], it is estimated that about 13 million of this population are women and girls.

The Federal Ministry of Women Affairs in its Report of the National Baseline Survey on Persons with disabilities[3] estimates a national prevalence of 3.2% indicating that 4.8 million people are living with disabilities. According to the survey, the lowest prevalence of disability is in the FCT (0.6%) while highest prevalence of 22.2% is in Sokoto State. Regional variations indicate that the North-West geopolitical zone recorded the highest prevalence of 5.0% followed by the South-East (4.5%), South-South 2.6%, North-East 2.4% and South-West 2.1%. Many Organizations of Persons with Disabilities, Civil Society Organizations and Development Partners dispute the findings of the survey alluding that the scope of the disability challenge in Nigeria has been grossly underestimated. However, a casual observation of the number of persons with disabilities who are destitute, beggars and homeless people across our cities and rural communities are indicative that disability remains a huge challenge in the country.

Aside being a signatory to the Convention on the Right of Persons with Disabilities, chapter four of Nigeria's 1999 Constitution has enshrined in it the basic rights of all Nigerians. The most important of these rights is the "*Right to Life*", unfortunately, many persons with disabilities have been denied this right as health services are

1 WHO/UNFPA (2006): Final report of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities

2 Disability Rights Advocacy Centre (DRAC), Presentation at the Stakeholders Meeting on the Development of National Policy Framework for Women and Girls living with disability, October, 2015

3 Report Of The National Baseline Survey On Persons With Disabilities (PWDS)In Nigeria Funded By The Millennium Development Goals (MDGS) Office, With Statistical Support From The National Bureau Of Statistics (NBS)2011

only available mainly to those without disabilities, as they yet to be counted, catered for, or allowed opportunities for meaningful inclusion. According to Senator Nurudeen Usman, “in the government's duty of promoting and protecting disability rights, it must be understood that our disabled brothers and sisters are just as valuable as the non-disabled citizens." The government therefore owes PWD the duty of care and protection just like all citizens of Nigeria. Nigeria as a nation pulls its strength from its diversity, however, diversity is not just in tribe and tongue or religion but also in ability and disability. When given access to education, information, health services, transportation, inclusion in governance, as well as other opportunities, PWD can reach their fullest potential and contribute greatly to the productivity and progress of Nigeria.[4]

In the past, governmental policy statements were doubtful, while other efforts to establish concrete laws were not followed through. For instance – the origin, existence and validity of the 'Nigerians with Disability' Decree of 1993 promulgated under the military dispensation, was deemed to be controversial and therefore not implemented meaningfully. In the current democratic dispensation, some attempts have been made to sponsor some critical bills at the National Assembly to secure and safeguard the rights of PWDs in the country. Unfortunately, none of these bills has yet been signed into law. The bills include: (i) Bill for an Act to Provide Special Facilities for the use of Handicapped persons in public buildings sponsored by Dr. Jerry Sonny Ugokwe; (ii) A Bill to prohibit Discrimination against persons with disabilities, 2008, sponsored by Senator Bode Olajumoke; (iii) Nigerians with Disabilities Bill, 2008, sponsored by Hon. Abike Dabiri and 17 others;(iv) A Bill for an Act to prohibit all forms of discrimination against persons with disabilities and Give them Equal Opportunities in all Aspects of Life in Society, 2009, sponsored by Hon. Tunde Akogun[5] and (v) Discrimination Against Persons with Disabilities (Prohibition) Bill, 2014 sponsored by Sen. Nurudeen Abatemi-Usman. Most of these bills have been passed by the National Assembly but have been denied Presidential Assent by at least 2 past Presidents. This raises the question about political commitment to the meaningful inclusion of persons with disabilities.

Rationale for Policy Framework

Persons with disabilities have the same sexual and reproductive health (SRH) needs as other people. They need the minimum package of reproductive health services available to everyone else but their special circumstances create barriers

4 Being a paper delivered by Senator Nurudeen Abatemi-Usman (PDP, Kogi Central), Vice Chairman Senate Committee on Niger Delta Affairs, at a programme organized by women with disabilities in Abuja in February 2013. Online access to Presentation: http://247ureports.com/making-a-case-for-nigerians-living-with-disabilities-by-senator-nurudeen-abatemi-usman/ or http://sunnewsonline.com/new/making-a-case-for-disabled-nigerians/

5 Hon. Justice Peter A. Akhihiero (2011), Mainstreaming Persons with Disabilities in the Vision 20:20 Agenda – A Call for the Enforcement of their Social, Economic and Political Rights. A Paper Presented At the 1st NAPVID “Rights above Charity” Lecture to mark the International Day for People with Disabilities held at the Excalibur Hotel, Etete Road, Benin City on the 2nd of December 2011.

to access, such as communication barriers, ignorance of service providers, societal attitude, inadequate capacity of service providers to manage clients with disabilities.

These factors combine to deny persons with disabilities basic reproductive health services. Nigeria's national health policies and plans do not normally mainstream issues of disability or make provisions for persons with disabilities, they may only mention or include PWD among the target groups. For example, the current National Reproductive Health Policy and Strategy, the National Strategic Health Development Plan, the National Strategic Plan on HIV/AIDS and a host of other national documents do not spell out concrete interventions for addressing the concerns of persons with disabilities, although what is required is neither “hard science” nor a special health program for them. What is required is for existing services to be adapted to accommodate persons with disabilities and to provide information about services in a manner that they can comprehend and utilize.

Women and girls are particularly affected, they comprise 10% of all women worldwide and 75% of PWDs globally (WHO). Generally, they are poor, live in remote rural areas without any economic power and experience multiple forms of discrimination, first as women then as WWDs. They have often been denied the right to establish relationships and to decide whether, when, and with whom to have a family. Many have been subjected to forced abortions or forced marriages. They are more likely to experience physical, emotional, and sexual abuse and other forms of gender-based violence. They are more likely to become infected with HIV and other sexually transmitted infections (STIs).

The current humanitarian situation in Nigeria has aggravated the reproductive health risks persons with disabilities suffer. All these are overlooked, and where some interventions are contemplated, they are usually unplanned, one-off and palliative with no concrete results, no monitoring and evaluation and no sustainability plan.

A Situation Analysis on Access to Sexual and Reproductive Health Services by Women and Girls with Disabilities in Nigeria recently carried out by DRAC highlighted the plight of WWDs in accessing health services in Nigeria with a focus on their sexual and reproductive health. The SA revealed that women with disabilities experience barriers in accessing healthcare at multiple points of the healthcare process such as, lack of accessible facilities and equipment, lack of accessible communication facilities, lack of skilled medical providers, economic barriers, negative attitude of health care workers. Respondents also said there is no specific policy or framework solely aimed at enabling access to health for women and girls with disabilities.

