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## CHAPTER 18

### BARRIER AND ACCESS ENHANCEMENT STRATEGIES FOR DISABILITY INCLUSION

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#### **Introduction**

Over one billion people (an estimate of 15% of the world's population) have one form of disability or the other. Imperatively, developing countries such as Nigeria have the highest number of persons with disabilities. Most often, these categories of people are more likely to experience adverse socioeconomic outcomes such as less education, poorer health outcomes, lower levels of employment, and higher poverty rates. Poverty is most likely to increase the risk of disability occurrence through malnutrition, inadequate access to education and health care, unsafe working and living conditions, a discriminating polluted environment, and lack of access to safe water and sanitation. Persons with Disabilities (PWDs) as result of these situations, are perpetually exposed to increase risk of poverty, through inadequate employment and education opportunities, lower wages, and increased cost of living with a disability (World Bank, 2022).

Hence, it is pertinent to state that Persons With Disabilities [PWDs] experience a lot of barriers to inclusion which makes them to live in deplorable condition as a result of their physio-biological and psychosocial incapacitations. These barriers to inclusion are natural or manmade obstacles, or blocking circumstances that hinder movement, hurdles that keep someone apart or prevent participation and effective communication within the mainstreamed human endeavour in daily activities. Barrier in this context can be anything in and around a person that prevents access and feeling of belongingness. Examples of situations reflecting in different aspects of the lives of PWDs as barriers include: social interaction, communication, transportation, education, employment, physical fitness, self-esteem and attitudinal.

Consequently, the need to enhance or intensify equitable PWDs access to mainstream inclusive society is paramount.

Access for PWDs in this context refers to provision of equitable reasonable accommodation at all spaces of human life for the attainment of self-development and wellbeing as human right. Ensuring fairness and enabling accommodative living for all humans on the planet earth. Nigeria, having been a signatory to several international and national human right conventions, laws and policies; which provisions are aimed at demonstrating different inclusive strategies to enhance participation, create awareness and opportunities to all, including PWDs.



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Inclusion, therefore, is an attitude that urges sets; schools, neighbourhoods, communities to welcome, embrace and value everyone, regardless of differences. The crux of inclusion is a belief that everyone belongs, diversity is valued and appreciated as capability for complementary effect. This chapter discusses the barriers to inclusion and access enhancement strategies for disability inclusiveness with focus on: understanding concept of disability inclusion and importance; barriers to disability inclusion and access enhancement strategies.

### **Conceptualizing Disability Inclusion and Importance**

Scholars have sharpened the concept of disability inclusion to mean the following:

According to Rimmerman (2013), disability inclusion refers to: being accepted and recognised as an individual beyond the disability; having personal relationships with family, friends and acquaintances; being involved in recreation and social activities; having appropriate living accommodation; having employment; and having appropriate formal and informal support. Conceptualizing disability inclusion means understanding the relationship between the way people function, how they participate in society and ensuring everyone has the same opportunities to aspects of life to the best of their abilities and desires.

Also, Al-Ju'be (2015), conceived disability inclusiveness as ensuring the full participation of people with disabilities as empowered self-advocates in development processes and emergency responses that work to address the barriers which hinder their access and participation. Hence, it is evident from the definitions given above that disability inclusion is a process of creating opportunity or environment that accommodate the needs of persons with disabilities in all aspects of life such as family life, education, workplace, career and employment, transport, infrastructure accessibility among others.

Disability inclusion is an important global commitment for development and humanitarian actions. The Sustainable Development Goals (SDGs) for the post-2015 development agenda, set out in the 2030 Agenda for Sustainable Development, reinforce the global commitment to end all forms of poverty while ensuring that "no one is left behind". Therefore, we can only meet the SDGs when persons with disabilities are included in all development and humanitarian efforts (Rimmerman, 2013).

