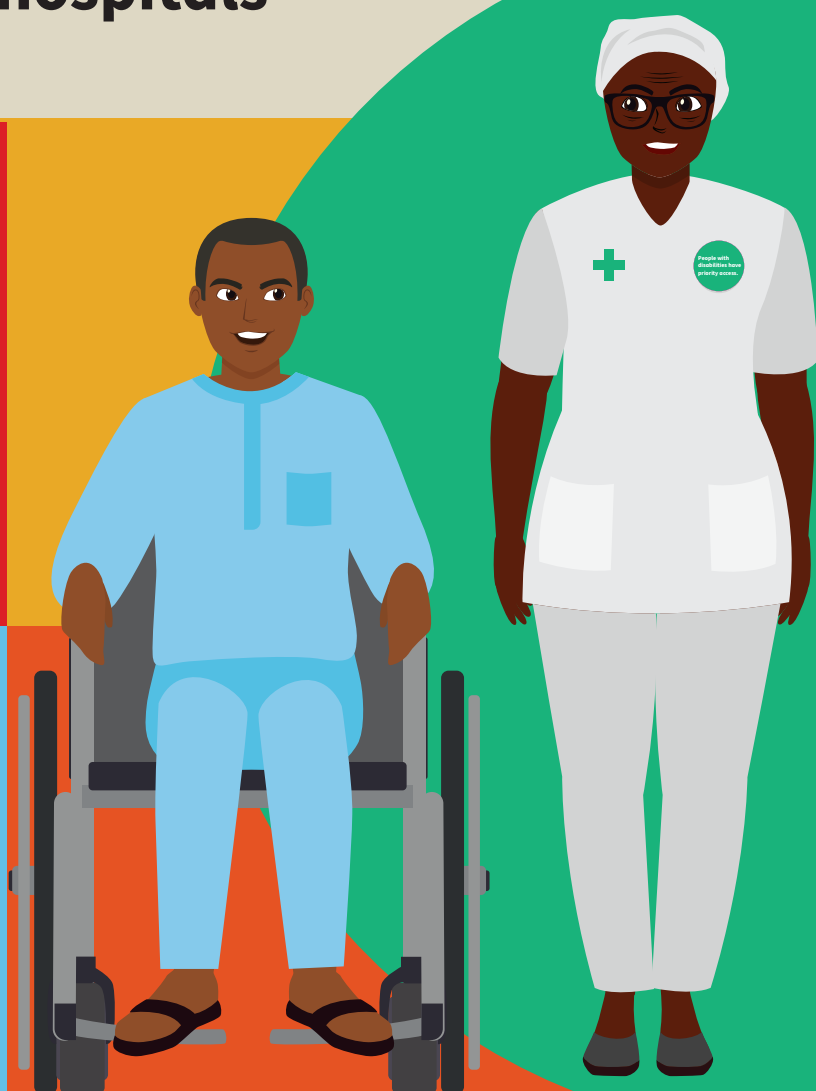


Inclusive health care assistance guide

Providing effective inclusive health care assistance for **people with disabilities** visiting clinics and hospitals



Inclusive care
for everyone.



**Inclusive
Futures**



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Purpose of this guide

This document is a guide for staff and volunteers on how to provide inclusive health care assistance to people with disabilities visiting clinics and hospitals.

Some individuals who belong to other social groups may also benefit from the provision of inclusive health care assistance and reasonable accommodations. This might include, for example, pregnant women, older people, and individuals from some ethnic, religious or language minority groups.

It's the personal responsibility of all staff and volunteers to provide inclusive health care to all clients visiting a clinic or hospital. This includes helping anyone who may require additional support in order to access the information and services provided.





According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Nigeria has signed and ratified:

People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.



Remember



Every single person with a disability is unique – and should be treated as such.



People with disabilities are not all the same (far from it), and not all people with disabilities experience the same barriers in society – or to the same level. For example, people with intellectual disabilities, Deafblind people, and people with psychosocial disabilities, tend to be subjected to increased levels of stigma and discrimination compared to people with other impairments.



When disability is combined with other factors – such as gender, age, poverty, or migratory status – it can further increase the experience of being excluded and discriminated against for some people with disabilities. For example, women and girls with disabilities tend to experience more barriers in society – both because of their gender, and because of their disability.

