

Situation Analysis

The inclusion of persons with disabilities in social protection in Nigeria.



The Inclusive Friends Association (IFA), with support from Save the Children (SCI) and Action Against Hunger (AAH)' Child Development Grant Programme (CDGP) has commissioned a Situational Analysis which summarizes the literature, evidence and current findings, leveraging on available data sourced from persons with disabilities, organizations of persons with disabilities, government and non-governmental organizations. This SITAN will focus on Nigeria's socio-economic context and inclusion of persons with disability in social protection programmes in the country.

This report helps to gather findings on the extent to which persons with disability are knowledgeable, meaningfully participating, accessing, benefiting and impacted by the social protection policies, programs and processes in Nigeria.

Since 2013, with funding from the UK's Foreign Commonwealth and Development Office (FCDO), Save the Children along with Action Against Hunger, have been at the forefront of supporting Nigerian federal and state governments to develop evidence on nutrition-sensitive social protection and to establish effective social protection schemes and systems. Initially implemented as pilot maternal and child cash transfer programme (2013 - 2019), the Child Development Grant Programme CDGP has since evolved into strengthening inclusive social protection systems (2019 - 2021)

Now in its second phase, the program has continued to support the Government of Nigeria at the Federal and state levels (specifically, Jigawa, Kaduna, Kano and Zamfara states) to achieve this goal. CDGP continues to provide technical assistance to relevant Government Ministries, Departments and Agencies (MDAs) at the national and sub-national levels, with a bid to supporting them to establish robust institutional capacity, and strong policy and legislative frameworks around the country's social protection, which are responsive to the needs of its most vulnerable and poor populations. In so doing, the programme prioritizes social inclusion for the most vulnerable and marginalized with a bid to ensure the adoption and implementation of policies that will protect and safeguard affected persons with a special focus on disability and gender.

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Abbreviation

AAH - Action Against Hunger
CDGP - Child Development Grant Programme
CRPD - Convention on the Right of Persons with Disability
CWD - Children with Disability
FCDO - Foreign Commonwealth Development Office
NASSCO - National Social SafetyNet Coordination Office
NSIO- National Social Investment Office
NSIP - National Social Investment Policy
NSPP - National Social Protection Policy
OPD - Organization of Persons with Disability
PWD - Persons with Disability
SOCU - State Office Coordinating Unit
SCI - Save the Children International

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I also appreciate the IFA team that worked with the consultant to ensure that the right stakeholders were mapped and included in this process. To the researcher, Rasak Adekoya and his assistants who went round and held sessions across the Zamfara, kano, Kaduna and Jigawa to harvest this information, its efforts like this that contribute to our inclusion story. And to all the state focal persons who organized key voices to be incorporated in this report, thank you.

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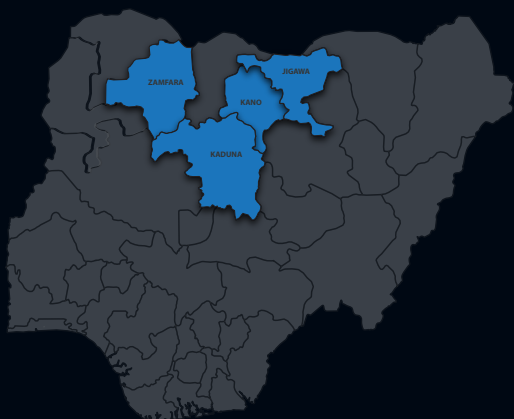
Grace Jerry
Executive Director
Inclusive Friends Association

Executive Summary

The Country Context

Nigeria is endowed with abundant resources. It has natural and human resources with a potential of becoming one of the top twenty developed countries in the world. Sadly, it is among the global capitals of poor persons, with one of the highest unemployment rates in Africa.

The four focal States –



Jigawa, Kaduna, Kano and Zamfara are all located in the northwestern region of Nigeria. Although, Kano State is the economic hub in the north and second most populous in the country, Kaduna State received the highest foreign direct investment in 2020 among all and is the third most populous state in the country. Using the UNDP human index, Zamfara is the least human developed States. Kaduna, Kano, Jigawa and Zamfara rank as the 26th, 27th, 29th and 34th among the 36 States of the federation respectively.

Overview of Social Protection

In a bid to alleviate poverty and ensure resilience, equity, and opportunity, the Federal Government of Nigeria formulated the National Social Protection Policy (NSPP) in 2016. As defined in the NSPP 2016, "Social Protection shall mean, a mix of policies and programmes 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". The National Social Investment Office (NSIO) was earlier initiated, but was replaced in 2019 with the Ministry of Humanitarian Affairs, Disaster Management and Social Development to coordinate and ensure the effectiveness of the social protection system.

While Kano State social protection policy awaits approval, that of Zamfara, Jigawa and Kaduna are already assented to by the State executives. To ensure implementation, Jigawa State has constituted the Social Protection Council, Kaduna state government has officially announced the Approval, and just recently Launched the Social Protection Policy, while Kano, and Zamfara government are yet to.

National population of persons with disabilities

Disability prevalence in Nigeria ranges

between 3% - 15% of the total population but using the WHO and World bank 2011 statistics, persons with disability in Nigeria are about 30 million. 90% of this population live in abject poverty. Literacy rate for youth with disabilities are 30% compared to 65% of youths without disabilities. 63% of adults with disabilities are unemployed and 30% of out of school children are those with disabilities.



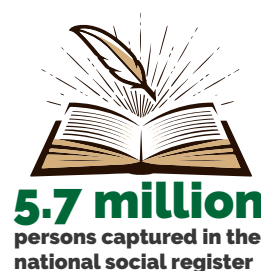
Disability Inclusive Legislation

Nigeria ratified the United Nations Convention on the Right of Persons with Disability (UNCRPD) in September 2010 and signed into law the National Disability Act in January 2019 after over a decade of advocacy by the disability movement. Currently, about one-third of the States in the country have disability legislation. Both the federal government and about 7 States have an inclusive education policy aimed at increasing basic school enrolment of children with disabilities and promoting inclusive quality education.

Social protection and persons with disabilities

While an estimate of over 10 million Nigerians have benefitted from different national social protection interventions, persons with disabilities who are the

largest minority and most vulnerable group are excluded among the beneficiaries. At as December 2020, the National Social Safety Net Coordinating Office (NASSCO) confirmed that out of the 5.7 million persons captured in the national social register, about 4.8% are persons with disabilities.



Only about

4.8%
are persons
with disabilities.



In the social protection policy of the CDGP focal States (Zamfara, Jigawa, Kano, Kaduna) persons with disabilities are mentioned across specific domain – education, health and livelihood and economic empowerment. Only Jigawa has a provision for a social assist scheme specifically for persons with disabilities. Example of such programmes in Kaduna, Zamfara, Kano and Jigawa, they have free meal for children in basic school.

Inclusivity gap in the social protection system

90% of persons with disabilities interviewed across the four focal States have little or no knowledge about the social protection system and leaders in the disability movement in the States claim that less than 1% of population of persons with disabilities are benefitting from both State and national social protection programs. This is slightly not same in Jigawa where the social assistance programme for persons with disabilities exists. However, for those

that even benefit from the interventions, their disability extra costs are excluded; thereby making little or not impact in alleviating them out of poverty.

