



Overview



ADVOCACY BRIEF:

A CALL FOR URGENT DOMESTICATION AND IMPLEMENTATION OF THE NIGERIA DISABILITY RIGHTS LAW ACT IN EBONYI STATE, ESTABLISHMENT OF THE EBONYI STATE AGENCY FOR PERSONS WITH DISABILITY AND ADVANCEMENT OF DISABILITY-INCLUSIVE SRHR SERVICES

EXECUTIVE SUMMARY

This brief contains key policy advisory advocates for urgent attention of the Ebonyi State Government which aligns its overarching objectives to build an inclusive society for all citizens including Persons with Disability (PWDs). The brief identifies three urgent issues that will help the Government deliver on the expected goals: Firstly, domestication and/or implementation of the Nigeria Disability Rights Act Law in Ebonyi State, Secondly the establishment of

regulatory framework for Disability Rights via the Ebonyi State Rights Commission. Additionally, advancing an inclusive Sexual and Reproductive Health and Rights (SRHR) services within the healthcare delivery system, especially free access to contraceptive pills, cervical cancer screening, and HIV/STIs services for women and girls with disabilities. Despite legal and policy milestones, including Nigeria's ratification of the UN Convention on the Rights of Persons with Disabilities, and the passage of relevant state and federal laws, significant barriers persist in ensuring equitable access to SRHR for PWDs, particularly women and girls.

Persons with disabilities (PWDs), especially women and girls, face higher risks of gender-based violence, poorer health outcomes, and limited access to sexual and reproductive health information and services. Acknowledging that Ebonyi State has made progress in health reforms, persons with disabilities (PWDs) particularly women and girls remain excluded from access to SRHR services, face heightened risk of gender-based violence, and experience systemic neglect within the healthcare delivery system and lack legal protections. This brief highlights urgency of policy actions, real-life experiences, and evidence-backed data to guide stakeholders engagement for equitable health and



BACKGROUND

The National Commission for Persons with Disabilities in 2023 estimate indicates that Nigeria is home to an estimate of over 350 million persons with disabilities (PWDs) in Nigeria and this represents about 15% of the country's 237 million

In 2024 and 2025, Voice of Disability Initiative in partnership with Hope Inspired Foundation organized multiple advocacy meetings in Ebonyi state. The meetings brought together government officials, traditional rulers and PWDs' leadership to exchange ideas on pathways to address the identified challenges, proffer solutions as well as sustainable model towards addressing them. Traditional rulers, openly promised to influence the state policy after first-hand testimonies of PWDs' exclusion from education, employment, and healthcare. Women with disabilities in Ebonyi formed Technical Working Committees and advocacy groups, collaborating with civil society to pressure recent legislative progress.

"Ebonyi State must act now to align with national and global disability inclusion standards."

AGENCY ROLE AND BENEFITS

The proposed Ebonyi State Agency for Persons with Disabilities would be expected to undertake these roles:

1. Domesticat and Implement the National Disability Rights Act

- Oversee domesticat and implementation of the Disability Rights Act.
- Ensure PWD leadership inclusion in decision-making process (for instance, the Agency head must be a Person with Disability to provide a lived experience).
- Mainstream disability inclusion across all sectors (health, education, livelihoods).
- Mobilize funding and partnerships for inclusive programmes.

2. Guarantee Free Access to SRHR Services for Women with Disabilities

- Swiftly operationalize the newly passed Disability Rights Law through government gazette and adequate resourcing.
- Guarantee PWDs representation at leadership and board levels of the Commission.
- Legislate and budget for free contraceptive commodities and free cervical cancer, HIV, and STI screening for women with disabilities—a group at proven heightened risk.
- Adopt successful best practices from other Nigerian states where mobile clinics and

- Adopt successful best practices from other Nigerian states where mobile clinics, and integrated screening services improved PWD access and health outcomes.
- 3. Build Accessible and Inclusive Healthcare Infrastructure**
- Mandate ramps, disability support desks, sign language interpreters, and disability-disaggregated data collection in all public and private health facilities.
 - Train health workers on rights-based, disability-friendly SRHR service delivery.
 - Sustain cross-sector advocacy targeting the State Governor, Speaker of the State House of Assembly, State Traditional Councils, and religious leaders.
 - Maintain an active multi-stakeholder technical working committee involving women with disabilities to monitor State compliance and inclusion in all MDAs.

