Checklist for Promoting Disability Inclusive Accessible SRHR

Created by: YPSA (Young Power in Social Action)

In collaboration with: Association of Feminist Psychologists in Action (AFPA)

Supported by: Share-Net International

Contents

Acknowledgement

This Checklist is a generic adaptation of the '*Translating community research into global policy reform for national action: a checklist for community engagement to implement the WHO consolidated guideline on the sexual and reproductive health and rights of women living with HIV*' published by the World Health Organization in 2019. We also acknowledge that this checklist (Checklist for Promoting Disability Inclusive Accessible SRHR) was not created by the World Health Organization (WHO) and WHO is not responsible for the content, accuracy, or authenticity of this document. Besides, many of the images used in this document are copyright free and collected from different sources. However, in any case, the developer of this checklist does not claim any copyright of these artworks.

Model Followed/ Inspired by:

Translating community research into global policy reform for national action: a checklist for community engagement to implement the WHO consolidated guideline on the sexual and reproductive health and rights of women living with HIV. Geneva: World Health Organization; 2019. Licence: CC BY-NCSA 3.0 IGO.

Abbreviations and Acronyms

A2i - Aspire to Innovate

AFPA – Association of Feminist Psychologists in Action

AIDS - Acquired Immunodeficiency Syndrome

CRPD - Convention on the Rights of Persons with Disabilities

FAPHB – Federation of Associations of Handicapped Persons of Burundi

FGD - Focus Group Discussion

HIV - Human Immunodeficiency Virus

ICT - Information and Communication Technology

IRCD - ICT and Resource Center for Persons with Disabilities

KII - Key Informant Interview

KM4D - Knowledge Management for Development

MOH - Ministry of Health

M&E - Monitoring and Evaluation

NGO - Non-Government Organization

OPD - Organization of Persons with Disabilities

SRH - Sexual and Reproductive Health

SRHR - Sexual and Reproductive Health Rights

UN - United Nations

UNFPA - United Nations Fund for Population Activities

UNCRPD - United Nations Convention on the Rights of Persons with Disabilities

WHO - World Health Organization

YPSA – Young Power in Social Action

Introduction:

In 2009 WHO/UNFPA, after the Convention on the Rights of Persons with Disabilities came into force and becomes the first legally binding international treaty on disability that mentions SRH specifically, published a guidance note titled – '*Promoting sexual and reproductive health for persons with disabilities'*. This guidance note addressed issues of SRH programming for persons with disabilities. It is intended for SRH experts and advocates within UNFPA and WHO as well as those in other development organizations and partners as well as for those who address issues of family planning, maternal health, HIV and AIDS, adolescence, and gender-based violence (GBV), etc**.** Following the guidance provided in that document, in 2020, YPSA, an organization for sustainable development in Bangladesh, developed a guideline for promoting disability-inclusive accessible SRHR with a special focus on Bangladesh with the support of Share-Net International. However, the approaches discussed in both these documents (UNFA guidance note & YPSA's guideline) apply broadly to all aspects of health programming for persons with disabilities, outlined a general approach to programming, and did not address specific protocols for the SRH care and treatment of persons with disabilities.

Because of the negligence, lack of knowledge, and planning of the relevant stakeholders as well as the lack of the implementation of relevant national and international laws and commitments, persons with disabilities all over the world have to face additional risks and consequences in all the sectors, especially in the SRH sector. In addition, it is harder for these people to take prudent steps to protect themselves from the consequences; therefore, not only their health is constantly at risk but also their rights and personal life. In reality, the SRH situation of persons with disabilities is much worse than it can be described in words and soon the consequences of this situation would be irreparable if not properly addressed when it is due. That is why a disability-dedicated SRH plan and mechanism should be introduced, adopted, and deployed as soon as possible.

Therefore, it is necessary to create a generic checklist that will, firstly, support the rights of persons with disabilities in accordance with the UNCRPD and WHO/UNFPA guidance note on SRHR for persons with disabilities secondly, facilitate the implementation of disability-inclusive accessible SRH and lastly, help the community activists who care about the rights of persons with disabilities to guarantee effective implementation of the UNCRPD as well as other guidance and legislative documents published and adopted by the UN, WHO, and other national and international agencies covering a wide or particular geographic location. However, this checklist has been designed mainly to provide SRH focused organizations with an overview of what needs to be accomplished and integrated with their programming in order to ensure it is accessible and meaningfully inclusive of persons with disabilities.

What is this Checklist and why is it necessary?

