

# **PLAN Health Advocacy and Development Foundation (PLAN Foundation)**



## **Midline Survey Report: Elimination of Multiple Barriers to Sexual Reproductive Health Services Among Young Girls and Women with Disabilities in Oyo State**

**January 2025**

## **1. Executive Summary**

This midline survey assessed the progress made in eliminating multiple barriers to sexual reproductive health (SRH) services among young girls and women with disabilities (WWD) in Oyo State, following interventions implemented after a baseline survey. The survey engaged key stakeholders, including government ministries, health institutions, educational bodies, disability agencies, persons with disabilities, and the media.

Key findings indicate positive strides in areas such as increased knowledge of SRH among WWD, improved healthcare provider attitudes and practices, and greater inclusion of disability in educational curricula. However, persistent challenges remain, including physical and systemic barriers to accessing SRH services, gaps in targeted media programming and representation, and inconsistencies in the perception among persons with disabilities on the effectiveness of Oyo State Agency for Persons with Disability's (OYSAPD).

Recommendations focus on strengthening inter-agency collaboration, enhancing accessibility of healthcare facilities, expanding inclusive education and media practices, and empowering OYSAPD to fulfill its mandate effectively. Continued monitoring and evaluation are crucial to sustain progress and address remaining disparities in access to SRH services for girls and WWD in Oyo State.

## **2. Introduction**

Sexual and reproductive health and rights (SRHR) are fundamental human rights. However, young girls and women with disabilities (WWD) often face multiple intersecting barriers that hinder their access to essential SRH services and information. These barriers include physical inaccessibility of facilities, lack of accessible information formats, negative attitudes of healthcare providers, discriminatory policies, and societal stigma.

A baseline survey was conducted to identify these barriers in Oyo State. Following the baseline, interventions were implemented to address the identified challenges. This midline survey aims to evaluate the progress made in eliminating these barriers after the interventions. It assesses the perspectives of key stakeholders on the current status of SRH services, policies, and practices related to girls and WWD in Oyo State.

## **3. Methodology**

This midline survey employed a quantitative data collection approach, using structured questionnaires to gather information from various stakeholder groups. The stakeholder groups included:

- Oyo State Ministry of Health
- Oyo State Hospital Management Board
- Oyo State Primary Healthcare Board

- Department of Nursing - University of Ibadan
- Oyo State College of Nursing and Midwifery
- Oyo State College of Health and Technology
- Oyo State Ministry of Women Affairs and Social Inclusion
- Oyo State Ministry of Education, Science and Technology
- Persons with Disabilities
- Oyo State Agency for Persons with Disabilities
- Media

Data collected through the questionnaires were analyzed to determine the level of access, awareness, and inclusivity of SRH services for girls and WWD in Oyo State. The analysis focused on identifying changes and trends since the baseline survey and assessing the impact of the interventions. Descriptive statistics, including frequencies and percentages, were used to summarize the data. The findings were organized along stakeholder groups to provide a comprehensive overview of the situation.

#### 4. Key Findings

The midline survey revealed a mix of positive developments and persistent challenges in the effort to eliminate barriers to SRH services for WWD in Oyo State.

##### 4.1 Oyo State Ministry of Health

- **Specific Healthcare Facilities Designation:** The Ministry of Health has not designated any healthcare facilities specifically for persons with disabilities regarding their sexual and reproductive health. Instead, all facilities in the state are designed to serve women of reproductive age, including those with disabilities.
- **Accessibility of Current Services:** There's a reported commendable effort by the Ministry of Health to provide accessible sexual reproductive health services for all women, including women with disabilities. This suggests a commitment to inclusivity across these institutions.
- **Education Measures for Healthcare Providers:** The Ministry of Health does not provide specialized education for healthcare providers on catering to persons with disabilities, focusing instead on general education for women of reproductive age. While there's a proactive approach to ensuring healthcare professionals are well-informed for the generality of women, there is a gap in specific training for disability-related needs.