4. Ongoing Advocacy and Engagement

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- Sustain cross-sector advocacy targeting the State Governor, Speaker of the State House of Assembly, State Traditional Councils, and religious leaders.
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FOR HUMANITARIAN AND DEVELOPMENT ACTORS

- **Community sensitization:** Leverage OPDs and DPOs for grassroots sensitization campaigns on PWD rights and SRHR, targeting families, communities and service providers.
- **Inclusive Communication:** Develop and disseminate SRHR information in accessible formats: Braille, easy-to-read, sign language, pictorial guides, etc.
- **Intersectionality Focus:** Incorporate gender-based violence prevention and response into all SRHR programs for PWDs.

population. For PWDs, especially women and girls, access to SRHR services is severely limited due to physical, informational, attitudinal, and systemic barriers. Research shows that 16% of the global population with disabilities is routinely cut off from essential sexual and reproductive health services—this holds particularly true for Nigeria, where social stigma, cultural norms, infrastructure, and insufficient policy implementation hinder progress.

1. *Sexual and Reproductive Health and Rights (SRHR) 2. Abdullahi M (2023) "35 million people living disabilities in Nigeria, says NCPWD", The Cable News Nigeria, December 2. <https://www.thecable.ng/35m-people-living-with-disabilities-in-nigeria-says-ncpwd/>*
3. *World Meters (2025) Nigeria Population – Live <https://www.worldometers.info/world-population/nigeria-population/>*

Recent studies show that 72% of women with disabilities in Southeast Nigeria, including Ebonyi, lack access to essential SRHR services (DRAC, 2022). Physical, informational, and financial barriers, along with deep-rooted stigma and inadequate health provider training, further widen this gap. In 2023, Ebonyi State recorded one of the lowest rates of cervical cancer screening among women with disabilities in Nigeria, while HIV prevalence remains high, at 1.4% among adults (NACA, 2023), with no disability-specific intervention plans.



KEY FINDINGS



1. **Legal Vacuum & Poor Implementation**
Ebonyi State lacks a domesticated Disability Rights Law to provide institutionalised process for addressing violations of disability rights. No active Disability Rights Commission exists, resulting in non-enforcement of rights of persons with disabilities in the state.

REALITIES IN EBONYI STATE



- **No Legal Framework:** The absence of a domesticated law denies PWDs the rights to legal recourse against discriminations.
- **No Implementing Agency:** Critical interventions (e.g., accessibility audits, SRHR programmes) remain uncoordinated within the health system.
- **Missed Opportunities:** States with domesticated laws (e.g. Lagos, Kwara) attract funding and partnerships for inclusion.

2. Health Access Barriers

Health facilities are inaccessible to PWDs, lacking ramps, sign language interpreters, or privacy for women and girls with disabilities. No disability-inclusive SRHR services in the primary healthcare centers, secondary or state hospitals and private health services providers. No free contraceptive commodities specifically accessible to women with disabilities.

3. **Discrimination and Violence**
Gender-based violence (GBV) is rampant. In 2022, VDI and local partners documented 57 cases of GBV against women and girls with disabilities in Ebonyi, yet no conviction was recorded.

4. **Missed Opportunities**
Ebonyi State missed out on federal disability funds and international SRHR grants due to lack of legal frameworks and regulatory institutions. Other states such as Lagos, Plateau, and Ekiti, which have domesticated the Disability Rights Act, have received donor support and technical aid to implement inclusive programs.

Partnership Support: Civil society organizations, including VDI, are ready to offer technical support for drafting relevant legislation, building stakeholder consensus and enhancing public awareness on disability inclusion. Post-establishment, these groups can support capacity development for agency staff and implement joint programs.

CALL TO ACTION VOICE OF DISABILITY INITIATIVE (VDI) STRONGLY CALLS FOR:

Voice of Disability Initiative (VDI) calls on the Ebonyi State


Government, and all stakeholders to:

- Urgently pass and implement the Ebonyi State Disability Rights Law.
- Prioritize free inclusive SRHR services for women and girls with disabilities in health facilities across the state.
- Establish the Ebonyi State Disability Rights Commission with real funding, data management, and enforcement power.
- Create a state legacy of inclusion, justice, and dignity for all citizens.



Further Information

Voice of Disability Initiative

 www.voiceofdisability.org

Select References (inline citations only)

Nigeria National Policy on SRHR for Persons with Disabilities

DRAC Research Brief on SRHR Knowledge and Utilization

The Guardian (VDI advocacy in Kwara State)

KWHA Bill Tracker

Hivos: Empowering Nigerian Women with Disabilities

World Bank: Disability Inclusion in Nigeria

Inclusive Futures: SRHR and Family Planning



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**“Disability inclusion is not a favor, but a fundamental right.
The time to act for a truly inclusive Kwara is now.”**