The Charter on Disability Inclusion in Humanitarian Action at the first World Humanitarian Summit held in May 2016 in Istanbul, where disability humanitarian Action Charter was endorsed by UN agencies, civil society organizations and member states. By endorsing this Charter, Nigerian government at all levels is committed to providing humanitarian action inclusive of persons with disabilities. This means national commitment to remove the barriers persons with disabilities are facing in accessing relief, protection and recovery support, and



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ensure their participation in the planning, implementation and monitoring of all humanitarian programmes (Wapling & Downie, 2012).

The Convention on the Rights of Persons with Disabilities, most importantly, the UN General Assembly, repeatedly encouraged countries of the world including Nigeria to make progress towards addressing the needs, rights and protection of persons with disabilities in its operations in accordance with the Convention on the Rights of Persons with Disabilities (CRPD). The CRPD and its Optional Protocol were adopted unanimously by the UN General Assembly on 13 December 2006 and entered into force on 3 May 2008. The CRPD is an international human rights treaty that promises to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities.” The CRPD does not aim to create new rights for persons with disabilities; instead, it provides guidance for States that have ratified the Convention on how to protect, promote and uphold the human rights of persons with disabilities to which they are entitled to already on the basis of other applicable human rights treaties and international law. This means, for example, that the CRPD emphasises the importance of the right to inclusive education for all, which is a right contained in other instruments such as the Convention on the Rights of the Child and the Convention on Economic, Social and Cultural Rights (Schulze, 2010). In this way, the CRPD recognizes that human rights apply equally to all human beings, nonetheless, persons with disabilities face difficulties/barriers in claiming their rights to equal opportunities in all aspect of social life endeavours, decades after agreeing to the convention commitment. There are a number of reasons why Nigeria needs to consider disability inclusion and give equal opportunities to persons with disabilities.

- i. Persons with disabilities (PWDs) Rights As Others The UN Convention on the Rights of Persons with Disabilities (CRPD), Nigerians with Disability Decree 1993, The National Policy on disability in Nigeria 2017; The Discrimination Against Persons with Disabilities (Prohibition) Act, 2018 among others state clearly that persons with disabilities have the same rights as all other persons. Thus, persons with disabilities in Nigeria have equal rights to access all Agency services, including education, health, relief and social services, microfinance, all public infrastructure, protection from physical and emotional harm, and emergency response. To ensure persons with disabilities can claim their rights, services must be provided without discrimination, with necessary and appropriate modifications/adaptation.
- ii. PWDs Representation of Nigerian Population. According to the World Health Organization, in 2018, about 29 million of the 195 million people who comprise Nigeria’s national population were living with a disability. Data from the 2018 Nigeria Demographic and Health Survey reveal that an estimated 7 percent of household members above the age of five (as well as 9 percent of those 60 or older) have some level of difficulty in at least one functional domain, seeing, hearing, communication, cognition, walking, or self-care; and 1 percent either



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have a lot of difficulty or cannot function at all in at least one domain (World Bank, 2020). This group of people cannot be left behind. Thus, there is need to enhance their accessibility in all aspect of life.