- **Obstacles and Challenges:** The survey identifies varying degrees of obstacles (such as finance for girls and WWD transporting themselves to the facilities) hindering access to services for women with disabilities. The Ministry of Health's data indicates a significant presence of these challenges, suggesting that accessibility may not be as smooth as perceived.
- **Sensitization Programs:** The Ministry of Health does not conduct special sensitization programs for individuals with disabilities to emphasize the importance of accessing reproductive health services. Sensitization efforts are primarily directed towards women of reproductive age and the general female population.
- **Policies and Legal Frameworks:** The Ministry of Health emphasizes universal access to health coverage through the National Health Act. However, there are no specific policies or legal frameworks reported to ensure equal access to services for women with disabilities. This indicates a potential need for developing formal guidelines to protect the rights and accessibility of this group.
- **Training Programs and Support Systems:** Healthcare facilities under the Ministry of Health generally lack specific training programs or support systems for healthcare providers on catering to women with disabilities. Addressing this gap could improve the competence and responsiveness of healthcare professionals in this area.
- **Technology and Innovation:** The Ministry of Health is leveraging technology e.g. tele-medicine and innovation to improve access to sexual reproductive health information and services for all women, including those with disabilities. This indicates a commitment to using modern solutions to benefit the target population.
- **Feedback Incorporation:** The Ministry of Health demonstrates a commitment to inclusivity by actively incorporating feedback from women with disabilities to enhance the quality and responsiveness of sexual reproductive health services. This reflects a patient-centered approach.
- **Availability of Trained Staff:** The Ministry of Health reports having trained staff capable of relating to the general population, including persons with disabilities. This highlights the importance of a knowledgeable and empathetic healthcare workforce.
- **Provision for Accessibility:** The Ministry of Health has made efforts to provide ramps or wheelchairs in most health facilities to improve physical accessibility for all, including persons with disabilities. This demonstrates a commitment to the principle of universal access.

## 4.2 Oyo State Hospitals Management Board

- **Specific Healthcare Facilities Designation:** Similar to the Ministry of Health, the Hospitals Management Board has not designated any facilities specifically for disability-friendly SRH services.
- **Accessibility of Current Services:** The Hospitals Management Board indicates that current SRH services like Contraception, Maternal and new born care, STI prevention and treatment, as well as Safe Abortion care are accessible to women with disabilities.
- **Education Measures for Healthcare Providers:** A majority of respondents from the Hospital Management Board reported that measures are in place to educate healthcare providers, but a minority reported otherwise.
- **Obstacles and Challenges:** While a majority of respondents from the Hospital Management Board did not identify obstacles, a minority acknowledged some barriers like transportation for WWD to the clinics
- **Sensitization Programs:** The Hospital Management Board reports sensitization of women of reproductive age including women with disabilities.
- **Policies and Legal Frameworks:** The Hospital Management Board indicates that specific policies and legal frameworks i.e. National Health Act are in place.
- **Training Programs and Support Systems:** The Hospital Management Board reports the existence of training programs and support systems monthly training programs for Health workers in the primary health care centers across the State
- **Technology and Innovation:** The Hospital Management Board indicates that technology e.g. Virtual clinic and Telemedicine are innovation being leveraged.
- **Feedback Incorporation:** The Hospital Management Board reports that feedback from women with disabilities is being incorporated.
- **Availability of Trained Staff:** All respondents from the Hospital Management Board reported the availability of trained staff who can relate to people with disabilities.
- **Provision for Accessibility:** The Hospital Management Board reports provisions for ramp/pathway/wheelchair use.

## 4.3 Oyo State Primary Healthcare Board

- **Specific Healthcare Facilities Designation:** Consistent with other health entities, the Primary Healthcare Board reported that 15 of the primary healthcare facilities under the coordination of the Board are specifically designated for provision of disability-friendly SRH

services as a result of the EMBASSY Project intervention in the State. All other facilities are designed to serve women of reproductive age, regardless of their disability status.