Although, Organizations of Persons with Disabilities (OPDs) are rarely involved in the social protection processes, their capacity on the subject matter of social protection needs improvement. Government officials at the State Office Coordinating Unit (SOCU) confirmed that OPDs are not involved nor consulted in the process of gathering data of persons from the community into the social register, which employs a community-based targeting (CBT) methodology. SOCU staff also have a weak knowledge on disability and perceive disability from the charity and not social and human rights perspective. The data instrument and methodology adopted by SOCU is neither capturing disability using the standard Washington group set of questions or any internationally accepted enhanced questions nor gathering the disability needs data to help them design disability sensitive interventions.

While there is an existence of a social security scheme for persons with disabilities in Jigawa, the disability eligibility determination and assessment are extremely weak, and leaves room for inclusion and exclusion errors. The program does not also pay attention to persons with invisible disabilities. Zamfara also has programmes with specific focus on disability as an eligibility criteria for instance one of the major targeting Criteria under the Zamfara Poverty

Alleviation Programme ZAPA is disability

Reform to strengthen social protection system to be disability inclusive.

The data instrument used by NASSCO needs to be revised to capture both disability data and disability needs data; staff in charge also require adequate training on disability inclusion. The data methodology such as the CBT process also requires some adjustment to eliminate the barriers and ensure it is accessible and inclusive. Furthermore, there is need for development partners to support the capacity strengthening of OPDs at the State level to further understand the concept of social protection and how they can demand for inclusion in the system as well as mobilize persons with disabilities to benefit from the social protection system. The knowledge will also equip them to conduct independent monitoring of the social protection system implemented in their respective States.

Additionally, OPDs need to demand for disability specific revisions of social protection instruments (policies) to make all policy measures inclusive of persons with disability as well as ensure that the governance structure that oversees the implementation have representation of OPDs. OPDs also need to advocate for the government to design a standalone disability specific grant scheme such that can help to support disability extra costs and will not be a limitation to other social protection programmes.



Introduction – 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 are reported between the ages 0-14. Children aged 0-4 years, 10-14 years and youths between 20-24 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.

15% of Nigeria's population possess one form of disability

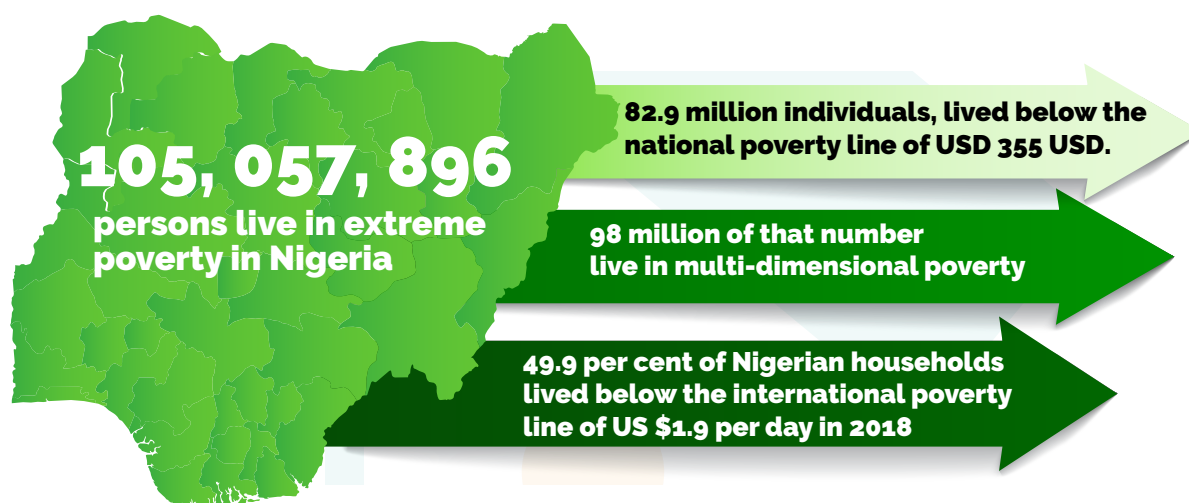
In Nigeria, about 30 million persons (representing 15%) of the total population possess one form of disability or the other. Several credible studies indicate that persons with disabilities (PWDs) in Nigeria are largely excluded from, and lack access to basic services including health, education, rehabilitation, employment, economic empowerment, etc. In line with global trends, up to 90% of PWDs in Nigeria live in abject poverty. Although disability rights laws and policies now exist at national and some states, with disability agencies set-up across these jurisdictions, there are still significant

inclusivity and accessibility gaps, which must be filled to improve the quality of lives of PWDs.

1.1 Poverty, Vulnerability and Risk Profile in Nigeria

Poverty is widespread and deepening in Nigeria. 51% of the population, about

education and health, as well as access to water and sanitation. Although it is often associated with monetary poverty, it draws a more comprehensive picture of the population's living conditions since critical aspects of well-being are captured. These include key well-being, health and education



105, 057, 896 persons live 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). According to the World Bank (2019), 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.

The intensity of poverty, which measures the percentage of dimensions in which poor persons are deprived is highest in northern Nigeria, with the North-East at 44%; just one percentage point below the North-West region where the intensity of poverty is 45% and three percentage points above the North central region where the intensity of poverty is 41% (NBS/UNDP, 2018).

These trends 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

⁴This data does not include data for Borno. Here, data could not be collected randomly due to security constraints and thus only data from accessible and secure households was collected. (National Bureau of Statistics, 2019)

dimensions as specified by the Multiple Overlapping Deprivation Analysis (MODA) framework, 53.9 per cent of Nigerian children are multidimensionally poor (Boon and Neuborg, 2020). Children living in Sokoto, Kebbi and Zamfara are worst off, experiencing the highest multidimensional deprivation rate (81.5%, 76.4% and 74.7% respectively (Boon and Neuborg, 2020). When it comes to education, only 8% of the poorest children between 3 and 6 years attend early childhood education compared to 78% of children in the wealthiest households. Moreover, net school attendance is 29% among children of primary school age from the poorest households in contrast to 89% from the wealthiest families.⁵

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).



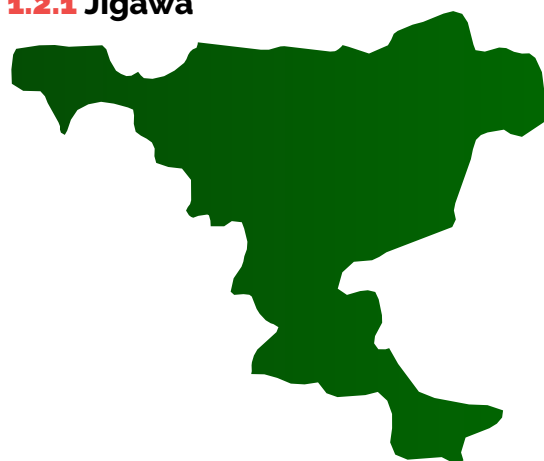
It is little wonder that poverty eradication is the first goal in the SDGs. Closely linked to poverty is hunger and other conditions that cause routine denial of the right of Nigerians. It is a major concern for Nigeria to be able to fully achieve the SDGs. Further concern arises from the fact that currently, half of the inhabitants live below the poverty line; pandemics are rampant (COVID-19, HIV, tuberculosis), infant mortality is high, and the country is

struggling with significant levels of inequalities. All these layers of vulnerabilities put PWDs in focus for careful targeting in all national and state social protection system to ensure that the inequality gaps are reduced.

1.2 Sub National Context

Nigeria is a federation of 36 States. However, this research focuses on four key States across the north-west and North central region in the country. In view of this, it becomes important to understand the economic and social context at the State level.

