



FESTUS FAJEMILO FOUNDATION

P r e s e n t s

**EXPANDING
DISABILITY-INCLUSIVE
SOCIAL PROTECTION
(EDISOP) PROJECT**

**REPORT OF SITUATION
ANALYSIS OF DISABILITY-INCLUSIVE
SOCIAL PROTECTION AND COVID-19
RESPONSE PROGRAMS
IN LAGOS STATE**

&

**GUIDELINES FOR
IMPLEMENTATION OF
DISABILITY-INCLUSIVE
SOCIAL PROTECTION**

With Funding Support from:

DISABILITY RIGHTS FUND (DRF)



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Published by:

© Festus Fajemilo Foundation (FFF)

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The content of this document does not represent the views of Disability Rights Fund which provided funding support for the conduct of the research and publishing of this manual.

MAY 2023

ACKNOWLEDGMENT

Festus Fajemilo Foundation wishes to express our heartfelt gratitude to all those who contributed to the successful completion of the "EXPANDING DISABILITY-INCLUSIVE SOCIAL PROTECTION (EDISOP) PROJECT." This endeavor was made possible through the collaborative efforts and unwavering support of numerous individuals and organizations.

First and foremost, we extend our sincere appreciation to the government officials across different MDAs who participated in the FGDs for this research. Your valuable insights, candid discussions, and dedication to promoting disability-inclusive social protection have been instrumental in shaping the findings and recommendations of this report.

We are also deeply thankful to the OPDs that generously shared their experiences and perspectives with us. Your stories have shed light on the challenges faced by the disability community and have been vital in advocating for more inclusive social protection policies.

Furthermore, we extend our gratitude to the external consultant, Dr. Adebukola Adebayo and his assistant, Ms. Blessing Oladunjoye, for their work on this research.

We would like to acknowledge the financial support and guidance of the Disability Rights Fund, without which we won't be able to embark on this laudable project that has is helping to enhance social protection for persons with disabilities in Lagos.

It is also important to acknowledge the technical inputs of the Project Team members, led by Mr. Afolabi Fajemilo, Executive Director FFF, for their dedication and hard work which contributed to the production of this report. and professionalism in conducting interviews, analyzing data, and producing this report. Your expertise and tireless efforts have been crucial in delivering a comprehensive and informative document.

Thank you for being a part of this important endeavor.

ACRONYMNS

AAN	-	Albinism Awareness Association of Nigeria
APPEALS	-	Agro-Processing, Productivity Enhancement, and livelihood Improvement Support Project
DWAI	-	Deaf Women Association of Nigeria
EDISOP	-	Expanding Disability-Inclusive Social Protection Program
FFF	-	Festus Fajemilo Foundation
FGDs	-	Focused Group Discussions
GDP	-	Gross Domestic Product
GEEP	-	Government Enterprise and Empowerment Program
GNP	-	Gross National Product
HGSFP	-	Home Grown School Feeding Program
IDP	-	Internally Displaced People
LASODA	-	Lagos State of Disability Affairs
LASODA	-	Lagos State Office Disability Affairs
LGCA	-	Ministry of Local Government and Community Affairs
LSDP	-	Lagos State Development Plan
LSSPP	-	Lagos State Social Protection Policy
MEPB	-	Ministry of Economic Planning and Budget
MODA	-	Multiple Overlapping Deprivation Analysis
MoE	-	Ministry of Education
MoH	-	Ministry of Health
Mol	-	Ministry of Information
NAB	-	Nigeria Association of the Blind
NAPWPD	-	National Association of Persons with Physical Disabilities
NASSCO	-	National Social Safety Net Coordinating Office
NBS	-	Nigeria Bureau of Statistics
NCTO	-	National Cash Transfer Office
NPC	-	National Population Commission

NSIO	-	National Social Investment Office
NSIP	-	National Social Investment Program
NSITF	-	National Social Insurance Trust Fund
NSPP	-	National Social Protection Policy
NSPP	-	National Social Protection Policy
PHC	-	Primary Health Care
PPD	-	Person with Psychosocial Disability
SBHAN	-	Spina Bifida & Hydrocephalus Association of Nigeria
SCIAN	-	Spinal Cord Injured Association of Nigeria
SP	-	Social Protection
UNCRPD	-	United Nation Convention on Rights of Persons with Disabilities
WAPA	-	Ministry of Women Affairs and Poverty Alleviation
WB	-	World Bank
WCE	-	Ministry of Wealth Creation and Employment
WHO	-	World Health Organization
YESSO	-	Youth Employment and Social Support Operation

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1.0. INTRODUCTION

Inclusion of persons with disabilities (PWDs) in the enactment and implementation of legal and policy frameworks on social protection by governments at national and sub national levels in Nigeria especially in the last one decade have been very poor. Not only have social protection programs failed to meet the actual needs of PWDs, but these programs have also failed to reach more vulnerable PWDs including children with disabilities, persons with multiple disabilities, persons with intellectual and psychosocial disabilities, PWDs residing in rural communities and hard-to-reach areas, as well as girls and women with disabilities. In addition, advent of COVID-19 pandemic has worsened inclusion of more vulnerable PWDs in social protection programs. Worst still, Organizations of Persons with Disabilities (OPDs) have not demonstrated enough institutional and leadership capacities to advocate for inclusion of more vulnerable PWDs in delivery of social protection programs especially within the context of a pandemic.

In Lagos state, southwest of Nigeria, and using the WHO/World Bank 15% Disability prevalence rate, it is estimated that there are about two million PWDs in the State, with up to 90% residing in suburban, rural and hard-to-reach riverine areas. As a result of this, only small fractions of population of PWDs are reached by programs and services implemented by government and non-governmental organizations, for example, only about fifteen thousand PWDs, representing only 0.75% was reached with social protection COVID-19 palliative and other interventions between April 2020 and September 2021. Up to 70% of beneficiaries of these palliatives were males with disabilities, with up to 80% residing in urban cities of the State.

Although Lagos state currently implement a social protection policy and a disability law respectively, it is observed that neither of these two policy frameworks aligns with the UN Convention on Rights of Persons with Disabilities (UNCRPD) with regards to prioritization of marginalized PWDs in design and delivery of social protection and COVID-19 interventions. None of the agencies of government saddled with implementation of both policy frameworks possesses strategic institutional capacity for prioritizing marginalized PWDs in such programs. Accordingly, it is common practice for agencies of government to recycle same groups of disabled beneficiaries who are within easy reach for social protection programs.

While OPDs in Lagos state are said to be among the most organized in Nigeria, there hasn't been a clear demonstration of their sensitivity towards promotion of inclusion of marginalized PWDs in social protection programs. Operations and programs of OPDs are largely concentrated in urban areas, leaving out vast population of PWDs resident in rural and hard-to-reach locations. In addition, there is no documented evidence to show how OPDs have institutionalized mainstreaming of marginalized PWDs in their advocacies for inclusion in social protection and COVID-19 programs.

It is against this background that Festus Fajemilo Foundation (FFF) with support from Disability Rights Fund (DRF) commissioned this research as a critical part of its project on “Expanding Disability-Inclusive Social Protection Program (EDISOP)” in Lagos state. This research is to appraise the inclusion of vulnerable PWDs in the design, planning, implementation and monitoring of social protection programs and COVID interventions in Lagos State. Generally, the EDISOP project seeks to support OPDs towards developing sustainable leadership, institutional and advocacy capacities sensitive to social protection needs of marginalized PWDs, as well as the capacity to engage relevant agencies of government towards Strengthening disability-inclusive social protection and COVID-19 Interventions.

1.1. NATIONAL CONTEXT

According to the 2020 population estimate, Nigeria is the most populous country in Africa with a population of approximately 200 million;¹ accounting for 2.6% of the world, 20% of sub-Saharan Africa and is likely to be the third most populous country in the world by 2040. More than half of its population, about 111.5 million persons are younger than 20 years.² 42.54% of the population is reported between the ages 0-14. Children aged 0-4 years, 10- 14 years and youths between 20-24 years form most of the population.

This high youth population and high dependency ratio combine with high rates of unemployment and slow economic growth to create conditions that exacerbate the risk of children and youth suffering from deprivation and poverty thus increasing their vulnerability. Nigeria has an economic growth rate of 1.5%, with children bearing the brunt of the harsh economic realities. An estimated 2 million children in Nigeria suffer from severe acute malnutrition, with 32% of children under 5 suffering from stunted growth. About 10.5 million children aged 5-14 years are not in school, with 1 in every 5 children out of school in the world being a Nigerian. Thousands of children from poor homes, mostly 15-17 years are in domestic labour. Around 70,000 children under the age of 5 die annually of diarrhea due to lack of access to clean water.

1.2 POVERTY, VULNERABILITY AND RISK PROFILE IN NIGERIA

Globally, statistics has shown that more than 800 million persons are still living on less than \$1.25 a day (UNDP 2018)³. Nigeria is endowed with rich human and natural resources. Given this wealth in economic potentials, it is particularly disturbing and ironical that Nigeria is still rated as one of the poorest countries of the world. According to Statistics from United Nations Development Programme (2020)⁴ report reveals that Nigeria ranked number 161 out of 189 countries in Human development. The report puts Nigeria’s Human Development Index at

¹ (UN Data, 2020)

² (United Nations Department of Economic and Social Affairs, 2019)

³ UNDP. (2018). *Human development indices and indicators*. Statistical Update, Briefing note for countries on the 2018 Statistical Update.

⁴ United Nation Development Program (2020). *Human Development Report (HDIs) 2020*, UN, New York

0.539 which is below the prescribed level. Furthermore, statistics also show that as of 2014, the poverty and unemployment rate in Nigeria were 7.2% and 7.8% respectively. As of 2020, the poverty and unemployment rate has increased to 40.1% and 33.3% respectively (National Bureau of Statistics, 2020)⁵.

