



Inclusive Futures

Promoting disability inclusion

***“This pandemic brought a lot of sadness”*: people with disabilities’ experiences of the COVID-19 pandemic in Nigeria**

A qualitative study undertaken as part of the Inclusion Works programme



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Executive summary

This qualitative study was undertaken as part of the work of the FCDO funded Inclusion Works programme which aims to improve inclusive employment for people with disabilities in four countries: Uganda, Kenya, Nigeria, Bangladesh. When the COVID-19 pandemic emerged early in 2020 the work of this consortium programme was adapted to focus on pandemic relief and research activities, while other planned work was not possible.

The Institute of Development Studies (IDS) led a piece of qualitative research to explore the experiences and perceptions of the pandemic and related lockdowns in each country, using a narrative interview approach, which asks people to tell their stories, following up with some further questions once they have identified their priorities to talk about. 10 people with disabilities who were involved in Inclusion Works in each country were purposively selected to take part, each being invited to have two interviews with an interval of one or two months in between, in order to capture changes in their situation over time. The 10 interviewees had a range of impairments, were gender balanced and were various ages, as well as having differing living and working situations.

The study had ethical approval from IDS, all participants had information about the study in advance and if they agreed to join in, signed a consent form. All interviews were undertaken remotely by phone or a videoconferencing platform (e.g. Microsoft TEAMS, Zoom etc) and participants' connection/data costs were met. Accessibility needs were also planned for in advance and met. All interviewers were nationals of the countries, so the interviews were in the language of choice of the interviewees. Interviews were recorded, translated and transcribed.

An online thematic analysis process included all in-country researchers and the IDS team. Individual stories from all four countries were reviewed and coded. During discussion overarching common themes were identified and agreed.

Results indicate that there was a large amount of similarity and agreement about the key themes across the four countries. Two overarching types of themes emerged. First there were 'concrete' or material themes related to the impacts of the pandemic and lockdown on everyday life, and this is divided into subthemes about: a) individual (and intersecting) identities linked to people's gender and/or impairment type and disability status and b) economic/financial impacts and people's experience of the structures, systems and civil society responses to the pandemic.

Secondly there are subjective emotion themes, which show the range of feelings that people had in response to the situation and sometimes clearly linked to the concrete impacts above. An overarching theme of 'Destabilisation, disorientation and uncertainty' was experienced due to the extraordinary situation, with subthemes of shock, confusion, fear loss, stress, conflict, anxiety, despair and depression in various forms.

Illustrative quotes taken from the data in Nigeria are provided in the report.

Overall, the findings from Nigeria show that the people with disabilities experienced very negative impacts during the pandemic times and there is some evidence that their pre-existing disadvantage and marginalisation has been exacerbated. Financial concerns were

an almost universal finding. Access to inclusive services such as health, education, information and social protection/emergency relief were all felt to be poor and, in some cases, discriminatory.

The response and the conditions imposed by COVID-19 affected people with certain impairments in particular. Communication about the virus and response was often not accessible to all, especially people with hearing impairments. People who had health care or assistive devices needs struggled to access them during lockdown restrictions. People with certain impairments struggled due to the new environment caused by COVID-19, which resulted in additional risks of infection and less independence. For example, the public were more reluctant to assist people with visual or physical impairments due to the risk of infection from contact with others.

There was increased conflict between men and women in the home and also some suggestion of increased gender-based violence. Increased stigma and discrimination were reported by some.

There were some signs of improvement in people's circumstances and more positive feelings during the second interviews, although this depended on individual situations, so that those who had found employment or resumed studies were more optimistic, whereas others were in continuing dire risk of poverty and had ongoing worries about the future for themselves and their families.

Participants were also asked for recommendations about how planning and mitigation of impacts of future pandemics and other crises could be made more disability inclusive.

Using a very flexible 'teller-focused' methodology allowed us to hear the real concerns of the participants and to probe for in-depth examples of their experiences and perceptions. This method can provide valuable insights which contrast with and complement quantitative and researcher set agendas of inquiry.

The key message is that policymakers, planners and service providers need to ensure that they include people with disabilities (through their representative organisations) in their strategy planning for pandemics and other crises, to ensure that a disability inclusive approach is automatically 'baked in' in advance.

Easy read summary

- We asked 10 people with disabilities in Nigeria to tell us about their lives during the COVID-19 pandemic. They had different types of impairments such as intellectual, physical, visual and hearing impairments. We wanted to talk to them as they are not often asked about their lives.

What we found out

- The COVID-19 crisis has made life worse for many people. People with disabilities are very badly affected.
- To stay safe from the sickness caused by COVID-19 people were told to stay at home - this is called a lockdown.
- People with disabilities and their families found it hard to earn money and pay for enough food and medicine. This made them very sad and worried.
- Some people got help from the government, organisations of people with disabilities, or charities. Many people with disabilities did not get any help at all and were angry with the government.
- The COVID-19 crisis has changed how everyone lives, including how people with disabilities live. This was a shock for many people and made them unsure about what would happen to them and their families. Staying at home all the time made people unhappy and bored. Not having enough money caused conflict in families.
- After a while the lockdown ended and it was safer to leave home again. Some people started work again and felt happier as they

had money to pay for things like food. But some people still did not have work or money to buy food and they were still sad and worried.

- It is important that the government and other organisations help people with disabilities during the COVID-19 outbreak and future difficult times. They should ask people with disabilities about what they need and how this help should be given to them.

Introduction

This study was undertaken as part of the UK Aid (FCDO) funded Inclusion Works programme (part of Inclusive Futures) which is running from 2018 to 2022 with the aim of increasing the employment of people with disabilities in the formal sectors in four countries – Uganda, Kenya, Nigeria and Bangladesh. As part of this, people with disabilities have been recruited into the programme to participate in a variety of activities to increase their employment prospects, through skills building, networking, placements and others.

In early 2020 the COVID-19 pandemic emerged globally as a major potential threat to people's health, wellbeing and livelihoods. Governments' actions to mitigate this resulted in lockdowns of various types and severities in most countries. Thus, many of the planned activities of the Inclusion Works programme in Uganda, Kenya, Nigeria and Bangladesh were halted or adapted and some were 'flexed' towards COVID-19 related relief and research.

The Institute of Development Studies (IDS), as one of 12 partners in the Inclusion Works consortium, carried out this piece of qualitative research in all four countries, with the aim of understanding the experiences and perspectives of COVID-19 of jobseekers with disabilities who were already involved in the programme.

Country Context

The first case of COVID-19 was confirmed in Nigeria on 27th February 2020 (NCDC, 2020). In the early stages of the crisis, Nigeria lagged behind other African countries with regards to testing for COVID-19, and this was attributed to supply issues, border closures and lockdown guidelines. Testing has improved dramatically in Nigeria since the early days of the pandemic (Adebowale et al, 2021).

A lockdown was announced in Nigeria on 30th March 2020 in Lagos, Ogun, and Abuja. The lockdown was extended for a further two weeks on 27th April 2020, and Kano was included. The government announced a gradual easing of lockdown in Abuja, Lagos, and Ogun from 5th May 2020. Since the lockdown has been eased, there has been an increasing number of cases (Ibrahim et al, 2020). According to the WHO, as of 12th April 2021, there have been 163,793 confirmed cases of COVID-19 with 2,060 deaths, and 966,205 vaccine doses have been administered. (WHO, 2021). For many people with disabilities in Nigeria, COVID-19 has resulted in exclusion and isolation, with severe economic, health and psychological consequences (Amogunla, 2021).

Research process and methods

With the UNCRPD (2007) principles as key guidance, a research design was developed using qualitative methodologies, as these were deemed to be most appropriate for generating subjective knowledge from within a context (Braun and Clarke, 2012; Hammett, Twyman & Graham, 2015). Qualitative methods usually collect verbal (words people say) data from a smaller number of people than quantitative studies which focus more on counting the numbers (Tracey, 2013). A very flexible style of interviewing which invites the

participants to 'tell their story' and talk about what is important to them (narrative interviewing) was selected for several reasons:

- Telling stories is a natural and universal form of communication - this method is accessible to everyone regardless of education level, language competence or communication mode (Jovchelovitch and Bauer, 2000).
- By recollecting and sequencing experiences as stories, participants make sense of their experiences in their own way.
- As a teller-focused method, evidence about what matters to participants is generated, rather than using pre-determined questions to investigate topics that may be of less concern to them (Hydén, 2014).
- This approach can generate insights on situational, emotional and relational aspects that may not emerge from researcher-directed interviews.