1.2.1 Jigawa



Jigawa State is situated in the northwestern region of Nigeria with a population of about 6 million persons.⁶ It is estimated that there could be up to 500,000 PWDs in the state. Jigawa State is classified as one of the poorest States in Nigeria,⁷ notwithstanding its position as the State with the 10th largest non-oil economy. Illiteracy and unemployment levels in the State are among the highest in Nigeria. These poor socio-economic conditions reflect on the lives of PWDs who are faced with numerous barriers to participate and benefit effectively

⁵ (World Bank, 2019a)

⁶ World Data Atlas, Nigeria <https://knoema.com/atlas/Nigeria/Jigawa>

⁷ World Data Atlas, Nigeria <https://knoema.com/atlas/Nigeria/Jigawa>

from the production and distribution of available resources.

Subsistence agriculture (crop and animal farming) is the main stay of Jigawa state economy; providing income for over 80% of the State's population.⁸ PWDs are also quite active in the state's agricultural economy; operating at the lowest level of production. They are also active in metal works, crafts, fashion design and tailoring, retail trading, etc. However, PWDs are restrained from improving their income by various challenges ranging from poor access to business capital, inaccessible business environment, discrimination, to poor support from government.⁹

Jigawa State is one of the frontline states in Nigeria with visible commitment and support for the inclusion and development of PWDs. The State enacted its Disability Law in 2017¹⁰ and has in place one of the most comprehensive Social Protection Policies in the country.^{11 12} The state government also made a strong commitment to support economic empowerment of PWDs at the 2018 Global Disability Summit held in the UK.¹³ It is currently the highest employer of PWDs because there are no vibrant private sector business employers in the State. Generally, disability affairs in Jigawa state are still being largely

administered using the charity/welfare disability model. This may be responsible for the low participation of PWDs in policy development and implementation since they know they will always receive grants from the government.

1.2.2 Kaduna State



Kaduna is a state in the North western region of Nigeria with a projected population of about eight million persons; being the 3rd most populated state in the country.¹⁴ Nearly 12.5% of the population (1,000,000) are PWDs.

Kaduna State ranks as the 7th State receiving the highest foreign direct investment in 2021¹⁵ The state industries are known for manufacturing products like textiles, machinery, steel, aluminum, petroleum products and bearings, and serve as a trade Centre and transportation axis to nearby

8 Sanusi A. et.al (2013); Socially Inclusive Sustainable Development in a Climate Stressed Northern Nigeria: A Case Study of Jigawa State. https://ng.boell.org/sites/default/files/jigawa_report_hbs.pdf

9 Key Informant Interview (November, 2020); Excerpts from Group Interviews with Cross Section of PWDs in Jigawa State.

10 Jigawa State Persons with Disabilities Law (2017);

<http://rodra.co.za/images/countries/nigeria/legislation/Jigawa%20State%20Persons%20With%20Disabilities%20Law.pdf>

11 DFID-PERL-Nigeria (2019); Progress Towards Improving Public Services for Persons with Disabilities.

<http://www.perlnigeria.net/news/progress-towards-improving-public-services-for-persons-with-disabilities>

12 Thompson S. 2018. Nigeria Situation Analysis. Disability Inclusive Development.

13 Jigawa State GDS Commitments (2018); <https://www.internationaldisabilityalliance.org/commitments>

14 Kaduna State Government, Demographics <https://kds.gov.ng/demographics/>

15 NBS ranking of FDI in Nigeria:

<https://www.premiumtimesng.com/business/business-news/441330-twenty-six-nigerian-states-record-zero-foreign-investment-in-2020.html#:~:text=Destination,and%20Ogun%20with%20%2413.4%20million.>

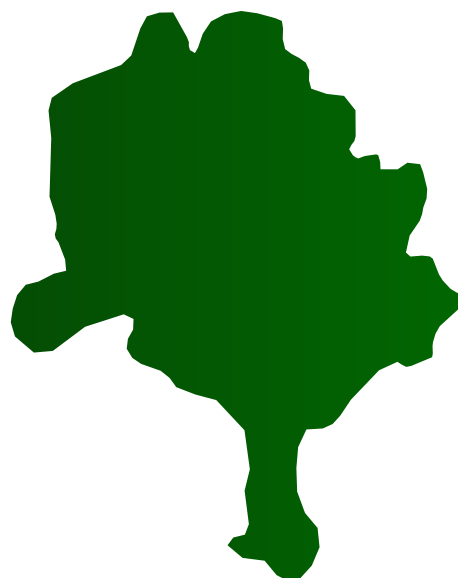
agricultural areas and states. The state also thrives in vast agricultural productivity especially in crop farming which contributes up to 80% of the State's GDP.^{16 17}

Only about 25% of PWDs in the State are economically active in such trades as metal work, carpentry, fashion designing and tailoring, crop and poultry farming, as well as retail and whole sales of goods mostly at micro and small-scale levels. PWDs in the State are greatly constrained by their poor access to micro credits, poor access to markets, poor entrepreneurship capacity and inadequate support from the State government. There are also the social challenges of discrimination and exclusion from major economic development and empowerment programs in the State¹⁸

Kaduna state does not currently implement any significant disability rights legal framework. However, the State is currently working on a Disability Law which is still going through legislative process.^{19 20} In addition, the State's Rehabilitation Board indicates the existence of comprehensive rehabilitation programs, which entails vocational training of PWDs in trades including metal works, leather works, carpentry and agriculture with provision of Start-Up Packs for trainees.²¹ Kaduna

State government has officially announced the Approval, and just recently Launched the Social Protection Policy. Notwithstanding, there are no documented evidence of wide-spread impacts, as well as plans for scale-up and sustainability.

1.2.3 Kano State



Kano State is a Northwestern State in Nigeria and the second most populous with a population of about 13.4 million.²² The State is home to about 1.5 million PWDs.

Kano is the commercial and investment hub of Northern Nigeria and the largest non-oil and gas economy in Nigeria. Agriculture contributes up to 70% total GDP of the State's economy. Nonetheless, there are substantial levels of

16 <https://kdbns.ng/app/uploads/2018/02/FINAL-KDGDP-REPORT-.pdf>

17 https://www.nigeriagalleria.com/Nigeria/States_Nigeria/Kaduna/Kaduna_State.html

18 Key Informant Interview (November, 2020); Excerpts of interviews with a cross section of PWDs in Kaduna State.

19 <https://www.pulse.ng/news/local/in-kaduna-persons-with-disabilities-want-a-commission/vpk4cv2s>

20

<https://dailynewstimesco.wordpress.com/2019/08/21/kaduna-disability-bill-cluster-group-wants-speedy-pass-of-10-year-old-bill/>

21 Key Informant Interview (November, 2020); Excerpts from Interview with Officials of the Kaduna State Rehabilitation Board.

22 <https://www.mnch2.com/kano-state/>

23 Kano State Economy, <https://www.kanostate.gov.ng/?q=economy>

manufacturing and broad commercial activities across board. The informal sector is strong and diverse, with numerous MSMEs across all economic activities and contributing approximately 60% – 70% of output and employment.²³

PWDs in Kano state are mostly active in the informal sector of the economy, working mostly in subsectors like agriculture, metal work, leather works, fashion design, production of home care products, electrical engineering, crafts, local public transport, etc. The PWDs in Kano noted their difficulties in participating effectively in the business environment to include poor patronage due to discrimination by the public and poor access to markets, lack of access to business finance, limited access to raw materials, low entrepreneurship capacity among PWDs and low level of support from the State government.²⁴ There are no institutionalized disability-inclusion business support systems to enhance productivity and ensure sustainability of income generating activities of PWDs in the State.