Poverty is widespread and deepening in Nigeria. 51% of the population, about 105, 057, 896 persons lives in extreme poverty in Nigeria with urban and rural poverty incidence being 52.1% and 18.1% respectively (World Poverty Clock, 2020; EPRI, 2020). According to national data, in 2019, 40% of the population, equal to 82.9 million individuals, lived below the national poverty line of USD 355 USD.4 98 million of that number live in multi-dimensional poverty according to the United Nations Development Programme (UNDP, 2019)⁶. According to the World Bank (2019)⁷, 49.9 per cent of Nigerian households lived below the international poverty line of US \$1.9 per day in 2018. In addition to monetary poverty, multi-dimensional poverty is also high and affects about 50 per cent of the population. Multi-dimensional poverty takes into consideration deprivations in aspects including indicators in Nigeria.

Going by multiple data sources, Nigeria's current poverty profile looks bleak. According to the 2019 Poverty and Inequality in Nigeria report, 40% of Nigerians live in poverty representing about 82.9 million people (National Bureau of Statistics, 2020). Moreover, the COVID-19 pandemic is also projected to have pushed 5 million Nigerians into poverty in 2020, while other pandemic-dependent factors exacerbate the risk for unrest and unemployment especially considering Nigeria's majority youth population.

These have far reaching implications on the vulnerability and risk exposure of Nigerians at individual and household levels. The implications are even more worrisome for already vulnerable sections of the population, mainly represented by children, women, persons with disabilities and the elderly. Being deprived in at least 3 dimensions as specified by the Multiple Overlapping Deprivation Analysis (MODA) framework, 53.9 per cent of Nigerian children are multi-dimensionally poor (Boon and Neuborg, 2020). The principal measure of human development is the Human Development Index (HDI). Nigeria ranked 0.534 in 2018 (UNDP, 2018) which puts the country in the low human development category of 158 out of 189 countries and territories. In Nigeria, life expectancy at birth is 52.2 years (NPC, 2019; WHO, 2018).

⁵ National Bureau of Statistics (2020). *National bureau of statistics annual abstract of statistics*. Abuja: NBS Press.

⁶ (National Bureau of Statistics, 2019)

⁷ (World Bank, 2019a)

Also, lack of basic infrastructure, poor social service delivery outcomes, weak resilience in the agriculture sector, stagnating productivity in the farm and non-farm sectors, mismatches between youth aspirations and employment opportunities available in the economy, poor education and health services utilization, weak governance, climate change, and conflict have contributed significantly to the poverty situation in the country.⁸ Both location and the demographic structure of the household also play a significant role in defining a person's poverty status. The risk of being poor is higher in the north irrespective of individual or household characteristics, perhaps indicative of fewer economic opportunities. Individuals with higher education have significantly lower chances of being poor, which reflects higher household incomes.

Persons living in households with more children and elderly persons are also more likely to be poor because the earnings of the few working-age adults are needed to support the many dependents.⁹ Recent literature also suggests that female headed households have a higher likelihood of being poor in Nigeria.¹⁰ Empirical evidence from the correlates of transient poverty shows that farming household head with secondary and tertiary education, access to credit, and larger farm size decreased transitory poverty. On the other hand, larger household size and dependency ratio, and exposure to flood and pest infestation increased transitory poverty.¹¹

In recent years, social protection instruments have been adopted by the Nigerian government at the federal and state levels to tackle the impact of increasing rates of poverty and vulnerability. In 2017, Nigeria adopted a National Social Protection Policy (NSPP), with a Revised Draft National Social Protection Policy developed in 2021 aimed at supporting the poorest and most vulnerable. Social protection rights and other socio-economic rights are included in chapter 2 of the Nigerian constitution of 1999 (as amended). However, these rights are not justifiable as Nigerians may not be able to challenge authorities in court when those rights are violated.

Nonetheless, on January 23rd, 2019, the Nigerian's president, Muhammadu Buhari signed into law the Discrimination Against Persons with Disabilities Prohibition Act (2018) to guarantee the full inclusion of Persons with disabilities in political and public life in Nigeria. Also, Nigeria has ratified human rights treaties, including the African Charter on Human Rights and People's Rights and the International Covenant on Economic, Social and Cultural Rights

⁸ ERGP and Economic Outlook Report -World Bank 2018. Several Reports also confirms the drivers of poverty and vulnerability in Nigeria.

⁹ World Bank (2019), Systematic Country Diagnostics (forthcoming), Page 3

¹⁰ Abdullahi Buba Musa Abdu et. al (2018)

¹¹ Empirical results from recent unpublished PhD thesis – Obasoro Gbenga (2019): Poverty Dynamics Among

Agricultural Households in Nigeria. Department of Agricultural Economics, University of Ibadan. Ibadan

which guarantee the rights of Nigerians to social protection and other socio-economic rights such as education, health, and water.

1.3 SUB-NATIONAL CONTEXT-LAGOS STATE

Lagos State with 26.4 million inhabitants with growth rate of 3.2% is the most populous of Nigeria's 36 States and the FCT based on the State Bureau of Statistics computation although going by the CENSUS 2016 population projections it stands at about 14 million. The State has the smallest landmass of 3,577 km² with population density of approximately 7,161 person / km. The State is the nation's hub of Aviation activities with 70.61% International flights and 58.3% Domestic, 70% of Nation's Sea freight through Lagos ports with more than 70% of total National cargo freight.

Lagos State is the economic, financial, and commercial nerve center of Nigeria and the ECOWAS, contributing 32.4% of Nigeria's Gross Domestic Product (GDP) in 2010. On Gross Domestic Product, Lagos State, along with Rivers and Delta States, contribute 37% of Nigeria's GDP with Lagos State Contributing 12% to place second. However, Lagos State is the nation's lead contributor in the non-oil sector with 62.3% attainment, which is equal to the contribution of 13 Nigerian States, (Economic Associates 2005). Overall, Lagos alone accounts for over 70% of national industrial investments with the State GDP put at \$91bn in 2015 after rebasing, larger than that of most African countries. Regionally, Lagos, Gross National Product (GNP) is three times that of any West African Country thus making Lagos State ECOWAS' economic hub and the springboard for innovation and development in Nigeria and sub-Saharan Africa.

Lagos State currently has an impressive socio-economic profile summarized below:

• Population Estimate (2017)	–	24.82 million
• Population Growth Rate	-	3.2%
• Average Household Size (2016)	-	5 persons
• Population Spatial Distribution	–	75:25 (Urban: Rural)
• Daily Human Traffic (Lagos Mainland - Island)	–	7.5 million
• Vehicular population (2015) -Over 2.8 million cars		
• High Vehicular Density	–	over 222 per km (national: 11/km)
• No. of Blighted Areas	–	about 100(42 - 1995)
• Road Network (2015)	-	over 16,000 km
• Solid Waste Generation (2016)	–	4,741.24 metric tons/day
• Public Transportation - about 1,000/75,000 high/low	-	capacity buses
• Power Demand (2015) – 10,000 MW (Supply – <3200mw)		
• Water Demand	–	724mgpd (Supply- <317mgpd)

- Accounts for over 60% of Country's industrial/Commercial Activities (about 30% of Banks' branch networks)
- 45% of national electricity consumption
- 50% of petroleum products consumption
- Generates over 60% of Country's VAT earnings.
- Over 70% of total National cargo freight
- 80% of Nation's Sea freight through Lagos ports
- Telecoms/Media Hub – 50% of 60million PTO/GSM subscribers
- Hub of Aviation activities - (International - 75%; Domestic - 40%)
- GDP of Lagos (\$91bn) after rebasing, larger than that of most African countries
- Lagos posts impressive Risk Ratings for a sub-national entity in an imperfect Federal system, viz:
 - - Fitch (International): B+
 - - Global Credit Ratings: A+
 - - Fitch (Domestic): AA+
 - - Agosto A+ (Expires 30thSept, 2017)

Source: Lagos Bureau of Statistics

Despite these impressive socio-economic outlooks, Lagos state still has a minimal multidimensional poverty incident rate of 8.5% and a poverty index rate of 0.035. Using the published population rate of Lagos state as informed by the National Population commission (2006), it assumed that 1,169,213.70 of the population are living in poverty within a populace of 13,353,836.28. However, in utilizing the population figure as adopted by Lagos state (24.82 million), 2,109,700 people living in poverty within the state¹². According to UN Economic Commission for Africa, there will be an increased probability of another 17.1% households moving into transient poverty while 4.2% of them will stay in poverty for a decade or longer because of COVID-19 Pandemic¹³. In Lagos, 14.5 per cent of children are multi-dimensionally poor in 57 per cent of total number of deprivations¹⁴.

Lagos State increasing share of poverty and deprivations are occasioned mainly by the daily influx of people from all over the country and the West African sub-region. These influxes while contributing to the GDP of the State also contribute to stretching the already overstretched social infrastructure. Equally important is the intra-urban inequity that is beclouded by the impressive averages.

¹² Oxford Poverty and Human Development Initiative (2017)

¹³ Economic Effects of the COVID-19 on Africa by Economic Commission for Africa – March 2020

¹⁴ Multidimensional Child Poverty Analysis in Nigeria

To address these daunting challenges, the state has continuously put interventions in place, particularly those aimed at addressing the issues of poverty and unemployment. In collaboration with Development partners, the State introduced social protection program as a key component in the Lagos State Development Plan (LSDP) 2012 - 2025. However, these program which run essentially as social assistance projects are limited in scope, implemented on ad-hoc basis, and lack the coordination and continuity due mainly to the absence of a policy framework to guide the implementation of social protection in Lagos State. Furthermore, Lagos state currently implement a social protection policy and a disability law respectively, it is observed that neither of these two policy frameworks aligns with the UN Convention on Rights of Persons with Disabilities (UNCRPD) with regards to prioritization of marginalized PWDs in design and delivery of social protection and COVID-19 interventions.