In view of the foregoing, the SA went ahead to recommend that measures be put in place to ensure access to health for WWD; this can be achieved by providing free/affordable healthcare, hospitals and diagnostic equipment that are physically accessible, appropriate and reasonable communication accommodations, healthcare professionals who are trained to serve people with disabilities, health care providers with the appropriate knowledge to handle disability issues, free transportation to go to medical appointments and others.

Another important area for immediate action recommended in the SA was for Government to recognize WWDs in the implementation of the National Health Act (NHAct) which is a testament to the need for a framework for the regulation, development and management of health systems in Nigeria. it is on this premise that DRAC and other stakeholders took advantage of the window of opportunity presented by the implementation of the NHAct to advocate for the necessity of a specific policy on access to sexual and reproductive health for WWDs.

This policy document is therefore an attempt to provide a policy direction to Government, Civil Society Organizations, Development Partners and the organized Private Sector on how to deal with reproductive health concerns of women and girls with disabilities. It will ensure that their issues are fully integrated into the national health and social welfare programs. Although the document is developed with women and girls in mind, it is important to note that male involvement including addressing reproductive health issues of men is implied and an integral part of this endeavour.

This Policy is owned by the Federal Ministry of Health and derives from existing National policy documents and plans e.g. the National Strategic Health Development Plan, the National Health Act, the National Reproductive Health Policy, the National Gender Policy and Strategy, the National Policy on HIV/AIDS, the National Strategic Framework on HIV/AIDS and the Violence Against Persons Prohibition Act. It synthesizes all existing operational documents, guidelines and circulars relating to women and girls with disabilities from the Federal Ministry of Health, the Federal Ministry of Women Affairs and Social Development, the National Human Rights Commission and other relevant agencies. The overall objective of this process is to pull together, synthesize and produce a concise document that addresses in more specific and operational terms, all reproductive health issues and needs of women and girls with disabilities with clear actionable guidelines addressing all key stakeholders.

The policy aims at ensuring that all sexual and reproductive health programs reach and serve persons with disabilities. It will enable an understanding of issues of RHR of WWD, aid program development and action by all relevant stakeholders and

provide insights about the policy actions, the stakeholders and expected results from interventions. It will also act as an advocacy and resource mobilization tool, enable goal-setting and stimulate government and community action and accountability including resource allocation on the reproductive health issues of women with disabilities.

The Policy Process

This document was developed through a participatory process led by the Federal Ministry of Health and the Federal Ministry of Women Affairs and Social Development. Directors and Heads of Divisions in the two ministries participated in the meetings and discussions. Notable among them include: Director, Family Health; Director, Health Planning Research and Statistics; Director GASHE; Head, Reproductive Health; Head, Health Promotion; Deputy Director, NGOs; and Head, Research and Documentation in the Federal Ministry of Health. Others include Director, Rehabilitation at the Federal Ministry of Women Affairs. Organizations of Persons with Disabilities and some key development partners - UNAIDS, UNFPA and UN Women also participated in the planning meetings.

The initial consultations and planning meetings culminated in the broad-based national multi-sectoral stakeholders' meeting to discuss the reproductive health and rights of women with disabilities as an important step in the policy development process. The meeting was jointly hosted by the FMOH and the Federal Ministry of Women Affairs. Planned for 60 participants, it was attended by representatives of relevant government ministries and agencies (FMOH, FMWASD, NACA, NHRC, etc) development partners including USAID, the UN system (UNAIDS, UN Women, UNHCR, UNFPA) and a number of NGOs including representatives of PWD. The meeting reached consensus on the priorities, goals and objectives, thematic areas and the main thrust of the Policy framework. The Report of the findings from the situation analysis was used to guide discussions at the meeting.

The main output from the stakeholders' meeting was a consensus statement on the goals, Objectives, Issues and thematic Areas to be covered in the policy document. The Consultant then worked independently to develop the Draft Policy Document based on the consensus reached at the meeting.

The draft was then subjected to further technical scrutiny at a Technical Working Group Meeting that worked to provide further technical insight and address gaps in the draft document.

A final stakeholders meeting was held where a wide range of stakeholders came together to finally review and adopt the document and present it to the Minister for

endorsement and approval by the National Health Council.

Understanding Disability

The most commonly used definition of Disability is the medical definition by the World Health Organization (1976) – “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for human being”.

On the other hand, the UN Standard Rules have defined disability from a perspective that emphasizes social conditions which disable a group of individuals by ignoring their needs of accessing opportunities in a manner conducive to their circumstances.

The Human Rights definition refers to “disability as the disadvantage or restriction of activity caused by a society which takes little or no account of people who have impairments and thus excludes them from mainstream activities”. Therefore, like racism or sexism, disability is described as a consequence of discrimination and disregard to the unique circumstances of persons with disabilities.

Earlier the emphasis was on correcting the impairment and rehabilitating the individuals so they may 'fit in' to society. Now there is recognition that disability is NOT a deviation therefore, all systems and structures of the society must be improved upon so as to allow equal access and full participation. In this respect therefore, this document is anchored on the UN standard rules and the human rights definitions that places responsibility on the society including the persons with disabilities themselves to accommodate and include them as an integral part of the society that must be protected and enabled to enjoy good quality of life.

It should also be noted that different types of disability groups/types need different types of adaptation; a willingness to innovate can go a long way in assuring services for persons with disabilities. The consciousness to innovate, modify, adjust and make allowance to improve access to services by PWD is an attitude that every institution should cultivate. Persons with disabilities in the community can guide efforts to ensure accessible environments.

Reproductive Health Rights and Reproductive Health Services

For the purpose of this document, reproductive rights will be considered in line with the UN declarations, thus:

- The right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make

choices regarding their own sexuality and reproduction, providing these respect the rights of others to bodily integrity.

- The right to access information and services needed to support these choices and optimize health
- Right to decide number and spacing of children
- The right to consent to marriage and equality in marriage
- The right to be free from practices that harm women and girls
- The right to be free from sexual violence
- The right to enjoy scientific progress and consent to experimentation

Reproductive Health Services

In line with the National Reproductive Health and HIV Integration guidelines, reproductive health services which must be accessed by all, including persons with disabilities include the following:

- Safe motherhood (prenatal, intra partum and postpartum care)
- Family planning services
- Sexually transmitted infection and HIV / AIDS services
- Adolescent reproductive health services
- Reproductive system cancers prevention and treatment
- Infertility and sexual dysfunction treatment services
- Health education on the prevention of Harmful practices, gender-based violence and other abuses
- Menopause and andropause Care
- Post abortion care services

Society's Attitude towards the Reproductive Health and Rights of WWD

Generally, the society's attitude to the reproductive health issues of WWD is negatively sympathetic, biased, uninformed, coercive and based on ignorance of the reproductive health needs of this vulnerable group. In summary, many do not see reason why WWD should have sex, become pregnant and have a child, or adopt a child. Similarly, no one considers how and why WWD should access post-abortion services, family planning and other reproductive health services.