Kano State enacted its Disability Law in 2019 but is yet to embark on implementation. The law provides for equal access of PWDs to employment opportunities and other socio-economic empowerment programs of the government.²⁵ In addition, disability groups confirmed that the State government occasionally provides stipends to PWDs for the purpose of starting-up

micro businesses. Also, the state is planning to conduct a general household survey that will collect disability disaggregated data.

1.2.4 Zamfara State



Zamfara is one of the north western states with the lowest ranking on the UN human index in the country. According to the 2021 National Population Commission data, the State has a population of about 9.3 million persons, the 11th most populous State²⁶ and ranks as the seventh biggest in terms of land size in Nigeria.²⁷ The State GDP as at 2007 is \$4.1billion, unemployment was 18.0% in 2018, literacy among adult was 54.7% in 2010 and early child marriage for children below age 15 was 13.9% in 2015.²⁸

Zamfara is majorly preoccupied by agriculture business, which is why the State relishes in the “farming is our pride” slogan. However, it has strong investment potentials to thrive in sectors like energy, light manufacturing, tourism and mining. The state is naturally endowed with solid minerals like Gold, Iron-Ore,

23 Kano State Economy, <https://www.kanostate.gov.ng/?q=economy>

24 Key Informant Interview (November, 2020); Excerpts from Interviews of Cross Section of PWDs in Kano State.

25 <http://www.rodra.co.za/images/countries/nigeria/legislation/Kano%20State%20Persons%20Living%20With%20Disabilities%20Bill.pdf>

26 About Zamfara: https://en.wikipedia.org/wiki/Zamfara_State

27 Ranking of State in Nigeria by land size: https://en.wikipedia.org/wiki/List_of_Nigerian_states_by_area

28 Economic profile of Zamfara: <https://knoema.com/atlas/Nigeria/Zamfara>

Copper, Tantalite and Manganese.

Disability law in the State is still at legislative process and there are no policies or laws that strongly promote the rights of persons with disability including their education, employment and health. The State has no significant record or evidence of recruiting persons with disabilities into the state civil service, yet the State government is the biggest employer and no, large private sector company exist in the state. This was attributed to the high level of insecurity, particularly banditry. Economically, most persons with disability are in the lowest cadres of SMEs, local production and selling.

1.3 Overview of Disability Population

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 age 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%²⁹. 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 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 strata of society. The figure has supported advocacy across numerous sectors. The National Population Commission (NPC) estimated PWDs in Nigeria in 2018 to be 19million.³⁰ 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 affect many from gaining formal employment, patronage for those in informal sector and mostly affected are women with disabilities who encounter double jeopardy including marriage, maternity and healthy independent living.

1.4 Challenges of Persons with Disability (PWD)

Over the life cycle of Nigerians with disability who are either adventitious or congenital, they encountered different layers of barriers and difficulties to access basic service and social amenities they ought to have equal opportunity to enjoy. For instance:

- **Early childhood:** Infants with disabilities lack access to early intervention services which are required to assess and respond to their impairments with a view of possible reversal and/or alignment with appropriate support. Evidence also shows that early child development and education programs in Nigeria are not inclusive and accessible for infants with

²⁹ Nigeria DHS 2018: <https://dhsprogram.com/publications/publication-fr359-dhs-final-reports.cfm>

³⁰ 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>

disabilities.

- **School age children:** Studies have revealed that up to 3.5 million children with disabilities are currently out of school. Although there exists inclusive education policy at national and state levels, implementation has been substandard across these jurisdictions.
- **Working age:** PWDs of working age are largely unemployed and unproductive economically due to the prevailing trend of discrimination

and exclusion from employment and economic opportunities. Studies show that unemployment rate is significantly higher among PWDs than persons without disabilities.

- **Old age:** Aging and disability are mutually reinforcing; thereby increasing the level of vulnerability of aged persons with disabilities. However, aged PWDs are hardly considered in the design and implementation of most welfare programs.



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 institutionalise 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 programmes 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'.

The federal government took a further step, establishing the National Social Investment Office (NSIO); a social security agency to manage National Social Investment Programmes (NSIP) to ensure effective coordination; standardisation 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:

³¹

Source:https://social-assistance.africa.undp.org/sites/default/files/resources/Nigeria_National%20Social%20Protection%20Policy_Draft_2016.pdf

- 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.
- d. provide guiding principles for managing social protection projects and programmes.
- 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 Promote synergy and coordination among all social protection intervention agencies.

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

- 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.

The current NSPP has 8 domains and 16 policy measures as can be seen from the table below

Education and health services		Classification
Measure 1	Free school meals in public primary schools	Social assistance
Measure 2:	Scholarships, learning materials, uniforms, and cash transfers for children in poor households and children with disabilities.	Social assistance
Measure 3:	All children and adults living with disabilities have access to free health care, education and required special services and assistive devices.	Social assistance
Measure 4:	Provide free health care services for pregnant women, lactating mothers, children under-5, the aged (persons over 65 years old) and persons living with disabilities.	Social assistance
Measure 5:	Universal access to Health Insurance Scheme (HIS) or CBHIS and or other social health insurance schemes.	Social insurance
Social welfare and child protection		Classification
Measure 6	Provide health services, psychosocial support, and counselling to survivors of violence against persons, child labour, child abuse, child rape and human trafficking.	Social services
Social housing		Classification
Measure 7	Provide decent and affordable housing for the homeless, the monetary poor, and families living in overcrowded and unhealthy conditions	

Livelihood enhancement and employment		Classification
Measure 8:	Unemployment insurance and non-cash unemployment benefits to job seekers.	Social insurance
Measure 9:	Labour based cash transfer/public works programmes for youths, persons with disabilities and the unemployed.	Social insurance
Measure 10:	Provide support for sustainable livelihood through skills training, access to land, inputs for smallholder farmers, affirmative action for youth and women's employment, and access to financial services for micro and small enterprises and cooperatives.	Labour market intervention
Measure 11:	Provide affordable childcare services for children under 5 to enable parents to engage in productive services.	Social services
Social insurance schemes		Classification
Measure 12:	Contributory pensions are available to all citizens 60 years of age and above.	Social insurance
Social assistance		Classification
Measure 13:	Provide cash transfers to families and cash for work schemes which are active at the onset of emergencies	Social assistance
Measure 14:	Provide non-contributory pensions for all citizens over 60 years of age, as well as cash and food grants for poor families, orphans, street children, and others vulnerable to harmful cultural practices.	Social assistance
Social insurance schemes		Classification
Measure 15:	Support family and community-based mechanisms and systems for the intended beneficiaries to respond to shocks and extreme poverty.	Social services
Social insurance schemes		Classification
Measure 16:	Provide a legal framework that specifically protects intended beneficiaries including children through inheritance rights, birth registration, childcare services, and breastfeeding.	Social services

2.1 – National Social Protection Programs in Nigeria.

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.

2.1.1 National Health Insurance Scheme

The Scheme established under NHIS Act (2004) by the Federal Government of Nigeria, is a social insurance scheme which aims at providing easy access to healthcare for all Nigerians to improve the health of all Nigerians at an affordable cost.

NHIS is to provide social health insurance in Nigeria where health care services of contributors are paid from the common pool of funds contributed by the participants of the Scheme. It is a pre-payment plan where participants pay a fixed regular amount. The amount/funds are pooled, allowing the Health Maintenance Organisations (HMOs) to pay for those needing medical attention. It is primarily a risk sharing arrangement which can improve resource mobilization and equity. It is indeed regarded as the most widely used form of health care financing worldwide.