1.4 OVERVIEW OF DISABILITY POPULATION IN NIGERIA.

In June 2011, the World Health Organization (WHO) had reported that 15 percent¹⁵ of the population of any country comprised of Persons with Disabilities (PWDs). This is adopted by Organizations of Persons with Disabilities (OPDs) in Nigeria. The National Population Commission (NPC) also estimated the population of Nigerians to be about 200 million¹⁶. 15 percent of which should be the population of PWDs in Nigeria based on WHO's report, hence the estimated population of PWDs is 30 million. Unfortunately, the report also estimated that in every 10 PWDs, 8 live below the poverty line. While the Nigeria 2006 national census reported that the total number of PWDs in the country is 3,253,169 and the Federal Ministry of Women Affairs and Social Development in a national base line survey in 2011 reported the population of PWDs in Nigeria to be 4.8 million. Whatever the figures, these are a huge population who suffer different levels of marginalization and discrimination in various spaces in Nigeria.

Disability sources vary in Nigeria depending on provenance. While the 2018 National Demographic and Health Survey reported that 92% of the household population have no difficulty in any 'disability domain'; while 1% have a lot of difficulty and 7% have some difficulty. Among individuals aged 15 and older, 2% of women and men have a lot of difficulty or cannot function in at least one domain. Other disability prevalence estimates range between 2% to 10%.¹⁷

In terms of the number of Nigerians with disabilities, estimates range from 14 million to 25 million persons. It is estimated that nearly 40% of persons with disabilities have multiple

¹⁵ <https://www.who.int/publications/i/item/9789241564182>

¹⁶ <https://www.worldometers.info/world-population/nigeria-population/>

¹⁷ Nigeria DHS 2018: <https://dhsprogram.com/publications/publication-fr359-dhs-final-reports.cfm>

impairments. The World Bank and WHO's 15% disability prevalence data is still the most used disability data in the country. This figure has been used for a range of purposes and has served to illustrate that disability is not a rare condition and that persons with disabilities live within every stratum of society. The figure has supported advocacy across numerous sectors. The National Population Commission (NPC) estimated PWDs in Nigeria in 2018 to be 19million.¹⁸ More than 90% of Nigerians with disability have lesser than university education and about 30% of the over 10 million out of school children are living with one form of disability and the other. The worst for the disability community is the teeming form of society discrimination which affects many from gaining formal employment, patronage for those in informal sector and mostly affected are women with disabilities who encounter double jeopardy include marriage, maternity, and healthy independent living.

However, the aforementioned figures paint the dreary picture of the socio-economic challenges that the Persons with disabilities community is facing across the country ranging from poor access to facilities, institutions and social protection system. This has also revealed a strong representative gap for Persons with disabilities in different program, projects, and initiatives. Even with the quantitative and qualitative significance of Persons with disabilities in Nigeria, they have continually face severe discrimination and exclusion from socio-political and economic activities and interventions. The lack of understanding of disability, perpetuated through traditional beliefs and myths has repeatedly stigmatized PWDs in the country. On January 23rd, 2019, the Nigeria's president, Muhammadu Buhari signed the Discrimination Against Persons with Disabilities Prohibition Act (2018) to guarantee the full inclusion of Persons with disabilities in political and public life in Nigeria. Almost 2 years later, Persons with disabilities have not been fully mainstreamed into the health, education, employment opportunities and social protection program and initiatives.

1.5 OVERVIEW OF SOCIAL PROTECTION AND PERSONS WITH DISABILITIES

The Convention on the Rights of the Persons with Disabilities recognizes the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability (art. 28). The United Nations Special Rapporteur on the rights of persons with disabilities has also stressed that social protection is fundamental for achieving the social inclusion and active participation of persons with disability, and in promoting their active citizenship.¹⁹ Indeed, social protection can ensure the economic security of persons with disabilities and their families and contribute to creating an enabling environment for their inclusion. For example, by providing cash benefits to help to meet the needs of persons with

¹⁸ Population of persons with disability by national population commission:

<https://www.premiumtimesng.com/news/more-news/288954-19-million-nigerians-living-with-disability-official.html>

¹⁹ A/70/297, para. 2.

disabilities, such as assistive devices, accessible transportation or support services, social protection can act as an enabler for their education and employment. Improved access to employment opportunities can, in turn, facilitate the access of persons with disabilities to work-based social protection schemes.

Social protection is of key importance in realizing the rights of persons with disabilities; nevertheless, most of them do not have access to social protection program and benefits that provide an adequate level of support. Worldwide, an estimated one billion people or 15% of any population have a disability²⁰. 80% of persons with disabilities live in developing countries and one in every five poor persons has a disability.²¹ Social protection²² plays a critical role addressing increased vulnerabilities and exposure to risks associated with disability and potential related barriers.

Vulnerable persons have varying needs. Persons with disabilities should not all be grouped into the same (segregated) category, as every person with disabilities may have unique needs of assistance and specific support, depending on his or her particular impairment. The availability of specific support may differ based on the location, socio-economic status, and context in which the person with disabilities grows. Access to social services, such as health and education, can determine the development of persons with disabilities and enable them to live in dignity – and the more access to education and/or training persons with disabilities have, the better will be their acquired qualifications, which also influences the capacity of these persons to contribute to the national economic growth and development. “Disability and poverty are closely interrelated, since both can be cause and consequence of the other: Disabilities limit access to employment, leading to economic and social exclusion. Poverty promotes living conditions which increase the risk of becoming disabled (e.g. because of malnutrition or injury).”²³ No matter what the cause or the consequence, this vicious cycle must be broken²⁴

²⁰ WHO & World Bank (2011). World Report on Disability. Available at link.

²¹ Idem.

²² Here the term social protection refers to a set of policies and program aimed at preventing and protecting all people against poverty, vulnerability, and social exclusion throughout their lifecycles, with the emphasis on vulnerable groups. (SPIAC-B) Relevant measures include cash, and in-kind, contributory, non-contributory, social care services and labour market interventions as exemplified in the first graph, including specific, disability-focused interventions.

²³ GIZ (2019) Disability-inclusive employment promotion: Lessons learnt from five GIZ projects.

²⁴ There are three “factors that make persons with disabilities and their families vulnerable to poverty: i) Additional costs of buying assistive devices or paying for essential services and care; ii) additional care needs require family members to forego outside employment to provide the care, and iii) loss of social networks that would provide additional support and access to livelihood opportunities.” (Schneider, 2011 in Karr , Edema, Sims and Brusegaard link).

1.6 OVERVIEW OF NATIONAL SOCIAL PROTECTION

In the bid to alleviate poverty among Nigerians, past federal government administrations have introduced numerous unsustainable interventions which are usually terminated at the end of such regimes. In 2016, the federal government took a deliberate approach to institutionalize social protection programs and a National Social Protection Policy (NSPP) was formulated. In accordance with the policy, Social Protection shall mean ‘A mix of policies and program designed for individuals and households throughout the life cycle to prevent and reduce poverty and socio-economic shocks by promoting and enhancing livelihoods and a life of dignity’²⁵.

The federal government took a further step, establishing the National Social Investment Office (NSIO); a social security agency to manage National Social Investment Program (NSIP) to ensure effective coordination; standardization of delivery; monitoring and evaluation; provide clarity of roles and responsibilities; promote accountability and transparency. One of its key mandates also includes the development of a robust data instrument and database that is expected to serve as a social register of the poor and vulnerable households in the country.

The NSIO developed sub offices such as the National Social Safety Net Coordinating Office (NASSCO), National Cash Transfer Office (NCTO) with the objectives that each office will coordinate different program interventions while NSIO supervises. In August 2019, the government established the Ministry of Humanitarian Affairs, Disaster Management and Social Development to coordinate all the social protection programs offices, humanitarian interventions, and overseas disability inclusive development.

The overarching goal of the NSPP was to establish a gender-sensitive and age-appropriate framework to ensure a minimum social protection floor for all Nigerian citizens for a life of dignity. The policy aims at the attainment of the goal by providing guidelines for:

- a. establishing universally acceptable platform of social protection activities for all the stakeholders as well as coordination of same at all levels of government.
- b. effective resource mobilization, resource management, and sustainability
- c. awareness creation, advocacy and mobilization of support for social protection as a viable development framework.

To achieve this goal, the following specific objectives were set to:

²⁵Source:https://socialassistance.africa.undp.org/sites/default/files/resources/Nigeria_National%20Social%20Protection%20Policy_Draft_2016.pdf

- a. reduce poverty among the persons vulnerable to being poor.
- b. empower the poor and persons vulnerable to economic shocks.
- c. enhance human capital development to ensure a life of dignity.
- d. provide guiding principles for managing social protection projects and program.
- e. promote social cohesion, equity, and inclusive growth.
- f. ensure citizens have access to basic social services and infrastructure.
- g. provide social welfare and improve food security and nutrition.
- h. ensure decent employment and sustainable livelihood.
- i. protect individuals and households from shocks that can make them fall into extreme poverty; and
- j. Promote synergy and coordination among all social protection intervention agencies.

1.7 SOME CURRENT FEDERAL GOVERNMENT SOCIAL PROTECTION SCHEMES / PROGRAM

Records have it that there are several on-going social protection programs in Nigeria, e.g. NSIP, GEEP, etc. While legal and policy frameworks back few of them, quite a number are yet to be supported by appropriate legal and policy frameworks. However, virtually all the available social protection programs fall within the categories highlighted in the NSPP including social services, social insurance and social assistance.