What issues affect people with disabilities when they visit clinics, hospitals and health care facilities?



People with disabilities have specific health care requirements and needs

It's firstly important to stress that **people with disabilities have the exact same general health requirements as everybody else in society**. For example, children with disabilities need access to vaccinations, and women with disabilities require access to sexual and reproductive health services.



However, at the same time, people with disabilities are **more likely to have poor mental and physical health**, and are also **more likely to have specific health requirements**



These are often linked to secondary conditions or co-morbidities associated with their primary impairment or underlying health condition.

In addition, **many people with disabilities also require access to specialist health care and rehabilitation services** (such as physiotherapy or assistive devices). Many people with disabilities have a **higher risk of physical and mental ill health** due to their increased exposure to negative social determinants of health - such as poverty, stigma and discrimination, and violence and abuse.



As a consequence of all of these factors, **people with disabilities are far more likely to require both general and specialist health and rehabilitation services** than the rest of the population.



Despite this fact, however, **people with disabilities also generally experience worse health outcomes** compared to the rest of the population



Many of the differences in health outcomes between people with and without disabilities cannot simply be explained by the underlying health conditions or impairments of people with disabilities. In fact, a significant reason for this is the unjust and unfair situations often experienced by people with disabilities at health care facilities which could have been avoided. **These are called health inequities.**



People with disabilities experience health inequities

The health inequities experienced by people with disabilities can be broken down into four different, but interrelated, categories.

1. Structural factors

These are a wide range of socioeconomic and political factors which lead to social stratification – such as an economic crisis, political shifts, terrorism, conflict, the impact of climate change, etc.

Due to widespread discrimination and marginalisation in society, and the range of barriers they experience every day, **people with disabilities tend to be impacted more significantly by these factors** compared to the rest of the population.



2. Social determinants of health

Social determinants of health are the conditions in the environment in which people are born and where they live, learn, work, play, worship, and grow older. The conditions people experience in life have a big impact on their health, how they are able to function and on their general quality of life.

People with disabilities experience higher levels of exposure to negative social determinants of health.



For example:

Limited access to education

Children and adults with disabilities face significant barriers to being able to access quality education on an equal basis with others.

Higher poverty and lower financial stability

People with disabilities are less likely to be employed and more likely to live in poverty compared to people without disabilities. People with disabilities, especially women and girls with disabilities, also often face additional barriers within their households in relation to managing their personal finances independently.

Worse living conditions and limited accessibility

People with disabilities are more likely to have poorer quality housing and living conditions. They also experience significant accessibility barriers throughout their daily lives.

Social stigma and discrimination

People with disabilities frequently experience major barriers, stigma and discrimination, both within their local communities and in broader society.

3. Risk factors

Risk factors are elements or conditions that increase the likelihood of negative health outcomes or behaviours within any population. For example, alcohol consumption, smoking, poor diet and lack of exercise are well-known risk factors for non-communicable diseases. Similarly, unsafe sex, sexually transmitted infections, and gender-based violence are all recognised as risk factors for adverse pregnancy outcomes.

It's important to remember that the behaviours associated with risk factors are also linked to social determinants of health.

People with disabilities are more likely to experience higher risk factors that contribute to worse health outcomes. This is mainly because of their higher exposure to negative social determinants of health.



4. Health system factors

Health system factors relate to a wide range of elements of health care. These include service delivery, the health care workforce, health information systems, health systems, medical products and technologies, and financing and governance.

People with disabilities face barriers within all aspects of the health system. This could include, for example:

- Health care workers not receiving sufficient training on disability inclusion.
- Inaccessible health facilities, information and communication materials.
- A lack of data collection and analysis on disability.



People with disabilities often struggle to access health care services

Due to the wide range of barriers they experience in their daily lives, people with disabilities frequently find it difficult to access clinics and hospitals on an equal basis with others.

This can be for a number of different reasons. For example:



Leaving their house and reaching a health facility will often take significantly more time for people with disabilities.

- This is partly due to difficulties created by their disability. For example, people with certain impairments may require more time to get dressed.
- Largely, however, a significant reason is limited access to (or even the complete absence of) support services. For example, personal assistants. This is combined with a lack of accessible infrastructure – for example, inaccessible housing conditions, no accessible transport options, environmental barriers, etc).