The Employees' Compensation

Scheme (ECS)

- The ECS derives from the Employees' Compensation Act, 2010. The Act, which establishes a Social Insurance Scheme, which is a NO FAULT scheme, is designed to provide compensation to employees who suffer from occupational diseases, sustain injuries or disability from accident at work place or in the course of employment, whether at usual place of work or outside of it. It also provides compensation to the next-of-kin of an employee who dies at or in the course of work. Provides for Vocational Rehabilitation and Counseling (Section 16 :1 and 2)

- The Act makes it mandatory for every employer to make a minimum contribution of 1% (One Percent) of total payroll on behalf of all its Employees to the Fund.

2.1.2 National Social Investment Program (NSIP)

The social investment program was initiated in 2016, and largely designed as social assistance program designed to draw from the social protection policy framework in a manner that ensures a life of dignity for those who have been constrained in one way or another from achieving their full potential. Below is a brief description matrix of the five-pronged social investment program housed under the Social Investment Office.

The National NSIP is implemented through the following programme components—

- a. N-Power (Job Creation and Youth Employment), which majorly focus on age, location of applicants and academic qualification.
- b. National Home-Grown School Feeding Programme (NHGSFP), which provides feeding to only children enrolled in basic school classes.
- c. National Cash Transfer Programme (NCTP),
- d. Government Enterprise and Empowerment Programme (GEEP),
- e. Youth Employment and Social Support Operation (YESSO),
- f. Community Social Development Project (CSDP), and
- g. STEM Bursary Programme.

2.1.3 National Humanitarian Programs

There were a few humanitarian programs initiated in response to humanitarian challenges created because of insurgencies, intercommunal conflicts, banditry, as well as other natural and other forms of disasters, which frequently occurred in different parts of Nigeria. The three programmes and projects listed below are provided for as functions of the North-East Development Commission (Establishment) Act, 2017. Some of these initiatives include:

- a. Humanitarian Response Strategy (HRS, 2019-2021): The HRS was initiated in the North-Eastern BAY States (Borno, Adamawa and Yobe) to take care of a

protracted or sudden onset emergency that requires international humanitarian assistance.

- b. Nigeria Humanitarian Fund: Floated by the UN primarily to tackle the crisis-hit Northeast Nigeria caused by the destructive activities of the Boko Haram terrorists.

- c. The Buhari Plan: Another North-East rebuilding initiative for the BABY States of Borno, Adamawa, Bauchi and Yobe.

2.2 - Financing of Social Protection Programs in Nigeria.

Comparing other nations in the region and Nigeria counterparts on the World Bank human index country, the Nigerian government is spending far too low on its social protection programmes. In 2019, government spent less than 2% of its GDP on social protection . A good case study is the current amount given to households for the conditional cash transfer as a monthly stipend of about \$13. Using the global index of \$1.99 daily limit as yardstick for poverty, it therefore means those receiving the monthly cash transfer will continue to wallow in poverty. This is one among few reasons that makes most of the programmes devoid of any linkage to productive opportunities for the teeming growing youth population let alone meeting the conventional Social Protection program's three core objectives: resilience, equity, and opportunity.

2.3 - Social Register in Nigeria.

Taking cognizance that the overall objective of social protection programs is to alleviate poverty in Nigerians, the

National Social Register (NSR) was built. The NSR is a database of vulnerable and poor household and individuals in the country. The NSR database is built using three combination targeting mechanism: community-based targeting, geographic targeting and proxy means test. Coordinated by NCTO, the conditional cash transfer is one of the programs that requires mandatory enrolment of poor and vulnerable persons into the social registry.

2.3.1 Eligibility into the Social Register

Using the conditional cash transfer (CCT) as an example, below are the eligibility criteria:

All households identified as poor, vulnerable and below the 6th decile of the NSR which is a selection process designed by the National Social Registry, are eligible for Conditional Cash Transfers. Payments are, however, made to only those who fall below the proxy means test, having been identified as needy and deserving. Eligible Households must have one or more of the following:

Health: Pregnant woman who are registered and attend antenatal and post-natal clinic; Lactating mothers with Children between 0-2 years.

Education: Children between 6 and 18 years old

Environment: Women between 18 and 40 years.

2.4 Highlights of State-Level Social Protection Policies and Programs in

Jigawa, Kaduna, Kano and Zamfara States:

Available records indicate that three among the four focal states of Jigawa, Kaduna, and Zamfara have developed social protection policy, and are currently implementing various social protection programs with support from, and partnership with the Federal Government, international development partners and civil society organizations. However, the policy for Kano is awaiting the state executive council approval. The four states have signed-up to virtually all federal government NSIP programs including the home-grown school feeding, cash transfers, etc. However, there is limited access to adequate data on the exact number of beneficiaries and the details of social protection programs currently being implemented across the four states.

2.4.1 Jigawa State

In Jigawa State, social protection schemes include:

- Social Security scheme for the physically challenged and the disabled: Since 2007, this falls under the Jigawa Rehabilitation Board under the Ministry of Women Affairs and Social Development. It covers 50,000 families across 27 local government areas and provides N7,000 (about USD35) monthly to Ministry of Health (MOH) - assessed individuals. Disabled children included through access to education and proper health services. As of 2015, N28,539,000 had been paid to the beneficiaries. The programme is fully

owned by the state government and has no donor or civil society input. Selection is found to be largely based on patron– client relationship and luck as there are no criteria developed for the selection process.

- Safe Motherhood Initiative: Under the Ministry of Women Affairs, provides mobile clinics for safe delivery to address maternal health gaps in rural communities.
- Free Girl Child education for girls: For children with disabilities; provides scholarship for students in higher institution of learning.
- Women in agriculture programme: Run by the Ministry of Agriculture; provides fertilizers and seedling subsidies.
- Women's empowerment initiative: Widows are given three goats (one male, two female). Female local food vendors are given 10,000 Naira (USD50) to boost business.
- Jigawa state's SR accounts for about 23,858 PWDs from a total of 208,972 households and 817,784 individuals.

In Jigawa State, social protection programming has been a priority with funding of schemes prioritized over civil servants' payments. Through collaboration of some international non-governmental organisations and the Food and Nutrition Committee, a Food and Nutrition policy approved and launched to address child-related concerns which will be informed by the CDGP pilot project. However, despite the political will and previous achievements, there is still some way to go towards finalising and achieving a

state policy on social protection.

2.4.2 Kaduna State

Kaduna State currently implements a Social Investment Policy which outlines social assistance that provides non-contributory support to the poorest and most vulnerable groups, including children, women, sick and injured workers, PWDs and the elderly. Also, it highlights a social insurance, which focuses on contributory programmes that protect against vulnerabilities that can affect income or welfare of persons. Under this measure, there is health insurance schemes, pensions, unemployment and maternity benefits etc. In addition, the policy dwells on labour market interventions which focus on labour market risks and focus on reducing unemployment by providing skills and relevant policies and support to enable the unemployed find work. Likewise, the document talks about social care services which focus on providing community-based care services in order to ensure that beneficiaries of social protection interventions are connected to basic services. And it also dwells on legislations, regulations and institutional rudiments to ensure that the poorest and most vulnerable do not suffer from exclusion and are able to live a life of dignity.