A mapping of the current social protection landscape in the country indicates that a number of different actors are involved in the funding and implementation of activities, including government, donor agencies, international NGOs and civil society organizations. Some of the programs fall under social assistance-type programs, while others are social insurance and social equity programs:

The Federal Government-led social protection includes the following programs:

- a. National Health Insurance Scheme
- b. Employment Injury Scheme coordinated by National Social Insurance Trust Fund.
- c. Survival an Invalidity benefit coordinated by NSITF,
- d. National Housing Fund
- e. Contributory old age benefit coordinated by the PENCOR.
- f. Programs under the National Social Investment Program (NSIP), which are; the Conditional Cash Transfer (CCT), Home Grown School Feeding Program (HGSFP), N'Power, and Government Enterprise and Empowerment Program (GEEP), Youth Employment and Social Support Operation (YESSO), Community Social Development Project (CSDP), STEM Bursary Program

- g. In-Care of the Poor (COPE), which is targeted at extremely poor households (those headed by a female, the elderly, physically challenged, and fistula or HIV/AIDS patients) with children of school-going age.
- h. The health fee waiver for pregnant women and under-fives (funded by the MDGs-DRG and provided on a universal basis).
- i. and the Community-Based Health Insurance Scheme (CBHIS) (re-launched in 2011 after previous design challenges)

1.8 HIGHLIGHTS OF STATE-LEVEL SOCIAL PROTECTION POLICIES AND PROGRAMS IN LAGOS STATE:

In 2020, Lagos State faced the reality of the absence of a social protection policy that should provide a safety net for its teeming poor population when it imposed a state-wide lockdown. The pandemic also triggered an increase in poverty, crime, hunger and violence - including sexual and gender-based violence (SGBV) within the state. With 26.4 million inhabitants and a growth rate of 3.2%, Lagos is the most populous of Nigeria's 36 States and the FCT. The state stands the risk of having 17.1% households delve into transient poverty, while 4.2% of them will remain in poverty for a decade or beyond - due to the COVID-19 pandemic. This reality led to a speedy adoption of a new Lagos State Social Protection Policy (LASSPP) in 2020 and presented an opportunity to initiate a collaborative effort to reduce poverty and vulnerability in the state across all levels.

The Lagos State Social Protection Policy aims "to establish a framework that is gender-sensitive and age-appropriate and inclusive of persons with disability to ensure a minimum social floor for all Lagos residents for a life of dignity" (Lagos State Government, 2020, p. 10-11). However, the policy remains fraught with critical implementation gaps, lacks clear pathways for the inclusion of CSOs in facilitating citizen engagement, and does not effectively synergies the multiple efforts of MDAs in the state. More importantly, the policy is currently not publicly accessible making it difficult for citizens to be aware of its provisions and hold the government accountable.

1.8.1 CURRENT LAGOS STATE SOCIAL PROTECTION PROGRAM

A number of different actors are involved in the funding and implementation of Social Protection activities, including government, donor agencies, international NGOs and civil society organizations. Majority of the program fall under social assistance-type program, with a few in-built social insurance and social equity program, some Government-led social protection in the State includes the following program:

1. Milk programme for primary one pupils.
2. Financial assistance given to the poor and vulnerable who are unable to afford basic necessities or have experienced a disaster such as fire incident (Sanwo Olu cares).
3. Graduate Internship Programme & Entrepreneurship skill development for artisans.
4. Creation of labour exchange centres and job registration.
5. Employment Trust Fund Scheme.
6. Agric value chain empowerment programme.
7. Labour market program.
8. Social insurance program.
9. Social assistance and welfare program.
10. Microfinance program.
11. Lagos State Health Scheme and the Equity Fund
12. Lagos State Disability Trust Funds.
13. Business Support Clinic for Entrepreneurs/Start-Ups.
14. Mentorship: (Agricpreneur and Entrepreneurship Programme for Youths);
15. Mother, Infant and Child (MICH) Programme.
16. Women and Youth Empowerment under the world bank assisted Agro-Processing, Productivity Enhancement and livelihood Improvement Support Project (APPEALS);
17. Agricultural Summer School Training.
18. Provision of capital, equipment, assistive devices, skill acquisition program and shelter for indigent People living with HIV (PLHIVs);
19. Implementation of the Anti-stigma law to prevent stigmatization and discrimination of PLHIVs.
20. Rescue Intervention on Domestic/sexual Violence cases.
21. Long- and short-term Skill training/ financial assistance for widow, vulnerable women, and Internally Displaced People (IDP).
22. Volunteer Corps Programme; enumeration of vulnerable, Food Palliative Distribution, Safety Marshalls etc;
23. People with Disabilities Enhancement Program
24. Home Grown School Feeding for Primary 1-4 Students.
25. Payment of premiums for scientifically identified extremely poor residents.
26. Rescue and Emergency operation for Street Children and distressed residents.
27. Provision of funds for healthy family social support in Local Governments & LCDA.

Despite the disability law and social protection policy in Lagos State makes some provisions for Persons with disabilities and current various state-level social protection programmes in the State, evidence from studies suggests that a major hindrance to the effectiveness of social protection programmes in the State is poor or lack of proper coordination of programmes and lack of synergy among various actors in the sector.²⁶ This results in duplicated efforts and lop-

²⁶ Implementation Plan and Monitoring, Evaluation, Accountability, and Learning (MEAL) Plan, Lagos State Social Protection Policy

sidedness in programmes focus, targeting error, etc. all of which limits the effectiveness of the interventions.

It is also observed that neither of these two policy frameworks aligns with the UN Convention on Rights of Persons with Disabilities (UNCRPD) with regards to prioritization of marginalized PWDs in design and delivery of social protection and COVID-19 interventions. None of the agencies of government saddled with implementation of both policy frameworks possesses strategic institutional capacity for prioritizing marginalized PWDs in such programs. Accordingly, it is common practice for agencies of government to recycle same groups of disabled beneficiaries who are within easy reach for social protection programs.

Meanwhile, Social Programmes are domiciled in more than one sector, and this posed some challenges in allocation of resources for implementation. One instance is the health and education benefits for persons with disabilities which are jointly oversee by the Ministry of Youth and Social Development and the Office of Disability Affairs. While the Ministry received allocation for Disability Special Grant, the Office of Disability Affairs did not receive any funding for the three years under review.²⁷ Also, the Office of Disability Affairs which along with the Ministry of Youth and Social Development implement interventions targeted at people with disabilities did not receive any allocation for the past three years but the Ministry of Youth and Social Development received allocation for Disability Grant in the three years under review. (ibid)

With the rising of the COVID-19 pandemic, the UN-lead global campaign to ensure the reaching of the furthest behind first (UN, 2020a) and upon the global consensus that in our COVID-ravaged world Persons with disabilities are among the hardest hit in the crisis in terms of fatalities and are more disproportionately impacted both directly and indirectly²⁸, while a significant percentage of them are children, adolescents, women, elderly, as well as people with severe and multiple disabilities, in institutions (such as schools, rehabilitation centers, homes, etc.), with no means of livelihood, and residing in inaccessible areas, who are largely unidentified, undocumented and unreached by programs and activities of state government and OPDs especially in the reality of the COVID-19 pandemic.

According to JONAPWD Lagos (2020),²⁹ it is not only less than 1% of the 2 million PWDs in Lagos State were reached with the distribution of COVID-19, but also that most of the beneficiaries, just like the leaders of the local OPDs, live in urban and suburban cities. The OPD leaders were unable to reach the most vulnerable PWDs, especially children, adolescents, women, the elderly, as well as those with multiple and severe disabilities, people in

²⁷ LASCOP (2022): Lagos State Social Protection Policy Desk Review & 2019 – 2021 Budget Analysis Report

²⁸ UN. (2020a). UN SG at launch of Policy Brief on Persons with Disabilities and COVID-19. Retrieved from: <https://www.un.org/development/desa/disabilities/covid-19.html>

²⁹ JONAPWD Lagos. (2020). Report of Palliative Distribution to PWDs in Lagos State [Unpublished data].

institutions, residing in inaccessible areas and those without any means of livelihood, as intended by JONAPWD.

2.0. METHODOLOGY

A non-systematic approach combining both the use of qualitative, quantitative and literature review was adopted during the research that produced this report. The methodology used in this research work is the combination of secondary data from existing literature review with Focus Group Discussions and Key Informant Interviews which were quintessential in shaping this document. The literature review helped to generate the themes through which we collected and analyzed data. (Please see the FGD guide attached).

3.0 FINDINGS AND ANALYSIS OF RESPONSES

3.1. INTRODUCTION

To further assess the level of disability-inclusiveness of Social Protection programs in Lagos State, Focused Group Discussions (FGDs) was conducted with OPDs and SP focused MDAs including Ministry of Economic Planning and Budget (MEPB), Ministry of Education (MoE), Ministry of Women Affairs and Poverty Alleviation (WAPA), Ministry of Wealth Creation and Employment, Ministry of Health (MoH), Ministry of Local Government, Affairs Ministry of Works and Infrastructure, Lagos State Office for Disability Affairs (LASODA), Primary Health Care Board.

The FGDs, conducted separately, sought to assess the understanding of the OPDs and MDAs on—

- I. Awareness of disability-inclusive SP interventions.
- II. Policy provisions of LSSPP for PWDs.
- III. Existing Institutional framework to support disability inclusion in implementation of the LSSPP.
- IV. Collaboration and stakeholders' engagement.
- V. Impact of COVID-19 pandemic on the implementation of disability-inclusive SP interventions; and
- VI. Expanding SP to include more vulnerable PWDs.

3.2. AWARENESS OF DISABILITY-INCLUSIVE SP INTERVENTIONS

OPDs and MDAs displayed good knowledge of disability-inclusion, how it is applicable in the context of social protection and defined some key terms that are essential in the promotion of rights-based approach to disability. Participants generally agreed that disability-inclusion is about integrating PWDs in every aspect of the society, without discrimination on the basis of disability. They also confirmed that such practices should be incorporated into the planning, design, and implementation of social protection programs in the state.

“Disability-inclusion is about the integration of all PWDs in every aspect of the society,” (OPD Member, NAPWPD)

“Incorporating all PWDs group in all sectors of the society,” (OPD Member, DWAI)

“Disability-inclusion is about eradicating the inequalities that exist between PWDs and people without disabilities,” (MDA rep, WCE)

“Giving equal opportunity to PWDs to access services without discrimination,” (MDA rep, LGCA)

“A system that the government would put in place to make the environment and system inclusive for all people, regardless of their disability,” (MDA rep, LASODA)

Linking disability-inclusion to SP, OPDs and MDAs shared that every SP intervention should be targeted at PWDs. Though some OPD members noted that the existing SP programmes in the state do not incorporate PWDs, MDAs shared that there are increasing support and deliberate attempts to ensure PWDs are not excluded in its various interventions.