Each participant was invited to take part in two interviews, separated by one to two months during July to October 2020. The purpose of doing two interviews with each person was first to gain deeper insight, as trusting relations and openness developed between participants and researchers, so the narratives were anticipated to flow more easily as the interviewees' confidence increased. Second, this provided an additional ongoing view, to reveal how the jobseekers had experienced, interpreted and responded to COVID-19 as the pandemic situation progressed over time in their country and context.

Experienced local participatory researchers who were already working with the IDS team in the four countries led the data collection process. This team had previously received training in participatory inclusive research methods and were given additional training in narrative interviewing for this study. Extra researcher training on dealing with sensitive issue and the communication needs for different impairment groups was provided by the wider team and partners. The Institute of Development Studies (IDS) team developed the research processes and materials, provided training and supervisory accompaniment for the local researchers, and led the participatory analysis process.

Support from the IW in-country consortium partners (Sightsavers), and other partners, were crucial to the purposive recruitment of 10 participants (people with disabilities already enrolled as jobseekers in the IW programme) in each country. A range of individuals were invited with the aim to achieve gender-balance, a range of ages and experiences and representation of people from different impairment groups (see participants table in [Appendix 1](#)).

To ensure that both the participants and researchers remained safe during the research process, the narrative interviews were undertaken online or by phone (Holt, 2010). Researchers were encouraged to use communication platforms such as Microsoft TEAMS or Zoom and use the video function when possible. This was both to aid relationship building and effective communication, which is especially helpful for participants who were more reliant on visual communication modes. In all countries there was reimbursement for data costs and for reasonable accommodations, such as sign language interpreters. However, the choice of platform was ultimately informed by each individual participant's preferences, capacities, access needs and availability of technology.

Ethics approval for this work was obtained from the IDS ethics committee. To mitigate heightened ethical risks compared with face-to-face interviewing (such as the additional difficulties of reading dynamics or responding supportively if strong emotions arose), the research process involved three calls with each participant during the first interview round:

During the first introductory call the research purpose and process were explained, including consent and anonymisation, the right to withdraw, and the analysis and reporting plans. The participant's access and communication support needs were also discussed so that prior to the interview, necessary accommodations and arrangements could be made. For example, organising interpretation in sign language for participants who are deaf.

On the second call participants were asked for verbal consent to be involved. This gave them time and space after the first call to decide whether to participate, reducing any perceived pressure to participate. The interview was then conducted after verbal consent was gained and the participant confirmed that they felt secure and their access needs were being met. After an initial reminder about the aims of the study, narrative interviews proceeded by asking one very general and open question (Jovchelovitch and Bauer, 2000):

Participants were asked to share how the COVID-19 situation had developed for them and impacted on their lives.

The interviewers reassured them that they could share experiences in any way they liked and encouraged the story-form by suggesting they start at the beginning, when they first heard about the pandemic, and then relate what happened afterwards up to the present. Prompts and follow-up questions were used to ask for specific examples, or to expand on the key aspects that the interviewees chose to talk about.

Finally, there was a third call to ensure that the participant was feeling alright and still happy to be contacted subsequently for a second interview about 1-2 months later.

The second round of interviews followed a similar process. It was anticipated that the second round of interviews would involve greater openness and narrative flow due to developing relations between the researcher and participant and this proved to be the case.

Analysis

A face-to-face participatory thematic analysis process was originally planned, involving the researchers and we had hoped some participants. However, this plan had to be adapted due to ongoing COVID-19 travel and meeting restrictions. To minimise risk and comply with regulations, a series of collective analysis sessions were undertaken online, involving the IDS team, in-country researchers and some consortium partners and local OPD representatives. Prior to undertaking the analysis, the researchers were provided with training in thematic analysis by the IDS team.

The analysis sessions included an initial reading of the first interviews by the team, and the sharing of selected interview narratives. From the data, themes were generated, with discussion about whether all the themes were relevant across all countries. Following further reflection, the themes were then clustered to produce a first-level analysis. Overarching themes, such as gender and impairment specific aspects, emotions and economic/financial impacts were established. Subsequently, the IDS team-members each analysed the

remaining interviews using one of these lenses. Once the second interviews were complete, a second analysis session was held online with all four countries, where additional themes were generated based on the current situation in each country. New insights were compared with the detailed first round analysis. This process validated previous themes and indicated data saturation as there was lots of repetition of similar experiences and perceptions, but there were also changes in impacts and feelings, as well as some additional overarching themes.

Participants

A table detailing the characteristics of the Nigerian participants can be found in [Annex 1](#).

The participants had an equal gender balance (half male and half female). Participants had a range of impairments - three had physical impairments, two had visual impairments, two had hearing impairments, one had intellectual impairments and two people described their impairments as other. No one with psychosocial impairments or multiple impairments participated. The majority (90%) of participants were aged 30 to 49 years old. Only one participant was younger than 30 years old and no participants were older than 50 years old. The majority (90%) had tertiary education and one participant described their education as 'other'. Over half (60%) of the participants described themselves as already being employed or having work. Two participants described themselves as unemployed and a further two participants were students. Eight out of ten participants were single, while two were married. The majority (90%) of participants resided in an urban area, while one participant resided in a rural area. Seven out of the ten participants described their situation as having others who depended on them. One participant said they depended on others, while two participants reported not having dependents or depending on others. All the participants were successfully interviewed twice.

Findings

In this paper we present key themes which emerged from the narrative interviews in Nigeria. Two different types of interlinking themes emerged: concrete' material impacts and overarching 'subjective' experiences or feelings themes.

'Concrete' (material) themes illustrating the tangible impacts of the pandemic emerged strongly and with many similarities across the four countries. They fall into two main types, with links and overlaps between them. First, there are individual (and intersecting) identity related experiences linked to people's gender and/or impairment type and disability status. Then, there are the economic/financial impacts and people's experience of the structures, systems and civil society responses to the pandemic.

The 'subjective' experience themes broadly reflect the participants' feelings and experiences during the initial COVID-19 crisis and its continuation over some months. These emotions arose in response to the loss of the stability of known life, the 'old normal', the pandemic risks and the lockdown restrictions, and the uncertain journey towards a 'new normal'. We interpreted these emotions as both overarching, so 'floating above' and also integrated with so 'weaving through' and often clearly linked to participants' experiences expressed as more 'concrete' or material themes. Overall, strong themes of de-stabilisation, disorientation and

uncertainty were experienced due to the extraordinary situation, with subthemes of shock, confusion, fear, loss, stress, conflict, anxiety, despair and depression in various forms.

We describe these themes and bring to the fore the voices of the participants by using direct quotes to illustrate the themes. Quotes are identified as from individuals by gender and impairment type, and interview ID number (A or B before the number indicate whether the quote comes from the first (A) or the second (B) interview).

Concrete, material and system related impacts

Economic impacts

In a similar way to the way many people across the world had experienced the crisis, the participants with disabilities and their families in Nigeria reported experiencing major negative economic impacts due to lockdown restrictions. Many descended into (deeper) poverty as they lost their jobs, businesses, or other streams of income. People working in the private sector were especially affected as they generally received no salary during lockdown, while some in the public sector continued to do so. Some participants had also not been paid for work they did at the start of the year and were still owed this back pay.

“I have not received salary [since February 2020]. It affected both my financial and economic life.... For me, it has not been easy.” (man, albinism, IWCOVNGA1)

“Since February this year [2020], I have not received any salary. My financial stress started then and has continued to worsen by the day. I am now unable to meet basic personal needs and other responsibilities.” (woman, albinism, IWCOVNGA7)

“I am also a partaker in all the economic troubles brought about by COVID-19. [He was sent home from work at radio station]. Being a private sector organisation, no payments are being made to affected workers.” (man, physical, IWCOVNGB10)

However, some employers did provide some financial support, which made life a little easier.