Reasons for Lack of Access to Reproductive Health Services

The direct result of the unfavourable societal attitude towards the reproductive health and rights of WWD is lack of access to services due to the following reasons:

- Stigma and discrimination
- Physical barriers
- Lack of information and communication materials
- Healthcare provider's negative attitude

- Lack of disability-related clinical services
- Lack of funding including health insurance

- Conflict and humanitarian disasters

Women and Girls With Disabilities (WWD): Women and girls with disabilities are females of all ages, tribes, ethnic, religious and socio-economic background who have impairments that prevent the fulfilment of a role that is considered normal for them and whose needs are often ignored in a manner not conducive to their circumstances. This includes persons with visual impairment, hearing impairment, mobility impairment, intellectual impairments, disabilities related to mental health and persons with albinism.

WWD Groups targeted in this policy

- Women and girls with disabilities who are of reproductive age (15-49 years) vulnerable to sexual harassment and other social vices, usually affected by social norms, myths, misconceptions and abuse.
- Pregnant women with disabilities living in the urban and rural areas
- Girls with disabilities between the ages 1-14 years, living in rural and urban areas, who are vulnerable to sexual exploitation, harassment/abuse and other social vices.

Goals of the policy framework:

This policy framework is aimed at:

- Improved access to quality, rights-based reproductive health services for persons with disabilities in Nigeria.
- Improved protection of the reproductive health and rights of persons with disabilities in Nigeria

Objectives of the policy framework:

The key objectives of the policy framework are:

- To provide guidance to all stakeholders including Government, Civil Society Organizations and Development Partners on program design and implementation of quality reproductive health programs for women and girls with disabilities.
- To provide information and education that will assist in the reduction of stigma and discrimination against PWDs and ensure that disability issues become a concern of everyone including those who are not living with disabilities

- To guide stakeholders on the development of capacity building programs for all key actors, especially service providers, on the delivery of services for persons with disabilities
- To create an avenue for the meaningful involvement, empowerment and participation of PWDs in design, implementation and evaluation of reproductive health programs and other issues affecting them
- To generate interest among stakeholders in research especially operations research and M&E to ensure that programs designed for persons with disabilities are evidence-based, needs-based and to ensure that relevant data are available for programming
- To contribute to eliminating all barriers to access to reproductive health services for women and girls with disabilities.
- To foster partnership and collaboration among key stakeholders and build capacity for advocacy, implementation, and monitoring and evaluation of SRH programs for PWDs

The Dynamics of Sexual and Reproductive Health for Persons With Disabilities

To effectively address the dynamics of sexual and reproductive health for WWD it is important to understand the holistic inclusion of all persons with disabilities. It must be noted that a person's impairment is not the root cause of the challenges they face, rather it is the barriers which the society imposes on them that disables them. Some of these barriers include:

- Societal lack of knowledge: awareness and understanding of disability issues and disability rights

- Societal/public stigmatisation and denial of human rights i.e. freedom of association, movement, right to private and family life, freedom from discrimination & victimization, right to fair hearing, and others

- Physical/infrastructural and attitudinal barriers to health and other social services

- Exclusion of persons with disabilities from participation in governance and decision making.

As explained in the Life-cycle approach[6] just like every person, persons with

6. WHO/UNFPA Guidance Note: Promoting Sexual and Reproductive Health for Persons with Disability. Page 11

disabilities also have sexual reproductive health needs at particular stages of life from adolescent to adulthood. Similar to the sexual health of every other person, the SRH of persons with disabilities faces its own challenges at each stage. Like the National Reproductive Health Policy, this policy framework emphasis, the life cycle approach and takes into account the needs of PWDs at different age groups from childhood through puberty to adolescence, young adult and adulthood.

Information and services required also vary depending on the age group – In childhood, basic information about bodily functions and processes are provided while pubertal and adolescent girls require information about the changes in their bodies and emotions and about the choices they face concerning sexual and reproductive health related behaviour and the prevention of gender based violence.

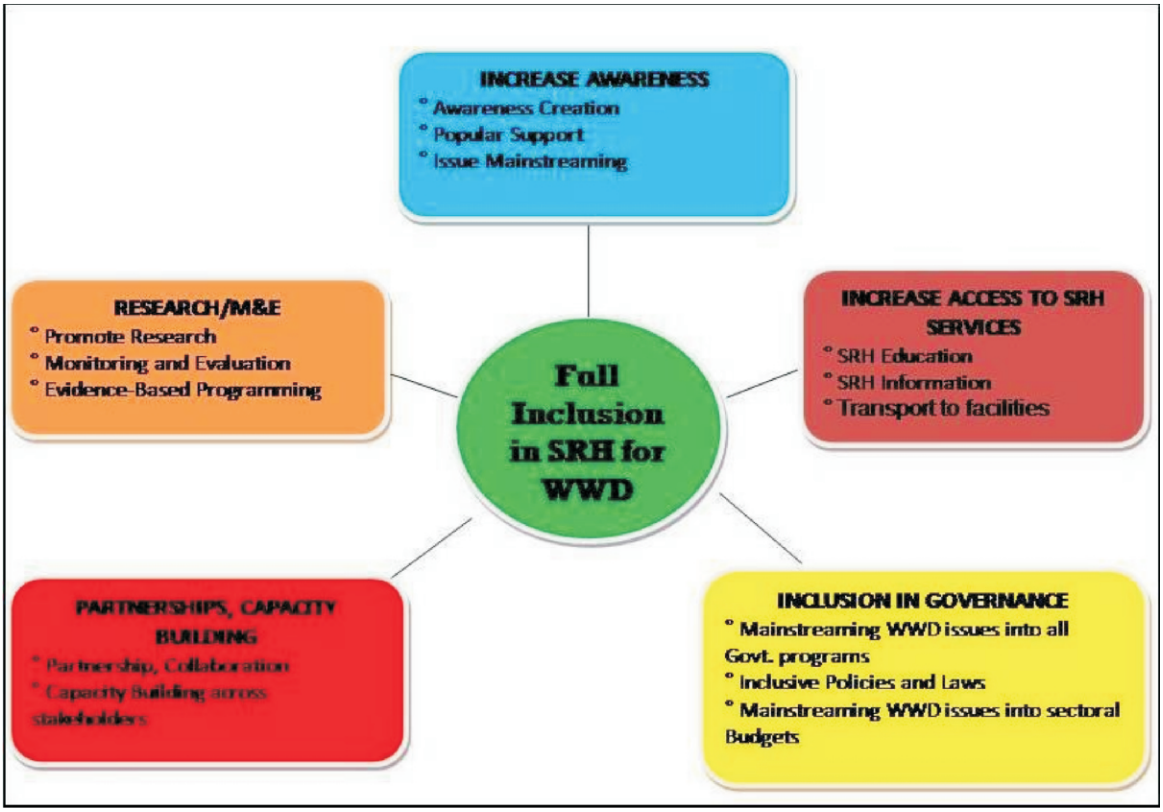
As adults, women and couples with disabilities, like everyone else, have the right to decide whether and when to have children and adequate rights-based information on maternal health including family planning services.

