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Rethinking Disability Clusters in Nigeria: Problems and Prospects

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Abstract **Original Research Article**

In Nigeria, disability is commonly categorized into clusters—physical, sensory, intellectual, learning, and psychosocial—for purposes of service delivery, policy formulation, and statistical reporting. While these classifications offer administrative utility, they risk oversimplifying individual functional needs, reinforcing stigma, and fragmenting policy and service responses. Focusing on the limitations of current clustering practices, drawing on recent empirical findings and policy developments, including the Discrimination against Persons with Disabilities (Prohibition) Act of 2018 and national disability assessments, it advocates for a shift toward functional, rights-based, and intersectional frameworks. Key recommendations include adopting the WHO's International Classification of Functioning, Disability and Health (ICF), enhancing national disability data systems, strengthening implementation and oversight of disability legislation, mainstreaming assistive technologies, building capacity for inclusive education, and fostering participatory policy design through collaboration with Disabled Persons' Organisations (DPOs). These reforms hold promise for advancing equity, accessibility, and quality of services for persons with disabilities across Nigeria. The paper argues for a rethinking of disability clustering in Nigeria toward a functional, rights-based, and data-driven approach that centers participation, removes administrative barriers, and expands cross-cluster strategies (e.g., assistive technology, community-based rehabilitation, and inclusive education). Drawing on national legislation, recent surveys and policy evaluations, and contemporary literature, the key problems are outlines with current clustering and propose practical prospects and policy actions for a more equitable disability architecture in Nigeria.

Keywords: Re Thinking, Disability, Disability Clusters,Problems and Prospects.

INTRODUCTION

"Disability clusters" commonly refers to administrative and organizational groupings of persons with similar impairments (e.g., blind, deaf, physically impaired, persons with albinism). While clusters provide simplicity and shared identity, they also risk segmenting responses and privileging visible impairments over invisible or complex needs (e.g., psychosocial disabilities, cognitive impairments. Disability affects millions globally and is both a cause and consequence of poverty, exclusion, and poor health outcomes (WHO, 2021). In Nigeria, various estimates indicate that functional difficulties—such as limitations in mobility, communication, cognition, or self-care—affect a sizeable minority of the population, with prevalence increasing with age and differing by sex and region (Disability Data Initiative [DDI], 2021). Policymakers and service providers often rely on disability clusters—categorical groupings such as physical, sensory, intellectual, learning, and psychosocial disabilities—when designing services, allocating resources, and reporting statistics (National Commission for Persons with Disabilities (NCPWD, 2022).These clusters reflect longstanding institutional practices rooted in colonial-era medical models and have been reinforced by fragmented service delivery systems (Lang & Upah, 2008; Abang, 2005). Although administratively convenient, such categorization can perpetuate a narrow, medicalized view of disability that emphasizes impairments over participation, environmental barriers, and social inclusion (Oliver, 1996; WHO, 2001, Nwachukwu, 2016)). It may also hinder the realization of disability rights and inclusive development, as envisioned in Nigeria's national disability law and global frameworks like the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006; Federal Republic of Nigeria, 2018).

Emerging global frameworks such as the WHO's International

Classification of Functioning, Disability and Health (ICF) advocate for a more holistic, rights-based understanding of disability (WHO, 2001). This article critiques the limitations of Nigeria's cluster-based approach and proposes an evidence-based framework for reform, grounded in international standards and inclusive policy goals.

Policy and Recent Developments in Nigeria

Nigeria made a significant legal advance with the *Discrimination Against Persons with Disabilities (Prohibition) Act* (2018), which outlines the rights and obligations of persons with disabilities (PWDs), including provisions on access, education, employment, and protection from discrimination. The Act also established the National Commission for Persons with Disabilities **(NCPWD)**, mandated to coordinate disability policy, promote inclusion, and monitor compliance across sectors (Federal Republic of Nigeria, 2018; NCPWD, 2021).

Despite these gains, implementation has been uneven across states and sectors, hindered by limited intergovernmental coordination, inadequate funding, and weak enforcement mechanisms. Accessibility regulations aligned with the Act—such as building codes for public infrastructure, transport standards, and digital inclusion guidelines—signal progress, but monitoring and resourcing remain persistent challenges (NCPWD, 2021).

These developments align with Nigeria's commitments under the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and Sustainable Development Goal 10, which emphasize reducing inequalities and promoting inclusive societies (United Nations, 2006).

