**QUESTIONNAIRE ON THE RIGHT TO HEALTH OF PERSONS WITH DISABILITIES TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH**

1. Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.

**Existing legislation in Nigeria**

*Presently in Nigeria there is no specific legislation pertaining to rights to health of persons with disabilities; however there exist non coherent legislations that have provisions on right to health of persons with disabilities.*

1. *UN Convention on the Rights of persons with Disabilities*
2. *Optional Protocol to the Convention on the Rights of person with Disabilities*
3. *African Charter on Human and Peoples’ Rights*
4. *Constitution of the Federal Republic of Nigeria 1999 as amended*
5. *National Commission for Rehabilitation Act, 1969*
6. *National Disability Policy*
7. *National Health Policy*
8. *National Health Act*
9. *National Provident Fund Act, 1961*
10. *Lagos State Special Peoples’ Law*

 **Planned legislation**

* *The Nigeria Disability Bill-currently awaiting presidential assent*
* *National Policy on Sexual and Reproductive Health and Rights of Women and Girls with Disabilities in Nigeria*
* *National Policy on Albinism*
* *Independent National Electoral Commission’s National Disability Policy for Electoral Inclusion for Citizens with Disabilities:*

 **Current Challenges**

* *Failure to assent the Disability Bill by two former Presidents*
* *Failure to fully involve all Persons with Disabilities Associations in drafting of legislations /policies*
* *Existence of numerous Associations of Persons with Disabilities creates room for disunity*

 **Good Practices**

* *Passage of the Disability Bill by the Senate and House of Representatives*
1. Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:
* Availability of barrier-free general healthcare services and programmes, which take into account all accessibility aspects for persons with disabilities;
* access to free or affordable general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage;
* access to free or affordable disability-specific healthcare services and programmes; and
* access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention.

*Lack of sufficient data has made it difficult to appreciate the magnitude and scope of problems facing persons with disabilities in the country. From the statistics available, it is not an overstatement to say that Nigeria is one of the poorest countries in the world. The data and information at hand do not include adequate details of those with disabilities, hence, it is difficult to effectively plan for them.*

* + *The availability of barrier-free general healthcare services and programmes taking into account accessibility aspects for persons with disabilities are below average. The Administrators of public and private health centres are mandated to construct barrier –free infrastructures by provision of rams. However there are many structural barriers in the built environment, inaccessible service point, inaccessible entrances due to security system, poor town planning and poor interior designs of hospitals and clinics. Disability Rights Centre (DRAC) an NGO conducted an accessibility audit on the multi-sectoral services available to survivors of violence, especially women and girls with disabilities. Results showed that accessibility of healthcare to persons with disabilities is non-existent. 90% of the audited facilities in the Federal Capital Territory and suburb such as Mararaba, Nasarawa State do not provide equitable healthcare service for persons with disabilities, especially women and girls with disabilities.*
	+ *Persons with disabilities are among the poorest of the poor in Nigeria. Therefore, they find it difficult to access healthcare for their basic health needs. Many find it difficult to afford even the cheapest available healthcare as they have to pay extra for services such as hiring a sign language interpreter. Lack of financial accessibility also hinders people with disabilities to acquire assistive devices as these devices are not subsidized by the government. People with disabilities in Nigeria have limited or no access to information and communication on their rights, diagnosis, medical record and available services and programmes pertaining to their disabilities as well as on those services which are generally available to the general public.*
	+ *There is currently no special healthcare program taking into consideration the sexual behavior of persons with disabilities as it relates to HIV/AIDS. However general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage are affordable and not free.*
	+ *The persons with disabilities do not really enjoy any special rights to health care facilities and programmes beyond any rights enjoyed by the non-disabled citizens, except for an extreme condition that disability-specific healthcare services and programmes are affordable and free.*
	+ *Habilitation and rehabilitation goods and services, including early identification and intervention are affordable and not free. People with disabilities have received some form of rehabilitation in all States although it varied. However adequate rehabilitative services are available in few States such as Lagos, Oyo and Edo. Most hospitals in other States do not have such adequate services and where available they are in poor conditions. Aids and appliances that are meant to enhance the potentials of persons with disabilities are usually not available. Where they are available, they are often beyond the reach of an average person with disability. Although some aids and appliances are produced locally at affordable cost, they are not sufficient.*
1. Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/ or life insurance by public or private service providers.
* *The non provision assistive devices for persons with disability seem insensitive and discriminatory for persons with disability particularly for women in labour, antenatal and post-natal services. Many healthcare providers lack sign language interpreters, and so hearing impaired patients struggle to seek, receive and communicate health information and most often have to pay extra to have the services of interpreters.* *In most cases persons with disabilities also face the same problems of prepayment for treatment that other citizens are facing unless they are able to receive assistance from any other source. Although the National Health Insurance Scheme also provides for healthcare services and health insurance for those in the vulnerable group which include the physically challenged persons, however the provisions are not discriminatory by either public or private service providers but not totally free; and these vulnerable groups are to be registered members of various Persons with Disabilities Association, whereby they are not registered, they access healthcare services through their community heads.*

*Neither the public nor private service providers cover life insurance. Other forms of discrimination experienced in healthcare are meted out by non-disabled patients in the hospitals, other disabled patients, other hospital personnel, few nurses and doctors.*

1. Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.
* *Persons with disabilities, especially women and girls suffer several forms of violence and abuse. According to Disability Rights Centre (DRAC), these include the violations of their rights to free and informed consent regarding their sexual and reproductive health. Many women with disabilities face forced sterilization which occurs when a woman is sterilized after previously refusing the procedure without her knowledge or without been given an opportunity to give her consent. While coerced sterilization occurs when certain incentives or tactics are used to force a woman to undergo such a procedure. Many women with disabilities undergo forced/coerced sterilization mostly with the consents of others, thereby violating their rights.*
1. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.
* *The government of Nigeria recognizes the formation and establishment of organisations of and for persons with disabilities to cater for their interests and represent them at local, national and international / regional levels*. *Although in Nigeria there are no legal provisions mandating the representatives of persons with disabilities to participate in policy-making and to work with government institutions, the Persons with Disabilities associations have the role to advocate for entrenchment of rights and improved services, mobilize persons with disabilities to identify their needs and priorities. They also participate in the planning, implementation and evaluation of services and measures concerning the lives of persons with disabilities through an ad-hoc and incoherent manner mostly at the prompting of the Persons with Disabilities themselves through advocacy and gate crashing. However, complaints are received from some Persons with Disabilities associations of not being actively involved in the design, planning, implementation and evaluation of health policies, programmes and services. In fact there is a growing advocacy for persons with disability are integrated in planning and designs of programmes concerning for persons with disability hence the phrase ‘nothing for us, without us’.*