Kaduna state also has a Social Register with 216,398 households and 825,805 individuals on it. Only about 46,836 individuals on the register are PWDs. Over 30,000 of these beneficiaries are currently enjoying the Conditional Cash Transfers. The Kaduna State Executive Council has adopted the register as the primary database for poor and vulnerable households and has been

mining from the database for the distribution of the Covid-19 palliatives. It is also in the process of enrolling 4, 000 individuals from the register for health insurance.

2.4.3 Kano State

The SR in Kano state accounts for 26,716 PWDs out of a total of 876,755 individuals and 173,065 households. Kano state currently implements some social protection programs including cash transfers, women and youth empowerment, support for the elderly, etc. The State has also signed a Memorandum of Understanding (MOU) with the Federal government to enable its citizens benefit from the various NSIP programs especially the homegrown school-feeding program. Lack of adequate information from the ministries, departments and agencies (MDAs) in the State pose challenge to capture all the social protection programs they implement. Upon the signing of the policy, adequate information on their State based social protection programs will likely be a great challenge.

2.4.4 Zamfara State

Zamfara has 291,629 house holds and 1,341,153 persons on the register, with only 28,073 PWDs. Social protection programs in Zamfara state are based on the State's Social Protection Policy and it addresses issues of lack of access to education and healthcare for children. Also contained in the policy are social assistance, cash transfer, and community health insurance programmes. The Ministry of budget and economic planning in the state has also been directed to develop implementation framework

furthermore, SP council was approved. The State have the highest number of resident in the social register.

There is good evidence to show that citizens of Zamfara state are benefiting from the various NSIP programs of the federal government including cash transfers, home grown school feeding, economic empowerment programs, etc.

2.5 Impact of Social Protection in Nigeria:

There were identified positive impacts resulting from the implementation of the NSPP. One direct positive impact is the improvements that those initiatives have brought to the lives of the beneficiaries. Programs like the Home-Grown School Feeding Program, Conditional Cash Transfer Schemes like Trader Moni and Farmer Moni have improved the economic standings of some individuals and nutritional needs of some pupils.

Nigerians are becoming aware of the obligation of Government at all levels to invest in Social Investment Programs and that their lives can be improved through such programs. This is capable of increasing citizens' consciousness and making them participatory in the processes of governance as well as holding their leaders accountable.

Another positive impact is that the NSPP has changed the social protection landscape in Nigeria, at all levels of governance. Almost all the current Social Protection Programs at both the Federal and State levels draw from the NSPP. So, while the NSPP has its limitations, it started a revolution in the social protection landscape and things can only get better from here.

One negative impact of the program is the feeling of non-inclusion that some



eligible non-beneficiaries have. Observing firsthand the positive impact on the beneficiaries makes them feel excluded. Compilation of a comprehensive and inclusive social register at the state and national levels has been advocated to mitigate this negative impact. The impact of the NSPP and various interventions are not felt by majority of Nigerians especially PWDs. Inequality continues to widen, and all the indices of poverty are on the increase. This may explain the impatience of the majority. Many respondents felt the impact is too little, and too slow.

The program made some marks on the direct beneficiaries of its intervention programs and changed the social policy landscape.

One of the consensuses to ensure sustainability is the need for entrenchment of the NSPP by making it law. If it becomes law, it is reasoned then that successive administrations will be under obligation to continue with the program and gradually build on the gains.

A good indication that the NSPP will survive is the political will to continue with it, and this is demonstrated by the present administration and the eagerness of development partners to constantly improve the process. The clamor for more by the citizens can also make its removal by any succeeding

administration unpopular, thereby increasing its chances of survival.

Major reasons why projects are abandoned after a few years of implementation is often because of lack of resources from the original source of funding. A good way to therefore sustain the initiative is to come up with innovative ways of funding. Looking in the direction of the private sector and trust funds managed by seasoned technocrats who have no link to politics can drive fund generation and sustainability. Already, the Private Sector has to some extent rendered support to the National Social Protection Program. In this wise, the contributions by the Health Care providers in National Health Insurance Scheme (NHIS) and the Pension Fund Administrators (PFA) and Pension Fund Custodians (PFC) are commendable.

The Political will to support Social Protection is encouraging. The development partners are assisting to review and improve the Policy to meet with best practices at different jurisdictions. When the Policy is translated into legislation as intended, Social Protection in Nigeria will continue to be sustained without further reliance on development partners.





Findings from Persons with Disability on Social Protection

A non-systematic approach combining both the use of qualitative, quantitative and literature review was adopted during the research that produced this report. Policy analysis and secondary data from existing literature were quintessential in shaping this document. Though the total sample size of 40 persons were quite small, these constitutes the total number of persons who attended the four focus group discussions conducted across the four focal States. Key informant interviews were also conducted for fifteen (15) government officials and staff of NGOs working in these States. While the full questionnaire and data disaggregation of the sample size are in Annex 1 – 4, the information gathered

are synthesized into five broad areas:

3.1 Knowledge of OPDs on social protection law, policy and programs

An approximate of 80% of persons interviewed were not aware of the existence of social protection policies in their various states or provisions of these policy documents. Although they know some of the social protection programs existing, they do not know if they are part of the broad terminology of “social protection”.

The remaining 20% who are aware of the social protection policy are those participating in various social protection committees in their States which are

part of the structures formulated around 2019/2020. These informed PWDs are mostly leaders of OPDs. Most knowledgeable groups on social protection are those in Jigawa and Kaduna while Zamfara and Kano are the least informed respectively.

With respect to the national social protection programs, the N-power is the most popular as more than 90% of PWDs are aware of it, but less than 15% of persons interviewed know beneficiaries with disability in their State. The home-grown school feeding program and the conditional cash transfer ranks second in terms of most known. An approximate of 90% of OPDs and PWDs confirmed that both segregated (special) and integrated schools in the State where children with disabilities attend benefit from it, particularly children in basic classes. Only 5% of persons interviewed know any person with disability benefitting from the cash transfer. The sub programs under the GEEP, particularly the market moni and trader moni are the least known. Rarely do leaders of OPDs and any PWD across the four States know any PWD benefitting in their State. However, having sum up total numbers provided by OPD leaders across the four focal States, an estimate of 600 women with disabilities benefitted from the recent twenty thousand Naira survival funds given to women. However, this number could not be verified.

As for the State specific social protection programs, Jigawa recorded the highest number of interventions that PWDs are aware of and benefit from. About 40 – 50 PWDs in each of the 27 LGAs received a sum of seven

thousand naira as cash transfer, which is part of their social assistance programs. Only Jigawa among the four States have this specific disability grants targeting solely PWDs including the aged who have disability. While all the four States provide school feeding program for children from Basic 4-6 including children with disabilities in the special and integrated schools, Jigawa State provides free education for girls and PWDs only from primary to tertiary while other states provide free education for all persons including those with disability from basic to secondary only. This indicate that the education scholarship program in Jigawa has a longer life cycle than other States but with slight gender disparity. With regards to health, Jigawa State has a free Maternal and child health care programme particularly for women and children covering maternity and antenatal for children age 0-5 years. Women and children with disabilities are said to also benefit from it but complain about inaccessibility, inclusivity, and discrimination by some health workers. Also, there is a social protection free health scheme for persons affected by leprosy but ended during the COVID-19 pandemic. As at February 2021 when the FGD was conducted, Kaduna State was already planning to commence free health insurance scheme for women including those with disabilities. Kano State also commenced the enrolment of PWDs into their health contributory scheme but free for PWDs. However, only those with physical disability and persons with albinism are currently enrolled. PWDs in Zamfara are not aware of any health social interventions in their State let alone benefit from it.