ADDRESSING THE ISSUES AND CHALLENGES: POLICY ACTIONS AND STRATEGIES

Beating the Challenges: Removing the Barriers to SRH inclusion for PWDs

Building on the existing framework developed by the United Nations and other International Organizations championing disability rights across the globe and domesticating the Nigerian challenges and peculiarities, this policy provides a unique step-by-step approach for shifting persons with disability towards improved and inclusive Sexual and Reproductive Health (SRH) services. In this regard, these approaches will be considered under five thematic areas. In each thematic area, issues and challenges have been identified and described, objectives for policy intervention set and a number of policy actions and strategies highlighted. The policy actions address policymakers at the Executive, Legislature and the Judiciary; health workers, CSOs, Media, private sector and other Citizens. These thematic issues are illustrated in the flow chart below:

Figure 1: Framework for full inclusion in SRH for PWDs in Nigeria



Source: Authors (adaptation modelled after: WHO/UNFPA Guidance Note 2009)

Thematic Area 1: Increase Knowledge; Awareness Creation, Popular Support and Issue Mainstreaming.

The Issue:

The level of awareness about disability issues generally and specifically, the reproductive health needs of PWDS is very low in the country. While a fraction of the Nigerian society (which includes some learned health experts) have subconsciously placed and treated PWDS as "things without sexual reproductive organs"; "incapable" or "not expected or supposed" to engage in sexual activities. Another fraction has rather considered PWDS as objects of pity and fragility; a curse in need of religious miracle. Yet others simply degrade PWDS to objects of sexual exploitation and violence. These negative attitudes resulting from the lack of knowledge on the SRH of PWDS is a barrier posed by the society which is more problematic than the actual disability suffered by PWDS. Persons with disabilities like everyone else are entitled to self-determination, privacy, respect, and dignity in all situations. They are citizens of Nigeria and should enjoy the rights of the Nigerian citizens as well as the benefits from international conventions and treaties for which Nigeria voluntarily signed to and the benefits of modern technology in SRH. Awareness raising is therefore very critical and an important area for which policy direction is needed. Awareness-raising involves both increasing understanding of disability rights as well as combating stereotypes through public campaigns, education, encouraging responsible media reporting and training.

Strategic Objective: To provide information and education that will assist in the reduction of stigma and discrimination against PWDs and ensure that disability issues become a concern of everyone including those who are not living with disabilities.

Policy Actions and Strategic Activities:

1. The Federal Government should facilitate through relevant MDAs, a comprehensive behavioural change program fully integrated with all health social welfare and political orientation programs to address stigma and discrimination and all other rights abuses that PWDS experience. Such programs would emphasis the following messages and issues:

    a) *Anything can make anyone disabled; and anyone can be disabled at any point in time. Therefore, Disability is Everyone's Business.*
    b) *Persons with disabilities are not necessarily sick; Disability does not mean sickness*
    c) *Persons with disabilities are sexual beings and as such have SRH needs.*

d) *Access means more than ramps, interpreters, guide, etc*
e) *For persons with disabilities, prejudice can be the biggest barrier.*
f) *Everywhere and always, persons with disabilities are entitled to self-determination, privacy, respect, and dignity.*
g) *It is best and usually easier and more economical to mainstream health services to accommodate persons with disabilities.*
h) *Persons with disabilities are a crucial constituency in all programs and should therefore be included*
i) *Public awareness programmes for WWD should be planned and implemented with their active participation.*

2. Government institutions especially, the Federal Ministry of Health and the Federal Ministry of Women Affairs are committed to improving the health of all Nigerians including PWDs; incorporate into their advocacy and sensitization messages, the fact that SRH of WWD is a fundamental human right. Mainstreaming the issues of PWD in all Government activities would be made priority. It would be an integral part of current programmes and not a separate or parallel program.

3. Government at all levels, development partners and other stakeholders would place value on the lives of all Nigerians and eliminate all cultural and societal practices that are harmful to all Nigerians especially WWD. Such campaign will strive to intensify Behaviour Change Communication (BCC) towards prevention and abolition of harmful practices such as forced abortion, forced/early marriage, and using PWD for begging. Also, the public need to know whom to contact and where to go to report and to obtain protection from such abuses

4. Government (at all levels) should create avenues to showcase and promote awareness of the capabilities and contributions of persons with disabilities. This can be in the form of conferment of honorary awards of achievement, national honours, supporting participation in sport and games, scholarly activities. There is also need for sharing of information on successful health interventions with WWD.

5. All media advocates have an important role to play in raising public knowledge and awareness. The Government and other stakeholders would strengthen partnerships with media organizations to create awareness on the need to protect and improve access to SRH for WWD as well as prevent practices that contribute to stigmatization of PWDs.

6. SRH professionals working in collaboration with organizations of persons with disabilities, should include information about the SRH of persons with disabilities

in mass media outreaches and organise online social media sessions on same issue to ensure that the campaigns reach the grassroots communities. Similarly, Government will mainstream disability issues and ensure the involvement of PWD in the National SRH Agenda. Hotlines and websites that provide information on SRH or disability issues will serve as additional avenues for improving knowledge and creating awareness and sensitization.

7. Government at all levels will partner with the entertainment industry and disability advocacy groups to develop and implement a plan to mount a sustainable campaign for the SRH Rights of WWD.

8. Relevant professional Associations in Nigeria (the NMA, NANNM, PSN and others) should be supported (by Federal and state government, Business community, as well as local and international donors to implement sensitization campaigns and other enlightenment programs amongst their workforce as a step towards increasing awareness among health professionals on the SRH issues of WWD and their rights.

9. A major impediment to providing good quality SRH services to WWD is the negative attitude of health workers, arising from inadequate understanding of disability issues. The required knowledge and skills on disability should be integrated into existing training curricular of health personnel especially in pre-service programs for medical schools, nursing schools, midwifery, public health, and hospital administration programs. Persons with disabilities themselves can be co-facilitators or presenters at such trainings.