“During the lockdown, the school management continued to assist me financially for some time.” (man, hearing, IWCOVNGA3)

Participants with family dependants were especially affected by economic impacts due to existing financial pressures.

Participants reported reduced food consumption and hunger as they no longer had the money to pay for regular food.

“During this lockdown, it was difficult for us to find money for food.” (man, hearing, IWCOVNGA3)

“Meals were no longer guaranteed.” (man, visual, IWCOVNGA5)

“In my own family, it has not been easy as I said. Sometimes, we compulsorily fast. If we cannot get what to eat in a day, we fast. We could eat in the morning, then reserve the lunch for dinner. This is how we have been living, and to be sincere, it has not been easy.” (man, physical, IWCOVNGA8)

A knock-on effect of the pandemic was for food costs to increase, making it harder to access them for people with disabilities.

“During the lockdown, there was uncontrolled inflation. Prices of food items just went up, but government did nothing to manage the situation.” (man, visual, IWCOVNGA5)

“As a mother with kids, luxury feeding is no longer an option due to shortage of funds and high costs of foodstuffs. Prices have skyrocketed due to the pandemic. It is really devastating.” (woman, hearing, IWCOVNGA9)

Food insecurity became such an issue that some participants regarded it as a bigger threat than COVID-19 itself.

“Hunger is a greater killer than COVID-19.” (woman, physical, IWCOVNGA6)

“At a point during the lockdown, [COVID-19] became a less important issue than the widespread hunger.” (woman, hearing, IWCOVNGB9)

The financial crisis caused the participants and their families stress and pressure as they struggled to meet their and their families’ needs, including for food, rent, and utilities.

“Staying home without food or money for months was frustrating.” (man, hearing, IWCOVNGB3)

“This pandemic brought a lot of sadness; people losing their jobs, finding food to eat is a problem. As I am talking to you right now, I am owing house rents because since February [2020], I have not gotten salary.” (woman, albinism, IWCOVNGA7)

The financial difficulties people experienced meant it was hard for them to continue to support wider family members who previously had relied on their assistance.

“Some time ago, my uncle called me on phone and was reprimanding me for abandoning my dad. Of course, that has not been the case. I just don’t have a means of income to do all that I need to. That was a very embarrassing and discouraging experience.” (woman, albinism, IWCOVNGA7)

These financial difficulties were experienced not only by the participants, but also to other people with disabilities they knew in their communities.

“No person with disability has been employed by the state government since after the lockdown. Those who are already in the system in some states are also crying due to non-payment of salaries... People with disabilities working in the private sector mostly lost their jobs. Those still employed had to live with no-work-no-pay policy that is common in the private sector... During the

lockdown, many persons with disabilities who do petty trading lost their capital. There was no inflow, but they had to meet their needs. Some even borrowed money for upkeep.” (man, physical, IWCOVNGB10)

Some participants felt that they were worse off than others in their community who did not have disabilities.

“Truly speaking, my experience is totally different from most other people in my community. In fact they are incomparable because it is far worse than theirs.” (woman, albinism, IWCOVNGA7)

“But things were easier for others in my community than myself. For example, they received palliative items and money from both state and federal governments, but I was not included.” (man, hearing, IWCOVNGA3)

As job or other opportunities moved online, many people with disabilities struggled as they could not afford the necessary technology or internet data to take advantage of them, making it harder for them to adjust to online working.

“[People with disabilities] cannot afford the digital devices and computers needed to connect to the internet. It also involves buying data every time. So we can say that persons with disabilities are still excluded from this development in the use of technology to solve problems.” (man, visual, IWCOVNGB5)

“We need to acquire digital or soft skills to do more for ourselves, our families and communities. But without income, we cannot get the computers, phones and software to use these skills. Most people with disabilities don’t have the means.” (woman, physical, IWCOVNGA6)

In addition, fear of catching COVID-19 prevented some from looking for work.

“The fear of contracting the dreaded virus has kept me indoors that I can no longer follow up my job applications in places I applied earlier. And being an applicant, I do not have the resources to buy data and go online regularly.” (woman, hearing, IWCOVNGA9)

Some participants had additional expenses in order to stay safe, for example by getting private rather than public transport.

“Basically, I have to reduce the number of people, who are mostly strangers, I need to ask for assistance as I use public transportation. This often means more costs for me. I sometimes avoid buses and hire cabs or keke [rickshaws] instead, which is generally more expensive.” (woman, visual, IWCOVNGB4)

Various coping mechanisms were employed by people with disabilities to survive during the worst of the pandemic and lockdown, included using savings or business capital, reducing expenditures, support from friends, or finding some work elsewhere. However, not everyone had access to these coping mechanisms and many really struggled.

“I spent all my money during the lockdown.” (man, hearing, IWCOVNGA3)

“Sometimes, we eat once a day. Occasionally, we get assistance from a neighbour, enabling us to eat twice a day.” (man, physical, IWCOVNGA8)

“We only spent the little we had, but no further income. We had to become miserly, because nobody was sure when it would all end.” (woman, physical, IWCOVNGA6)

“People exhausted what money they had and became stranded. It was really tough.” (woman, physical, IWCOVNGB6)

“During this pandemic, being in financial distress, I have no one to ask for help.” (woman, albinism, IWCOVNGA7)

Very few people received formally provided relief either from non-government organisations (NGOs), OPDs or the government. However, most received no such assistance as discussed in the next section.

Governance and services

Access to official government social protection assistance in response to the pandemic was noted to be a major issue for both the participants and other people with disabilities in the community. Material and food assistance (often referred to as ‘palliatives’ in the context of Nigeria) that were provided were often not inclusive and did not reach many people with disabilities.

“I was excluded during the distribution of palliatives provided by government. I was surprised at that.” (man, visual, IWCOVNGA5)

Issues included support only being provided in certain States; reduced financial support which was being provided previously due to the economic shocks of the pandemic; inaccessible distributions; people with disabilities not being included amongst the list of beneficiaries; information about relief distributions not being accessible resulting in people with disabilities not attending; the distances to distribution being too far; and being stopped by police when trying to go and get assistance due to lockdown.

“The mode of distribution of palliatives by the government remained poor throughout, and not disability inclusive.” (man, visual, IWCOVNGB5)

“During the lockdown, I only heard that disabled people would receive money help and other things from the federal and state governments, but it did not happen. I did not hear when and where to go and get it.” (man, hearing, IWCOVNGA3)

“Even with the palliatives that were shared, you hardly see an inclusive sharing formula.” (man, physical, IWCOVNGA10)

“I have been treated differently and unfairly by others when the sharing of palliative was ongoing.” (woman, hearing, IWCOVNGA9)

This has resulted in confusion about official relief efforts and the extent to which people with disabilities were being discriminated against. Some participants felt that the lack of consideration was not deliberate, but others felt that there was disability discrimination,

pointing out the lack of inclusion of people with disabilities in the distribution of palliatives and feeling like they were deliberately devalued.

“In giving out palliatives, people with disability were not deliberately discriminated against. However, consideration was not given to ensuring that persons with disability were well informed, and could easily reach the locations where these items were given out.” (woman, physical, IWCOVNGA6)

“During the lockdown, relief materials meant for persons with disabilities were diverted by unscrupulous and callous people in government.” (man, physical, IWCOVNGB8)

“Persons with disabilities were completely left out. Perhaps, government officials believe that persons with disabilities are not as important as other people.” (man, visual, IWCOVNGB5)

There were some concerns about corruption amongst the interviewees and the wider community. There was the suggestion that members of the government in Nigeria are taking advantage of the situation to further their own interests, suggesting mistrust and a lack of confidence in the government to act in the best interests of the population.

“Although coronavirus is in Nigeria, the situation is being projected more than it actually is; that’s what I mean by saying that it’s over-hyped. And it is a gimmick by the Nigerian government and politicians to siphon or embezzle money.” (man, albinism, IWCOVNGA1)

“Most people believe that the government called off the lockdown because government officials have achieved their sole purpose of carting away public fund and donations meant for managing the pandemic. The whole thing just succeeded in deepening the levels of poverty, hunger and suffering of citizens.” (man, visual, IWCOVNGB5)

NGOs and in particular OPDs, were found to play a small role in supporting people with disabilities during the pandemic. They did this by providing things like food and hygiene items. Sometimes they acted to distribute items from the government.