In-kind (Zakat) social protection programs are only implemented in Jigawa, Kano and Zamfara while PWDs in Kano and Kaduna are not aware of any existing in their states. Those in Jigawa, Kano and Zamfara do receive the food and fruit basket distributed in the states both in the pandemic era and during the populous Ramadan season and other festive periods in the year. Nonetheless, none of the states recorded in-service social protection programs that benefit PWDs.

3.2 Disability inclusive laws and policy at the State Level.

In Jigawa and Kano States, there are existing disability laws, while Kaduna and Zamfara State laws are at legislation stages. Both Jigawa and Kano disability laws make adequate provision for employment, economic empowerment, education, prohibit discrimination etc., but the implementation is quite weak in Jigawa and yet to commence in Kano. Both are yet to setup a disability commission as stipulated in the law.

All the four focal States excluding Zamfara have an existing inclusive education policy, but children are still attending integrated not inclusive schools. While none of the states have inclusive policies covering transportation, health or other basics, Jigawa has a gender policy that seeks to protect women with disabilities.

Beyond policy, disability inclusive employment and economic empowerment practice is weak across the four States with Zamfara recording the worst while Kaduna and Jigawa record an average. For example, it was gathered 27 of the 64 persons recently

recruited into the Kaduna State rehabilitation board are PWDs. In Jigawa, through few struggles by the disability movement, PWDs have been hired into different MDAs in the State. The largest recruitment witnessed by PWDs in the State was in 2009 when 3 PWDs were hired into each of the 27 LGAs and 5 into each of the ministries in the State. Both Jigawa and Kaduna have evidence of women with disabilities benefitting from the State economic empowerment interventions while women with disabilities in Zamfara and Kano complain of lack of access to such programs.

Politically, it is only in Zamfara that there has been a record of persons with disability occupying an elected position, which is in the State house of assembly. Across the four states, PWDs have been appointed into political positions that are mostly to oversee disability agencies or provide advisory on disability matters.

3.3 OPDs engagement in the Social Protection System

The Joint National Association of Persons with Disabilities (JONAPWD) is the recognised umbrella body of organisation of and for PWDs in Nigeria with State chapters across the federation. National bodies for specific impairment like the Nigeria Association of the Blind (NAB), Nigeria National Association of the Deaf (NNAD), Spinal Cord Injury Association of Nigeria (SCIAN), etc. are among the key leading cluster members of JONAPWD. Although the JONAPWD structure functions across the four States, Zamfara structure is weak and a parallel coalition is formed comprising of State chapter of specific impairment

associations and independent OPDs.

Together with JONAPWD, OPDs in the States advocate for disability rights, amplified the voices of PWDs, demand for inclusion in government programs and accessible infrastructure that can enhance independence living and dignity for persons with disabilities. They achieve this through advocacy, awareness creation, partnership and community mobilization.

As it concerns engagement, only in Jigawa did we find out a strong commitment and inclusion of OPDs in their social protection governance structure. A leader from the OPD movement is a member of the Jigawa State social protection council. In Kaduna, OPDs were engaged in the drafting and validation of the social protection policy but inclusion of OPDs in that of Zamfara policy was an afterthought which required the policy to undergo review when this SITAN was produced. Nevertheless, both Zamfara and Kaduna State are yet to inaugurate the social protection council.

Despite the engagement of OPDs at different stages of the policy, their involvement has not translated into any significance impact on the persons with disabilities, OPD leaders across the four States affirmed with slight exception to Jigawa. Neither have they been given opportunity to make technical input into the design and implementation of social protection programs nor have they been involved in the monitoring and evaluation phase. While most are unaware of the provisions in the policy, those who are informed decried of no role assigned to OPDs in the policy.

3.4 Inclusivity of the Social Register

As informed by the government staff both at the NASSCO and SOCU across the four focal States, the CBT is the methodology deployed to gather data of vulnerable persons in the community. SOCU organised three different focus group discussions in each community. The groups targeted were women, men and youth. Each group nominates names of households of poor and vulnerable persons. The names from the three groups are merged and duplications are then trimmed down to one. Enumerators visit each of the household to capture their data. It was claimed that during this process, individuals with disabilities are captured. From this data collected, a proxy means test is conducted. It has a ranking of 0-9. Those below 6th quintile are finally mainstreamed into the national social register.

During the key informant interview, the NASSCO declared that there is an approximate of 5.7 million persons in the NSR as of December 31, 2020. 4.8% of these numbers making up an estimate of about 274,000 are PWDs.

At the state level, only 10% of PWDs and their leaders are aware of the social register; the remaining are not aware of it. Those who are aware lack knowledge about the process and in general they are not aware of any of their members who have been enrolled into the register. OPDs said they have not participated except in Zamfara where the SOCU asked them to gather certain names to be captured into the system.

When members of the SOCU were asked about who a PWD is, their knowledge is limited to those having physical or sensory impairment, which

are the visible disabilities. Those with intellectual disabilities like downs syndrome, autism etc. and aged persons with physical disabilities are rarely seen as having any disability.

Not only is the CBT process and data instrument exclusive and subjective to PWD, those in charge at the State level have little or no knowledge of whom a PWD is as defined by the UN Convention on the Right of Persons with Disabilities (UNCRPD) and the National Disability Act, this then begs for answers at the role of the social inclusion officer at the national and state operation coordinating unit working for NASSCO.

While probing further the OPDs about the accessibility of their town halls where SOCU mentioned that FGDs took place, 95% indicated that they have no access to such environment. Some attribute it to the physical and environmental barriers, others, particularly women with disabilities allegedly disclosed that their culture, norms and traditions don't allow PWDs in the town hall where the elders meet and possibly having their cultural heritage close to such vicinity.

In addition, PWDs who are aware of the social register are not aware of the Grievance Redress Mechanism (GRM) put in place at the community level except one of them. He said he met the GRM representative in his community but because he is deaf and his friend who is a sign language interpreter was not around, thus there was a communication gap. Staff from SOCU interviewed affirmed the communication and accessibility barriers persons with disability might

face in using the GRM process and agreed there is need to strengthen this process.

3.5 Inclusivity strength/gap in the Social Protection System

Having conducted an in-depth analysis of the social protection policy across the focal States, the mainstreaming of PWDs reflects clearly across the following policy objectives/domain:

- Health
- Education
- Livelihood and economic empowerment
- Social assistance (only in Jigawa)

Persons with disabilities who are informed about their policy are also aware of these provisions. However, they complained about lack of PWDs across the other domain in the policy.

With more emphasis on the national social protection programs, such as N-power, market moni, trader moni, and the cash transfer, they complained that adequate slots are not allotted to persons with disabilities in the various State and in most instances, the processes are politicized and inaccessible to majority of PWDs.

In both the national and state programs, one missing piece is lack of provision for disability extra costs. One beneficiary of the N-power calculated his daily expenses when enrolled in the N-power program and said 80% of his monthly earning from the program is spent on his disability extra cost to work which is on transport. Another beneficiary of the CDGP social

protection grant given to women said while other women earn five thousand naira like her, whenever she is going to the hospital, she visits with her sign language interpreter, as well as pay for both persons' transportation. She also pays for her service. This makes the funds given to her dwindle just at one visit whereas other women save from theirs.

Beyond the disability extra cost, one gap also acknowledged is the major focus of only visible disability in the Jigawa social assistance program for PWDs. Other persons with invisible disabilities are neither acknowledged to be having disability nor benefitting from it. This brings to the fore the issue of disability eligibility determination in the social protection system in Nigeria and it cuts across the national social protection programs too, particularly in the N-power batch C application which also asks applicants to indicate if they have either "blindness, physical, deafness or albinism". Consequently, the most marginalized groups in the disability community are left behind.