10. Government will engage with traditional and religious leaders as a strategy to increase public awareness on the issues of inclusion of WWD in SRH services. These leaders can use their platforms to pull down socio-cultural barriers that have silenced PWD and breached their rights as indigenes of their communities. Furthermore, they have the ability to break traditional fallacies and discourage false religious teachings that consider PWDs as cursed or objects of pity. Innovative approaches in this area will be supported by Government and Development Partners to enable religious and traditional leaders fully contribute solutions to the SRH challenges of women and girls with disabilities.

11. FGN through its MDAs as well as OPDs/advocacy groups will promote effective partnership between themselves, civil society organizations and media entities. They will work with rights groups and other stakeholders to develop programmes on social mobilization and awareness creation e.g town hall meetings, short plays, peaceful street walks, and other BCC programs so as to abolish those practices that encourage discrimination against persons with disabilities.

12. Donor organisations/CSOs to ensure issues on increased awareness to the SRH needs as well as support for WWDs are mainstreamed into projects they fund.

Thematic Area 2: Improve Access to SRH for PWD (Access to Education, Access to SRH services, Access to Transport, Access to Information and Communication)

The Issue: Access within this context comprises physical access, affordability of service, availability of the service, the quality of the service, and the access to information and communication. Making accessibility (and equity) a reality means dismantling the barriers that hinder the effective enjoyment of human rights by persons with disabilities. Accessibility enables persons with disabilities to live independently and to participate fully in all aspects of life. Accessibility is important in all areas of life, but in particular in the physical environment, such as buildings, roads, housing, transport, information and communications, and other facilities and services open to or provided to the public[7].

The issue of inadequate access to SRH by Nigerian WWD is worrisome. Across the country, the discrimination experienced by WWD is evidenced in their limited access to and use of SRH services and programmes. For many, the services and programs they require to realise their sexual and reproductive rights are not available. Even where services and programs are available, many women with disabilities remain excluded due to infrastructural (architectural), economic, psychological and cultural barriers that impede their access. For example, support for informed decision on services such as menstrual management, contraception, abortion, sexual health management, pregnancy, birth, parenting, assisted reproduction, and menopause remain inappropriate, absent or inaccessible. Most public buildings (including hospitals) in Nigeria are not easily accessible to persons with disabilities. Only very few tertiary institutions and government offices have ramps, lifts with audio effects and Braille lettering.

Transportation remains a key challenge for many PWDs, especially in rural areas; most of them are unable to walk to clinics, community centres, or other places where SRH services are available. Given the high rates of poverty among PWD, many are unable to afford buses, taxis, or other transportation that could take them to services. Even where transportation is available and affordable, the vehicles often are inaccessible to those with physical impairments and the operators are insensitive to the needs of persons with disabilities. The implication is that PWD especially WWD cannot easily access service delivery points.

7 UN Human Rights (2014): THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES| TRAINING GUIDE. Professional Training Series No 19.

Schools are important avenues through which SRH information is provided through the Family Life and HIV/AIDS education program. Unfortunately, the number of persons with disabilities in mainstream schools is dismally low. They are usually kept in special schools and are prevented from having close interaction with other students and the community at large[8]. Some of these schools have no transportation arrangements for disabled women and girls.

Financial access is also a major issue for WWD, as many of them are poor, do not have access to economic opportunities and there are no policies or programmes to enable them gain full or part-time employment, as such many are unable to pay for health services. Efforts to provide financial independence come largely from very few disability-focused NGOs hence they cannot in many instances afford the cost of SRH services. WWD who can afford to pay for services are usually underserved because healthcare workers lack the requisite knowledge and skills on their sexual and reproductive health needs and rights. The National Health Insurance scheme currently has no special program to address the needs of PWDs. The community health insurance programs being piloted in some communities for the benefit of rural dwellers also does not take into account the challenges of women and girls with disabilities.

Inadequate skills by healthcare workers in dealing with disability issues also pose a major challenge. For example, many practitioners lack knowledge of disability, hold inaccurate perceptions about WWD, and have a tendency to focus on their disability rather than on their health issue. Also, most healthcare workers have a tendency to treat women with disabilities as objects of pity rather than rights-holders, and do not always seek their informed consent when it comes to interventions. Insufficient time to address medical needs during encounters with health workers is another barrier, as there is the general lack of sensitivity, responsiveness, courtesy and support to the WWD leading to a high possibility of wrong diagnosis.

Many WWDs lack knowledge of their sexual and reproductive health and rights due to limited access to SRH information and education. For example, SRH information is often not provided in accessible formats and where provided, it is usually presented in technical language that may be incomprehensible to WWD especially as most of them are ill-educated.

WWDs express desires for intimate relationships but report limited opportunities and difficulty in getting genuine love and care. In most cases they find it very difficult

8 Ngozi C. Umeh and Ramola Adeola (2013): Nigeria. African Disability Rights Yearbook. Page 277 - 290

to get married because of their disability; they usually experience rape, exploitation, stigmatisation and often lack access to justice. For women with intellectual disabilities in particular, attitudes toward sexual expression remain restrictive and laws addressing sexual exploitation may be interpreted by others as prohibition of relationships.

Strategic Objectives:

i To contribute to eliminating all barriers to access reproductive health services for women and girls with disabilities.

ii. To provide guidance to all stakeholders including Government, Civil Society Organizations and Development Partners on the design, planning, implementation and monitoring / evaluation of quality reproductive health programs for WWD.

iii. To guide stakeholders especially service providers on the development of capacity building programs for delivery of services for WWD.

Policy Actions and Strategic Activities:

1. The Federal Government through her MDAs will review all relevant health and social welfare policy documents to ensure that WWD SRH issues are mainstreamed including strategies to improve access to services by persons with disabilities.

2. PWDs should be a crucial constituency and consideration in the planning and development of all programmes and projects in Nigeria, this will ensure that issues of access for persons with disabilities are made priority. Existing projects and programmes will be modified and remodelled to improve access for WWD. Modest adaptations can accommodate a wide range of disabilities, and these adaptations usually can be identified easily with the help of persons with disabilities. For total inclusion, it will therefore imply that PWD are consulted to be part of Government/MDA programming team. It should be noted that the immediate implementation of this policy action does not require a huge budgetary allocation but a change of mindset. With resources currently available to relevant Government facilities, a gradual implementation of this recommendation could commence.

3. Physical access to buildings and clinics as well as other indoor and outdoor facilities is crucial to persons with disabilities, therefore accessibility should be considered not only for hospital and clinics but also for places where public

health education is provided, locations where condoms are sold or distributed, domestic violence shelters, drug and alcohol intervention programmes, and all other facilities that provide services related to SRH. In this regard, MDAs and stakeholders at all levels such as FERMA, Ministries of Works, Association of Engineers and Architects in Nigeria and Estate Developers, will initiate activities to improve accessibility of health facilities and services through a modification of existing infrastructure and location of service points, for example, some clinics could be retrofitted to make them physically accessible and sign language interpreters employed where necessary, also, a clinic or a community HIV/AIDS education programme can be moved from an upper floor to a ground floor room, allowing individuals with physical disabilities to attend.