Whenever implementing any programme following any guidance or strategic document, a checklist is necessary. Because a guideline or strategy provides a practical and ethical outline for decision-making and a broader course of action/s by creating a sense of responsibility and accountability where a checklist focuses on a few smaller sets of things because it is impossible to focus on everything and do everything at one go.

The purpose of this checklist is to support front-line healthcare providers, program managers, and public health policymakers in any country to better address the SRHR of persons with disabilities. Acknowledging that the disability-centred approach of this checklist will require multi-sectoral engagement, the checklist will also be useful for international and national-level program managers and policymakers from other sectors, who can be partners in delivering interventions that support an all-inclusive approach to SRHR.

Services and programs in low-resource settings will benefit most from the guidance presented here, as they face the greatest challenges in identifying, designing, and providing services tailored to persons with disabilities in all their diversity. However, this checklist is relevant for all settings regardless of the physical, social, or economic context, and should, therefore, be considered as generic guidance for all. During implementation, service providers and policymakers can slightly adapt them according to the geographical context, taking into account the relevant policies and resources, socio-economic conditions, and existing health services and facilities.

The checklist/framework proposed here is expected to help in bringing together additional considerations for defining an enabling environment, including interrelated, multi-level factors that affect the capacity of persons with disabilities to access relevant and necessary SRH services, information, and products that are key to shaping their SRH outcomes as well as other aspects of their health and well-being.

How to Use the Checklist?

Implementing comprehensive SRHR and relevant programs to meet the health priorities of the persons with disabilities living in any geographical location or context is not easy. It requires that interventions be put in place to overcome major barriers to service uptake, including social exclusion and marginalization, accessibility, affordability, gender inequality, etc. These barriers need to be taken into account when putting in place strategies for improving the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness, and efficiency of SRH services for persons with disabilities. Applying the steps given below to improve the SRH outcomes for persons with disabilities will bring changes at multiple levels. Such as:

1. At the personal level, there is a need to focus on supporting persons with disabilities to achieve outcomes such as increased self-confidence and personal agency to make and enact decisions that promote their health and improved economic and social assets for personal empowerment.

2. At the affiliation level, there is a need to focus on partners, families, peers, and health worker interactions with persons with disabilities to decrease stigma, discrimination, and to promote equality and inclusion.

3. At the community level, there is a need to create positive and equitable social norms, support, understanding including interventions aimed at broader community members and institutions.

4. At the societal level, there is a need to promote laws, policies and institutional practices supportive of the SRHR of persons with disabilities about the health, social, economic, and educational spheres, and to build broad societal norms and structures to support persons with disabilities to realize their full SRHR.

6-8 weeks

STEP ONE:

Obtain high-level commitment

4-6 weeks

STEP TWO:

Conduct a desk review

4-6 weeks

STEP THREE:

Establish partnerships with organizations of persons with disabilities

4-6 weeks

STEP FOUR:

Conduct a review workshop

3-4 weeks

STEP FIVE:

Use the findings

1-2 weeks

STEP SIX:

Design inclusive, accessible and disability dedicated programs

3-4 weeks

STEP SEVEN:

Monitoring and evaluation

Ongoing

STEP EIGHT:

Sharing the work

Ongoing

How to use the Checklist

Please note:

