



NATIONAL POLICY ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF PERSONS WITH DISABILITIES WITH EMPHASIS ON WOMEN AND GIRLS (Simplified Version)



Global Exchange on Religion in Society



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Acronyms

CSR- Corporate Social Responsibility

CBOs – Community-Based Organizations

CSOs – Civil Society Organizations

EU – European Union

GERIS – Global Exchange on Religion in Society

FBOs – Faith-Based Organizations

FMoH – Federal Ministry of Health

FMoWASD – Federal Ministry of Women Affairs and Social Development

MDAs – Ministries, Departments and Agencies

MM – Mass Media

M & E – Monitoring and Evaluation

NHRC –National Human Rights Commission

NPHCDA – National Primary Health Care Development Agency

OPDs – Organization of Persons with Disabilities

PWDs – Persons with Disabilities

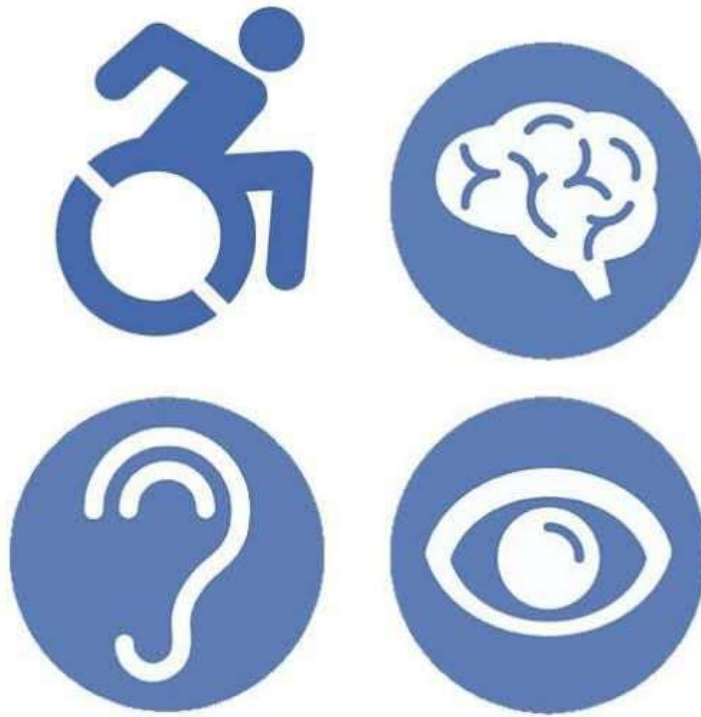
SRH – Sexual and Reproductive Health

WGWDs – Women and Girls with Disabilities

WWDs – Women with Disabilities

Presentation of Microproject

This version is compiled by Haly Hope Foundation & Media Advocates for Peace as part of a community awareness program and community-based initiative being a component of the Global Exchange on Religion in Society (GERIS) Project funded by the European Union (EU) to facilitate a global conversation on diversity, coexistence and social inclusion to connect positive experiences of coexistence among religious and non-religious actors, in societies across the globe (August, 2022).



About the GERIS project

Global Exchange on Religion in Society (GERIS) is an EU-funded, two-year (2020-2022) technical assistance project for **networking, societal capacity building and social media engagement**. The project is implemented by a consortium composed of Particip (lead partner) and the Media Diversity Institute. The **goal of the project** is to contribute to social inclusion and societal resilience by setting up a global, community-based initiative to facilitate a global conversation on diversity, coexistence and social inclusion. **Through this action, the European Union proposes to connect positive experiences of coexistence among people of different faiths, and none, in societies across the globe.** It sets out to empower civic engagement and facilitate a more active, participatory and shared sense of citizenship across different sets of beliefs and worldviews.

As a component of the project, we are carrying out a micro project tagged “CSO and Media Networking Project: Promoting the Sexual and Reproductive Health and Rights of Women with Disabilities in Nigeria. The objective of the project is **to get a critical mass awareness on Sexual and Reproductive Health Rights of Women with Disabilities and other matters through advocacy, education and dialogue engagement within the matrix of selected key opinion leaders, religious leaders, PWDs, law enforcement and the mass media.** Once these actors and stakeholders are equipped with the appropriate knowledge, inclusive decision making and early warning mechanisms can be designed for effective implementation especially in a pandemic situation like the COVID 19 and other community health occurrences.

1.1 Rationale for the Policy Framework

Persons with Disabilities have the same Sexual and Reproductive Health (SRH) needs as other people. They need the minimum package of reproductive health services available to everyone else but their special circumstances create barriers to access, such as communication barriers, ignorance of service providers, societal attitude, and inadequate capacity of service providers to manage clients with disabilities among others. These factors combine to deny persons with disabilities basic reproductive health services.