- **Accessibility of Current Services:** All healthcare facilities under the Primary Healthcare Board have made efforts to provide accessible sexual reproductive health services for all women, including women with disabilities. This indicates a commitment to inclusivity across these facilities.
- **Education Measures for Healthcare Providers:** The Primary Healthcare Board emphasizes incorporating educational measures to inform healthcare providers about the specific needs and rights of all women, including women with disabilities, through continuous training programs. This proactive approach aims to ensure healthcare professionals are well-informed, although there's a recognized need for improvement in effectively addressing the needs of women with disabilities. However, a total of 30 healthcare providers selected from 15 designated healthcare facilities have been trained through the EMBASSY Project on how to provide inclusive sexual and reproductive healthcare services for women with disabilities across the State.
- **Obstacles and Challenges:** The evaluation identifies varying degrees of obstacles that hinder women with disabilities from accessing services, which may include financial challenges in reaching health facilities. However, the Primary Health Care Board data suggests a smoother accessibility landscape compared to other entities mainly because of the engagement with PLAN Foundation through the AmplifyChange funded EMBASSY Project.
- **Sensitization Programs:** The Primary Healthcare Board does not conduct specific sensitization for individuals with disabilities on accessing reproductive health services. Sensitization efforts are generally aimed at all women of reproductive age, focusing on raising awareness and empowering individuals with disabilities to prioritize their reproductive health.
- **Policies and Legal Frameworks:** The National Health Act provides the legal framework for universal health coverage, ensuring access to healthcare facilities for all women of reproductive age, including women with disabilities.
- **Training Programs and Support Systems:** The Primary Healthcare Board collaborated with PLAN Foundation under the EMBASSY Project for the training of a total of 30 healthcare providers tailored to the sexual and reproductive health needs of women with disabilities. Expanding this initiative will go a long way in enhancing the competence and responsiveness of healthcare professionals in this area.
- **Technology and Innovation:** The Primary Healthcare Board stated that it is leveraging technology and innovation to facilitate access to sexual reproductive health information and

services for women with disabilities, including the use of virtual clinics and personalized care. This demonstrates a commitment to utilizing modern solutions to benefit the target population.

- **Feedback Incorporation:** The Primary Healthcare Board declared its commitment to inclusivity, actively incorporating feedback from women with disabilities through data capturing mechanisms. This approach aims to improve the quality and responsiveness of sexual reproductive health services, emphasizing a patient-centered approach.
- **Availability of Trained Staff:** The Primary Healthcare Board, in partnership with PLAN Foundation, has designated a total of 30 staff selected from 15 healthcare facilities and are trained to relate with and provide SRH services for persons with disabilities. This highlights improved focus on provision of knowledgeable and empathetic healthcare workforce capable of effectively addressing the diverse SRH needs of individuals with disabilities.
- **Provision for Accessibility:** The Primary Healthcare Board has provided ramps and wheelchairs in some of the primary healthcare facilities in the State towards improving the physical accessibility for all women, including women with disabilities. This commitment to physical accessibility reinforces the principle of universal access within these healthcare settings.

#### 4.4 Department of Nursing - University of Ibadan

- **Incorporation of Disability and Inclusion:** Disability and inclusion are incorporated into the SRH education curriculum.
- **Adaptations and Accommodations:** Adaptations or accommodations are integrated into the curriculum to meet the diverse needs of students with disabilities.
- **Admission of Students with Disabilities:** Students with disabilities are not admitted into the department, however students involved in accidents are provided with necessary support required in the college.
- **Educators Training and Support:** A majority of respondents indicated that educators are trained and supported to effectively deliver sexual reproductive health education among women with disabilities, while a minority reported otherwise.
- **Collaborations with Disability Organizations:** Collaborations exist with disability organizations or experts to ensure the curriculum adequately addresses the needs of individuals with disabilities. Collaborations with PLAN Foundation on the AmplifyChange funded EMBASSY Project was a case in point.

- **Accessibility Teaching Methods or Tools:** There is no availability of accessible SRH teaching materials, methods or tools employed to make sexual reproductive health education accessible and understandable for students with various disabilities.
- **Feedback from Stakeholders:** Feedback is provided to the Ministry from students, parents, and educators regarding the effectiveness and inclusivity of the sexual reproductive health curriculum for individuals with disabilities.
- **Legal and Ethical Considerations:** Legal and ethical considerations are taken into account while developing and implementing the curriculum.
- **Modules Focusing on Services for Persons with Disabilities:** Modules within the curriculum focus on the provision of sexual and reproductive health services for persons with disabilities.
- **Sign Language as a Subject or Course:** A minority indicated that sign language is taught as a subject or course, while a majority reported that it is not.

#### 4.5 Oyo State College of Nursing and Midwifery

- **Incorporation of Disability and Inclusion:** Disability and inclusion are incorporated into the SRH education curriculum. The college demonstrates a high commitment to including disability perspectives in their curriculum.
- **Adaptations and Accommodations:** Adaptations or accommodations are integrated into the curriculum to meet the diverse needs of students with disabilities. This indicates a proactive approach to ensuring the curriculum is accessible.
- **Admission of Students with Disabilities:** Students with disabilities are admitted and supported in the college. The college is a leader in creating an inclusive learning environment.
- **Educators Training and Support:** Educators are trained and supported to effectively deliver sexual reproductive health education among students and women with disabilities inclusive. This highlights the college's dedication to preparing its faculty.
- **Collaborations with Disability Organizations:** Collaborations exist with disability organizations or experts to ensure the curriculum adequately addresses the needs of individuals with disabilities. The college recognizes the value of external expertise.
- **Accessibility Teaching Methods or Tools:** Accessible SRH teaching methods or tools are employed to make education accessible and understandable for students with various disabilities. The college prioritizes inclusive teaching practices.