- ✓ **The entire process may take 6-7 months to complete.**
- ✓ **Some of the steps can run simultaneously.**
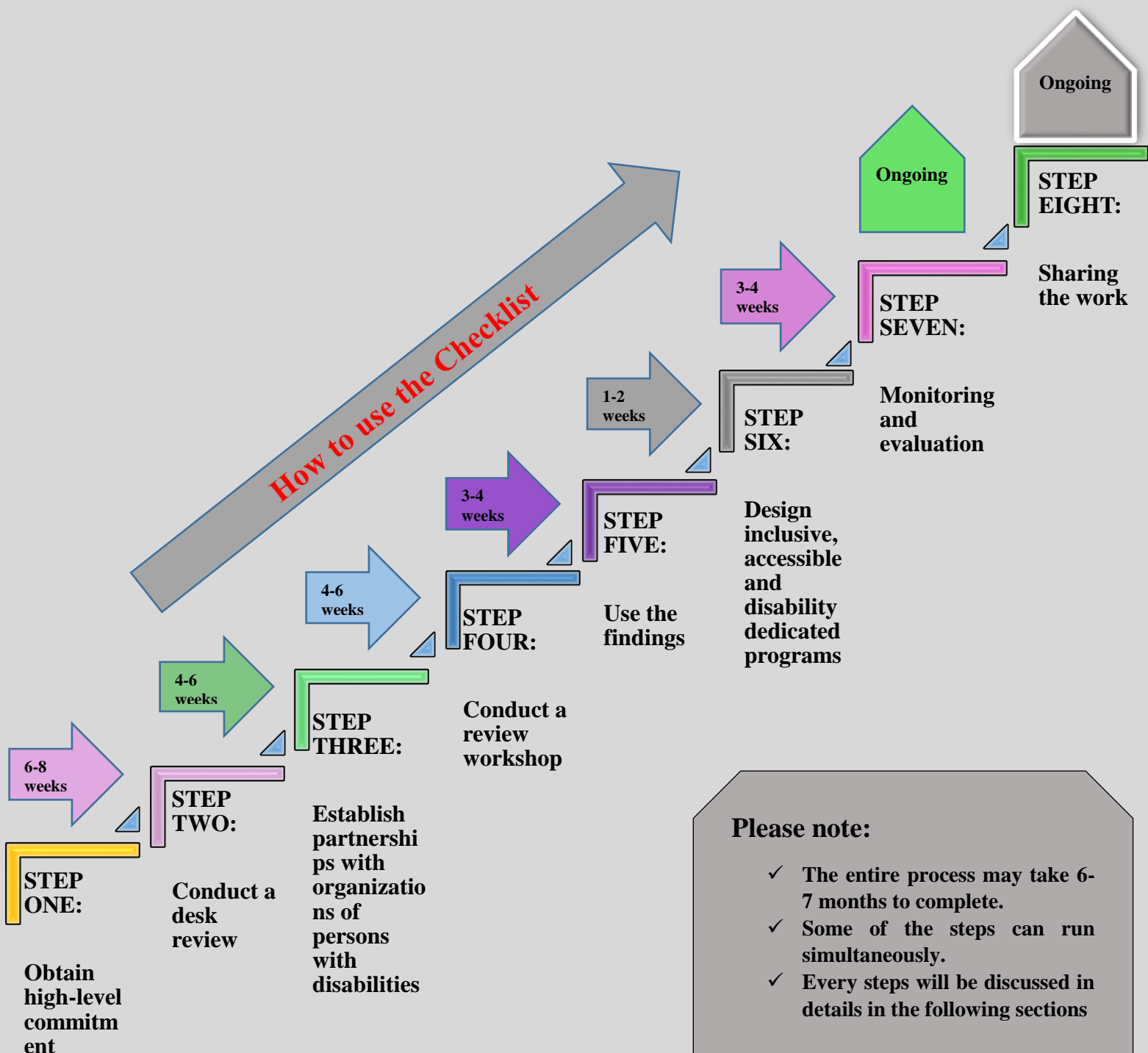- ✓ **Every steps will be discussed in details in the following sections**

Chart 1: Different Steps of using the Checklist

STEP ONE: Obtain High-level National Commitment

Obtain high-level political commitment at national levels from a broad range of stakeholders such as UN agencies, Ministry of Health (MOH), Ministry of Education, Ministry of Finance, Ministry of Social Welfare, National Reproductive Health Program, Ministry of National Solidarity, Social affairs, Human Rights and Gender, potential donors, etc. to support a process that enables organizations of persons with disabilities to review current national programming on the SRHR of persons with disabilities. Where possible, identifying a prominent, credible national champion for disability health and rights can also ensure the success of this initiative. This will ensure that the right level of involvement is there from the outset to increase opportunities for national leadership and ownership of the review and assured action towards full implementation of the WHO guidance note in accordance with the UNCRPD.

The following tasks could be considered to obtain high-level commitment to review SRHR health services for persons with disabilities and to understand which recommendations in the guidance note are being implemented, require improvement or any existing national policy or interventions need to be amended.