The current humanitarian situation in Nigeria has aggravated the reproductive health risks Persons with Disabilities suffer. These are often overlooked as there are very few interventions in this regard. Even the few interventions often contemplated, are usually unplanned, one-off and palliative with no concrete parameters to measure results, no indicators to monitor and evaluate progress and no sustainability plan. It is in the bid to arrest this situation that the National Policy on Sexual and Reproductive Health (SRH) and Rights of Persons with Disabilities with Emphasis on Women and Girls was designed.

The Policy aims at ensuring that all sexual and reproductive health programs reach and serve persons with disabilities. It will enable an understanding of issues of SRH of Women With Disabilities (WWD), aid program development and action by all relevant stakeholders and provide insights about the policy actions, the stakeholders and expected results from interventions.

Thematic Areas

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

The Issue: The level of awareness about disability issues generally and specifically, the reproductive health needs of PWDs is very low in Nigeria.

I would add a sentence or two here to elaborate on the issue. The recommended actions make more sense then. Like you did in the next section.

Policy Actions and Strategic Activities:

- The Federal Government should facilitate a comprehensive behavioural change program to address stigma and discrimination against PWDs.
- Government institutions (E.g., FMOH and FMOWASD) should emphasize the fact that SRH of WWDs is a fundamental human right.
- Government (at all levels) should create avenues to showcase and promote awareness of the capabilities and contributions of PWDs.
- Partnership between Government and the entertainment industry to implement sustainable campaign for SRH rights of WWDs.
- Government will engage traditional and religious leaders as a strategy to increase public awareness on the issues of inclusion of WWDs in SRH services.
- All media advocates have an important role to play in raising public knowledge and awareness.
- Donor organizations and CSOs to ensure issues on increased awareness to the SRH needs as well as support for WWDs are mainstreamed into the projects they fund.

1.2 Thematic Area 2: Improve Access to SRH for PWDs (Access to Education, Access to SRH Services, Access to Transport, Access to Information and Communication)

The Issue: Access here covers physical access; affordability, availability and the quality of service. It also includes access to information and communication. In Nigeria, WWDs experience limited access to and use of SRH services and programs as a result of infrastructural, economic, psychological and cultural barriers. Given the high rate of poverty among PWDs, many are unable to afford transport services that can take them to access SRH services. In addition, available and affordable vehicles are often inaccessible

WWDs have limited access to economic opportunities. This is further compounded by absence of policies or programs to enable them gain full or part-time employment. As such, they are unable to pay for services. When in the hospital to access services, they are confronted with barriers from many health workers who have inadequate skills for dealing with disability issues.

Many WWDs lack knowledge of their sexual and reproductive health and rights due to limited access to SRH information and education.

Strategic Objectives:

- To contribute to eliminating all barriers to access reproductive health services for WGDs.
- To provide guidance to all stakeholders (Government, CSOs and development partners) on the design, planning, implementation and monitoring/evaluation of quality reproductive health programs for WGDs.
- To guide stakeholders especially service providers on the development of capacity building programs for delivery of services for WGDs.

Policy Actions and Strategic Activities:

- The Government will ensure that SRH issues of WGDs are mainstreamed including strategies for improved access to services by PWDs.
- Modest modifications should be made in Government facilities to accommodate a wide range of disabilities.
- Government and its partners will invest in a program to support access to SRH and other educational materials for WGDs and should as a matter of policy, support SRH education programs led by disability-focused CSOs.
- Government at all levels, development partners, CSOs and other stakeholders will work to promote full and equal access to mainstream services for PWDs.
- The National Health Insurance Scheme will develop and operationalize community health insurance programs that include PWDs.
- The private sector, as part of their Corporate Social Responsibility (CSR) should consider investing and sponsoring activities that improve the SRH of WGDs.
- Government in collaboration with CSOs will conduct periodic audits of relevant institutions to assess compliance with policy provisions meant to eliminate all barriers and improve access for PWDs.

1.3 Thematic Area 3: Inclusion of PWDs in Health Governance

The Issue: WGDs are often excluded from contributing to the affairs of governance as it affects them, including SRH services. Instead, they are usually treated as passive recipients of services (targets).

Strategic Actions and Strategic Activities:

- WGDs must be included in all key discussions, meetings, and programs for their health and welfare.
- All MDAs will recognize and include PWDs/WGDs as a crucial constituency in all their programs and activities.
- The FMOH and NPHCDA and their state counterparts will ensure that the national Reproductive Health/HIV/AIDS integration guidelines also mainstream issues of SRH of WGDs.
- Relevant agencies with the mandate to promote and protect human rights shall carry out awareness campaigns on the rights of WGDs and how to seek redress where such rights are violated.
- Government at all levels will establish and operationalize disability desks in the Ministries of Health and Government hospitals.
- Government shall make budgetary allocation for PWDs, especially on the SRH matters of WGDs.