“Inclusive SP means that all SP programmes and policies are disability inclusive. In advanced countries, the aged, children, disabled are socially protected but the only protection the children have here is the parent, and for the elderly, the only protection they have is their children, the disabled are protected by their caregivers. A program of government that is being conceived and designed should be disability inclusive,” (OPD Member, NAB).

“Disability-inclusive SP is when all PWDs have equal access to all social interventions,” (MDA rep, MoE).

OPDs and MDAs spoke about their understanding of basic disability concepts which include accessibility, equal opportunity, reasonable accommodation, universal design, disability cost, discrimination and twin track approach. While they all expressed in depth understanding of the key concepts, OPDs and MDAs did not fully understand the twin-track approach to disability issues.

“Accessibility means a person with a disability is afforded the opportunity to acquire the same services without barrier or difficulty just like a person without disability,” (OPD Member, SCIAN)

“Equal opportunity is when everyone is given a fair chance,” (MDA rep, Mol).

“Reasonable accommodation is to design measures to address barriers that PWDs can encounter,” (OPD Member, PPD)

“Universal design is when structures are put in place to ensure that everyone, regardless of the type of disability is able to function effectively,” (OPD Member, AAN).

“Disability cost is the cost of managing a disability, which people without disability do not require,” (OPD Member, SCIAN).

“Disability cost is the extra cost imposed on persons because of the impairment they have. PWDs spend more money to get similar services that people without disabilities are not paying for,” (MDA rep, PHC Board).

In summary, OPDs and MDAs are well informed about the various disability terminologies and concepts, which is expected to guide their works and operations.

3.3 POLICY PROVISIONS OF LSSPP FOR PWDs

OPD members and MDAs confirm the existence of the Lagos State Social Protection Policy, but no OPD member has read the policy and they could not demonstrate any knowledge of the implementation of the policy provisions targeted at PWDs, neither could they ascertain the scope of implementation that have been achieved on the policy provisions.

“I have not seen nor read the policy, but I know it exists,” (OPD Member, SBHAN).

“To the best of my knowledge, the policy is still somewhat new, so I have not read it,” (OPD Member, AAN).

On the other hand, the MEPB and LASODA displayed adequate knowledge of the SP policy in Lagos State while the other MDAs shared various interventions they have put in place, to target PWD beneficiaries. MDAs could not ascertain that the interventions were in line with their mandates as provided by the policy, but that are some good practices they have adopted overtime.

“Health programs are designed to cover everyone, made accessible and available to everyone irrespective of disability and socioeconomic status,” (MDA rep, MoH)

“We had an entrepreneurship training for PWDs, and they were trained in different vocations like Hair dressing, makeup and gele, barbing, graphic design, art and crafts and more,” (MDA rep, WCE).

“Ministry of Women Affairs engages LASODA to invite PWDs to vocational trainings and thereafter support start up packs to support new businesses for WWDs; Vocational skills for WWDs.

“LASODA provides financial assistance of about 50,000 Naira to 500,000 PWDs with specific focus on elderly PWDs. We also set up a specific unit, to support those who require specific financial assistance. Through this unit, 100,000 Naira has been provided to over 60 people each,” (MDA rep, LASODA).

Regarding the characteristics of PWD beneficiaries, LASODA shared that there are deliberate attempts to support marginalized disability groups such as persons with deaf blindness.

“We try to focus on PWDs that are marginalized within the disability-community, especially people with Usher syndrome: Deaf-Blindness,” (MDA rep, LASODA).

With regards to the positive and measurable impact that has been recorded on interventions for PWDs, MDAs shared that PWDs who benefitted from their support have been economically empowered.

“Ministry of Wealth Creation and Employment in collaboration with Stanbic IBTC bank organized a training program in which PWDs also participated and POS machines were given to them, to enable them to start their POS businesses. These beneficiaries have been provided with source of livelihoods,” (MDA rep, WCE).

“We also have a graduate internship placement programme in collaboration with various organizations, where we provide stipend for beneficiaries for six months. After the training, most of the graduates, including PWDS, were retained,” (MDA rep, WCE).

An OPD member however complained about how the SP programs do not target PWDs in the state.

“I’m aware there are subsidized healthcare services for PWDs, but there are no beneficiaries among persons with Dwarfism. Instead, when we get to the hospital, it is difficult for us to access services, even with our money,” (OPD Member, AAN)

“OPD leaders need to wake up and tap into how their members can benefit from the programmes of government. Two Blind women gave birth through Caesarian Session without payment, such can also be extended to other disability groups,” (OPD Member, NAB).

Finally, as shown in the evidence above, the poor awareness and knowledge of the LSSPP by OPDs and some MDAs is an indication of the low level of public awareness of the documents. Nonetheless, it is pertinent to acknowledge that despite this poor awareness, MDAs are still providing SP interventions targeted at PWDs. Also, while OPDs are not fully aware about the provisions of the policy, they still demand that their rights be protected, and their needs catered for.

3.4 EXISTING INSTITUTIONAL FRAMEWORK TO SUPPORT DISABILITY INCLUSION IN IMPLEMENTATION OF THE LSSPP

All OPD members, apart from the Association of the Blind, confirmed that they do not have the required human and technical capacity to support disability-inclusive SP, and neither have they set up institutional structures to support implementation of disability-inclusive SP.

Same is applicable to the MDAs, as they all do not have any unit or desks specifically meant to support the implementation of the LSSPP, rather, they interact with LASODA for support, with regards to incorporating PWDs into their SP programs.

“As of now, we do not have the capacity or structures to support disability-inclusive SP,” (OPD Member, SCIAN).

“We have different committees that have been set up for different purposes. So, we have the expertise to support the implementation of disability-inclusive SP,” (OPD Member, NAB).

“We work with women from different groups, including WWDs,” (MDA rep. MEPB).

“Most times, we engage LASODA for any program that we’re planning, and they can provide list of beneficiaries for us,” (MDA rep. WCE).

The evidence above shows that while the Lagos state government has put in place the SPP, OPDs and MDAs lack the capacity and structures to drive the implementation of the policy, specifically with regards to the inclusion of PWDs. Specifically, the MDAs still lack understanding on what disability-inclusive SP is, and how to tailor their interventions to ensure the implementation of disability-inclusive SP.

3.5. COLLABORATION AND STAKEHOLDERS' ENGAGEMENT

OPDs and MDAs shared the mechanisms that they have deployed to ensure disability-inclusive SP and collaboration and stakeholders' engagement that have been established to promote disability-inclusive SP.

"We have collaborated with OPDs like Festus Fajemilo Foundation and JONAPWD to conduct series of advocacy on inclusive education, which is a component of SP for children with disabilities," (OPD Member, SBHAN).

"We embark on advocacy visits to MDAs and make our demands specifically for the inclusion of persons with albinism in the programs of government. For instance, during the International Women's Day in 2022, we paid an advocacy visit to the Ministry of Women Affairs and Poverty Alleviation where we discussed on more inclusion, training and empowerment program for persons with albinism," (OPD Member, AAN).

"NAB conducts targeted audience advocacy, to ensure the right message targets the right group," (OPD Member, NAB).

"We have collaborated with over 50 OPDs to ensure their members benefit from the interventions that we are rolling out. We also provide necessary support to MDAs, when required," (MDArep, LASODA).

"Usually, we engage and collaborate with LASODA whenever we are setting up or designing any SP-focused intervention," (MDA rep, WAPA).

"Due to the years of advocacy by NAB, many organizations now provide white cane to Blind persons," (OPD Member, NAB)

"The advocacy efforts of inclusive education have helped to improve the delivery of education in the state, and has also led to the increase in the number of inclusive schools," (OPD Member, SBHAN).

In summary, there is no strong evidence of robust collaboration between MDAs and OPDs. It is worthy to commend the efforts of OPDs who have continued to carry out different form of advocacies to ensure disability-inclusive SP. LASODA has also demonstrated commitment to ensure disability-inclusive SP by working with different OPDs, but other MDAs need to follow suit and ensure their SP interventions are disability-inclusive. Largely, the advocacy efforts of OPDs have brought about some amount of development in PWDs' access to SP focused programs.

3.6. IMPACT OF COVID-19 PANDEMIC ON THE IMPLEMENTATION OF DISABILITY-INCLUSIVE SOCIAL PROTECTION INTERVENTIONS

OPDs and MDAs shared some SP interventions that were implemented by the government to mitigate the impact of the COVID-19 pandemic on PWDs and some challenges that PWDs faced in accessing SP interventions during the COVID pandemic.

“Many PWDs were unable to access quality healthcare during the pandemic because of the lockdown and it was also difficult to move around,” (OPD Member, SBHAN).

“PWDs who needed constant treatment were unable to access medical care because there was no availability of medical supplies for them at that period. Some SCIAN members who were residing within our centre in Amuwo-Odofin were able to get treatment within the centre, but people outside of the centre couldn’t access health service,” (OPD Member, SCIAN).

“Feeding and access to finance was a challenge during the pandemic, but the government and some NGOs distributed palliatives after some times, which helped to reduce the economic impact of the pandemic on PWDs,” (OPD Member, AAN).

“Children with disabilities were exempted in online learning platforms during the pandemic but we strategically engaged with some MDAs and the online lessons were made accessible to PWDs,” (OPD Member, SBHAN).

“WAPA distributed palliatives to some beneficiaries during the pandemic,” (MDA rep, WAPA).

“We distributed palliatives to OPDs to give to their members and we also gave to some PWDs directly. We worked with other Ministries to identify PWD beneficiaries so that many people can get palliatives at the time, (MDA rep, LASODA).

In summary, there were varying challenges experienced by PWDs during the pandemic, while some were address by the government, OPDs were able to address the challenges themselves. There were also clear evidence of inter-ministerial collaborations and partnership with OPDs during the pandemic, which clearly helped to provide food support to PWDs in the state. However, based on the information shared by OPDs, there was no adequate planning for the inclusion of PWDs as beneficiaries of those interventions at the design stage. Many of the interventions incorporated PWDs after advocacy engagements to respective MDAs.