- iii. Disability Inclusion as an Enhancement of Development and Humanitarian Action Disability and poverty are linked. People living in poverty are at risk of acquiring a disability, because poverty and the associated lack of access to health care, clean water and safe living conditions may cause health issues and impairments. Persons with disabilities and their families are more likely to be poor, as they often experience barrier to education, information, employment, skill acquisition, etc, as such lacks physical, economic and social developmental capacities. Identification and removal of barriers through planed humanitarian equitable actions enhances disability inclusion. Where PWDs are excluded from social inclusion they are vulnerable to face additional costs, such as paying for more frequent health care, rehabilitation, assistive devices and costlier transportation options (Braithwaite & Mont, 2007; Rohwerder, 2015).
- iv. Persons with disabilities face specific risks and vulnerabilities: Persons with disabilities often experience heightened protection risks because of their disability, and being a woman or a child with disability further compounds these vulnerabilities. Girls and women with disabilities experience violence, abuse, neglect and exploitation twice as often, over a longer period of time, and suffer more serious injuries as a result of violence compared to women without disabilities. Women and girls with intellectual disabilities are at a particularly higher risk of violence, including sexual violence (Mcfeely & Trew, 2011; Handicap International, 2014).
- v. Disability inclusion makes economic sense. Disability inclusion does not have to be expensive. Adopting universal design principles to make new constructions accessible can cost as little as an extra 1 per cent, and 80-90 per cent of children with special educational needs may be educated in mainstream schools with minor, low-cost adaptations, such as adapted teaching strategies (EC/ECHO, 2005; DFID, 2010). Disability inclusion also creates economic benefits. The World Bank has estimated that the global GDP loss due to the exclusion of persons with disabilities is between US\$ 1.71 trillion to US\$ 2.23 trillion annually (Metts, 2004). Any initial costs associated with including persons with disabilities are far outweighed by the long-term financial benefits to individuals, families and society as a whole. Furthermore, early identification of impairment and ensuring persons with disabilities have timely access to quality rehabilitation services is cost-effective, as this can help maximize their potential and lessen their future demands on health and other services (World Health Organization [WHO] & United Nations Children's Fund [UNICEF], 2012).

### **Barriers to Disability Inclusion**

The barriers to disability inclusion can be grouped together under following:

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- i. **Attitudinal barriers:** Attitudinal barriers are behaviours, perceptions and assumptions that result in stigmatisation and discrimination, against people with disabilities. These barriers often emerge from a lack of understanding which leads to exclusion, unfair judgment assumed misconception about disability. As a result of these barriers PWDs suffer injured dignity, and trapped potentials which are the greatest obstacles to achieving equality of opportunity and social integration. Negative attitudes create a disabling effects across all domains, it is often expressed through the inability of a non-disabled person to see past the impairment; discrimination; fear; bullying; and low expectations of people with disabilities (Heymann, Stein, & Moreno, 2012; Wapling & Downie, 2012; UNICEF, 2013). Added to this, the negative attitudes towards persons with disabilities are common in developing countries such as Nigeria and others, than in developed countries.
  - ii. **Environmental barriers:** This is majorly represented in barriers originating from how infrastructures and structural social public facilities are organised to be inaccessible to all persons. Inaccessible environments create disability by creating barriers to participation and inclusion. Physical barriers in the natural or built environment 'prevent access and affect opportunities for participation. Inaccessible communication systems prevent access to information, knowledge and opportunities to participate. Lack of services or problems with service delivery also restricts participation of people with disabilities (UNICEF, 2013; Heymann, Stein, & Moreno, 2014).
  - iii. **Institutional Barriers:** Institutional barriers include many laws, policies, strategies or practices that discriminate against people with disabilities. For example, a study of five Southeast Asian countries found that electoral laws do not specially protect the political rights of persons with disabilities, while some banks do not allow visually impaired people to open accounts, and HIV testing centres often refuse to accept sign language interpreters due to confidentiality policies. Many countries still have restrictive laws, particularly affecting people with psychosocial or intellectual disabilities. Discrimination may not be intended but systems can indirectly exclude people with disabilities by not taking their needs into account. Lack of enforcement and political support for policies can also limit the inclusion of people with disabilities. For example an evaluation of Norway's work on disability inclusion in development and humanitarian action found that its disability inclusion policy documents have been ignored, or at best forgotten, and disability has not been a priority theme for the government. This has resulted in ineffective mainstreaming and lack of coordination (WHO & the World Bank, 2011; Nordic Consulting Group [NCG], 2012). In Nigeria, for example, the National Policy on Inclusive Education (2016) has not enjoyed an implementation of any significance in the educational system with physical/structural barriers, inappropriate/in adapted curriculum, untrained teachers, inadequate funding, and poor organization /inaccessible



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education to special needs learners/children. Similarly, the Discrimination (prohibition) Act against PDWs (2018) is four years since ascent but less than 30% of the 36 states have domesticated with minimal nonvisible implementation (Bila-API, 2021)