“The process of distributing the palliatives didn’t consider persons living with disability. I have no account of even one person with disability who received any aid from government. I only know of one non-governmental organisation that gave out face-masks, and maybe food items, to some persons with disability in Kano State.” (man, visual, IWCOVNGA5)

“Following an advocacy to Lagos State Government, members of my association, the Lagos State Albinism Awareness Society, received packs of food items from the government.” (woman, albinism, IWCOVNGB7)

Some participants noted their disappointment with how little OPDs did to support people with disabilities during this time.

“I was surprised that the different associations of persons with disabilities could not do anything for us during the lockdown. They could not even speak to government to remember and support us during the lockdown.” (man, hearing, IWCOVNGB3)

In addition, assistance that have been provided before the pandemic was reduced during it.

“During and after the COVID-19 lockdown, most of these organisations and the government faced major financial setbacks. As such, the assistance persons with disabilities received reduced drastically.” (man, physical, IWCOVNGB10)

As a result, it was clear that both the participants and many other people with disabilities in Nigeria slipped through the net and did not receive any assistance from any formal sources, with serious consequences for their experiences of the pandemic.

“There is no form of assistance slated for persons with disabilities.” (man, physical, IWCOVNGA10)

Impairment impacts

While the COVID-19 pandemic had a negative impact in general on most people with disabilities in Nigeria, it had different impacts on people with different impairments.

The pandemic put a lot of pressure on the health system and many services were disrupted. People with impairments that require ongoing medical care found it harder to access their health services they needed.

“Persons living with albinism are often at risk of developing skin problems. For this, they would need to visit the medical centre. But because of the lockdown and restrictions, most of them just remain at home and those skin problems continue to grow... If there is a crisis in the future leading to a lockdown, the government should make ways for any person living with albinism and having skin issues to easily access medical help.” (man, albinism, IWCOVNGA1)

Health services that were not disrupted had to adjust their protocols to reduce social contact to avoid spreading the virus. Some of these measures resulted in services becoming inaccessible. The impact of wearing masks made interacting with medical staff particularly difficult for people with hearing impairments. People with visual impairments also faced particular challenges accessing health care due to the pandemic.

“Visiting hospital has been discouraging for me as a deaf person. Before the pandemic I tried as much as I could to lip-read while consulting a doctor, but with the new trend of prevention garments (i.e. masks) worn by doctors, interaction is impossible for me while in the hospital.” (woman, hearing, IWCOVNGA9)

“Access to healthcare was cut short... Since the lockdown has now been lifted, people can now freely go to the hospital, but still there are measures and they have to really be very careful and take great precautions.” (woman, visual, IWCOVNGA4)

Access to assistive technology and rehabilitation services also became harder during the pandemic, which had a negative impact on people who use assistive technology and these services.

“I use callipers and crutches. Then my callipers became faulty. There was no means for me to go and fix it. I have a friend who would normally help me to fix it at a place called Mowe, in Ogun State. But due to the lockdown, there was no means for me to go to Mowe. This meant I won't be able to easily move around, and had to depend on people.” (woman, physical, IWCOVNGA6)

Other goods and services that are used by people with disabilities became very expensive to buy or hard to access. For example, due to skin complications, people with albinism require access to sunscreen.

“I don't have sunscreen, and I cannot afford it now.” (woman, albinism, IWCOVNGA7)

As well as having an impact on health, the lack of sunscreen for people with albinism was also reported to combine with negative stigma about certain impairments to have an impact on one participant's prospects of getting a job:

“As a person living with albinism, there is a limit to what I can do. This is because the sun is not really friendly with my skin... During the lockdown, some people could still go out to do some menial jobs to earn income. They could offer to provide labour at building construction sites. Showing up for the same purpose, I would be promptly rejected. Those in charge would assume that I am incapable of doing such a job. They say I could get harmed and put them in trouble.” (woman, albinism, IWCOVNGA7)

With regards to information about the pandemic and the national response, several participants commented that it was not provided in an accessible way. People with sensory impairments were particularly affected. Inaccessible communications had a detrimental impact on how people with visual and hearing impairments received the knowledge they needed to reduce the risk of the virus itself, but also to understand what the rules were in response.

“Hearing impaired people must be carried along. They need to get information in easy ways for them. Everybody needs to know well about COVID-19 and how to keep one's self from being infected.” (man, hearing, IWCOVNGA3)

“I wasn't carried along in the dissemination of information as there was no sign-language interpreter within and around my area.” (woman, hearing, IWCOVNGA9)

“Persons with disability in Kano State did not receive early orientation on COVID-19. Visually impaired people particularly needed this. This is because we later learnt that the way to be infected is through contact with surfaces. If visually impaired people are not aware, they will be more exposed to the virus... Even when such knowledge (about COVID-19) started to come up, it was mostly shared on radio. So, hearing impaired people could not get the information.” (man, visual, IWCOVNGA5)

For people with visual impairment who rely on touch more than others, COVID-19 and society's response created a particular set of challenges. The risk of infection due to touch resulted in people with visual impairments becoming less mobile and less independent. In addition, the general public became less comfortable guiding people with visual impairments due to the risk of virus transmission. People with physical impairments who require assistance were also affected in a similar way, with the general public less willing to help due to the risk of infection.

“This is unlike before, when I could freely go to wherever I wanted, and get anyone to assist me along the way... [During the pandemic] sometimes, the sighted persons would not want to assist you because as a blind person, they have to take you by the hand to walk with you. And because of COVID-19, they would not want to touch you so they don't get infected, as they don't know if you are infected or not... Of course, now we know that the mobility of persons with disability, especially those that are physically challenged and those that are blind that will need people to assist them, has been affected.” (woman, visual, IWCOVNGA4)

“For me who is visually [impaired], I depend a lot on touching and feeling things in my environment – both materials and people. I touch people, say by hand shaking, to express warm gestures. This has much significance, especially as a sign of mutual respect in my culture. Now, I have to adjust to avoiding objects and people to protect myself from the disease. It has not been a very nice experience. It has seriously made moving about even more difficult for me... We need to touch things to understand what they are. We need to touch people who help us to move from one place to another.” (man, visual, IWCOVNGA5)

“For me, it was impracticable [to use public transport during the pandemic]... Being dependent is really what I hate the most. Normally, I don't see myself as being challenged. This is because I refuse to recognise any barrier that I cannot surmount. With the new situation of lack of mobility and dependence on others, I began to see myself as challenged. I could not cook or do things I would normally do on my own. I really felt bad. Then, I started having pains as I could no longer exercise my body. For more than a month, I was indoors.” (woman, physical, IWCOVNGA6)

Linked to the challenges around reduced mobility and independence experienced by people with certain impairments during the pandemic, the social response to COVID-19 had an impact on the general safety of moving around, particularly for people with visual or physical impairments. This is both with regards to being infected by the virus but also due to road safety.

“Safety for persons with disabilities - I don't know how some of us can cope with that, especially for those of us that are blind and or have a physical impairment– when you need people to assist, to hold you, to touch you. For example, a totally blind person, going out on my own, I will need people to assist me to cross the road, people to assist me to get on the bus, people to assist me to alight from the bus and all that. So my chances for safety are quite slim too.” (woman, visual, IWCOVNGA4)

“I seemed to be more concerned with the risk of contracting the virus if I went out than most of the others in community.” (woman, physical, IWCOVNGA6)

Gender impacts

Some participants reported feeling that men and women with disabilities had differing experiences of the pandemic due to their gender, while others felt experiences were similar for everyone. Some stated there was no difference in how men and women with disabilities had experienced the crisis, but then went on to discuss how experience may have differed depending on gender.

In the Nigerian context men are regarded as the head of the family and responsible for financial security. As the pandemic and lockdown had an impact on work (as described in the economic impact section above), it is argued that men were affected worse than women.