4. Government at all levels, development partners, civil society organizations and other stakeholders will work to promote full and equal access to mainstream services for persons with disabilities e.g. shelter, water and sanitation, food and nutrition, health services, psychosocial programs, formal and informal education, and income generation/employment opportunities.

5. Government and relevant stakeholders will provide disability specific services to enhance disability inclusive health and social welfare, physical rehabilitation and prosthetics clinics, impairment correction therapy/treatment, assistive devices, nutritionally appropriate food, learning support needs, education, case management, protection reporting and monitoring mechanisms.

6. Government and its partners will invest in a program to support access to SRH and other educational materials, for WWD and should as a matter of policy support any SRH education programs led by disability-focused CSOs.

7. The Federal Ministry of Health as well as its supporting agencies: National Primary Health Care Development Agency, National AIDS Control Agency, and others will ensure that communication materials and media are available in accessible formats to all PWD.

8. WWD and other PWDs may need mobility equipment such as tricycles or prostheses, personal assistance services, or financial support to be able to reach mainstream SRH services. Governments, political parties, business corporations and philanthropist can invest and target their CSR activities in these provisions.

9. When considering transportation schemes designed to improve health service access, considering the needs of persons with disabilities will enable planners to enlarge their view to address all members of the communities.

10. Accessibility of commodities: This means that resources such as condoms and other commodities are available and provided to persons with disabilities with the same rights to respect, confidentiality and informed consent that everyone deserves. FGN should also ensure that PWD are covered in the distribution of essential health products and services.

11. The National Health Insurance Scheme will develop and operationalize community health insurance programmes that include PWD. Government needs to consider implementing free and comprehensive healthcare for women with disabilities. This should include access to assistive devices and rehabilitation services.

12. The private sector, as part of their Corporate Social Responsibility (CSR) should consider investing and sponsoring activities that improves the SRH of WWD. Government and Disability Groups should channel their advocacy and partnership efforts in this direction as well. Such strategy can extend even to political parties and other political organizations.

13. Television stations should be encouraged to provide sign language inset or subtitle in at least one major newscast programme each day, and in special programmes of national significance

14. Government in collaboration with civil society organizations will conduct periodic audits of relevant institutions to assess compliance with policy provisions that are meant to eliminate all barriers and improve access for PWDs. In the same vein, Governments at all levels will invest in research, monitoring and evaluation to generate evidenced-based data that will assist in improving access to services for WWD.

Thematic Area 3: Inclusion of PWD in Health Governance

The Issue: More often than not, in Nigeria programmes and policies even with the best intentions have treated persons with disabilities as "targets" i.e. passive recipients of services. Hardly does any Government agency provide room for consultation with or receive inputs or feedback from WWD, even when they are supposed to be the direct beneficiaries of such programmes. WWDs in Nigeria hardly have a stake nor are they given room to contribute to the affairs of governance as it affects them.

Persons with disabilities constitute a significant stakeholder group that should have a place at the table whenever health programmes are planned and decisions taken. Consulting and bringing them to the planning table for insight, perceptions, ideas and feedback is the best way to identify challenges they experience and proffer best

program solutions. Currently in Nigeria, this is not the case as persons with disabilities and organizations of persons with disabilities in Nigeria are consulted only after a policy or programme has been designed. PWDs must be more than just recipients of SRH programmes and resources.

PWD especially WWDs have made series of attempts to air their views and contributions not only on their affairs but also on issues of national development. They are often not recognized as an interest group when Government seeks the collaboration and / or buy-in of such groups for government policies and plans. In the preparation of national and sectoral policy documents, plans and budgets such as the Medium Term Sector Strategies (MTSS) in ministries, the Medium Term Expenditure Frameworks (MTEF), or other national policies and plans like the Transformation Agenda, Vision 2020, and others, it can hardly be found on record where WWD or PWD were consulted in their preparations or processes. In addition, there are no legal provisions mandating the representation of PWD to participate in policy-making and to work with government institutions in Nigeria[9]. Hence, the "*invisibility*" of WWD in Nigeria is a result of societal and governmental exclusion.

The involvement of the beneficiaries in the planning and delivery of SRH services is critical to the success of SRH interventions. It is important to note that the cost of not including persons with disabilities far outweighs the cost of inclusion.

Strategic Objective: To create an avenue for the meaningful involvement, empowerment and participation of WWDs in design, implementation and evaluation of reproductive health policies and programs

Policy Actions and Strategic Activities:

1. WWD must be included in all key discussions, meetings and programs for their health and welfare.
2. All MDAs will recognize and include PWD / WWD as a crucial constituency in all their programs and activities. In formulating and implementing health policies, plans, and services, persons with disabilities will be consulted and actively involved in all stages of the planning and budget process and not just used as an attendance criteria for campaign programmes and activities.
3. Government policies in Nigeria shall be developed with the needs of persons with disabilities in mind. In line with Article 4 (General Obligations) of the UNCRPD, Government at all levels, private and professional organisations, labour unions, CSOs, Faith-based organizations as well as development partners must recognize the knowledge and expertise of persons with

9 Federal Ministry of Women Affairs (Accessed 16/10/2015) Policies: National Policy on Rehabilitation. SEE: section on Existing Disability Structure. Link: http://www.womenaffairs.gov.ng/index.php/85-quick/127-policies

disabilities and urge collaboration in policy making with organizations of persons with disabilities.

4. The Federal Ministry of Health, National Primary Health Care Development Agency and their state counterparts will ensure that the National Reproductive Health / HIV/AIDS integration guidelines also mainstream issues of SRH of WWDs.
5. Security agencies, Judiciary and all stakeholders involved in protection of WWD shall be strengthened by government at all levels in collaboration with other expert stakeholders.

6. Government and other stakeholders will organize sensitization activities towards popularising the VAPP Act. In this regard, WWD will be particularly targeted to enlighten them on how they can benefit from the new law. The Human Rights Community and Development Partners will also support disability-focused CSOs on engagement with the Government, the security agencies and the judiciary in preparation for the implementation of the disability bill when passed into law.

7. Relevant agencies with the mandate to promote and protect human rights shall carry out enlightenment campaigns on the rights of WWD and how to seek redress where such rights are violated.

8. To improve accessibility and inclusion of WWD, there is need to introduce policies on Inclusive Education at all levels. The Ministry of Education as well as the National Assembly Committee on Education can work collaboratively on this.