Reflecting the voice of PWDs who are benefitting from the N-power, they applauded the government for the opportunity as it allows them to gather some real and practical experience. However, many experts from the community strongly believe the age limit of 35 years is discriminatory. "It is not my wish to start primary school at age 14, but inability for government to

provide inclusive school and rehabilitation around my local government was the problem. My parent had to wait for me to become a teenager to let me go to another state to commence my education", he empathetically expressed himself. "the N-power should allow PWDs up to age 40 to participate".

Despite the provisions of the Disability Act 2019, disability rights are not adhered to by government officials in charge of social protection with reference to those on the field. This is quite strong in Zamfara and Kano with little in Kaduna and Jigawa.

Nevertheless, across the four States, PWDs and leaders of OPDs applauded few among the social protection programs. In all the States, they believe the home school grown feeding program has helped to increase enrolment of children with disabilities, in which if monitored, would have contributed to reduction of out of school children. Many also attributed the free education in Kaduna and Jigawa contributing to the increase in the enrolment of children with disabilities. In Jigawa, with reference to their social assistance program, many believe it has economically empowered some PWDs, as some started business, some got married etc. using the funds.

Pathway to a Strengthened Disability Inclusive Social Protection system

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

4.1 Strengthen the data instrument and methodology at NASCO to be disability inclusive:

It is strongly recommended that the data instrument used by NASSCO for the social register be revised to capture and mainstream disability data and possibly disability needs rather than holding a separate disability data collection process. However, this latter suggestion can be adopted at first to increase the enrolment of PWDs into the social register or for specific disability social protection grant.

a. In mainstreaming disability into the regular CBT data capturing, the disability data can adopt the 6 Washington set of questions, but most preferably the enhanced 12 set of questions.

b. While there are existing data instrument by ILO, UNICEF and the UN measuring different layers of disability needs like employment, education for children with disability etc., a contextualized instrument can be developed in Nigeria and be revised by knowledgeable OPDs.

c. Data from the disability needs component will really help to know how to assist PWDs cover their disability extra costs, which can either, be provided for in-kind, cash or service.

d. There is need to train the data officers at both the national and state level. This disability inclusion training should also be extended to key staff at NASSCO and SOCU as it will help them to fully understand the concept of disability.

e. In addition to this, the physical /environmental barriers such as in the facility used at the FGD during the CBT, the communication barriers for the deaf if they attend the town hall meetings, the attitudinal barriers by parents and heads of households which might hinder other categories of persons with disabilities and cause them to stay at home during key

meeting of this nature are among the major barriers that require strategic intervention.

It is recommended that the CBT should adopt the three following action points:

- Each of the three groups – women, men and youth should be sensitized on who a person with disability is whenever the SOCU team visits every community.
- Each group should ensure at least 20% of their nominees are household of persons with disabilities due to intersections.
- When visiting the community for FGDs and when the GRM representative moves around the community, they should always consider having a sign language interpreter. They should also hold the FGD in a physically accessible location. All IEC materials should be produced in accessible format like braille, large print and easy to read format.

Increase institutional capacity of OPDs on social protection.

OPDs have a significant role to play in making sure the social protection system is disability inclusive. There is need for development partners, government and leading national OPDs to collectively build capacity of OPDs at State level to understand what is and how social protection works. It should also include building their capacity to monitor and evaluate such social protection programs that will help them to conduct shadow report to better support government decision.

Ability for them to know enhance their

capacity to advocate for their rights and support government in making the system effective and inclusive. Such capacity would also aide them to know how to mobilize the appropriate category of persons with disabilities for different interventions, most especially the vulnerable and marginalised groups in the disability community. It will also help them know how to support identified vulnerable PWDs access and apply for different interventions.

This capacity building intervention can take the train the trainer approach where few heads of the OPDs – the Chairman, Youth and Women leader are trained while they are empowered with resources to step it down to different groups in their organisation. Training only the executive head of the umbrella body at the State chapter should not be the sole approach, rather it should be done together with JONAPWD and specific impairment associations and independent OPDs at the State level.

4.2 Revising the social protection policy and governance framework:

Although in the national and state social protection policy in the four States, there were inclusion of PWDs in specific domain, there is need to ensure the entire domain are inclusive for all PWDs throughout the life cycle whether it is for children, teenagers, adults, aged or women.

Like the case of Jigawa, this policy review should also include the need for the representation of OPDs in the social protection council and the technical working group/committee on social protection as well as making provision on the role of OPDs.

For emphasis, this should be mainstreamed into the ongoing revision exercise for the national social protection policy. The aftermath of this revision should be extended into the policy implementation framework for effective and inclusive delivery. Trained OPDs on social protection as mentioned above can garner and mobilize as well be empowered to advocate for this review at state and national level.

4.3 Practicing an inclusive public awareness and communication strategy:

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 so they are represented in the different governance structures. That way, they will surely guide the public awareness approach to be inclusive and drive it among the disability community.

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

4.4 Disability Standalone Scheme:

To ameliorate the disability extra cost incurred by PWDs, having a standalone disability social protection scheme is the best global practice that should be adopted across states and at national level. This grant should target both adults with disabilities and parents of children with disabilities. Just like it is done in Jigawa and even in other

countries like South Africa, it should not deny anyone the opportunity to access and benefit from other social protection programs.

For the purpose of clarity, this disability standalone scheme can come in different forms – in-kind, in-cash and in-service. The in-kind could be providing assistive devices to PWDs such as mobility devices, screen readers, hearing aids, etc. The in-service could include provision of rehabilitation and therapy for adults and children. Those with intellectual disabilities require this service most and it can be situated within inclusive school environment and primary health centers to make access easier. Another option for the in-service is the inclusion of sign language interpreters which could be very useful to men and women with disability particularly at health facilities. For the in-cash form, it can be given like a social assistance just like that of Jigawa.

While this disability scheme is great, the main critical factor that must be considered is jointly formulating an agreeable disability eligibility determination and assessment or disability certificate. This will help to agree on how PWDs will be identified and assessed to have disability. It will also help to identify those who are vulnerable among those with disabilities and appropriately apportioning resources to different needs category.

Noteworthy, a medical assessment should not be adopted as a means of identifying PWDs as this is not in tandem with the laid-out principles of the UN Convention on the Rights of Persons with Disability to which Nigeria is also a signatory.

Annex

1. Demography of FGD sample size

Persons with disability	Jigawa	Kaduna	Kano	Zamfara	Total	%
Men	6	7	5	6	24	60
Women	4	3	5	4	16	40
Total	10	10		10	40	100%

2. FGD participants by disability

Impairment	Number	percentage
Physical	10	25%
Visual	12	30%
Hearing	8	20%
Albinism	5	12.5%
Leprosy	5	12.5%
Intellectual and developmental	0	100%
Total	40	

3. KII participant

	Government	NGOs	Total
Men	5	3	8
Women	3	4	7
Total	8	7	15

4. Number of FGD/KIIs per State

	Jigawa	Kaduna	Kano	Zamfara	Total
FGD	1	1	1	1	4
KII	3	3	4	5	15

5. Inception report including questionnaire for FGD and KII:

<https://drive.google.com/file/d/1h4a0jaFBa3-cDXGoF8kmelpq1VycfXT6/view?usp=sharing>



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