“As the head of family, the pandemic affects the man's means of livelihood, bringing hardships to the family. This is due to loss of jobs, being unable to go to work and thereby, provide for the family. Though some women are also the breadwinners, by comparison I think more men are more impacted in this way than women.” (man, albinism, IWCOVNGA1)

“If a man alone is regarded as the breadwinner of the family. If he was working, he could no longer go to work... If you don't work, you don't have salary. This would really affect the men because they would not have access to their jobs.” (man, physical, IWCOVNGA10)

“Yes, thinking of married men and women, men and women experienced the lockdown differently... Men are the ones who went to the markets and women mostly stayed at home to take care of the children and other things. So every man is responsible for providing the needs of his family. During the lockdown, everybody stayed at home. That was more of a change for men than women... Society looked up to men to provide for families, it was a very difficult experience for them.” (man, visual, IWCOVNGA5)

Women are generally regarded as having a role of looking after children. The pandemic made this task harder, and this had an impact on women with disabilities in particular.

“I think men and women have experienced the COVID-19 situation differently... For a woman with disability, it has been very challenging...everything – all the responsibilities of taking care of the children - falls on their shoulders... It’s really has affected the woman with disability who has to fend for or take care of the family.” (woman, visual, IWCOVNGA4).

“Generally, it seemed that women bore more of the effect [of the pandemic.]” (man, physical, IWCOVNGA8)

“Wives and their respective children have to bear hunger, especially in polygamous family situations.” (man, visual, IWCOVNGB5)

During the lockdown everyone was at home more, and one participant felt that this resulted in increased tension in the home, as the dynamic of child-care changed.

“Men began to notice how the women treated their children in their absence which they did not like. That brings about quarrels in the home.” (man, visual, IWCOVNGA5)

The impact of the pandemic on access to health services may have had a more significant impact on women with disabilities than men. This may be especially the case for women with disabilities who are pregnant and require medical attention.

“Pregnant women is a special case... It is not easy for pregnant women to get same attention before, during and after delivery as they used to [before the pandemic.]” (woman, hearing, IWCOVNGA9)

As well as impacting on health services, COVID-19 had a significant impact on education. One participant felt that women and girls were particularly affected, with an increased likelihood of pregnancy during lockdown, which would have a negative impact on their studies.

“Another painful thing was that following the lockdown, many students were idle, and became involved in deviant behaviours. Some of the girls became pregnant. Of course, being that they were unmarried and these were unwanted pregnancies, this would likely impact their academic progress negatively. They would most likely drop out, which is quite unfortunate.” (woman, albinism, IWCOVNGA7)

The lockdown in response to the pandemic also created security challenges that particularly affected women. As people were required to return home immediately, this resulted in irregular travel plans, putting women with disabilities in particular at risk.

“It also brought a security challenge to my family. My sister that was posted to Kwara State for her NYSC [National Youth Service Programme] – she had to come back. They had to send them back home. She came in about 2am. The part of Lagos where I live, in Ikorodu, is a remote area. In a country

where we don't have such a good security, lots of bad things could happen.” (woman, albinism, IWCOVNGA7)

Several participants felt that COVID-19 had a similar negative impact on both men and women in Nigeria, including men and women with disabilities.

“I don't think men and women experienced COVID-19 differently.” (woman, physical, IWCOVNGA6)

“Both men and women are experiencing the bad things of COVID-19 in the same way. It is a health matter that affects everybody... Both men and women are responsible for providing for their families with basic needs. But during the lockdown, nobody could go out to work. So financially, it affected and still affects them the same way.” (man, hearing, IWCOVNGA3)

“It is really not easy to compare the experiences of men and women during the pandemic in terms of population.” (man, physical, IWCOVNGA8)

“I don't think there are many differences. Both men and women have almost the same experiences because COVID-19 doesn't target any gender. As it affects men, so it affects women. Everybody is suffering the hardship because their ways of surviving have suffered.” (woman, hearing, IWCOVNGA9)

Stigma and discrimination

Negative stereotyping towards people with disabilities was expressed by some participants. However, it was not always clear whether the pandemic and lockdown had exacerbated this or if the levels remained the same.

Discrimination based on disability had an impact on people with impairments finding work. While this discrimination may have happened in pre-COVID-19 times too, the extra financial pressure that the pandemic brought made securing work all the more critical for people with disabilities during this time.

Some participants reported that the discrimination they faced during the lockdown was the same as before the lockdown was announced.

“As a person living with albinism, I don't think I have been treated differently by people ever since the advent of the pandemic. It's been normal... Aside from the perennial discrimination of persons with disabilities in the society, their treatment during the pandemic was normal. People were just going about surviving the pandemic.” (man, albinism, IWCOVNGA1)

“During the COVID-19 lockdown in Lagos State, the experiences of persons with disability were similar. It was an experience of continued discrimination of persons with disabilities in Nigeria.” (woman, albinism, IWCOVNGA7)

“The treatment I got from others during the pandemic was just a continuation of the negative attitudes persons with disabilities have been suffering from the wider society.” (man, physical, IWCOVNGA8)

Negative stigma linked to religious belief was also reported, with one participant revealing that a family member blaming them for the situation for not praying enough. It was not clear if the family member was referring to their impairment or the pandemic being a result of the lack of prayer.

“My own brother coming up to castigate me, suggesting that it’s my fault that things have been so difficult for me. According to him, I have not been praying enough, and things like that.” (woman, albinism, IWCOVNGA7)

Worryingly, the police were reported as discriminating in a negative way towards people with disabilities during the pandemic. One participant said that this experience reflects societal attitudes in general.

“I met a team of policemen on patrol. I requested them to offer me a lift since they were headed in my direction. They snubbed me and went on their way. They even threatened to arrest me despite my disability. So generally, the treatment was harsh. It is just a reflection of how many people see persons with disability as a liability whenever any kind of help is sort from them.” (man, physical, IWCOVNGA8)

One participant reflected that the internet and technology became important ways to work, learn and interact during the pandemic. However, due to negative discrimination, people with disabilities were not included in these technological advancements.

“A major change I noticed between the last time we talked and now is that a great number of people are quickly learning to use digital technology, particularly online systems, to carry out their daily activities. This mostly are in the areas of businesses and education... Sadly, in all these developments, people with disability are still left behind...persons with disabilities are still excluded from this development in the use of technology to solve problems.” (man, visual, IWCOVNGB5)

In contrast, some participants did not feel like they were discriminated against at all and some reported positive societal experiences, even if policies are still exclusive of people with disabilities.

“I won’t say that I was treated differently since the pandemic started. Not in terms of being deliberately discriminated against.” (woman, physical, IWCOVNGA6)

“Actually, my experience with the people around me is very polite. They respect and care for me... I have never been treated differently by the community, rather I have been treated differently by policies that do not include me or include persons with disabilities.” (man, physical, IWCOVNGA10)

One participant did not feel that the financial hardships endured due to the pandemic were as a result of discrimination based on disability, but rather because everyone was suffering due to the economy faltering.

“In my opinion, where [people with disabilities lost their jobs due to the pandemic], they were affected just like all other workers. I don’t think it is because of their disability, but due to the downturn in the economy.” (man, albinism, IWCOVNGB1)

Another participant reported that their relatives had become overprotective of them during the pandemic. While the intention was good, this overprotection actually amounted to discrimination as they were being treated differently from others.

“When the lockdown was eased, they feared that my going to fix my callipers using public transport would expose me to possible infection. In fact for me, it was impracticable. But the point is that overprotection seemed like a special and different treatment.” (woman, physical, IWCOVNGA6)

Subjective, emotional effects

As with many other people worldwide, the participants with disabilities from Nigeria in this study went through and may be continuing to experience a range of emotions as the COVID-19 pandemic unfolded and the government announced its response. Many participants reflected on the difficult emotional journeys they had experienced due to the pandemic and in response to the abrupt suspension of their old lives, the dramatic changes, and the need to adapt many aspects of everyday activities to the new and evolving situation.

The feelings expressed by participants as a result of the pandemic were generally negative.