Data and Visibility

Reliable, disaggregated disability data remain limited. Nationally representative surveys and administrative datasets often use inconsistent definitions and fail to uniformly disaggregate by functional domains, severity, or region. The Disability Data Initiative reports that approximately 6.9% of Nigerian adults experience functional difficulties, with significant variation by age and gender (DDI, 2021). However, more granular, regionally representative data are needed to inform cluster-sensitive interventions and inclusive planning.

Recent efforts such as the *State of Disability Inclusion Report (SDIR)* and national disability mapping initiatives aim to address these gaps, but remain emergent and underutilized in mainstream policy processes (Project Enable Africa, 2025).

PROBLEMS WITH DISABILITY CLUSTERS IN NIGERIA

Despite policy progress, the continued reliance on clustered disability categories presents several systemic challenges:

1. Impairment-Focused Framing

Clustered categories often reflect a medicalized view of disability, framing it as an individual deficit requiring clinical remediation. This undermines rights-based perspectives that emphasize environmental barriers, participation, and social inclusion. Moreover, visible impairments—such as physical disabilities—tend to receive more attention, while less visible conditions like intellectual, learning, or psychosocial disabilities are marginalized (WHO, 2021).

2. Unequal Resource Allocation

When services, budgets, and training programs are designed around clusters, resources tend to concentrate where visibility and advocacy are strongest (e.g., physical disability). This leaves psychosocial disabilities, intellectual disabilities, and specific learning difficulties underserved. The result is fragmented service delivery and missed opportunities for integrated care, rehabilitation, education, and livelihood support (WHO, 2021).

3. Segregation in Education Systems

Nigeria's education policies including the *National Policy on Education* and *Universal Basic Education Act* recognize the right to education for all. However, inclusive education remains limited due to inadequate teacher preparation, inaccessible infrastructure, lack of assistive devices, and persistent stigma. Clustering in education systems often leads to segregation through special schools or units, rather than universal design approaches in mainstream classrooms. Recent reviews show slow progress in scaling inclusive practices nationwide (UNICEF Nigeria, 2023; WHO, 2021).

4. Stigma and Cultural Beliefs

Certain disabilities—particularly mental health conditions, dementia, and intellectual disabilities—are highly stigmatized in parts of Nigeria, often associated with supernatural beliefs. This stigma discourages help-seeking, leads to concealment, and increases the risk of abuse or neglect. For instance, epilepsy and dementia are sometimes viewed as spiritual afflictions, resulting in exclusion or confinement (Aderemi et al., 2007; WHO, 2021).

5. Inadequate Data Systems

Cluster-based data collection often fails to capture functional limitations, participation restrictions, and environmental barriers. Without disaggregated and functionally oriented data, policymakers cannot effectively prioritize services or measure progress toward SDG targets and rights obligations. Recent national assessments call for improved disability data systems and adoption of **ICF-aligned** measures to support evidence-based planning (Project Enable Africa, 2025; WHO, 2001).

6. Fragmentation of services and missed synergies

Siloed programming means many interventions duplicate administrative overhead while failing to deliver cross-cutting supports (e.g., accessible transportation, assistive

technologies, and livelihood programs) that would benefit multiple clusters. This inefficient fragmentation undermines scale and sustainability.

7. Poor capture of intersectionality and multiple impairments

People with multiple impairments or intersecting disadvantages (gender, displacement, poverty, and rurality) often fall between clusters. For instance, women with disabilities in conflict-affected areas face gender-based violence and economic exclusion that a narrowly impairment-focused cluster may not address adequately.

PROSPECTS: RETHINKING CLUSTERS — FRAMEWORKS AND OPPORTUNITIES

1. Adopt a functional, ICF-based approach

The World Health Organization's *International Classification of Functioning, Disability and Health* (ICF) reframes disability in terms of body functions and structures, activities, participation, and environmental factors. Integrating the ICF framework into policy, data systems, and service design can shift the focus from rigid clusters to individual functional needs and contextual factors. This supports more targeted, person-centred interventions and enables more meaningful monitoring of outcomes (WHO, 2021)

2. Strengthen legal implementation, accountability and financing

The Discrimination against Persons with Disabilities (Prohibition) Act (2018) provides a legal foundation for inclusion. However, its impact depends on robustly implementing regulations, adequate budget allocations, and effective enforcement mechanisms. While recent accessibility regulations and state-level disability laws show promise, national monitoring—led by the NCPWD and civil society partners—and earmarked funding across ministries are essential to close persistent implementation gaps (NCPWD, 2021).