People with disabilities often experience lower levels of financial independence and, at the same time, higher direct and indirect costs for accessing health care services.

- **Direct costs**
These include, for example, the cost of assistive devices and medications. People with disabilities are more likely to require access to health care services and medicines, and therefore often experience higher levels of direct costs.
- **Indirect costs**
These might include, for example, the cost of accessible transport, personal assistants, and sign language interpreters.
- As previously explained, people with disabilities have **lower levels of financial independence**, which often results in other aspects of their lives being prioritised over access to health care (such as access to food). This can sometimes be their decision, or it may also be influenced by their family members or caregivers.
- More time spent seeking health care services may also result in a **disproportionately higher lack of opportunities**. For example, people with disabilities who have jobs may decide against attending clinic or hospital appointments if they know they will need to take a large amount of time off work.



People with disabilities often experience communication barriers.

- For example, **Deaf people** may not be able to consent to health care procedures without access to qualified sign language interpreters.
- **People with intellectual disabilities** may struggle to understand complex medical information if it isn't presented in more accessible visual formats.
- **People with visual impairments** may struggle to see visual and written information.
- **People with neurological conditions, such as dementia**, may struggle to manage to understand complex information or remember health instructions.
- People with disabilities generally face more barriers to accessing formal education, and are therefore more likely to have **lower literacy levels** compared to the rest of the population.



People with disabilities may experience barriers to accessing health care facilities independently.

- **People with physical impairments** - including people who use wheelchairs, crutches or other assistive devices, and people with restricted growth - may encounter many infrastructural barriers at hospitals and clinics. This could include, for example, steps, a lack of ramps, or inaccessible toilets.
- **Some people with disabilities**, including people with chronic illnesses and energy-limiting conditions, may not be able to stand for long periods of time when queuing.

People with disabilities may experience barriers to being able to make free and informed choices.

- **People with disabilities, particularly those from more marginalised groups** (such as people with intellectual or psychosocial disabilities) are at increased risk of having their legal capacity and bodily autonomy being violated by caregivers and health providers.

For all these reasons, and many more, accessing health care services at clinics and hospitals can be a difficult, stressful, scary, expensive and time-consuming experience for many people with disabilities.



This is why people with disabilities visiting health care facilities greatly benefit from the provision of inclusive health care assistance and reasonable accommodations.



The 4P model of inclusive health care assistance

This section of the guide outlines the core procedures and behaviours that all staff and volunteers are required to follow when they're providing inclusive health care assistance to people with disabilities.

There are four main areas of focus, which are summarised in the **4P model of inclusive health care assistance**:



1 Promote equitable access

It's the responsibility of all staff and volunteers working in health care facilities to contribute to the development of an inclusive and welcoming environment for all people, including clients with disabilities.



Use appropriate inclusive terminology when referring to, and talking with, people with disabilities.



Educate yourself and other staff and volunteers about the rights of people with disabilities to access services on an equal basis with others, without discrimination or abuse.



Inform clients with disabilities about their rights and the inclusive health care assistance procedures that are available within the facility.



Inform clients without disabilities about the inclusive health care assistance procedures used within the facility. This is important, as it enables them to understand why people with disabilities sometimes receive targeted assistance (and may possibly be seen more quickly than them).



2 Prioritise access for people with disabilities

Providing priority access for people with disabilities is important because it partly helps to compensate for the wide range of barriers they experience when they visit health care services. Priority access should always include the following measures:



Provide clear information and visible signs showing the priority access procedures that are available for people with disabilities.



Allow people with disabilities to skip the registration queue.



Ensure priority access for people with disabilities to all of the services provided within the facility.

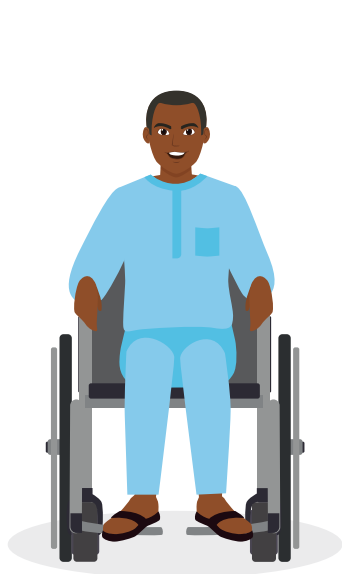


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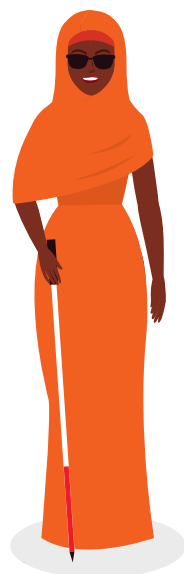
Not all people with disabilities experience the same barriers.