3.7. EXPANDING SP TO INCLUDE MORE VULNERABLE PWDS

“Ministry of Wealth creation and Employment will collect data from LASODA so as to know the number of PWDs in the state in order to render more SP programs to them,” (MDA rep, WCE).

“We will collaborate more with other OPDS, involved in knowledge and experience sharing to help us provide support to more vulnerable PWDs,” (OPD Member, SBHAN).

“Creating more awareness on the existence of the LSSPP so that PWDs know the rights they are entitled to,” (OPD Member, Man with physical disability).

“All OPDs should work together to identify the areas of needs for PWDs, engage in more public awareness about different disability-related issues. We can continue to organize rally in most of our vicinities to educate the people about disability,” (OPD Member, AAN).

“Conducting more advocacies to State and Local Governments for more inclusion of PWDs in employment, training, and empowerment programs. If PWDs have reasonable source of income, it would help to a large extent. We will also work together with other OPDs to develop the guidelines for more inclusion of vulnerable PWDs in their work,” (OPD Member, DWAI).

In summary, PWDs have identified how to target more vulnerable PWDs, especially those in urban poor communities spread across the state, can access SP programs. On the other hand, the MDAs have not clearly spelt out what must be done to expand the scope of SP to include more vulnerable PWDs in the state.

4.0 RECOMMENDATIONS AND CONCLUSION

Having gathered findings from PWDs, leaders of OPDs, government officials and views from staff of NGOs working in the State, the pathway to a disability inclusive social protection system in Lagos state requires efforts and commitments from multi-stakeholders. Below are key action points for consideration:

It is strongly recommended that when driving community awareness, the inclusion of community based OPDs will significantly increase the reach of information dissemination on social protection. The capacity of OPDs should be built and organization capacity be strengthened so they are represented in the different governance structures while disability-inclusive practices should be incorporated into the planning, design, and implementation of social protection programs in the state. That way, they will surely guide the public awareness approach to be inclusive and drive it among the disability community.

As for the government MDAs, and other stakeholders, a lot of awareness should be created on radio to reach different sets of disability clusters. But for the deaf messages should be broadcast on TV, with accompanying sign language interpretation.

- a. There is need to anchor disability awareness among stakeholders, including the general public and the government officials who implement social protection programmes: this include activities such as training courses to promote understanding among partners and stakeholders (e.g. policy makers, administrative personnel/staff and officers in charge of the implementation of social protection programmes) regarding the rights and needs of persons with disabilities and how disability-inclusive social protection can be designed and implemented in the state.
- b. It is recommended that there is need to make information about LSSPP and programmes available for persons with different disabilities in accessible formats (e.g. materials in easy-to-read formats, subtitles, accessibility online, Braille, audio descriptions, sign language interpretation, radio broadcasts). This also involves accessible apps used for social protection purposes.
- c. There is need for development partners and other relevant stakeholders to build the human and technical capacity of OPDs in order to support disability inclusion in the implementation of LSSPP as well as set up institutional structures to support implementation of disability-inclusive Social Protection in the state. It should also include building their capacity to monitor and evaluate LSSPP that will help them to conduct shadow report to better support government decisions.

Also, there is need to build the human and technical capacity of government MDAs on disability-inclusive Social Protection and how to tailor their interventions to ensure the implementation of disability-inclusive Social Protection.

- d. There is need to train the data officers in the state on disability inclusion as it will help them to fully understand the concept of disability and need to include disability-specific data in social protection data collection, include disability-specific indicators in the monitoring mechanisms of social protection interventions as well as pay special attention to disability in evaluations.

In addition to this, ensuring that all the data collected during the intervention are disaggregated by the type of disability and intersectional factors e.g. age and sex. Any data stored, particularly within social registries and disability registries is highly sensitive, and this is why 'data collection and protection mechanisms and procedures for granting accesses are extremely important.

- e. There is need to involve a standardized procedure for assessing the degree of disability, using the two main approaches, which are medical assessment and a functional assessment using the Washington Group\ assessment methodology in order to include those that have been excluded and marginalized groups of persons with disabilities who are particularly hard to reach (e.g. persons with physical, sensory, intellectual and psycho- social disabilities, particularly those from rural or remote areas) in the disability registries of LSPP.
- f. There is need to also Include disability-specific indicators in social protection programmes and projects, as part of programme/project objectives and respective indicators.
- g. There is need to capitalize on the advantages of digital tools: Digital tools provide great opportunities to improve programme management. Digital payment systems create an avenue for more effective delivery. Digital communication, especially via social media platforms, improves the dissemination of information. Digital tools for identification, such as smart cards and biometrics reduce traditional identification challenges. Data collection at source via mobile devices stored on centralized databases provides better performance insights and reduces fraud, while at the same time improving transparency and accountability. Integrated beneficiary registries also deliver an optimal, cross programme overview of who received what type of assistance and ideally when and where this happened or should happen.

CONCLUSION

Social protection is a human right and plays a critical role in reducing and preventing poverty, leveling out inequalities and building resilience of persons with disabilities. Persons with

disabilities are widely excluded from mainstream social protection schemes, despite being at larger risk of poverty and often having increased living costs.

In order to ensure that persons with disabilities have full access to these mainstream social protections programmes as well as disability-dedicated programmes, it is important to integrate accessibility criteria into all social protection programmes and address barriers facing persons with disabilities. These range from clear and accessible information about available schemes, to being accurately registered and receiving the payments as well as have a mixture of contributory and non-contributory programmes.

In designing and implementing these programmes, the additional barriers facing persons with disabilities should be addressed, such as higher living costs, accuracy of assessments and ability to meet conditionality requirements while OPDs should also be involved as a critical stakeholder.

Investment in disability-inclusive social protection is instrumental to achieve the ambitions of the 2030 Agenda to leave no one behind. This desk research work has given an overview of the key types of schemes and benefits available for persons with disabilities and challenges that need to be addressed to ensure their full and effective inclusion.

ANNEX ONE

GUIDELINES FOR IMPLEMENTATION OF DISABILITY-INCLUSIVE SOCIAL PROTECTION PROGRAMS

INTRODUCTION

Social protection programmes have the potential to directly affect the lives of persons with disabilities. Indeed, they can play a crucial role in reducing the consequences of sudden life-changing experiences (e.g., the loss of employment or a change in the family structure) as well as in crisis responses by contributing to alleviate the economic and social effects of economic downturns (UN, 2011a). They can also play a crucial role in alleviating and preventing poverty and vulnerability, promoting effective access to health care and other services, and fostering social inclusion and participation.

Moreover, social protection programmes can enhance the productivity, employability and economic development of persons with disabilities and therefore contribute to their income security (ILO, 2012). Well-designed programmes can help to remove social and economic barriers that impede access to employment, and to secure access to capital and skill development programmes, thus creating better income-earning opportunities.

Social protection can also be a powerful strategy for developing human capacity and promoting full and effective participation. By facilitating access to food, health care and education, as well as support services, social protection can enhance the independence, inclusion and active participation of persons with disabilities, as it liberates them from a day-to-day struggle for survival.

Regrettably, despite the growing evidence around the importance of social protection for promoting the rights of persons with disabilities, social protection policies and programs at national and subnational levels are neither accessible nor inclusive of persons with disabilities. Furthermore, many social protection policies and programs continue to follow an operational model defined originally for charity and medical approaches, thereby deepening the dependence, segregation and institutionalization of persons with disabilities.

In Lagos State, and indeed Nigeria, despite the presence of social protection and disability rights legal and policy frameworks, there are no valid statistics indicating the population of PWDs with full access to social protection programs and related interventions. Majority of the nearly two million PWDs in Lagos state live in extreme poverty conditions; lacking access to basic social services and economic opportunities. This is because there is no specific framework to provide guidance for implementation of comprehensive and sustainable disability-inclusive social protection programs and interventions in Lagos state and across the country. The inclusion of PWDs into mainstream social protection programs and/or the implementation of disability-specific social protection interventions are done haphazardly or in piecemeal. This makes it difficult for PWDs in general, and specifically, more marginalized,

and vulnerable PWDs (women, girls, those with multiple disabilities, PWDs in rural and hard-to-reach areas, etc) to access, participate in and benefit from social protection programs and interventions easily and consistently.

This guideline provides the framework for the implementation of disability-inclusive social protection policies, programs, and interventions in Lagos state. Although this document has been prepared using universal concepts, principles, and approaches to disability-inclusive social protection, it may be adopted for use in other states and at the national level with appropriate adaptations to suit geographic peculiarities.

OBJECTIVE

The main objective to be achieved by these guidelines is the establishment of the rationale and modalities for ensuring sustainable disability-inclusive social protection system in Lagos state.

DEFINING PERSONS WITH DISABILITY

- According to the UN Convention on Rights of Persons with Disabilities (CRPD), Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Three major barriers which hinder the inclusion, access, and participation of PWDs include:
 - Attitudinal barriers manifest through negative behaviours, perceptions, and beliefs about PWDs.
 - Institutional barriers manifest through absence of, or poorly implemented policies and programs on disability inclusion.
 - Environmental barriers manifests through lack of physical and information accessibility for PWDs.
- It is not enough to simply identify PWDs as those with impairments. It is equally important to be able to measure the degree or severity of the impairment in order to accurately determine the social protection program or intervention appropriate to their needs. This process also helps to ensure that no PWDs are left out of the disability demography of the larger population regardless of how more or less severe their impairments are. To achieve this, the Washington Group Questions Set (WGQS) has been developed and globally accepted as a tool for categorization of PWDs based on the degree of impaired body functions and behaviours such as walking, seeing, hearing, remembering, self-care and communication.
- The inclusion of PWDs in social protection policies, programs and interventions is also shaped by the ways in which they are perceived. Studies identify four major perspectives (or models) through which PWDs are perceived:
 - **The charity or tragedy model:** PWDs are perceived as in need of 'help', unable to do things for themselves. Social protection policy and programs which adopt

this model emphasise the helplessness of people with disability and risked undermining their autonomy, independence and rights.