Develop a resource plan

Convene an advisory group of persons with disabilities

STEP ONE

Secure a lead organizer to support the process

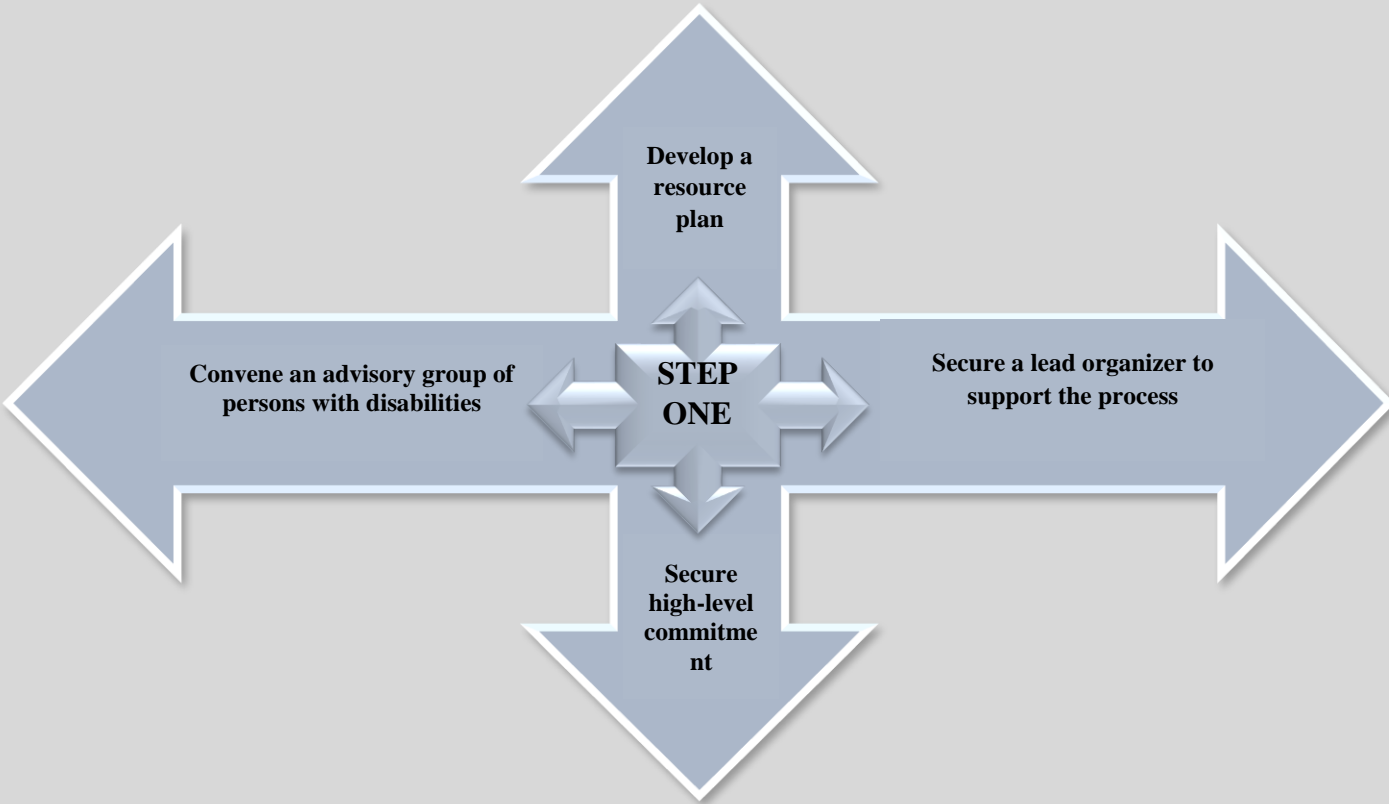Secure high-level commitment

Chart 2: Ways to Obtain High-level National Commitment

> *Convene a Multidisciplinary Advisory Group of Persons with Disabilities*

- Reach out to a network of persons with disabilities who have capacity
- Request a national or international agency to support you to convene an advisory group of persons with disabilities to analyze local visions and priorities.

- The group, led by persons with disabilities, can choose to include one or two individuals who work on SRHR and disability rights, who bring a wealth of experience but may not be a person with a disability. There is great value in appointing a strong, engaged, diverse, and multidisciplinary advisory group.
- Advisory group members must commit themselves to create and extend opportunities to:

1. Support advocacy towards advancing the SRHR of persons with disabilities in all their diversity;
2. Facilitate and expand advocates' involvement by establishing, building and linking partnerships/organizations/ networks with this Checklist process;
3. Initiate and support powerful action towards the full implementation of the guidance note in line with UNCRPD at the national levels; and
4. Actively share relevant information/ communication about other areas relevant to persons with disabilities and their SRHR.

The main role of the advisory group is to shape and guide the process, through contributing wide diversity of 'expertise through experience'. Their involvement from the outset of the process both enriches the authenticity of the process and builds their own sense of engagement and ownership of both the process and the outcome. The group will also be able to –

1. Map out existing allies within networks/organizations of persons with disabilities, as well as individuals who sit in strategic spaces and can influence any SRHR processes at the national level.
2. Conduct the steps of this process until funding has been secured and there is clarity around who will lead this work.
3. Ensure that persons with disabilities in all their diversity are included in this discussion. If face-to-face meetings are challenging owing to associated costs, thinking of creative ways to reach out and consult persons with disabilities in all their diversity, such as social media (for example, WhatsApp and Facebook groups).