2.1 Priority access for people with visible disabilities

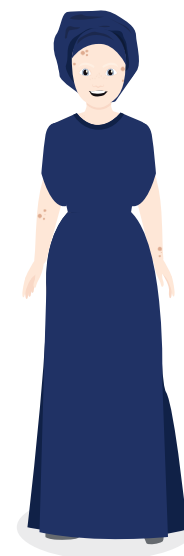
Some people live with so-called visible disabilities. These may include, for example:



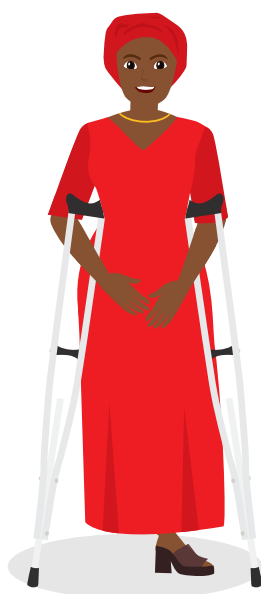
Wheelchair users



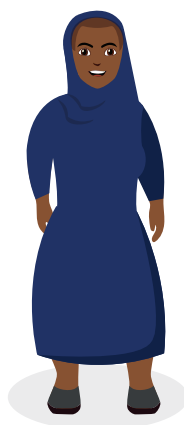
Blind people who wear dark glasses and/or use a white cane



People with albinism



People who use crutches



People with restricted growth



People with hearing impairments who use hearing aids



If you see a person with a visible disability at the entrance of the facility, approach them to explain the inclusive health care assistance procedures that are available. Ask whether they require any extra support.

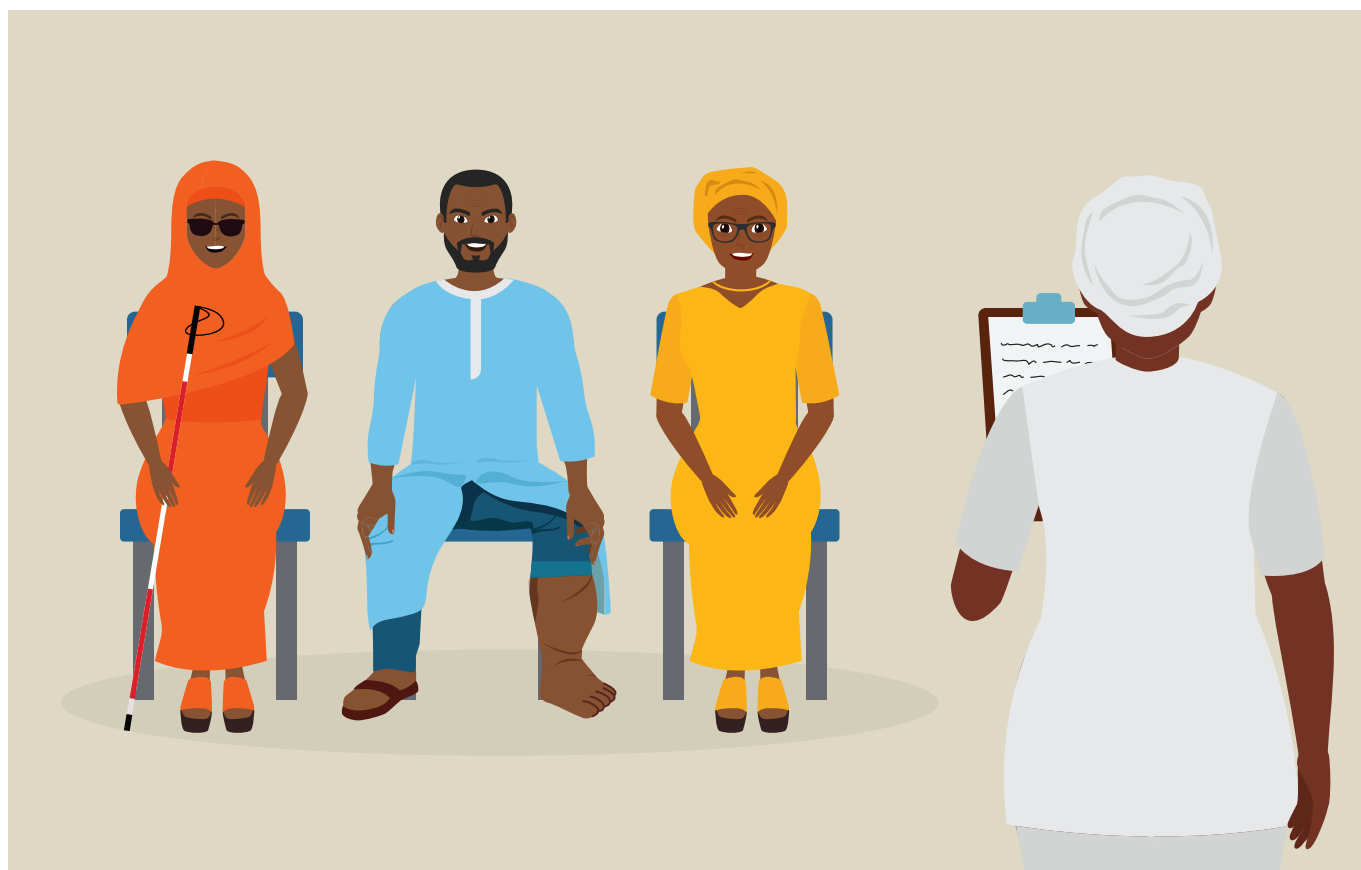
2.2 Priority access for people with invisible disabilities