“This pandemic brought a lot of sadness.” (woman, albinism, IWCOVNGA7)

[I feel] very sad indeed.” (woman, hearing, IWCOVNGA9)

“The COVID-19 pandemic has been a very challenging and disturbing event for me.” (woman, visual, IWCOVNGA4)

Some participants expressed feeling frustration or boredom that came about due to the lockdown and was acutely experienced by people with disabilities.

“My immobility, particularly with my damaged callipers, made me feel as if I was boxed in... I could not cook or do things I would normally do on my own. I really felt bad.” (woman, physical, IWCOVNGA6)

“Generally, it seemed that everybody suffered the boredom of staying at home for such a long time. This was particularly so for people with disability who normally had places they would go to on a regular basis.” (woman, physical, IWCOVNGA6)

“I am really disappointed with everything that is not working in Nigeria... I mean, it is not actually encouraging, and it is making life very boring.” (man, physical, IWCOVNGA8)

As education came to a halt, one participant expressed concern and worry over the behaviour of the students.

“Another painful thing was that following the lockdown, many students were idle, and became involved in deviant behaviours.” (woman, albinism, IWCOVNGA7)

The lockdown had a major impact on the economy of Nigeria. The financial challenges that resulted were cited as a major cause of concern for people with disabilities.

“Since February this year, I have not received any salary. My financial stress started then, and has continued to worsen by the day... A lot of things happened that I cannot even talk about... The list seems endless. In fact, let me just stop here, because if I continue, I feel like bursting into tears.” (woman, albinism, IWCOVNGA7)

Lockdown and the subsequent financial problems meant many people could not provide care for people that they usually look after, causing anguish. One participant expressed the stress they were put under as a result of not being able to perform the duties expected of them with regards to looking after their father.

“There are expectations that I should take care of my aged father... Since the lockdown, I have been unable to do so... That was a very embarrassing and discouraging experience.” (woman, albinism, IWCOVNGA7)

The lockdown also caused stress by preventing usual social events from taking place, which had an impact on how people relaxed.

“Another way that the advent of COVID-19 has affected me is in terms of my social life. There is an annulment on all social gathering, including fun centres and beer parlours and places of relaxation. All these places were shut down. It affected me as a fun-loving person.” (man, albinism, IWCOVNGA1)

As lockdown came to an end, mixed emotions were reported. Some participants were very happy lockdown had finished.

“We are actually very happy that the lockdown has come and gone, and we don't pray for it to come back again.” (man, visual, IWCOVNGB5)

Others were less excited, although they recognised the impact it had on livelihoods across Nigeria.

“I don't think people are particularly excited [at the lockdown ending]. Of course, people desired for the lockdown to be called off. Of course, expectations were high. The lockdown meant the livelihood of nearly about 200 million people was on the line. So people were hopeful that they could return to their means of survival. This was the paramount reason for wanting the lockdown to be over.” (woman, albinism, IWCOVNGB7)

Changes over time – concrete circumstances and emotional responses

The second round of interviews gave an indication of how the situation caused by the pandemic had changed over time. The lives of some people with disabilities were found to have improved as restrictions were eased and some people were able to start work again or find new jobs. However, others were found still to be struggling, either because they could not find work or because the work available was paying lower wages, at a time when living costs had increased. However, the return to having an income covered some of the immediate needs of the families of participants, and eased the mental stresses and worries experienced.

“Things are still not easy, but at least, we can go out to look for how to survive... The new opportunity I have to earn income since the lockdown was called off is that I work as a labourer, for example for house builders, to get daily bread.” (man, hearing, IWCOVNGB3)

However, the rise in living costs, including food and transportation, was a major burden people were facing as restrictions eased.

“The challenge though is that the purchasing power in the market has significantly reduced.” (woman, visual, IWCOVNGB4)

“There has not been much improvement. This is because hyperinflation followed the lifting of the lockdown. There were some increases in the prices of food items. Prices further shot up soon as the lockdown was called off.” (man, visual, IWCOVNGB5)

“The prices of commodities have skyrocketed beyond the reach of average Nigerians, persons with disabilities inclusive. For instance, transportation prices have increased tremendously making it difficult for persons with disabilities to move around while hustling for daily needs. Prices of foodstuffs are terribly high for an average Nigerian to contend with.” (woman, hearing, IWCOVNGB9)

The economic stress experienced during the initial lockdown resulted in some OPDs implementing some activities to try and encourage their members to save money to improve their financial position and safeguard against future economic shocks.

“I am back to work... My salary was half cut...half salary for savings. In a cooperative group.” (woman, intellectual, IWCOVNGB2)

Some participants noted their concerns and stressed that the economic downturn post lockdown made it even harder for them to find a job or earn an income.

“It has been very difficult securing a job, more so in this present economic downturn in the country.” (woman, hearing, IWCOVNGB9)

“Some of the parents whose children I teach at home have also indicated their interest in suspending that option as schools are beginning to resume.

Some schools are even laying off teachers as their student populations are dropping. So things have generally become more difficult than before the lockdown.” (woman, albinism, IWCOVNGB7)

“Surprisingly, after the lockdown was called off, we were not called back [to work]. I have since not been able to secure another job. This has made life very difficult for me.” (man, physical, IWCOVNGB8)

Participants’ economic circumstances had not returned to the same level they were before the pandemic began. This meant that, in some cases, they were no longer able to send their children to school.

“My children are enrolled in school, but they couldn’t resume after the lockdown due to financial challenges.” (woman, hearing, IWCOVNGB9)

Some participants were motivated to look for better work due to the way in which their former employers had treated them during the pandemic and the lack of care they had for them, noting that some other employers were more supportive.

“They kept in touch with their staff to know how they coped with life. They also tried to provide some financial assistance to them on humanitarian basis. My former employer seemed to care less about such concerns. As such, I was motivated to seek elsewhere with better benefits.” (man, albinism, IWCOVNGB1)

Some participants had received soft skills job training from Sightsavers. Some mentioned that job training they had received had helped them find work, although others were not yet successful.

“The knowledge I got from Sightsavers training helped me in repackaging my CV and writing a cover letter when I applied for this new job.” (man, albinism, IWCOVNGB1).

“Sightsavers has done a lot, providing persons with disabilities with various virtual trainings. These include digital and literacy skills, and we have been getting certifications. They have also been providing us with tokens for data costs and links to organisations we can apply to for jobs. I don’t think any of us has been able to get a job through that platform. Most of the opportunities indicated are in Abuja and other northern states, so they are far away for those of us living in Lagos.” (man, physical, IWCOVNGB8)

It was noted by some participants that it was very hard for people with disabilities to access affordable loans to start-up businesses in order to make a living after the lockdown.

“There are soft loans said to be offered by the government. However, access to these loans is very limited. We just hear about them, but they don’t seem to be realisable, especially by persons with disabilities. This is because the processes involved are very difficult.” (woman, visual, IWCOVNGB4)

The interviewer also observed that other people with disabilities in their communities were generally still struggling to find work due to lack of opportunities or because they had used up their businesses' capital to survive.

“Those with businesses, in the course of the COVID-19 lockdown, you have to feed and fend for your family. Now that the lockdown has been lifted partially, going back to businesses, there is nothing to go back to. There is no fund to re-start your business, no grant anywhere. So, it’s a serious thing.” (woman, visual, IWCOVNGA4)

The discriminatory attitudes of some employers make it even harder for people with disabilities to find work at this time.

“Employers of labour rarely employ persons with disability. And now, with the impact of this COVID-19 crisis, employment chances for persons with disabilities is quite slim because most companies folded up and are laying off workers.” (woman, visual, IWCOVNGA4)

“Some employers see persons with disability as burdens, or people who cannot do different things in their organisations. Employers in Nigeria often have a long list of what employees should be able to do for peanuts. So, where they find that the limitations of a person with disability cannot let them do some work, they simply dismiss them, particularly at this time.” (woman, albinism, IWCOVNGB7)

“Business organisations are seeking out every way to cut down on their cost and increase the ease of doing business. While some did not mind having persons with disabilities on their payroll before the pandemic, after the lockdown, they prefer to have staff who can carry out multiple tasks without extra costs. In such a situation, persons with disabilities are generally at a disadvantage.” (man, physical, IWCOVNGB8)

Data validation

A joint online data validation event for Nigeria and Bangladesh was held in May 2021, to test the accuracy of the results, and to give participants the opportunity to share and learn from each other. All interviewees were invited and compensated for data usage to enable participation. Some representatives from NGOs and OPDs involved in the Inclusion Works programme also joined. While not everyone was able to attend and some people had internet issues which meant they were unable to attend the whole session, 10 interviewees from Nigeria and 6 from Bangladesh participated. The main findings from the two countries were presented and then participants had the opportunity in small country groups to discuss whether the key themes reflected their experiences and if they had anything else to add.