- **Medical model:** The medical model focuses on individual intervention and treatment as the proper approach to disability. Social protection policies and programs which adopt this model place Emphasis on the disability rather than the systems and structures that inhibit the lives of PWDs.
 - **Human rights model:** This is based on basic human rights principles. Social protection policies and programs which adopt this model recognizes that disability is a natural part of human diversity that must be respected and supported in all its forms. People with disability have the same rights to social protection programs and interventions as everyone else in society.
 - **Social model:** It holds that people with impairments are 'disabled' by the barriers operating in society that exclude and discriminate against them. Social protection policies, programs and interventions which emphasizes this model recognizes the need to remove all social barriers: attitudinal, institutional and environmental respectively which may prevent PWDs from accessing all forms of social protection they require.
- Based on the severity of impairments, the major barriers hindering disability inclusion and the dominant disability perceptions or models, PWDs face many risks across their lifecycle. This is presented in the table below:

<p>Childhood</p> <ul style="list-style-type: none"> •Disability viewed as a curse •Abandoned by father (or both parents) •Increased chance of living in poverty and undernutrition •Often invisible with less access to services •High costs of health care •Limited access to ECD centres
<p>Working age</p> <ul style="list-style-type: none"> • Lower education levels so more difficult to find work • Discrimination in accessing work • Higher costs of daily living including health costs • Some require care which reduced family incomes • Sexual violence and abuse
<p>Old age</p> <ul style="list-style-type: none"> •Inability to work and gain independent income •No care from family •High health costs •Elder abuse •Disability & Chronic Illness

RATIONALE FOR DISABILITY-INCLUSIVE SOCIAL PROTECTION

Poverty eradication is the major goal of social protection. Credible studies indicate that up to 90% of PWDs live below poverty lines especially in low- and middle-income countries (LMICs). As a result, disability and poverty are closely related. Significant gaps in access to employment and education are important factors for the higher poverty rates among PWDs. Poverty is also a risk factor for acquiring a disability, as many poor are exposed to health hazards associated with disability such as low birth weight, malnutrition, lack of clean water or adequate sanitation, unsafe work and living conditions, and injuries. Furthermore, poverty also increases the risk that a person with an existing health condition may develop a disability. Poverty measurement do not account for the higher costs of living for persons with disabilities. Disability-related living expenses arise from, for example, higher expenditures on health care and transportation, the need for assistive devices (e.g., wheelchairs and hearing aids), personal assistants, modified housing etc. These disability-related extra costs vary according to the severity of disability, age of the person and household composition, but are often significant. As a result of discrimination, inaccessible workplaces or the lack of workplace accommodation, labour force participation rates of PWDs typically range from one fifth to half of the rate of persons without disabilities. When they do work, they are overrepresented in informal jobs, often with lower pay, no access to social protection and limited employment stability. As contributory social protection schemes typically only cover those in formal employment, persons with disabilities are not only poorer but also largely excluded from adequate social protection.

DISABILITY INCLUSION IN THE LAGOS STATE SOCIAL PROTECTION POLICY FRAMEWORK

The Lagos State Social Protection Policy provides that government shall implement a transformative Social Protection Framework, which takes into consideration both economic and social forms of vulnerabilities. The framework includes four levels of social protection provision which includes the protection of household consumptions through assistance programme, prevention of households from falling into (or further) poverty through health insurance and risk pooling programmes, promoting household's ability to engage in productive activities to increase income, and addressing social inequalities and discriminations through promoting gender equity, rights of persons with disabilities and child rights. The Policy seeks to achieve the following objectives—

- i. empower the poor and people vulnerable to economic shocks.
- ii. advance human capital development to ensure a life of dignity.
- iii. provide guiding principles for managing social protection projects and programmes.
- iv. promote social cohesion, equity, and growth inclusiveness.
- v. reduce poverty among the poor and people vulnerable to being poor.
- vi. ensure citizens have access to inclusive basic social services and infrastructure.
- vii. enhance social welfare and improve food security and nutrition.

- viii. support decent employment and sustainable livelihood.
- ix. protect individuals and households from shocks that can make them fall into extreme poverty; and
- x. foster synergy and coordination among all social protection intervention agencies.

The policy measures are classified into 8 categories as follows:

Education and Health services,

- i. Free school meals will be provided to all pupils in public primary schools.
- ii. Scholarship, learning materials, uniforms and to children from poor households and children living with disabilities.
- iii. Transport services for all children which would be inclusive for children living with disability.
- iv. All children and adults living with disabilities have access to free health care, education, and required special services and assistive devices.
- v. Free health care services for pregnant women, lactating mothers, children under-15, the aged (people over 60 years old), accident victims and persons with disabilities; and
- vi. Universal access to Health Insurance Scheme (HIS) or Community Based Health Insurance Scheme (CBHIS) or other social health insurance schemes.

Social welfare and child protection

- i. Health services, temporary shelter, emotional support, and counselling for victims of child labour, child abuse, child rape and human trafficking.

Social Housing

- ii. Decent, accessible and affordable housing for the homeless, the monetary poor, and families living in overcrowded and unhealthy conditions.

Livelihood Enhancement and Employment

- i. Unemployment insurance and non-cash unemployment benefits for job seekers.
- ii. Public Works Programmes for Youths, Persons with Disabilities and the unemployed.

- iii. Provide support for sustainable livelihood through skills training, access to land, inputs for smallholder farmers, affirmative action for youth, PWDs and women's employment, access to micro and small enterprises and finances and
- iv. Provide affordable childcare services for children under 5 years to enable parents to engage in productive activities.

Social Insurance Schemes

- i. Contributory and non-contributory pensions available to all citizens over 60 years old and
- ii. Provide cash transfers to families and cash for work schemes which are activated at the onset of emergencies.

Social Assistance

- i. Cash and food grants for poor families, orphans, street children, Area (Good) Boys, PWDs and persons vulnerable to harmful traditional practices.

Traditional Family and Community Support

- i. Support existing family and community-based mechanisms and systems for the intended beneficiaries to respond to shocks and extreme poverty.

While the Lagos State government provides the institutional structures for the coordination of planning and delivery of all social protection programs and interventions, a few different actors are involved in the funding and implementation of Social Protection activities. They include state and federal government sources, multilateral and bilateral donor agencies, international development NGOs and civil society organizations. Majority of the program fall under social assistance-type program, with a few in-built social insurance and social equity program. Some of the social protection programs and interventions in Lagos state are either disability-specific or mainstreaming disability inclusion. Some state Government-led social protection in the State includes—

S/n	Disability-specific	Mainstream
1.	Lagos State Disability Trust Funds.	Milk programme for primary one pupil.
2.	Provision of capital, equipment, assistive devices, skill acquisition program and shelter for indigent People living with HIV (PLHIVs)	Financial assistance given to the poor and vulnerable who are unable to afford basic necessities or have experienced a disaster such as fire incident (Sanwo Olu cares).
3.	Implementation of the Anti-stigma law to prevent stigmatisation and discrimination of PLHIVs	Graduate Internship Programme& Entrepreneurship skill development for artisans.
4.	People with Disabilities Enhancement Program	Creation of labour exchange centres and job registration.
5.		Employment Trust Fund Scheme.
6.		Agric value chain empowerment programme.
7.		Lagos State Health Scheme and the Equity Fund
8.		Business Support Clinic for Entrepreneurs/Start-Ups
9.		Mentorship: (Agricpreneur and Entrepreneurship Programme for Youths)
10.		Mother, Infant and Child (MICH) Programme
11.		Women and Youth Empowerment under the world bank assisted Agro-Processing, Productivity Enhancement, and livelihood Improvement Support Project (APPEALS)
12.		Agricultural Summer School Training
13.		Rescue Intervention on Domestic/sexual Violence cases
14.		Long and short term Skill training/ financial assistance for widow, vulnerable

		women and Internally Displaced People(IDP)
15.		Volunteer Corps Programme; enumeration of vulnerable, Food Palliative Distribution, Safety Marshalls etc
16.		Home Grown School Feeding for Primary 1-4 Students
17.		Payment of premiums for scientifically identified extremely poor residents
18.		Rescue and Emergency operation for Street Children and distressed residents
19.		Provision of funds for healthy family social support in Local Governments & LCDA

As shown in the above table, based on available records as at the time of writing this Guidelines, there are a total of 23 social protection programs and interventions with 4-disability specific and 19 mainstream programs. However, there are no disability-inclusive implementation guidelines in the provisions of the Lagos State Social Protection Policy and the Special People's Law respectively.

GUIDING PRINCIPLES FOR IMPLEMENTING DISABILITY-INCLUSIVE SOCIAL PROTECTION

- **Twin track:** Social protection for persons with disabilities should be provided through both mainstream social protection schemes and dedicated disability schemes.
- **Rights-based and social inclusion approaches:** Social protection is a human right, It means that everyone including PWDs has the right to a standard of living adequate for the health and well-being of themselves and their family and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond their control. Within the social inclusion context of disability, and the global consensus that disability arise from barriers that hinder inclusion of PWDs, it requires that relevant public actions (such as social protection policies, programs and interventions) which promote enabling environment for PWDs are taken to enhance their access to social resources.

- **Accessibility:** Accessibility refers both to physical accessibility and information accessibility and financial accessibility. The lack of accessibility is a key barrier to ensuring adequate social protection coverage for persons with disabilities.
- **Participation:** It is global best practice that government facilitate active participation of PWDs through their representative organizations in the design, planning, implementation and monitoring of social protection programs and interventions. This allows PWDs to bring their live experiences of disabilities into design and delivery of social protection programs especially where there is a dearth of technical and institutional capacity in the agencies of government responsible for social protection.