- iv. **Internalised Stigma Barriers:** This is a process in which a person with intellectual/cognitive disability, psychosocial, emotional or mental illness is made to believe negative and stereotyped about his/herself and act similarly to create barriers (Szczesniak, 2018). Sometimes internalised barriers can severely affect the participation and functioning of people with disabilities in society. Stigma relating to people with disabilities results in their exclusion from societal interactions, which in turn can result in their lack of pro-active behaviour in expressing their opinions and claiming their rights leading to further exclusion. Low expectations of people with disabilities can undermine their confidence and aspirations (Bruijn, Regeer, Cornielje, Wolting, van Veen, & Maharaj, 2012; Centre for Election Access of Citizens with Disabilities [PPUA], 2013).
- v. **Lack of participation:** The lack of consultation and involvement of people with disabilities is a barrier to their inclusion in society (Bruijn, Regeer, Cornielje, Wolting, van Veen, & Maharaj, 2012).
- vi. **Inadequate data and statistics:** The lack of rigorous and comparable data and statistics, combined with lack of evidence on programmes that work, often impedes understanding and action on disability inclusion (WHO & the World Bank, 2011).
- vii. **Inaccurate concerns over cost/difficulty of disability inclusion:** One of the most common reasons given for not including people with disabilities is perceived cost. Inadequate funding and allocations for implementing policies and plans can prevent the inclusion of people with disabilities. Other excuses relate to concerns that disability inclusion is too difficult and requires specialist knowledge, or that people with disabilities require special programmes. Staff may also feel that they are overloaded and 'don't have time for an additional issue, or that it is an issue that is only relevant in high income countries. Experience from various development organisations shows that these excuses have to be tackled to establish commitment to disability inclusion (Bruijn, Regeer, Cornielje, Wolting, van Veen, & Maharaj, 2012).
- viii. **Tackling misconceptions about the cost of disability inclusion:** Including people with disabilities in mainstream programmes is not as costly as sometimes perceived, although reliable figures are not available. A budget allocation of 2-7 per cent is recommended for development organisations to raise awareness and to make buildings, communication, and transport accessible. This should be included at the design stage so it is not regarded as 'additional' costs. However, low/no-cost adjustments to how programme activities are carried out can also be made (Walton, 2012; Centre for Election Access of Citizens with Disabilities [PPUA], 2013).



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- ix. Cost effective and with wider long-term financial benefits: Several studies argue that inclusive approaches are more cost-effective than separate piecemeal disability interventions, which do not remove all the barriers, people with disabilities face. The costs of including people with disabilities are far outweighed by the long-term financial benefits to individuals, families and society (The United Nations Department of Economic and Social Affairs [UNDESA], 2011; Inclusion Made Easy [CBM], (2012).

### **Access Enhancement Strategies for Disability Inclusion**

The following are access enhancement strategies for disability inclusion as put forward by the office of the United Nations High Commissioner for Refugees [UNHCR] (2021):

- i. **Participation:** Participation is one of the major key for inclusion of persons with disability Participation is both an outcome and a process. It is a key for the inclusion of persons with disabilities, and it contributes to addressing a historic situation of inequality, where persons with disabilities have been often objects of decisions made by others. Participation is not only about asking the opinions of persons with disabilities. It can take many forms, and it should aim at the highest level of ownership possible in both the decision-making process and implementation.
- ii. **Accessibility of information and communication:** Accessibility is not only about ramps, handrails and other appliances to facilitate access to the physical space. The concept of accessibility applies as well to means of providing information and facilitating communication, and it follows the principles of Universal Design, where products and services are designed to be usable by the widest part of the population possible, without the need for specialized design. In addition, there are other ways of extending even more the accessibility of a message; this can be done by using languages and formats particularly accessible for persons with disabilities, such as sign language or Braille. When these solutions are planned and provided in advance without a previous request from persons with disabilities, they are part of accessibility solutions.
- iii. **Physical accessibility:** As it happens with the accessibility of communication and information, the accessibility of the physical environment is a precondition for the participation of persons with disabilities. If buildings and facilities within them are not accessible, persons with disabilities will not be able to fully access and use them, and the same applies to roads and transportation. As discussed with information and communication, accessible spaces follow the principles of Universal Design, and should benefit all users in this regard: an accessible building is safer as it has less hazards, and it is easier to evacuate in an emergency as exits are adequately signed, doors are wide and without obstacles, among others. Accessibility standards are developed and available at national and international level, and very often organizations of persons with disabilities are aware of the accessibility standards applicable in their