3 Improve data systems and routine monitoring

Investing in regular, standardized data collection using functional measures such as Washington Group questions or ICF-aligned modules across national surveys, health records, and education management information systems (EMIS) is critical. Data should be disaggregated by age, sex, region, disability type, and severity to support equity-focused planning. Recent initiatives like the *State of Disability Inclusion Report (SDIR)* and national mapping efforts offer scalable models for integrating administrative and survey data (Project Enable Africa, 2025).

4 Mainstream assistive technology and low-cost innovations

Assistive technology (AT) enhances functional ability and participation. Nigeria should expand AT provision through public procurement, partnerships with Disabled Persons' Organisations (DPOs), and integration into primary health and education services. Evidence from pilot projects and recent literature highlights the effectiveness of simple, locally appropriate AT solutions—including digital tools in schools, clinics, and libraries. Sustainability can be improved through subsidies, repair services, and support for local supply chains (WHO, 2021).

5. Transform education through Universal Design for Learning (UDL) and teacher capacity

Shifting from cluster-segregated responses to inclusive classroom models requires teacher training, curriculum adaptation, and investment in accessible infrastructure. Policy incentives, pre-service and in-service training programs, and collaboration with special educators and DPOs can embed UDL and differentiated instruction across primary and secondary education. Recent reviews recommend blended strategies (policy + practice) and demonstration sites to build evidence (WHO, 2021).

6. Foster community engagement and anti-stigma campaigns

Addressing cultural beliefs and stigma demands community-based education, engagement with religious and traditional leaders, and mass media strategies that humanize and demystify disability. Existing NGOs and advocacy groups in Nigeria have developed effective models for community sensitization, which can be scaled with government support and integrated into broader inclusion efforts (WHO, 2021).

Promote Cross-Sectoral Coordination and Policy Coherence

Disability inclusion requires collaboration across health, education, labor, transport, and social protection sectors. Fragmented policies and siloed programs often result in duplication, inefficiencies, and service gaps. Establishing inter-ministerial coordination platforms, integrating disability indicators into national development plans, and aligning sectoral strategies with the ICF and CRPD frameworks can enhance coherence and impact (United Nations, 2006; WHO, 2021).

Support Research, Innovation, and Knowledge Exchange

Building a robust evidence base is essential for adaptive policy and practice. Nigeria should invest in disability-focused research, support academic partnerships, and create platforms for knowledge exchange among policymakers, practitioners, and DPOs. Encouraging innovation—especially in inclusive technologies, community-based rehabilitation, and culturally sensitive interventions—can accelerate progress and localize global best practices (Project Enable Africa, 2025; NCPWD, 2021).

Integrated Policy Recommendations

1. **Adopt ICF and Functional Metrics Across National Surveys and EMIS.** Integrate the International

Classification of Functioning, Disability and Health (ICF) and Washington Group modules into Nigeria's household surveys, school censuses, and administrative data systems. This will enable more accurate, functional, and disaggregated data to inform inclusive planning and service delivery (WHO, 2021).

2. Operationalize and finance the Disability Act. Translate the Discrimination against Persons with Disabilities (Prohibition) *Act* into sector-specific implementation plans across ministries. These plans should include dedicated budget lines, measurable indicators, and regular reporting mechanisms overseen by the NCPWD (National Commission for Persons with Disabilities, 2021).

3. Scale assistive technology provision. Establish a national assistive technology (AT) procurement and distribution program. Partner with Disabled Persons' Organisations (DPOs), local manufacturers, and the private sector to build sustainable supply chains, repair services, and community-level access points (World Health Organization, 2021)

4. Invest in inclusive education at scale. Mandate Universal Design for Learning (UDL) principles in national curricula. Expand pre-service and in-service teacher training, and fund school accessibility upgrades with clear targets and timelines. Inclusive education must be mainstreamed across all levels of schooling (WHO, 2021).

5. Strengthen civil society and DPO engagement. Ensure that persons with disabilities (PWDs) and DPOs are central to the design, implementation, and monitoring of disability-related policies and programs. Institutionalize participatory mechanisms at national and subnational levels (National Commission for Persons with Disabilities, 2021).

6. Launch national anti-stigma campaigns. Develop culturally sensitive public education campaigns to challenge harmful narratives and misconceptions about disability. Engage religious and traditional leaders, media platforms, and community champions to foster inclusive attitudes and reduce stigma (WHO, 2021).