- **Feedback from Stakeholders:** Feedback is actively gathered from students, parents, and educators regarding the effectiveness and inclusivity of the SRH curriculum. The college values stakeholder input for continuous improvement.
- **Legal and Ethical Considerations:** Legal and ethical considerations are carefully taken into account while developing and implementing the curriculum. The college adheres to high standards in its educational practices.
- **Modules Focusing on Services for Persons with Disabilities:** Modules within the curriculum specifically focus on the provision of sexual and reproductive health services for persons with disabilities. The curriculum includes specialized content to address the unique needs of this population.
- **Sign Language as a Subject or Course:** Sign language is taught as a subject or course within the curriculum. The college recognizes the importance of communication skills for future healthcare providers.

#### 4.6 Oyo State College of Health Science and Technology

- **Incorporation of Disability and Inclusion:** Disability and inclusion are incorporated into the SRH education curriculum.
- **Adaptations and Accommodations:** Adaptations or accommodations are integrated into the curriculum to meet the diverse needs of students with disabilities.
- **Admission of Students with Disabilities:** Students with disabilities are admitted and supported in the college.
- **Educators Training and Support:** Educators are trained and supported to effectively deliver sexual reproductive health education among girls and women with disabilities.
- **Collaborations with Disability Organizations:** A large majority reported collaborations with disability organizations or experts, while a minority did not.
- **Accessibility Teaching Methods or Tools:** Accessible SRH teaching methods or tools are employed to make sexual reproductive health education accessible and understandable for students with various disabilities.
- **Feedback from Stakeholders:** Feedback is provided to the Ministry from students, parents, and educators regarding the effectiveness and inclusivity of the sexual reproductive health curriculum for individuals with disabilities.
- **Legal and Ethical Considerations:** Legal and ethical considerations are taken into account while developing and implementing the curriculum.

- **Modules Focusing on Services for Persons with Disabilities:** Modules within the curriculum focus on the provision of sexual and reproductive health services for persons with disabilities.
- **Sign Language as a Subject or Course:** Sign language is taught as a subject or course within the curriculum.

#### 4.7 Oyo State Ministry of Women Affairs and Social Inclusion

- **Collaboration with Disability Organizations:** The Women Affairs Ministry has demonstrated a positive commitment by collaborating with disability organizations or experts to ensure that its policies adequately address the needs of individuals with disabilities. This collaborative approach indicates a recognition of the importance of diverse perspectives in policy formulation.
- **Specific Policies for Wellbeing:** The ministry currently lacks specific policies dedicated to the wellbeing of people with disabilities in the state. This gap suggests an area for potential improvement in formulating targeted policies that address the unique needs and challenges faced by individuals with disabilities.
- **Provision for Women with Disabilities in Programs and Activities:** Currently, there is no specific provision for women with disabilities regarding their sexual reproductive health and rights in the ministry's programs and activities.

#### 4.8 Oyo State Ministry of Education, Science and Technology

- **Provision for Comprehensive and Age-Appropriate Sexuality Education:** The Ministry of Education, Science, and Technology has made provisions for comprehensive and age-appropriate sexuality education for girls with disabilities on puberty. This proactive measure aims to ensure that girls with disabilities receive essential education tailored to their developmental stage.
- **Accessible Age-Appropriate SRH Information:** The ministry ensures that girls with disabilities have access to accurate and age-appropriate information about sexuality and reproductive health, empowering them to make informed decisions. This commitment to accessibility acknowledges the importance of providing information in formats that cater to diverse needs.
- **Access to Confidential and Youth-Friendly Reproductive Health Services:** The Ministry of Education, Science, and Technology facilitates access to confidential and youth-friendly reproductive health services, including reproductive healthcare and STI prevention, for girls

with disabilities. This initiative aims to create a supportive environment where girls can seek necessary care without fear of judgment or discrimination.