The participants validated the findings and emphasised how the lives of people with disabilities had been negatively affected during the pandemic by insecurity, a lack of social protection, limited health services and hunger. COVID-19 and the national responses had resulted in disruption to their lives, trauma, fear, and stress. Participants from Nigeria felt that

the impact of the pandemic on economic wellbeing was significant and this affected people with disabilities particularly badly. The negative impact on finances had consequences for other aspects of life and well-being, including access to food and health care. The participants from Nigeria also felt it was important to note that many people with disabilities had died during the pandemic due to a lack of access health care services. While they did not die as a direct result of COVID-19, their deaths were caused by the pressure the pandemic put on the health system, which disproportionately affected people with disabilities.

Achievements and limitations of the study

The flexibility that using narrative interviews provided allowed participants to focus on their own concerns and helped generate insights on situational, emotional, relational and dynamic aspects that could have been missed by researcher-directed interviews. However, reflecting on how the interviews went, it was clear that this approach was harder for inexperienced researchers than more conventional interviews might have been. This resulted in more direct questioning prompts being used by researchers to get communication flowing than had been intended. This was particularly the case for the participant with intellectual impairment, suggesting this approach may need further thought to ensure it is responsive to the needs of all participants.

Despite this, the research generated rich and deep evidence on the feelings of participants, as well as some insight into the nuances of contextual impacts by gender, impairment, and other intersecting factors such as poverty or access to assistance. Some participants noted how much they appreciated the process and the opportunity to share and analyse their experiences.

The researcher found that participants were more open and communicated more openly during the second round due to a relationship developing between them. Both parties had increased confidence in the research approach and what was expected by the time the second interview was undertaken.

Efforts were made to work with OPDs to recruit a diverse group of people with disabilities. Unfortunately participants were not recruited from all impairment groups. Specifically, people with psychosocial impairments or multiple impairments did not participate in the study. However, there was some success in recruiting participants from groups who are often particularly marginalised or left-out of research such as people with intellectual disabilities, whose perspectives are not often heard. As the participants were recruited from people involved in the Inclusion Works programme, their experiences and perspectives do not represent the whole range of types of people with disabilities in Nigeria. The study was not designed to be representative. For example, all participants had a high educational level, with nine out of ten having tertiary education. In addition, nine out of ten also lived in urban areas. As a result participants may have had more opportunities than a broader sample from the wider disability community in Nigeria may have had.

Undertaking two rounds of interviews with the same participants provided information on how experiences of the pandemic changed over time. However, it is recognised that the pandemic is still ongoing and the situation in both Nigeria and the world is still evolving. What

is presented here is not the full story of the how the participants experienced the COVID-19 pandemic, as their experiences of the crisis continue currently to date.

Interviewing people remotely using online platforms or phones is an accepted approach, and even described by some researchers as a 'preferred alternative to face-to-face interviews' (Holt, 2010, p.113). However, it may have limitations or prove unsatisfactory for some participants and researchers. The interview with the participant with intellectual impairments produced far less data than the interviews with the other participants, which may indicate its inaccessibility for this participant and its inadequacy to explore their experience of the pandemic. Also, using technology to undertake research may limit the process to those with access to smartphones, mobiles or laptops and know how to use them. Attempts to mitigate this risk was made by paying for data for participants. However, as participants needed the appropriate technology and skills to use it to participate, as well as good enough network coverage in their area, the research undertaken virtually may have been less inclusive and accessible than a face-to-face process could have been or may have relied more on others to support them than a face to face home interview would have been.

Participants' recommendations

Existing pandemic responses have been criticised for not directly including the perspectives of people with disabilities in their design and implementation, therefore interviewees were asked for their recommendations for responses to COVID-19 and future pandemics. The following recommendations were made by the participants.

Government Interventions

- The Nigerian government should be more forward looking, having active and adequately funded institutions and mechanisms in place to mitigate various kinds of crises beforehand.
- Pandemics should result in an early and complete shutdown of all land, air and sea borders to human traffic, excepting the importation and exportation of goods and services.
- In the future, screening at the ports should be strict and non-discriminatory on the basis of social or political status.
- Testing kits should be procured and sufficiently distributed long before a case is recorded.
- Healthcare systems seriously need to be strengthened, expanded and easily accessible by all. The National Health Insurance Scheme should be provided with special funds to cover for the health insurance of persons with disabilities in the country. Healthcare should not be diminished, but more open to support the sick. Protocols and protections should be in place to keep possible infections at bay.
- Purpose-built facilities and the use of information and communication technology should be deployed to ensure that health facility out-patients still receive services while limiting physical contact.
- Health workers and hospital staff should be sufficiently provided with personal protection equipment (PPE). To make services better accessible to people with hearing impairment, these should include transparent facial masks.

- A fragile economy, largely consisting of the non-formal sector, should not be completely shut down, but better regulated in such a pandemic, so as not to deepen poverty.
- Relief grants should be made to business, education and health systems to promote innovative approaches to continued operation while limiting physical contact.
- In the provision and distribution of relief funds and materials during a crisis like COVID-19 pandemic, people with disabilities should be deliberately targeted. Women and girls with disabilities, particularly those living in rural areas, should be prioritised. Assistance should be distributed in a more coordinated manner, not requiring people to leave their homes. The government should be more sincere and desist from aiding and abating diversions of these aids.
- Public engagement that is inclusive and widespread is needed to show how to prevent infections. The needs of persons with disabilities to access such information should be considered. Information can be provided through existing social networks, such organisations of persons with disabilities and religious groups.
- The newly established National Disability Commission should be provided with support to develop and implement far reaching mechanisms for the inclusion of all persons with disabilities in every segment of the polity and society. The Commission should develop and regularly update a database of persons with disabilities in Nigeria and use the data to inform planning to ensure that nobody is left out. Through the Commission, the Government should facilitate access to academic scholarships for persons with disabilities.
- The Central Bank of Nigeria, the Bank of Industry and other development banks in Nigeria should deliberately target persons with disabilities to benefit from soft loan schemes for small and medium scale enterprises. This should include trainings and mentorship.
- Economic hardship resulting from the lockdown should be alleviated, not exasperated. This could be done by the Government reverting the increase in the price of electricity and petrol.
- Government officials should eschew nepotism as a basis of offering employment opportunities to persons with disabilities.

Policies/Legislations

- Medical tourism should be discouraged as this leads to neglect of the health system and facilities in the country.
- The Government should recognise and adopt innovative modes of distribution of goods and services that reduce the need for physical contacts, and promote their use, particularly in emergencies.
- The Government should recognise and promote the use of technology to deliver quality distance education particularly when social distancing becomes necessary.
- Developmental laws, policies and programmes in the country should be revisited to ensure that they are disability inclusive. The priority sectors for this are education, labour and productivity, agriculture, sports, commerce and industry, and banking.

Public Response

- The Nigerian public needs to make a distinction between perceived ineptitude in governance and the reality of the spread of the COVID-19 virus. These are two mutually exclusive issues.
- Adherence to the prevention protocol is very critical.
- While a social-distancing compliant economy develops, Nigerians need to work towards having multiple sources of income, some of which they can still fall back on in a lockdown situation.
- Individuals, communities and government must always have a plan for a rainy day. If they have access to productive resources, it is important to save and have a contingency plan.
- Some people went into agriculture and other productive ventures during the lockdown. They should not let go of these positive steps as the society reverts back to normal activities.
- Nigerians should deepen the sense of community in their neighbourhoods. This is a cultural heritage that must not be done away with. Strong social connections always provide life-lines to everyone in crisis situations.