ANNEX TWO

GENERAL IMPLEMENTATION GUIDELINES

Use of the Washington Group Questions Sets (WGQS) for Disability-Disaggregated Data

- Identifying and classifying PWDs is the first step in the process of implementing disability-inclusive social protection programs and interventions. The use of traditional means of identifying and classifying PWDs such as through self-identification or declaration, or by physical sighting have not been very effective as many PWD often feel uncomfortable to publicly declare or accept their disability status for fear of being stigmatized. Some impairments may be mild or moderate and thus ignored during the process of identification and classification. In addition, some impairments such as sensory (deaf), psychosocial, learning, and developmental disabilities are not visible and may be difficult to describe and thus easily omitted.
- The International Classification of Functioning (ICF)³⁰ and the Washington Group Question Sets (WGQS)³¹ have been developed as universally accepted standard tools with modules designed to serve both short-term and longitudinal data collection or surveys which cover a wide range of body functions, behavior/attitude, feelings/emotions, and various social barriers and conditions which hinders or improve access and inclusion in health, education, social protection, transportation, employment, etc.
- The WGQS currently has seven (7) major Questions Sets or modules. These include:
 - The Washington Group Short Set on Functioning (WG-SS)
 - The Washington Group Extended Set on Functioning (WG-ES)
 - The Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced)
 - The Washington Group/UNICEF Child Functioning Module (CFM Age 2-4 Years)
 - The Washington Group/UNICEF Child Functioning Module (CFM Age 5-17 Years)
 - The Washington Group / ILO Labor Force Survey Disability Module (LFS-DM)
 - WG and UNICEF Module on Inclusive Education.
- To identify and classify PWDs for the purpose of social protection beneficiary targeting, or for other social protection related research purposes, relevant modules of the WGQS may be adopted and mainstreamed into the general data collection tools developed for such purposes.

³⁰ WHO, (2023). The International Classification of Functioning, Disability and Health (ICF). Retrieved from: <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

³¹ Washington Group Question Sets are available at: <https://www.washingtongroup-disability.com/question-sets/>

Conduct of Appropriate Disability Needs Assessments

- The conduct of appropriate disability needs assessment for identified PWDs is necessary for effective social protection targeting. This will help to ensure that the general and peculiar needs of each PWD are identified and considered in the design and delivery of social protection programs and interventions.
- Disability needs assessment is usually a series of tests and assessments conducted by a team of professionals which may include medical professionals, special educators, inclusion and accessibility specialists, assistive technologists, etc. It is not a one-off task. However, the needs assessment process should be made simple, accessible, and should be organized in such a way that it doesn't become a barrier to PWDs.
- Disability needs assessment tools should be designed in such a way that it covers all possible domains of life of everyone from biological, social, economic, technological, to environmental domains.
- Needs assessment should adopt a lifecycle approach. As such, the assessment process should be repeated for each PWD as changes occur in their biological, social, economic, and environmental status.

Considerations for all forms of Accessibility

Specific measures to ensure that social protection schemes are accessible to persons with disabilities include the following:

- Information should be available in accessible formats for people with vision, hearing and cognitive difficulties. These formats include sign language, Braille and other easy-to-read formats. Specific efforts should also be made to reach persons with disabilities who are unable to access public information.
- Application and registration procedures should not come with an extra cost, and government offices where applications and registrations take place should be physically accessible. Eligibility criteria should be reviewed to avoid the exclusion of persons with disabilities.
- Payment of benefits should be distributed in a range of accessible ways with safeguards to ensure benefits are going to the intended recipient.

Consideration of Disability-related extra costs

- For social protection policies, programs, and interventions to effectively support PWDs, they must account for the diversity imposed by the different disability types, measure those extra costs incurred as a result of their disabilities and living conditions, and provide adequate responses. Major issues which disability costs cover include—
 - A person's functional difficulties, health conditions and support needs.
 - The level of accessibility and inclusiveness of their environment.
 - A person's level of participation.

- The two broad types of disability costs which should be considered in social protection programs and interventions are—
 - Direct costs: These are the extra expenditures required due to having a disability. They include increased spending on regular goods and services as well as the purchase of disability specific devices and services.
 - Indirect costs: This includes lower levels of earnings for people with disabilities because of limited access to education and barriers to gain and retain employment, as well as the opportunity costs of foregone income for family members giving up school and/or work opportunities to provide support.
- Disability costs can be calculated using the underlisted 3 methods which advisedly should be combined in the design of social protection measures that respond to disability costs—
 - Goods and Services (GS) Method: PWDs are directly asked to list the amount, type, and value in currency of all expenditures necessitated by their condition.
 - Goods and Services Required (GSR) Method: Here, PWDs are required to give information on what expenditures would be needed to enable him/her to participate equally in society.
 - Standard of Living (SoL) Method: Here, calculation is based on statistical inferences from regularly collected data on income and wealth. Questions identifying PWDs are included in Household Income and Expenditure Survey (HIES) or Living Standards Measurement Study (LSMS).
- The consideration of disability related costs must take cognisance of other social diversity of PWDs including age, gender, geographical location (urban or rural), etc.
- while poverty reduction programmes should include additional disability-related expenditures, disability-specific social protection programmes should not be limited in scope to the poverty threshold, without considering the disability-related extra costs.

Disability Benefits

There are social protection programs and interventions specifically designed and delivered only to PWDs. These are referred to as “disability benefits” because they are designed to address the peculiar needs and concerns of PWDs. They also respond to the social and other forms of diversities among PWDs. Implementation of such social protection programs and interventions should—

- Be delivered through the various forms of contributory and non-contributory social insurance, social assistance and free social services programs and interventions, including in-kind transfers or subsidies, cash transfers, such as disability pensions.
- Be designed and delivered in such a way that it allows PWDs with a choice and control in selecting services and providers.

- Be sufficient to ensure adequate standard of living as well as cover the extra costs of disability.
- Be designed and delivered in such a way that it does not become a “benefit trap” for PWDs or discourage them from embarking in economic activities such as seeking employment, seeking better jobs, or participating in informal businesses.
- Separate the delivery of income security from disability-specific assistance to find the right balance between supporting labour inclusion and providing an adequate level of income security for PWDs.
- Include measures that will facilitate the inclusion of recipients of disability benefits in the labour market which must include transitional or “bridging” arrangements to enable them to retain at least part of the benefits (e.g. assistance related to the extra costs of disability, and in-kind benefits, such as health care) until they reach a certain wage threshold, and to become eligible again without delay if they lose their jobs.
- Separate the delivery of disability benefits from household-related benefits such that the impact of such disability benefits on the disabled household member are not eroded by other non-disabled members of the household.

Adoption of the Life cycle approach

Social protection systems and programmes can only be effective if they address the specific needs of persons with disabilities throughout their life cycle: childhood, adolescence, working age and old age. This approach is aimed at removing existing barriers to accessing age-based benefits and at creating uninterrupted interventions and a smooth transition from one age group to another with regard to the receipt of benefits—

- children and adolescents: Social protection should start by enabling children and adolescents with disabilities (and their families) to realize their full potential through inclusive and adequate services and support measures (especially in the education and health sectors); and to combat poverty. In effect, families in which there are children with disabilities are disproportionately more likely to fall below the poverty line. Poverty, in turn, remains the main cause of malnutrition, school dropout, abandonment and the institutionalization of children with disabilities.
- women and men with disabilities of working age: Social protection programs and interventions should be designed and implemented in such ways that ensures continuous formal or informal income access for women and men with disabilities of working age. This can be achieved by stabilizing and protecting their income in the event of unemployment, illness, or inactivity, and by ensuring at least a basic level of income security through contributory or non-contributory social insurance schemes or various forms of social assistance programs and interventions.
- Old Age: Social protection programmes are necessary to guarantee income security for older persons with disabilities and to provide support services. Such programs should include both contributory and non-contributory schemes, social assistance

interventions and access to free basic social services such as health, public transport, food support, etc.

Consideration of Disability-Based Gender Issues (Women and girls with Disabilities)

The CRPD recognizes that women and girls with disabilities are subject to multiple forms of discrimination thereby increasing their vulnerability and difficulties in accessing adequate housing, health care, education, vocational training, and employment, and are more likely to be institutionalized and experience poverty. Accordingly, social protection programs and interventions should—

- Design and implement disability-specific programs that address the imbalances of power and the multiple forms of discrimination experienced by women and girls with disabilities.
- Facilitate access of women and girls with disabilities to non-contributory social insurance schemes, social assistance programs, employment and economic empowerment opportunities, and free access to basic social services such as health, public transportation, etc.
- Prioritize women and girls with disabilities as beneficiaries of household care-giver assistance.

Consideration of Multiple and aggravated forms of discrimination

In the design and implementation of social protection programmes, attention should be given to typically excluded PWDs such as those with psychosocial, intellectual, and developmental disabilities, and persons with multiple and aggravated forms of impairments or disabilities such as persons who are deafblind which could increase their level of vulnerability, discrimination and inability to access social protection programs and interventions. Accordingly, consideration of persons with very severe and complex impairment or disability should—

- Include Impairment-specific programs and interventions and targeted support services which are relevant to the needs of persons with multiple and aggravated forms of impairments or disabilities.
- Ensure that programs Protect persons with multiple and aggravated forms of impairments or disabilities from the deprivation of such legal capacities as decision-making, self-care, self-representation, control over the support provided, etc.

Key Actions for Effective Disability Targeting

Effective targeting of PWDs for social protection programs and interventions using these guidelines will ensure better coverage of more PWDs and their diverse needs and concerns. Accordingly, targeting of PWDs for disability-inclusive social protection programs and interventions should take cognisance of the following—

- Use of the human rights and social models in the definition of PWDs.
- Use of the WGQS in disaggregating demographic data of target population.
- Consideration of those with multiple and aggravated forms of impairments or disabilities.
- Consideration of those in urban poor locations, rural areas, and other hard-to-reach locations.
- Consideration of accessibility and reasonable accommodations.
- Consideration of disability related costs.
- Design and delivery of disability benefits.
- The determination of income thresholds through direct means-testing or proxy means-testing should take full cognisance of extra cost of disability and other personal and environmental factors.
- Disability-related services, devices and other assistance should not be subject to means-testing when targeting PWDs.



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