- **Educational System Addressing Specific Health Needs:** The educational system within the ministry is designed to address the specific needs and challenges girls with disabilities might face concerning sexual health. This holistic approach recognizes the importance of integrating health education into the broader educational framework.
- **Policy Ensuring Free and Informed Reproductive Health Decisions:** The ministry has implemented a policy to ensure that girls with disabilities can make decisions about their bodies and their reproductive health free from coercion or discrimination. This policy safeguards the autonomy and rights of girls with disabilities, promoting self-determination in matters of sexual and reproductive health.

#### 4.9 Persons with Disabilities

- **Knowledge of Sexual Reproductive Health and Rights:** Respondents reported having knowledge about sexual reproductive health and rights. This indicates a level of awareness among people with disabilities regarding these important health aspects.
- **Received Adequate and Accessible SRH Information:** Respondents indicated that they have received adequate information about sexual and reproductive health that is accessible and tailored to their needs. This suggests efforts to provide information in formats and languages that cater to diverse disabilities.
- **Specific Challenges or Barriers in Accessing SRH Services or Information:** A significant minority reported facing specific challenges or barriers in accessing SRH services or information, while a majority did not report such challenges. This mixed response highlights that while progress has been made, accessibility issues persist for some individuals.
- **Support in Discussing SRH Needs with Healthcare Providers:** Respondents expressed receiving support in discussing their sexual reproductive health needs and preferences with healthcare providers. This positive finding indicates that healthcare providers are generally supportive and communicative.
- **Accommodation or Adjustment for More Accessible SRH Services:** Respondents indicated that they have received accommodation or adjustments that would make sexual health services more accessible for persons with disabilities. This suggests that healthcare facilities are taking steps to provide services that meet the specific needs of individuals with disabilities.

- **Healthcare Providers Better Communicate and Ensure Understanding:** Respondents agreed that healthcare providers better communicate and ensure their understanding of sexual health information. This reinforces the positive finding about supportive communication and highlights the importance of clear and effective communication between healthcare providers and patients with disabilities as a result of the EMBASSY Project intervention in the State.
- **Comfortable Discussing Sexual Health Needs with Healthcare Providers:** Respondents reported feeling comfortable discussing their sexual health needs, concerns, and questions with healthcare providers. This comfort level is crucial for open communication and effective healthcare provision.
- **Encountering Stigma or Discrimination Related to Disability in Sexual Health Context:** Respondents stated that they do not encounter stigma or discrimination related to their disabilities in the context of their sexual health concerns. This positive finding suggests that healthcare settings are becoming more inclusive and respectful of individuals with disabilities.

#### 4.10 Oyo State Agency for Persons with Disabilities

- **Specific Policy for the Well-being of Persons with Disabilities:** A minority of respondents interviewed indicated the existence of a specific policy for the well-being of persons with disabilities in the state, while a majority reported no such policy. This discrepancy suggests a need for clarification and potentially strengthening existing policies to ensure adequate support for individuals with disabilities.
- **Agency Satisfactorily Catering for the Welfare of Persons with Disabilities:** A minority believe the agency is satisfactorily catering for the welfare of persons with disabilities in the state, while a majority do not. This indicates a potential gap between the agency's efforts and the perceived needs and expectations of the population it serves.
- **Agency Availing Employment Opportunities:** A majority reported that the agency avails persons with disabilities to employment opportunities in the state, while a minority disagreed. This highlights a potential area for improvement in the agency's role in promoting employment inclusion for individuals with disabilities.
- **Agency Carrying Out SRH and Inclusion Awareness Campaigns:** A minority indicated that the agency carries out SRH and inclusion awareness campaigns for persons with disabilities in the state, while a majority reported no such campaigns. This suggests a need for increased efforts in raising awareness and promoting inclusivity in sexual reproductive health.
- **Agency Having Programs on SRH for Women with Disabilities:** A minority stated that the agency has programs on sexual reproductive health for women with disabilities in the state,

while a majority reported the absence of such programs. This highlights a potential gap in targeted programs addressing the specific needs of women with disabilities in sexual reproductive health.

- **Agency Assisting with Access to Assistive Technology:** A majority reported that the agency assists persons with disabilities in accessing and supporting technology that enables them to function in society, while a minority disagreed. This suggests a need for enhanced support in providing access to assistive technology to improve the quality of life for individuals with disabilities.
- **Specific Legal Frameworks Addressing Stigma and Discrimination:** A majority indicated the existence of specific legal frameworks that address stigma and discrimination based on disability and ensure equal rights and opportunities, while a minority still report some levels of stigma and discrimination. This points to a potential need for legal protections and enforcement mechanisms to combat stigma and discrimination.