Some people have so-called **invisible disabilities**. These may include, for example:

- People with cognitive, intellectual, learning or neurological disabilities – such as (for example) autism, dyslexia, dyspraxia, dysgraphia, attention-deficit/hyperactivity disorder, dementias, traumatic brain injury, epilepsy, migraines.
- People with mental health conditions and psychosocial disabilities – such as (for example) schizophrenia, bipolar, depression, severe anxiety, obsessive-compulsive disorder.
- People with chronic health conditions – such as (for example) multiple sclerosis, rheumatoid arthritis, Crohn's disease, diabetes, fibromyalgia, HIV/AIDS, chronic fatigue syndrome.



- **It's not always possible to recognise** when a person has an invisible disability.
- **Encourage** people with invisible disabilities to let staff know at the registration desk.
- **Trust** people with invisible disabilities and always treat them with **dignity**.





Remember

- Currently, in Nigeria, there is no formal national disability card allowing people with disabilities to receive formal recognition of their disability. This also means they don't receive any benefits related to their disability status.
- People with invisible disabilities face additional barriers, as other people often dismiss them or don't believe they have a disability.
- If a person shares that they have an invisible disability and would like to be provided with inclusive health care assistance, share the following information and ask them the following questions:

Thank you for requesting information about the inclusive health care assistance available here.

Ensuring all people can access our services as comfortably as possible is a priority.

I just need to ask you a few standard questions:

1. What's the name of your condition?
2. Do you have any documents (for example, a medical certificate) which certify your disability?
3. Does your condition make it harder to access services within the facility on your own?
4. What kind of help and support would you like to receive from our staff?

It's the responsibility of health care staff to make a decision as to whether or not a person is entitled to targeted health care assistance and priority access:

- You will often not be able to fully know for certain whether a person has the condition they have declared.
- If you have clear evidence that the person is pretending to have an invisible disability in order to access priority services, document your evidence and speak with one of your supervisors.

In all other circumstances:



- Trust the person and the information they have shared with you.
 - Treat them with kindness, dignity and respect.
 - Grant priority access and ensure they are able to access inclusive health care assistance.
-

3 Provide reasonable accommodations

During the registration process, you should ask people with disabilities whether they require any reasonable accommodations.

Reasonable accommodations are **changes** or **adjustments** that must be put in place to ensure that people with a disability are able to participate in a specific activity on an equal basis with others.