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

The Issue: A major challenge in programming for PWDs is inadequate partnerships and collaborations. Partners committed to disability issues are very few. Even at that, the few hardly focus exclusively on SRH for WWDs. Similarly, partnership between OPDs and Government is not strong and active as both have worked in isolation with very few meeting points. There is also a dearth of documented and sustainable public-private partnerships to address the SRH concerns of WWDs.

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

Policy Actions and Strategic Activities:

- Government at all levels will make practical efforts to foster and strengthen partnerships with OPDs and all key stakeholders that can contribute to meeting the SRH needs of WWDs.
- The NHRC will be fully supported (By Federal Government and donor organizations) to take steps to mainstream disability and SRH issues in their programs.
- Government will partner with private organizations to develop and support program addressing the SRH concerns of WWDs.
- FBOs need to be empowered by government at all levels and experts in disability and medical issues, to implement more sustainable programs for WWDs.
- Government will work with its key partners to strengthen the capacity of CBOs and local groups to act as change agents who would help to sensitize community members on SRH issues of WWDs.
- Government will collaborate and support various media at all levels including social media on issues concerning WWDs through active engagements of all concerned

1.5 Thematic Area 5: Promotion of Research, Monitoring and Evaluation for Evidence-based Programming for PWDs Issues

The Issue: There is relatively little research available on the SRH of WWDs and other PWDs as well as in other key areas; whether disability-specific studies, inclusion of PWDs in larger or population-based studies or in academic research, national surveys and national surveillance. Developing better evidence-based research on SRH of WWDs needs to be promoted and funded.

Policy Objective: To promote mainstreaming of disability issues in national surveys and stimulate interest among stakeholders in research, especially operations research and M&E in order to ensure that relevant data are available for government programming, planning and budgeting.

Policy Actions and Strategic Activities:

- All stakeholders including PWDs will work together to set a research agenda for disability issues at all levels especially for WWDs.
- Government will create an enabling environment for PWDs and OPDs to collaborate with researchers for all forms of research on SRH-related issues that can improve service delivery and inclusion of WWDs.
- Disability awareness training would be provided to all data collection officers in the ministries of health and women affairs, the Bureau of Statistics, National Population Commission and National Identity Management Commission.

- Nigerian Universities and national research institutes will be encouraged to promote research on disability issues as an integral part of their institutional research efforts.
- The private sector, especially corporate organizations, would be encouraged to support research into the reproductive health issues of PWDs through grants and awards to scholars and CSOs working in this area.
- All health programs in the FMoH and supporting departments and agencies will monitor and evaluate the adequacy and appropriateness of SRH services being provided to PWDs, as well as assess their satisfaction with the services.
- Government will institute a dedicated national disability survey to obtain periodically comprehensive information on disability characteristics, e.g., health conditions associated with disability, use of and need for services, quality of life, opportunities and rehabilitation needs.

Annex: Accepted terminologies for persons with disabilities

When addressing persons with disabilities, it's appropriate to use the right words that is globally accepted and simple, emphasis should be on the individual and not the disability. The generally acceptable term to use is Person with Disabilities (PwDs)

In my view, this section would be much more effective if you created a table with two columns: one with current terminology used in Nigeria, the second with your recommendations.

Visually Impaired:

Different people with visual impairments prefer different terminology to refer to themselves, including:

- Person who is visually impaired/or partially sighted
- Person with low vision
- Person with visual impairment /sight loss

NB: Some people have extremely limited or no residual sight. The recommended terminology, in this case is - A blind person or person who is blind

Those who have some vision loss as well as hearing impairment, and those who are totally deaf and totally blind, often use the term **deafblind**.

Hearing impairments:

Different people with hearing impairments prefer different terminology to refer to themselves, including:

- Deaf
- Hearing impaired
- Hard of hearing

Physical Impairment:

Different people with physical impairments prefer different terminology to refer to themselves, including:

- Person with physical disability or impairment
- Wheelchair user
- Person with cerebral palsy/spina bifida/multiple sclerosis
- Person with restricted growth/short stature/dwarfism

Cognitive and Intellectual Impairments:

Different people with cognitive and intellectual impairments prefer different terminology to refer to themselves, including:

- Person with learning difficulties or a learning disability
- Person with intellectual or cognitive disability
- Person with dyslexia or dyslexic person
- Person with autism or autistic person
- Person with Down Syndrome

Mental health and psychosocial disabilities:

Different people with Mental health and psychosocial disabilities prefer different terminology to refer to themselves, including:

- Person with a psychosocial disability
- Person with a mental health condition
- Person with bipolar
- Person with PTSD
- Person with depression
- Person with anxiety



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