Private sector response

- Innovative modes of distribution of goods and services that tremendously reduce the need for physical contacts should be further developed and widely promoted. These should be existent in normal times and scaled up during emergencies.
- The use of technology to deliver quality distance education should be further developed as one of the strategies to universal access to education. This should be increasingly used when social distancing becomes necessary.
- As a corporate social responsibility, successful businesses can collaborate with the National Disability Commission, other relevant agencies of government and NGOs to create and manage a sustainable platform for empowering persons with disabilities with employable skills, business grants/loans and mentorship.

Inclusion Works, OPDs and NGOs

- Inclusion Works should collaborate with the National Disability Commission to institute sustainable mechanisms for employers to anticipate and identify job applicants with disabilities. Being conscious of this will promote disability-confidence in industries.
- Inclusion Works should facilitate access to flexible job opportunities. This specifically refers to jobs that they can do in virtual space using technology. A lot of persons with disabilities can gain employment in this way while the National Disability Commission and industries develop physically and systemically accessible work environments.
- Inclusion Works, the National Disability Commission and other NGOs should regularly gather and update data on the real needs of persons with disabilities as a baseline for intervention planning.
- Inclusion Works should expand its scope of work to aid persons with disabilities in Nigeria who wish to start their own businesses and become employers of labour. This may only require advocacy and support in developing a sustainable system for this.

- Visually impaired persons need more support in avoidance of physical contacts with other people. The use of guide-dogs and the white-cane needs to be promoted and supported.
- NGOs in the country should support OPDs and advocate for the full implementation of the National Disability Act and other disability friendly laws and policies in the country.
- OPD leaders and principal officers of the National Disability Commission should avoid using their positions to serve selfish interests at the detriment of other persons with disabilities in the country.
- Priority should be given to persons with disabilities during a pandemic because they are the worst hit. Immediate and special attention should be accorded to persons with disabilities to ease their stress of accessing public institutions such as banks and hospitals. To achieve this, a disability desk should be put in place in these institutions. The staff of these institutions in charge of the desks should be persons with disability.
- Donors should not pass food-aid and other relief materials through politicians. In a crisis situation, special committees, constituting of officers of agencies of government (civil servants), NGOs and community leaders, should transparently receive and distribute these materials and funds in a decent and inclusive manner.
- Information dissemination during a crisis situation should take the communication needs of various persons with disabilities into consideration.
- Special devices and aids for persons with disabilities are increasingly unaffordable. Grants and subsidies are desperately needed for access to these resources.
- Access to power-wheelchairs in the country should be increased. This will reduce the need of wheelchair users to depend on the assistance of strangers in some situations.

Conclusions

To conclude, this research found evidence that the COVID-19 pandemic has had devastating and life-changing detrimental effects on the lives of people with disabilities in Nigeria. The impact of the pandemic was felt throughout lockdown and will continue to be felt into future even after it is officially over. Through narrative interviews, the participants reflected that the impact of the COVID-19 pandemic has been wide-ranging and extreme in some cases. The data shows strong themes emerging such as the negative impact of the pandemic and lockdown on finances, emotional wellbeing, relationships, access to social protection and opportunities.

Many of the effects were found to be linked to other impacts (for example, the loss of employment and income caused financial stress, which lead to deteriorating mental health). It was clear that some of the impacts affected the whole community (for example the financial situation affected most people). However, the evidence suggests that often these impacts were acutely felt by people with disabilities. Many of the challenges were exacerbated or compounded by pre-existing difficulties resulting from barriers and disability discrimination. This reflects findings elsewhere that the pandemic has deepened pre-existing inequalities.

Food insecurity was a major issue and was argued by many to be more of a concern than the risk of the virus itself. Many people with disabilities and their families were going hungry both during and after the lockdown. The stress of the financial difficulties was very hard for

people and caused tensions in many families. In Nigeria the men are usually considered the breadwinners. The pandemic prevented many of them from fulfilling this role, resulting in anguish and frustration. Although family and friends rallied to support people with disabilities during this difficult time, it was hard as the pandemic's impacts were wide-ranging and most people were affected themselves.

There were clear frustrations and disappointments from our participants with the lack of social assistance provided by the different government social protection programmes. Despite the financial difficulties they faced, most people with disabilities did not receive any COVID-19 aid and regular support was insufficient. While NGOs and OPDs provided support to some, this was often inadequate due to resourcing issues. This left some people feeling disappointed and disillusioned with the lack of practical help from the wider disability movement.

Despite some improvement as restrictions eased, people with disabilities were still struggling. Where possible they were trying to find new work to provide for themselves and their dependents, but this was challenging in an environment that continues not to be disability inclusive.

This research showed that people with disabilities in Nigeria have been further marginalised by the pandemic and government responses to it. To overcome the current challenges and those challenges that future crises might bring, inclusive approaches must be developed to ensure that the rights and fundamental freedoms of all persons with disabilities can be realised without discrimination of any kind on the basis of disability.

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References

- Adebowale, A.S., Fagbamigbe, A.F., Akinyemi, J.O. et al. (2021). The spread of COVID-19 outbreak in the first 120 days: a comparison between Nigeria and seven other countries. *BMC Public Health* 21, 129
- Amogunla, F. (2021). *How COVID-19 has impacted Nigerians with disabilities*. Aljazeera. Accessed: <https://www.aljazeera.com/features/2021/4/4/how-covid-19-has-impacted-nigerians-with-disabilities>
- Braun, V., Clarke V. (2013). *Successful qualitative research: a practical guide for beginners*, Sage Publications, UK
- Hammett, D., Twyman, C., & Graham, M. (2015). *Research and Fieldwork in Development* (1st ed.). Routledge. <https://doi.org/10.4324/9780203649107>
- Holt, A. (2010). Using the telephone for narrative interviewing: a research note. *Qualitative Research*, 10 (1), 113–121. <https://doi.org/10.1177/1468794109348686>
- Hydén, M. (2014). The teller-focused interview: Interviewing as a relational practice. *Qualitative Social Work*, 13 (6), 795–812. <https://doi.org/10.1177/1473325013506247>
- Ibrahim, R. L., Ajide, K. B., & Olatunde Julius, O. (2020). Easing of lockdown measures in Nigeria: Implications for the healthcare system. *Health policy and technology*, 9(4), 399–404.
- Jovchelovitch, S., & Bauer M. (2000). Narrative Interviewing. In Gaskell, G., & Bauer M. (Eds). *Qualitative Researching with Text, Image and Sound - A Practical Handbook for Social Research*. Sage Publications, UK
- NCDC. (2020). *COVID-19 Outbreak In Nigeria - Situation Report*. S/N: 001. 29th February 2020. Accessed: <https://ncdc.gov.ng/diseases/sitreps/?cat=14&name=An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria>
- Tracey, S. (2013). *Qualitative Research Methods: Collecting Evidence, Crafting Analysis, Communicating Impact*. Wiley, West Sussex, UK
- UNCRPD. (2007). *Convention on the Rights of Persons with Disabilities*. New York: UN. Accessed: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- WHO. (2021). *COVID-19 Dashboard – Nigeria*. Accessed: <https://covid19.who.int/region/afro/country/ng>

Annex 1 – Participants’ table

	Gender		Impairment							Age			Education				
	Male	Female	Physical	Visual	Hearing	Intellectual	Psychosocial	Other	Multiple	<29	30 to 49	50>	None	Primary	Secondary	Tertiary	Other
#	5	5	3	2	2	1	0	2	0	1	9	0	0	0	0	9	1
%	50	50	30	20	20	10	0	20	0	10	90	0	0	0	0	90	10

	Occupation				Marital status			Location			Dependence				Times interviewed	
	Employed/ works	Unemployed	Student	Other	Married	Single	Other	Rural	Urban	Semi	Depends on others	Others depend on them	Neither	Unclear	Once	Twice
#	6	2	2	0	2	8	0	1	9	0	1	7	2	0	0	10
%	60	20	20	0	20	80	0	10	90	0	10	70	20	0	0	100