

Inclusive Futures Brief, Nigeria:

Experiences of people with disabilities and organisations of people with disabilities during the COVID-19 pandemic

1. Introduction

This brief summarises the key findings and implications related to Bangladesh from three studies conducted as part of the Inclusive Futures Programme, funded by UK Aid:

- **Consequences of Exclusion: A Situation Report on Organisations of People with Disabilities (OPDs) and COVID-19 in Bangladesh, Nigeria, and Zimbabwe** (available in English [here](#), in Bangla [here](#) and in Easy Read versions [here](#) and [here](#)). This report is based on a rapid assessment conducted by the Disability Inclusion Helpdesk, which involved a rapid literature review, interviews with 16 OPD representatives (5 in Bangladesh, 5 in Nigeria and 6 in Zimbabwe) and focus group discussions with 27 representatives from an additional 23 OPDs. The assessment focused on how the COVID-19 pandemic has affected OPDs' operations and objectives, particularly organisations of women with disabilities and of under-represented groups of people with disabilities.
- [A disability-inclusive response to COVID-19: Four lessons learned about including people with disabilities in humanitarian aid](#). This learning paper published by Sightsavers summarises the lessons from pivoting planned activities under the Inclusive Futures programme in 2020 to deliver disability-inclusive responses to the COVID-19 pandemic in Bangladesh, Kenya, Nepal, Nigeria, and Tanzania.
- [Taking a disability-inclusive approach to pandemic responses](#). This policy brief draws on the findings from the Institute of Development Studies' (IDS) qualitative research with 35 people in Nepal and Bangladesh (32 people with disabilities and 3 parents of people with disabilities). Participants were interviewed twice about their experiences of the pandemic and their recommendations for future action during crises.

The Disability Inclusion Helpdesk study had the strongest focus on Nigeria and therefore findings below are weighted towards this study.

2. Findings from the three reports related to Nigeria:

- a) People with disabilities and OPDs were largely excluded from governments' planning and delivery of responses to the COVID-19 pandemic.** The requirements of people with disabilities were not adequately considered in pandemic planning and delivery, despite Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) stating that governments must ensure the protection and safety of persons with disabilities in humanitarian emergencies. However, compared to experiences of OPDs in other countries, there is evidence that the Government of Nigeria did work with OPDs to an extent. For example, OPDs conducted accessibility audits in health facilities for the government, and the government provided financial support to at least one OPD to distribute food parcels to people with disabilities. In May 2021, the Government of Nigeria worked with national OPDs to prioritise people with disabilities for COVID-19 vaccines.
- b) The exclusion of people with disabilities and OPDs from the planning and delivery of COVID-19 responses resulted in severe material impacts for people with disabilities. OPDs played a critical role in the pandemic response, sometimes**

interceding to provide direct support with severely limited resources. OPDs also drove advocacy with the Nigerian Government to increase, target or change their support to people with disabilities.

- **Government information:** People with hearing impairments and people with deafblindness could not access government-shared information due to lack of sign language. As in other countries, OPDs in Nigeria filled gaps, often by providing information on WhatsApp or on social media. Inclusive Friends Association also developed a music video to raise awareness on COVID-19 for people with disabilities and Inclusive Futures partnered with people with disabilities to design and edit COVID-19 communications for radio, television and social media.
 - **Social protection:** OPDs experienced pressure from donors to shift away from their regular activities towards humanitarian response. This re-focus brought some instability, as OPDs that had a long-term workplan had to shift and compress spending for short-term relief efforts. Whereas in Zimbabwe and Bangladesh a lack of registration affected the provision of assistance to people with disabilities, this did not arise as an issue in Nigeria. As previously mentioned, the Nigerian government provided financial support to at least one OPD to distribute food parcels to people with disabilities.
 - **Health:** pre-existing barriers to health services have been exacerbated by the pandemic. During the pandemic OPDs in the Inclusive Futures programme audited, improved and promoted access to health services in Nigeria. For example, accessible signage was put up at specific health facilities to enable people with disabilities to navigate through these centres to access COVID-19 testing and treatment.
- Gender-based violence (GBV) response:** Due to COVID-19 safety precautions, OPDs in Nigeria indicated that they did not receive as many reports of GBV as pre-pandemic, despite their concerns that women and girls with disabilities were at increased risk of GBV during the pandemic. COVID-19 has exposed that women with disabilities are concerned about using GBV services and OPD representatives indicated that women's rights organisations can exclude women with disabilities. Some OPDs have worked in partnership with each other to set up a 24/7 toll free helpline and another OPD conducted awareness raising sessions to women on self-esteem and non-violent communication.