9. Government at all levels and Development Partners will facilitate the participation of relevant Government MDAs, and OPDs at key international conferences and dialogue fora on disability issues in general and specifically, SRH. Examples of such include the Africa Decade of People with Disabilities, United Nations events, and other global events. Participation in such events will keep the nation abreast of contemporary issues, technology and strategies for improving the quality of life of PWD.

10. Governments at all levels will establish and operationalize disability desks in the Ministries of Health and Government hospitals. The desk officer will be oriented on managing SRH programs for women and girls with disabilities and will assist in coordinating the efforts of stakeholders to provide satisfactory services and information to PWD.

11. Government shall make budgetary allocation for persons living with disabilities, especially on the SRH matters of WWD

Thematic Area 4: Partnership, Collaboration and Capacity Building across Stakeholders

A major challenge in programming for PWDs is inadequate partnerships and collaborations. Though many individuals, and groups - CSOs and development agencies - appear to be sympathetic to disability issues, in actual fact, the number of committed partners is very few. The few committed stakeholders are not also engaging enough with each other and with potential partners. It is hard to find any SRH-focused CSO that has taken up issues of SRH for WWD. Over the years, the few disability advocacy groups in Nigeria have employed very narrow and isolated advocacy strategies that involved only persons with disabilities, leaving out other potential stakeholders that can support their cause. No directory of partners exists in this vital area. The impression given among the general public is that advocacy for the rights of PWDs is the concern of PWDs only.

While it makes sense to allude to the fact that PWD should lead advocacy and sensitization efforts to better their lot, it is important to counsel that such programs can only succeed with strong partnerships and collaborations with major stakeholders. An example is the National Human Rights Commission which has in recent times proved itself to be an effective organ of Government working to protect the rights of Nigerian citizens, however have failed to address the reproductive health concerns of WWD, neither have they developed a strong partnership with PWD in order to pursue human rights abuses perpetrated against them. They also do not have enlightenment programs on human rights for PWDs.

The partnership between OPDs and Government is not strong and active as both have worked in isolation with very few meeting points. Similarly, the relationship between development partners, CSOs and WWD associations is characterised by tokenism, one-off charitable gestures and occasional sympathies. There has been no concerted effort by either the Government or Development Agencies to foster strong collaboration with WWD in pursuit of beneficial goals, be it in SRH or social and economic empowerment. In addition, there is dearth of documented and sustainable public- private partnerships to address the SRH concerns of WWD.

Professional associations, especially those in the health and social development sectors, also have a role to play in fostering partnerships to address sexual and reproductive health concerns of WWD. Currently, no professional group has yet been identified as an active collaborator in this area. However, the efforts of some faith-based organizations to support PWD is commendable but such organizations

are yet to embracethe need to work with other stakeholders, like the government and development partners,in order to leverage resources to scale up their activities. Since some aspects of SRH continue to be a sensitive matter among faith-based groups, supporting the sexual and reproductive health of WWD may pose some challenges among faith-based organizations which active and strategic collaboration can overcome.

Strategic Objective: To foster partnership and collaboration among key stakeholders and build capacity for advocacy, implementation, monitoring and evaluation of SRH programs for WWD.

Policy Actions and Strategic Activities:

1. Governments at all levels will make practical efforts to foster and strengthen partnerships with OPDs and all key stakeholders that can contribute to meeting the SRH needs of WWD. To this end, a mapping of all existing stakeholders will be undertaken and a directory developed for this purpose. The Ministries of Women Affairs, Health and Education, at all levels will take the lead in this with the support of OPDs and key development partners.

2. The National Human Rights Commission will be fully supported (by FG, & Donor organisations) to take steps to mainstream disability SRH issues in their programs. NHRC will pro-actively engage with PWDs, OPDs, CSOs and development partners in this regard. A specific intervention program will be developed by the Commission, working collaboratively with its partners, on how to seek redress for human rights abuses directed at WWD and on how to ensure that their sexual and reproductive rights are protected.

3. Leveraging on the existing public-private partnership arrangements that exist for health, HIV/AIDS, women's health and education, Government will partner with private organizations to develop and support programs addressing the sexual and reproductive health concerns of WWD.

4. Faith-based organizations need to be empowered by government at all levels and experts in disability and medical issues, to implement more sustainable programs for WWD. Specifically, they will be encouraged to partner with SRH-focused CSOs and development partners to improve their capacity of key religious leaders in SRH counselling and in addressing other SRH needs of WWD.

5. Government will work with its key partners to strengthen the capacity of community-based organisations and local groups to act as change agents who

would help to sensitize community members on SRH issues of WWD. This will ensure a more supportive and inclusive environment where the SRH needs of WWD can be addressed. Local groups would be empowered to organize community events, sensitization campaigns, community dialogues, debates and talks in schools on how to create a supportive environment for WWD. In the same vein, Primary health care (PHC) structures at the community level (for example, the various PHC development committees) would be strengthened to deal with the SRH issues of WWD through curriculum update, training and re-training, and so that they can work with the local people to improve access to health services for WWD.

7. There is the need to stimulate stronger partnerships and collaborations with development partners and the donor community to be more supportive of SRH issues of WWD. Development partners responding to humanitarian crises should incorporate SRH issues into their emergency programs to also cater for the needs of WWD. Partnership between Government and Development Partners is particularly essential as it could amplify the inclusion of persons with disabilities within the Nigerian context.

7. Government will collaborate and support various media at all levels including social media on issues concerning WWD through active engagements of all concerned.

8. Government will lead the way in coordination of these partnerships, as this is key to moving the disability inclusion agenda forward, preventing duplication of effort, and addressing gaps in effectiveness.

9. Stakeholders should explore other innovative sources of fund such as crowd funding, business CSR, fines and levies.

10. Government should create a budget line for PWD in all related line ministries

In the overall, stronger engagement and partnership with Human Rights Organizations is also recommended as they play a leading role in promoting the issues of WWD and in monitoring program implementation and adherence to the Convention on the Rights of Persons with Disabilities.

Thematic Area 5: **Promotion of Research, Monitoring and Evaluation for evidenced-based programming for PWD Issues:**

There is relatively little research available on the SRH of WWD and other PWDs as well as in other key areas; whether disability-specific studies, inclusion of persons with disabilities in larger or population-based studies or in academic research,

national surveys (behavioural and epidemiological) and national surveillance. To develop a better evidence base, research on SRH of WWD needs to be promoted and adequately funded.

Without relevant data, planning to meet the needs of PWDs is impossible. In many national public health and social development surveys, indicators on disability are either absent or limited. No national data exists on the sexual and reproductive health issues of PWDs, particularly women and girls with disabilities. In general, Nigeria lacks comprehensive disability-focused data. There are no centralized data collection system to collect disaggregated data on the number, age, gender and profile of PWD in order to enhance their protection and assistance. Monitoring and evaluation of programmes implemented for PWDs is not taken seriously hence the paucity of feedback data continues to be a major impediment for development organizations working in this field. This reflects on the unavailability of reports and limited research on the sexual and reproductive health and other issues as they relate to PWDs particularly WWD.