#### 4.11 Media

- **Specific Programs for People with Disabilities in Your Station:** Minimal number of respondents indicated that their media stations have specific programs for people with disabilities, while majority reported no such programs. This suggests that while some media outlets are dedicated to disability-related content, there is room for expansion in providing targeted programming.
- **Specific Program Providing Information Targeting Women with Disabilities on SRHR:** No respondents reported having a specific program providing information targeting women with disabilities on their sexual reproductive health and rights. This highlights a significant gap in some of our media houses on their program support for women with disabilities.

### 5. Recommendations

Based on the key findings of the midline survey, the following recommendations are made to further improve the elimination of barriers to SRH services for WWD in Oyo State:

- **Strengthen Inter-Agencies Collaboration:** Enhance collaboration and coordination among the Ministry of Health, Hospital Management Board, Primary Healthcare Board, Ministry of Women Affairs and Social Inclusion, Ministry of Education, Science and Technology, OYSAPD, and disability organizations to ensure a holistic and integrated approach to SRH service provision.

- **Enhance Accessibility of Healthcare Facilities:** Conduct accessibility audits of all healthcare facilities and implement necessary modifications to ensure physical accessibility (ramps, accessible restrooms, etc.), information accessibility (Braille, sign language interpretation, etc.), and communication accessibility (disability-sensitive communication training for healthcare providers).
- **Expand Inclusive Education and Media Practices:**
  - i. Support the University of Ibadan to adopt the inclusive practices of the Oyo State College of Nursing and Midwifery and the Oyo State College of Health and Technology, particularly regarding the admission and support of students with disabilities and the provision of accessible teaching methods.
  - ii. Encourage media outlets to develop specific programs targeting WWD on SRHR, ensure empowering and accurate portrayals of WWD, and make SRH information accessible in various formats.
- **Empower Oyo State Agency for Persons with Disabilities:** Strengthen OYSAPWD's capacity and resources to develop and implement effective policies and programs that address the diverse needs of persons with disabilities, including SRH, more employment, and access to assistive technology. Ensure the agency is adequately funded and staffed to fulfill its mandate.
- **Address Discrepancies in Perceptions:** Conduct further investigations to understand the discrepancies in perceptions between healthcare providers and WWD regarding the accessibility of services and the presence of obstacles. This will ensure that interventions are targeted and effective.
- **Promote Awareness and Sensitization:** Continue and expand awareness and sensitization programs targeting both the general public and healthcare providers to address stigma, discrimination, and negative attitudes towards WWD's SRH.
- **Ensure Data Disaggregation:** Improve data collection and monitoring systems to ensure that data on SRH service utilization is disaggregated by disability type, age, and other relevant factors. This will provide a more accurate picture of the needs of different groups of WWD and inform targeted interventions.
- **Increase Funding:** Advocate for increased funding for SRH programs that specifically address the needs of WWD. This funding should be allocated to infrastructure improvements, training, information dissemination, and other essential services.

## 6. Conclusion

The midline survey demonstrates that progress has been made in eliminating barriers to SRH services for WWD in Oyo State. Positive changes include increased knowledge and awareness, improved healthcare provider practices, and greater inclusion in educational curricula. However, significant challenges remain, particularly in ensuring accessibility, addressing systemic gaps, and promoting media representation.

The recommendations outlined in this report provide a roadmap for continued improvement. By prioritizing inter-agency collaboration, enhancing accessibility, expanding inclusive practices, and empowering OYSAPD, Oyo State can take significant strides towards ensuring that all WWD have equal access to the SRH services and information they need to live a healthy and fulfilling lives. Continued monitoring, evaluation, and adaptation of interventions are essential to sustain progress and achieve long-term, sustainable change.

### Number of Respondents

S/N	Stakeholders	No of Respondents
1	Ministry of Health	03
2	Hospital Management Board	03
3	Primary Healthcare Board	04
4	Department of Nursing	03
5	Oyo State College of Nursing and Midwifery	04
6	Oyo State College of Health and Technology	04
7	Oyo State Ministry of Women Affairs and Social Inclusion	05
8	Oyo State Ministry of Education, Science and Technology	03
9	Persons with Disabilities	15
10	Oyo State Agency for Persons with Disability	03
11	Media	03