c) OPDs adapted to using digital technology for outreach and information sharing, however it has been difficult to reach people with disabilities during lockdowns due to their limited access to digital technologies. OPDs recognised the huge potential of digital technologies in terms of reaching large numbers of people, lowering costs and removing the security and safety risks of travel. However, many people with disabilities do not own smart phones, government officials were unresponsive to invitations to online meetings, and internet signal can be weak. One OPD supporting people with deafblindness was able to hold webinars to share information on COVID-19 to an international audience.

d) Many OPDs experienced dramatic reductions in funding and operational capacity, and access to sustainable funding remains a critical priority. As a result of the financial and economic impacts of the pandemic, many institutional, corporate, and public donors as well as INGOs made decisions to end funding to OPDs' projects early, reduce project budgets, delay payments, or provide 'no-cost' extensions for activities. Many OPDs were already chronically under-funded and only receiving funds for discrete activities,

therefore these funding reductions caused severe financial strain. Some OPDs had to cut back on services due to lack of funds, and did not apply for funding due to internet connectivity issues. Volunteers resigned as they were not receiving a stipend anymore. Representatives from organisations of women with disabilities noted that before and during the pandemic, funding was often earmarked for people with disabilities or women, and there was a lack of specific funding for women with disabilities.

- e) **The material impacts of the pandemic and the exclusion of and discrimination against people with disabilities had psychological impacts on people with disabilities and OPD staff trying to assist them.** OPDs spoke of the trauma, anxiety, and feelings of uncertainty that its members are experiencing, especially women with disabilities. She Writes Woman, an organisation of people with mental health conditions and psychosocial disabilities, paused its ongoing advocacy on rights-based mental health legislation to focus on expanding its mental health services. They received 800 calls requesting mental health services between October and December 2020, which later supported them to resume their advocacy for improving mental health systems in Nigeria. In some OPDs, staff salaries were not paid for a limited time, or drastically reduced, and some staff left OPDs as a result. This was at a time when demand for services, such as counselling, had dramatically increased and assistance from volunteers was less forthcoming due to fear over possible COVID-19 infection. The financial strain coupled with an extremely high workload meant mental health often deteriorated. One OPD representative mentioned he was using money earned from other jobs to pay for OPD activities.
- f) **The pandemic highlighted the importance of long-term, co-operative relationships between OPDs, governments and civil society.**
- OPD representatives recognised how the disability movement in Nigeria is fragmented and organisations of under-represented people with disabilities, such as people with psychosocial disabilities, youth and women, are not visible enough in the movement.
 - There are power dynamics between INGOs and national OPDs that inhibit OPDs from taking a stronger role in advocacy. This has affected engagement with the government, and OPDs generally felt their communication with government was one-sided. However, there were some instances of positive interaction based upon personal relationships such as collaboration with a State Coordinator on sending text messages with COVID-19 related information and provision of food parcels through the Federal Ministry of Women Affairs and Social Development. In addition, the Disability Rights Advocacy Center published a short guide to disability inclusion in Nigeria's COVID-19 response.
 - Organisations of women with disabilities expressed the need for women's rights organisations to collaborate more with organisations of women with disabilities and make their work more disability-inclusive. One organisation noted the missed opportunity for networking and learning face to face together with women's rights organisations when reviewing the National Gender Policy, because consultations had to be moved online during the pandemic.
 - As part of the Inclusive Futures programme, OPDs worked with governments to strengthen relationships and outcomes beyond the pandemic response. In Nigeria OPDs worked with health service providers to assess and improve accessibility of health facilities during the pandemic and into the future.