For example:

- A deaf person may require assistance to access a qualified **sign language interpreter**. It's the responsibility of the service provider to establish a system for the provision of sign language interpretation services to clients who may require them.
- A person with visual impairments may require materials in accessible formats, such as **braille** or large print. They may also require a member of staff to guide them around the building – for example, to identify the waiting area, consultation rooms, toilets, etc.
- A person with a disability may ask you to **speak more slowly**, use **simple language** and avoid **medical jargon**.
- A person with an intellectual disability or a neurodivergent condition may benefit from access to **information in visual formats** – such as drawings or photos.
- A person with intellectual, developmental or psychosocial disabilities may require **more time** during a consultation – as they may speak more slowly, or may benefit from more time to ask questions and seek reassurance about specific services.
- Some people with disabilities may be accompanied by a personal assistant, a family member or a caregiver. Always **directly discuss with the person with a disability** as to how they want these people to assist them.

Once reasonable accommodation requirements have been established, ensure targeted support is provided to all people with disabilities who have requested assistance and specific adjustments.



Learning tip

It's good practice to document common requests for reasonable adjustments received from people with disabilities. This then helps establish clear processes and systems for enabling them.

For example, establish a partnership with the Association of Nigerian Sign Language interpreters to provide qualified interpretation services to all Deaf clients who may require them. You could also design new accessible information materials, using simple language and images, to help support people with intellectual disabilities.

4 Protect the rights of people with disabilities

People with disabilities have a higher risk of experiencing coercion, abuse and violence, compared to people with disabilities.

All staff and volunteers are responsible for safeguarding all clients, including those with disabilities.

Specifically, all staff and volunteers are responsible for:

- **Ensuring services do no harm to clients.** Organisations and institutions have a duty to make sure their staff, operations and programmes do no harm to children and adults, nor expose them to harm, abuse or exploitation. This includes inadvertently doing harm by providing inappropriate services and advice.

- **Safeguarding clients who are facing harm in relations with others** (such as community members, family members, caregivers and others). In this case, health care providers need to ascertain whether a safeguarding issue is taking place outside the relationship with the health care provider (e.g. coercion, abuse or violence by a caregiver, sexual or intimate partner, community member, etc.), and know what to do if so.
- **Protecting staff and volunteers (including those with disabilities).** It is important to safeguard everyone operating within the health facility from harm and inappropriate behaviour, such as bullying and harassment.