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country. Building accessible new infrastructure does not require significant additional costs, it is estimated than only an additional 1% of the overall costs. However, retro-fitting or adding accessibility features in a non-accessible building is more expensive. Accessibility features may need to be implemented; that is why the Convention on the Rights of People with Disabilities (CRPD) proposes an alternative solution, applicable in situations of inaccessibility: ‘reasonable accommodation’.

- iv. Reasonable accommodation / Targeted adjustments: When persons with disabilities find obstacles to participate or access services and situations on an equal basis with others, a process called “reasonable accommodation”, outlined by the Convention on the Rights of People with Disabilities (CRPD), should be put in place. This process requires identifying what is needed so that the person can fully participate through an interactive dialogue and so that a solution can be provided relevant for the person. The solution should be achievable given the available resources (including time, skills, services, financial, etc.). If a solution is not found, a justification should be provided. For example, a woman with a physical disability finds a physical barrier to access a Sexual and Reproductive Health referral she requires, as the public transportation that connects her community with that hospital is not accessible. In discussions with the health service providers, a transportation allowance is provided to enable her to access the required services. These solutions facilitate immediate access, but are less sustainable over time.
- v. Bridging the gap between accessibility and individual adjustments: While accessibility can be implemented over time, as it requires planning and resources. Reasonable accommodation should be provided within a shorter time period to avoid discrimination. This requires planning and flexible budgeting as well. Accessibility benefits large portions of the population; reasonable accommodation is provided in response to individual solutions. Accessibility should be always planned and implemented, in all infrastructure, services or information, as persons with disabilities will be always accessing these places. Adjustments are implemented from the moment that a person requires access to a non-accessible situation, even if that place was made accessible: it is a way of accounting for the wide diversity of experiences that persons with disabilities have, and ensuring equal access. Accessibility is guided by Universal Design principles and national or international standards; reasonable accommodation is built through a dialogue with the person, and should be relevant and affordable for the project.
- vi. Awareness-raising: Awareness-raising is one of the most important strategies outlined by the Convention on the Rights of Persons with Disabilities (CRPD) and should not be underestimated: information or spaces can be made accessible, but if there are no changes in the attitudes of families, communities and service providers, situations of discrimination will happen again and again. Awareness-raising can take various forms, including informative



sessions, sensitization campaigns, role-modelling (for example through teachers with disabilities, such as in the illustration on the right) radio messages, posters, theatre or even the development of video campaigns.

- vii. Data collection: Not all disabilities are visible, and therefore data collection cannot rely on visual cues alone. “Not all disability looks like this (a person in a wheelchair); some look like this (a person standing up and not showing any characteristic usually employed to depict disability). Not all disabilities are visible; please don’t be so quick to judge. There are available tools to support the identification of persons with disabilities in demographic data, which are explored below. There are two types of data that would be important to collect:
- (a) Individual / demographic data (e.g. in school registers, in progress): The Washington Group Questions on Disability and the module on Child Functioning developed with UNICEF would be the most applicable tools. This data can be used to monitor access, and sometimes, to identify strategies that could be useful for certain difficulties.
  - (b) Data on barriers: Qualitative data efforts can collect information on which barriers persons with disabilities face. This type of data is useful for joint identification of solutions to these barriers.