The Objective: To promote mainstreaming of disability issues in national surveys and stimulate interest among stakeholders in research, especially operations research and M&E, to ensure that programs designed for persons with disabilities are evidence-based, needs-based and ethical to ensure that relevant data are available for government programming, planning and budgeting.

Policy Actions and Strategic Activities:

1. All stakeholders including PWDs will work together to set a research agenda for disability issues at all levels especially for WGWD. The research agenda should spell out topical areas for research, and explore funding opportunities for research development.

2. Government will create an enabling environment for PWDs and OPDs to collaborate with researchers for all forms of research on SRH-related issues that can improve service delivery and inclusion of WGWD.

3. There is a need for a comprehensive and acceptable national survey of disability issues in the country which will be carried out every four years. All state governments will embark on state-specific research to describe and characterize disability issues at the states and local levels. This survey will also address SRH issues.

4. State government should also commission state and local analysis of disabled disaggregated data. They can also commission a study to review all existing national documents- surveys, policies, protocols and manuals to determine the

extent to which the documents capture specific disability issues and data including access to SRH services.

5. FHOH in collaboration with the FMWASD and other relevant stakeholders will work towards developing and mainstreaming disability indicators into the National Health Information Management System database, ensuring that disaggregated data on the number, age, gender and profile of PWD and their health and social issues are obtained, analysed and used for action. This will mean that all national demographic and health surveys (behavioural and epidemiological) will collect disability-disaggregated data

6. Disability awareness training would be provided to all data collection officers in the ministries of health and women affairs, the Bureau of statistics, the National Population Commission, and National Identity Management Commission.

7. All health programmes in the Federal Ministry of Health and supporting departments and agencies will monitor and evaluate the adequacy and appropriateness of SRH services being provided to PWDs, as well as assess their satisfaction with the services.

8. Nigerian universities and national research institutes will be encouraged to promote research on disability issues as an integral part of their institutional research efforts.

9. The private sector, especially corporate organizations, would be encouraged to support research into the reproductive health issues of PWDs through grants and awards to scholars and civil society organizations working in this area.

10. Efforts would be made by all tiers of government to monitor the implementation of all international conventions and statutes that Nigeria has signed up to. In line with the above, there is the need to standardise country-specific data to be internationally comparable to global benchmarks so that progress can be measured every four years and compared with other countries.

11. Government will institute a dedicated national disability survey to obtain periodically comprehensive information on disability characteristics, e.g., prevalence, health conditions associated with disability, use of and need for services, quality of life, opportunities, and rehabilitation needs.

12. Finally, studies of health costs, such as those that track people's out-of-pocket health expenditures, should address the cost of disabilities.

CONCLUSION AND SUMMARY OF POLICY ACTIONS

The table below summarizes the policy actions and strategic recommendations for improving access to Sexual and Reproductive Health of Persons with Disabilities, especially Women and Girls with Disabilities in Nigeria

Key Messages:

Disability is Everyone's business.

- *Persons with disabilities are sexually active persons like every other person.*
- *Despite being sexual active, their sexual reproductive health needs are more than often neglected and unmet.*
- *The task of meeting these needs need not be overwhelming*
- *The issues cannot wait until other populations or issues are addressed*
- *To meet development goals, we must address the needs of PWDs*

START BY: Identifying local OPDs and establishing partnerships. Include PWD as partners in programming and implementation at all stages; Policy development, Programme Planning, Implementation, Monitoring and Evaluation.

ACTION: **Increase Knowledge, Raise Awareness**	**ACTION:** Ensure that SRH programmes and activities reach WWD	**ACTION:** Ensure that SRH policies and budgets address the needs of WWD	**ACTION:** Promote Research, M&E on the SRH of WWD in Nigeria
Developing Capacity of SRH workers & Govt Officers: • Identify gaps in SRH delivery capacity of health workers and facilities • Strengthen capacity of health system and staff to meet the SRH needs of PWD • Ensure attention to the SRH issues of PWDs especially WWD	**Mainstreaming disability in all programmes + Disability Specific Programming:** • Recognise that 5-15% of clients may have a disability. • Conduct systematic review of programmes to ensure inclusion of PWD • Ensure full inclusion of PWD in planning and service delivery especially in SRH. • Ensure integration and representation of PWDs and their issues in the SRH programmes of various MDAs and other stakeholders	**Ensuring inclusion in laws, policies and budget:** • Review legislations and policies to include disability issues. • SRH legislation/policies should reflect human rights framework for inclusion of persons with disabilities. • Monitor policy implementation at all levels. • Budgeting should be disability inclusive and realistic in line with legislation and policies	**Collecting data on disability:** • Monitor and evaluate whether inclusion takes place or not. Set indicators • Ensure that statistics that report services for clients with disabilities are collected and utilized for planning and decision-making • Include disability in demographic and health surveys and local studies • Conduct research to clarify needs for and gaps in services for WWD/PWD
Ensure Access by addressing barriers to improving accessibility: • Conduct accessibility audits • Address physical barriers • Address information and communication barriers • Address attitudinal barriers • Address legal barriers	**Ensure Access to Services, reviewing accessibility of services, information and commodities** • Improve access to facilities • Improve access to information and communication • Improve home based care and outreach using ICT • Improve access to health commodities	**Ensure Access by Planning; setting policies and budgeting for accessibility.** • Include accessibility of PWDs in all policies and budget planning. • Consider access to public and private medical insurance scheme for PWD/WWD	**Ensure Access for Research; conducting research to promote accessibility:** • Promote studies to explore more accessible service • Promote and carry out research on diseases that causes disabilities.

Pay Special Attention To:

•Gender • Life Cycle Approach: Different information for PWD at different stages of life • Persons with disability are not a homogenous group • Mental health and psychological needs of persons with disabilities, their families and care providers •Ethics, discrimination and marginalization of PWD • Possible partnership and collaboration with governments, coordinating actors, international agencies, private business sectors, media celebrities, etc • Emergency response and recovery situations.

APPENDIX

Source: WHO/UNFPA Guidance Note (2009) - Promoting sexual and reproductive health for persons with disabilities

Details: Sexual and Reproductive Health (SRH)-related excerpts from the Convention on the Rights of Persons with Disabilities

From Article 9 – Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

    a. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;

    b. Information, communications and other services, including electronic services and emergency services.

From Article 16 – Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

From Article 22 – Respect for privacy

2. States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.

From Article 23 – Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
    a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;

    b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;

c) Persons with disabilities, including children, retain their fertility on an equal basis with others.

From Article 25 – Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.

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