7. Improve data governance and research funding. Support longitudinal studies on disability prevalence, service access, and outcomes. Fund independent evaluations of inclusive interventions in education, health, and livelihoods. Strengthen data governance to ensure transparency, interoperability, and policy relevance (Project Enable Africa, 2025).

Discussion

Transitioning from cluster-based labels to functional assessments offers a more responsive and inclusive foundation for disability policy in Nigeria. A functional approach captures comorbidities, multi-domain needs, and environmental barriers—critical factors for effective resource allocation and service design. For instance, two children categorized under the same cluster (e.g., learning disability) may require vastly different supports; functional assessment enables tailored interventions that reflect individual needs and contexts. This shift also aligns Nigeria's disability governance with international standards such as the WHO's ICF framework and enhances monitoring of Sustainable Development Goal (SDG) targets (WHO, 2021).

However, realizing the benefits of a functional model requires coordinated action across key ministries—education, health, social protection—and sustained political will. The uneven pace of state-level adoption of disability laws, bureaucratic inertia, and competing policy priorities continue to pose significant challenges. Strategic partnerships with international donors, leveraging civil society expertise, and scaling cost-effective pilot programs can help build momentum and demonstrate feasibility (National Commission for Persons with Disabilities, 2021).

While disability clusters may retain administrative utility, they are insufficient as the primary framework for inclusive policy. Reframing disability through functional, rights-based perspectives offers clearer pathways to equitable access, integrated service delivery, and meaningful participation. Implementing ICF-aligned data systems, operationalizing the Disability Act with financing and accountability, scaling assistive technology, and embedding inclusive education are practical steps toward systemic transformation. Crucially, reforms must be co-designed and monitored with the active participation of persons with disabilities (PWDs) and Disabled Persons' Organisations (DPOs) to ensure they are responsive, sustainable, and just.

CONCLUSION

While disability clusters may serve administrative functions, they are inadequate as the foundation for inclusive policy in Nigeria. Reframing disability through functional, rights-based perspectives provides clearer pathways to equitable access, integrated service delivery, and meaningful participation. Implementing ICF-aligned data systems, operationalizing the Disability Act with dedicated financing and accountability, scaling assistive technology, and embedding inclusive education are practical and transformative steps. Crucially, the active participation of persons with disabilities (PWDs) and Disabled Persons' Organisations (DPOs) must remain central to ensure that reforms are responsive, sustainable, and grounded in justice.

REFERENCES

Project Enable Africa. (2025). *Policy Brief: Disability Inclusion in Nigeria.* Lagos: Project Enable Africa.

Abang, T. B. (2005). *Exceptional children: Developmental and educational psychology.* Ibadan: Spectrum Books.

Aderemi, T. J., Pillay, B. J., & Esterhuizen, T. M. (2007). Differences in HIV knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners in Nigeria. *Journal of the International AIDS Society*, *9*(1), 1–8. https://doi.org/10.1186/1758-2652-9-3

Disability Data Initiative (DDI). (2021). *Disability data landscape in Nigeria.* Disability Data Initiative. Retrieved from https://www.disabilitydatainitiative.org

Federal Republic of Nigeria. (2018). *Discrimination against persons with disabilities (Prohibition) Act, 2018.* Official Gazette, Abuja.

Lang, R., & Upah, L. (2008). *Scoping study: Disability issues in Nigeria.* London: DFID.

National Commission for Persons with Disabilities (NCPWD). (2021). *Annual report.* Abuja: NCPWD.

National Commission for Persons with Disabilities (NCPWD). (2022). *Policy brief on disability inclusion in Nigeria.* Abuja: NCPWD.

Nwachukwu, K.E. (2016) Effectiveness of role play and biblio therapy in attitude

change of primary school pupils towards learners with special needs in Nigeria. Journal of Disability, CBR and Inclusive Development 27(4); 93-105.

Oliver, M. (1996). *Understanding disability: From theory to practice*. Basingstoke: Macmillan.

Project Enable Africa. (2025). *State of disability inclusion report (SDIR).* Lagos: Project Enable Africa.

United Nations. (2006). *Convention on the rights of persons with disabilities (CRPD).* New York: United Nations.

UNICEF Nigeria. (2023). *Inclusive education in Nigeria: Progress and challenges.* Abuja: UNICEF Nigeria.

World Health Organization. (2001). *International classification of functioning, disability and health (ICF).* Geneva: WHO.

World Health Organization. (2021). *World report on disability.* Geneva: WHO.