### **Implications of the discussion to PWDs and inclusive society**

It has been observed from the discussion that PWDs experience a lot of barriers in all spheres of life. In other words, the discussion revealed that PWDs experience barrier to inclusion and as such excluded from basics of life in so much such as limited chances and ability to participate in quality education, gainful employment, access to transport, environmental spaces, limited access to quality health services, social amenities, communication and language acquisition, and general inadequate family/public participation in decision making on issues as PWDs, vulnerable and risk of cultural/attitudinal biases and exclusion from decision making among others.

Added to this, the discussion pointed out that, to address these barriers to inclusion, there is a need for the society to imbibe deliberate access enhancement strategies such as enabling the PWDs groups and organisations to participate in development and implementation of policies that affects their lives. Continuous awareness and opportunities creation on issues about PWDs for enhancing access to quality and inclusive education, information and communication, infrastructure, buildings and facilities, gainful employment, data, provision of reasonable accommodation at all situation necessary, health care services and as well as awareness-raising of individuals, people and government about the need for inclusive society, where all-persons have fair and equitable access.

### **Conclusion**

Some of the disabling barriers in accessing services encountered by PWDs in Nigeria have been highlighted in this chapter. Clearly, PWDs in the country do



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encounter a catalogue of barriers in attempting to access various places and services. For improvements to occur in the provisions and access to various educational and related services by Nigerians with disabilities, it is very important that basics fundamentals; educational and related social programs be equipped with inclusive and adequate personnel, facilities and resources. This will ensure that all learners with or without disabilities are able to enjoy meaningful and appropriate participation in inclusive settings. The government system require strengthening to be accountable for all its citizens' wellbeing and having a sense of belonging. Strategies such as provisions of incentives in lowering taxes or lands to expand factories for the production of the needed materials. This will ensure that all educational programs in the country are adequately equipped to satisfactorily cater for all learners. Given the ever-increasing population of the country, more programs should be developed for the training of teachers and related support staff such as sign language interpreters, braille specialists, and producers of audio materials for the blind, guidance counsellors, psychologists, educational audiologists, speech and language therapists, and mobility support specialists. To achieve this goal, more colleges and universities in the country should be mandated to establish departments to run these training programs.

### **Summary**

This chapter discussed disability inclusion covering disability inclusion and importance; barriers to disability inclusion and access enhancement strategies. Disability inclusion refers to: being accepted and recognised as an individual beyond the disability; having personal relationships with family, friends and acquaintances; being involved in recreation and social activities; having appropriate living accommodation; having employment; and having appropriate formal and informal support. The chapter identified the barriers to inclusion which includes: participation barrier, institutional barrier, attitudinal barriers, internalised Stigma barriers, inadequate data and statistics, inaccurate concerns over cost/difficulty of disability inclusion, tackling misconceptions about the cost of disability inclusion, cost effective and with wider long-term financial benefits. The access enhancement strategies which include: participation, accessibility of information and communication, physical accessibility, reasonable accommodation / targeted adjustments, bridging the gap between accessibility and individual adjustments, awareness-raising and data collection as well as implications of discussion to PWDs and inclusive society were discussed in this chapter.

### **Suggestions This section suppose to come before summary.**

The following are suggested as guide to achieve access enhancement strategies for disability inclusion:

1. Government at all levels as well as Non-Government Organizations should increase labour market participation of PWDs by expanding active policies



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- and ensuring a better linkage between social protection, education and lifelong learning.
2. Communities, Government, NGO and other relevant stakeholders should work on improving access to quality services in the fields of health, social services, transport and the new information and communication technologies for PWDs in Nigeria and in others parts of the world.
  3. Civil societies and other relevant stakeholders should emphasize the full domestication of the Disability Discrimination (Prohibition) act of 2018, and promotion of the rights of persons with disabilities in the country.
  4. Activists and other concerned individuals/organisations should use the electrifying support of social and mass media to intensify awareness-raising of families, community and government on the need for PWDs inclusion in all sphere of life for sustainable development in the country.
  5. Financial institutions and other empowerment agencies should organise training and skills acquisitions programmes for persons with disabilities to increase their financial capacity and employability in the country.

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