3. Implications for governments, donors, and development and humanitarian actors in Nigeria

- a) Include people with disabilities and OPDs in disaster preparedness and response task forces and in other consultation and decision-making processes for disaster recovery, including OPDs representing people with psychosocial disabilities and mental health conditions.
- b) Partner and collaborate with OPDs to ensure COVID-19 responses are underpinned by disability, gender and age disaggregated data collection, needs assessments and inclusive registration across key services and sectors, including communications, social protection, GBV services, mental health services, and education. There should be partnerships with the whole spectrum of OPDs, including those of under-represented people with disabilities such as youth, women and people with psychosocial disabilities.
- c) Foster more equitable partnerships which would ensure meaningful cooperation with OPDs that respect and promote their mandate as representatives and advocates for the rights of people with disabilities.
- d) Consult people with disabilities and OPDs at national and local levels on how to provide disability-inclusive information, and accessible communications from service providers. Inequality of access to and usage of digital technologies for people with disabilities also needs to be addressed.
- e) Provide financial and other relief to people with disabilities and to parents and carers of children with disabilities on an equitable basis and in addition to any ongoing disability-related social protection schemes.
- f) Identify and remove barriers to health services experienced by people with disabilities. Specific attention must be paid to ensuring that women and girls with disabilities, who often experience both disability and gender related discrimination, can access inclusive quality healthcare, including sexual and reproductive health services.
- g) Strengthen mental health responses to the pandemic and other humanitarian emergencies and ensure they are inclusive of people with disabilities, including people with pre-existing mental health conditions and psychosocial disabilities.
- h) Coordinate between OPDs, GBV service providers, governments and others on disability inclusive GBV prevention and response, ensuring that service providers continue to operate during a crisis such as COVID-19.
- i) Identify and remove barriers to education experienced by people with disabilities, including barriers to remote and online learning. Alternative educational arrangements made during crises need to be inclusive of people with the whole range of impairment types and severities.
- j) Provide additional flexible, core, and long-term funding for OPDs that meets the rights, needs and priorities of people with disabilities during and after COVID-19 recovery. Consult with people with disabilities and OPDs to develop funding mechanisms that cover core operational costs, organisational capacity strengthening and staff funding as well as project-based funding.
- k) Utilise diplomatic influence towards the meaningful participation of people with disabilities and OPDs in national, regional, and global COVID-19 recovery.
- l) The evidence base on the impact of the COVID-19 pandemic on OPDs and under-represented groups of people with disabilities is limited. Invest in addressing evidence gaps to better understand issues affecting people with disabilities and OPDs, including OPDs representing women with disabilities and under-represented groups of people with

disabilities.

About Helpdesk reports: The Disability Inclusion Helpdesk is funded by the UK Foreign, Commonwealth and Development Office, contracted through the Disability Inclusion Team (DIT) under the Disability Inclusive Development Programme. Helpdesk reports are based on between 3 and 4.5 days of desk-based research per query and are designed to provide a brief overview of the key issues and expert thinking on issues around disability inclusion. Where referring to documented evidence, Helpdesk teams will seek to understand the methodologies used to generate evidence and will summarise this in Helpdesk outputs, noting any concerns with the robustness of the evidence being presented. For some Helpdesk services, in particular the practical know-how queries, the emphasis will be focused far less on academic validity of evidence and more on the validity of first-hand experience among disabled people and practitioners delivering and monitoring programmes on the ground. All sources will be clearly referenced.

Helpdesk services are provided by a consortium of leading organisations and individual experts on disability, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, Humanity & Inclusion, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact enquiries@disabilityinclusion.org.uk

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