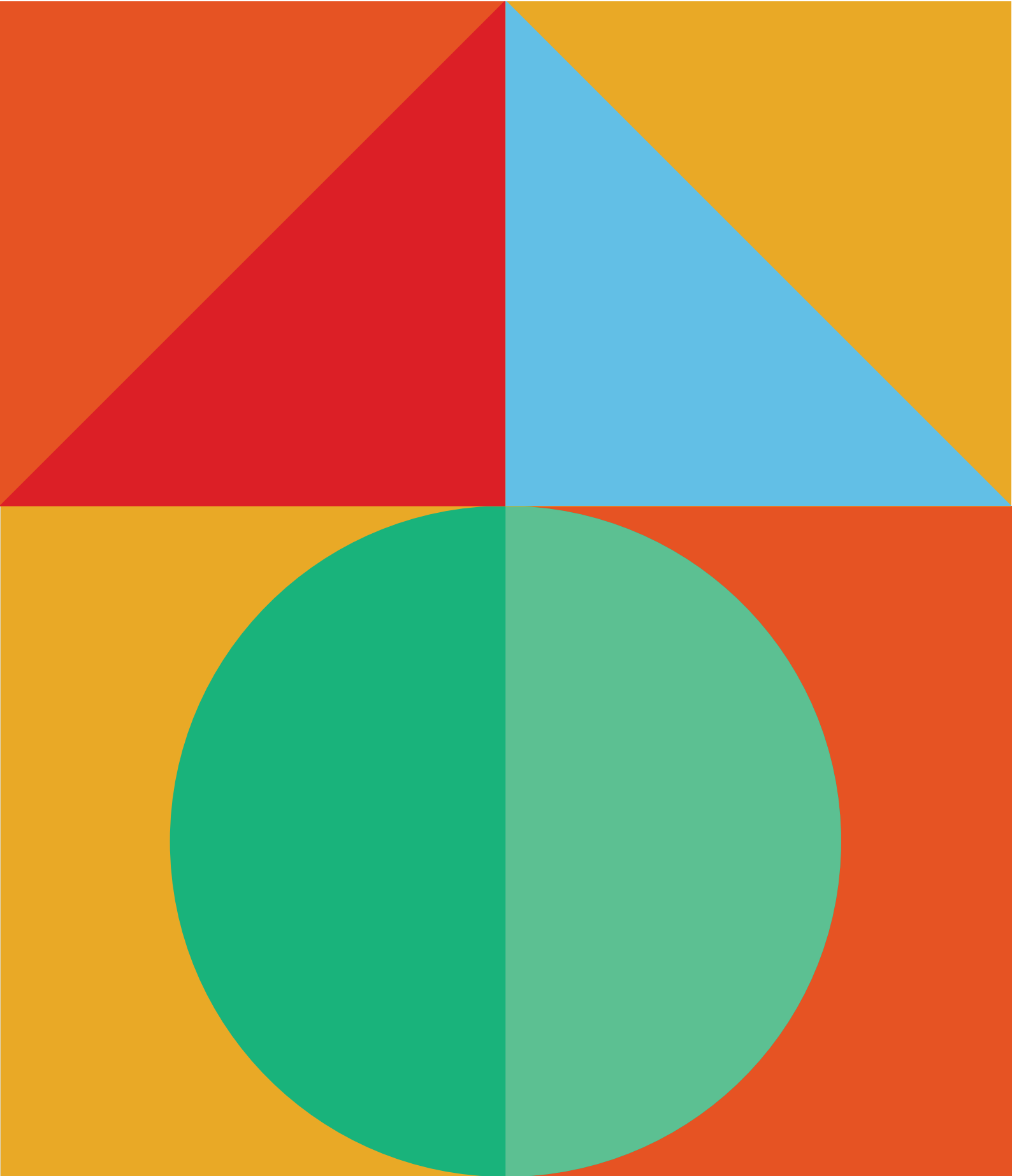
Keep your eyes open for all forms of abuse – refer to the table below.

Type of abuse	Definition
Physical abuse	When someone physically hurts you; e.g. hitting, kicking, biting.
Sexual abuse	When someone touches your body or private parts in ways you do not like or want. This can include kissing you, making you touch them or them having sex with you when you do not want to.
Sexual harassment	Any unwelcome sexual advance, whether verbal or physical.
Sexual exploitation	When someone takes advantage of your vulnerability for sexual purposes. This is often an exchange (e.g. sexual favours in exchange for money, food, shelter, medicine, employment).
Reproductive or obstetric coercion or abuse	When someone forces you to use or not use contraceptives, get pregnant, have an abortion or get sterilised, or when someone abuses you when you are pregnant or giving birth.

Type of abuse	Definition
Emotional abuse	When someone talks to you in unkind ways. For example, teasing, threatening, swearing, shouting, putting you down.
Financial abuse	When someone takes your money or possessions without your permission. For example, controlling your welfare benefits.
Neglect	When someone who is supposed to look after doesn't do it properly. For example, not giving you enough food, not keeping you warm and safe, not giving your medication or not taking you to the doctor when you are ill.
Discrimination	When someone treats you badly or unfairly because of certain factors such as (for example) the colour of your skin, your religion, your disability, or your gender.
Disability-specific abuse	This may include removing, hiding or controlling your access to mobility aids, sensory aids (e.g. spectacles, white cane, hearing aids, etc), medication, etc.
Controlling behaviours	These include isolating a person from family and friends, monitoring their movements and restricting access to financial resources, employment, education or medical care.
Harmful traditional practices	These are discriminatory social, cultural and/or traditional practices that are regularly committed over long periods and which communities and societies begin to consider acceptable as part of their culture. For example: child marriage, femicide, female genital mutilation, initiation ceremonies, HIV stigma, etc.

- **Minimise and prevent any risks of abuse and violence for all staff, volunteers and clients in the facility.**
- **Ensure all clients – including those with disabilities – are able to make free and informed choices** about which services they may want to use, without being coerced.
- **Follow internal safeguarding protocols and use the informed consent checklist for people with disabilities.**





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