➢ *Secure High-level National Commitment*

Once established, the advisory group can undertake the following tasks:

- Identify key UN and government decision-makers who might support undertaking a review of existing SRHR services and how they align to the WHO guidance note to strengthen SRHR services for persons with disabilities.
- Find out and highlight the key points in the guidance note that may exist in other guidelines at the national level, but had not been integrated. This will rapidly improve the nature and quality of any existing but separated programs. Identify potential barriers and opportunities or allies in building high-level support and prepare strategies to secure this support.
- Determine the cost and available resources to conduct the work.
- Prepare a brief two-page concept note which will mainly focus to build support and include others who might not be aware of this process, and to reach out to key decision-makers, calling attention to the SRHR of persons with

disabilities and the WHO guidance note. The concept note will also highlight why a review of the SRHR guidance note for persons with disabilities is important for the country and how this review will enhance the effectiveness of national SRHR services.

- Share the concept note with any allies from relevant ministries, as well as with technical partners who might be able to support this initiative, along with this Checklist, highlighting why it is needed for the country, to build support with key decision-makers.

➢ *Develop a Resource Plan*

- List and agree on the human resources required to conduct this review, including consultants and assistants, and their respective responsibilities in the process.
- Prepare a budget for all the steps of this Checklist and include the following requirements:
  1. Administrative expenditures
  2. Communication (including dissemination of statements and review findings)
  3. Human resources for the review analysis and coordinating persons with disabilities in all their diversity
  4. Meetings and workshops (including lodging, travel and logistic costs, as needed)
  5. Other costs (as relevant to the national context).
- Confirm the availability of funds to support the review of the relevant literature especially the WHO guidance note. If necessary, prepare a proposal based on the original concept note that covers all the areas requiring funding. Use the proposal to mobilize resources from prospective donors and/or technical agencies.

➢ *Secure a Lead Organizer to Support the Process*

- Once funding has been secured, the advisory group will identify an in-country consultant/a network of persons with disabilities or a non-government organization (NGO) that works dedicatedly for persons with disabilities and is committed to facilitating the entire process. This will guarantee adequate coordination and ensure relevant stakeholders are engaged in the entire process (beyond the advisory group who remain in an advisory capacity), from the initial review to implementing the findings.
- The consultant/lead organization/network identified to lead this process must meet the following criteria:
  - o Be based in the country and have a strong national experience/presence;
  - o If an NGO, must have an excellent track record of working with persons with disabilities and addressing the SRHR of persons with disabilities;
  - o Have the ability to host and organize persons with disabilities to review national policies and programs around SRHR;

- o   Be committed to connecting to persons with disabilities in all their diversity to strengthen the SRHR of persons with disabilities and agree with all the principles of the guidance note;
- o   Have the financial and human capacity to receive and administer funds; and
- o   Communicate closely with the advisory group, throughout the process.

- ▪ The advisory group should:
  - o   Agree on roles and responsibilities and ways of working and communication;
  - o   Define a clear, feasible, and achievable timeline to prepare and undertake the rest of the process outlined here, including milestones and deadlines. Deadlines should be influenced by relevant national processes and opportunities where findings can be leveraged to lobby for action and support applications to donors; and
  - o   Keep an open mind and look for a consultant with all the different skills that are required at different times in this work. The advisory group needs to consider these all. For example, someone with focus and analytical skills is required for the desk review, and someone with excellent facilitation skills is required to engage and motivate the workshop participants. The advisory group could use different consultants to conduct different pieces of this work if that would result in the best outcomes.

Picture: African mother with a baby girl, location Mmankgodi village, Botswana. **Picture credit:** Thinkwell.global (https://thinkwell.global/is-money-motivating-more-c-sections/)

STEP TWO: Conduct a Desk Review

➢ *Review the guidance note and agree on the desk review outline*

- The desk review should provide a comprehensive overview of national policy and implementation that should ideally be verified by Key Informant Interviews.
- Request that the responsible individual or group review current in-country documents in the light of every relevant point raised in the guidance note, to assess if and how these are all reflected in current policies and/or in program implementation.
- Some of the key issues to be considered are:
  - o Accessibility of existing services
  - o Psychosocial support
  - o Healthy sexuality across the life course
  - o Economic empowerment and resource access
  - o Integration of SRHR and Disability Inclusion
  - o Social inclusion and acceptance
  - o Community awareness and empowerment
  - o Supportive laws and policies and access to justice

STEP
TWO

Finalize the report

Share the draft report with the
advisory group

Conduct the desk review

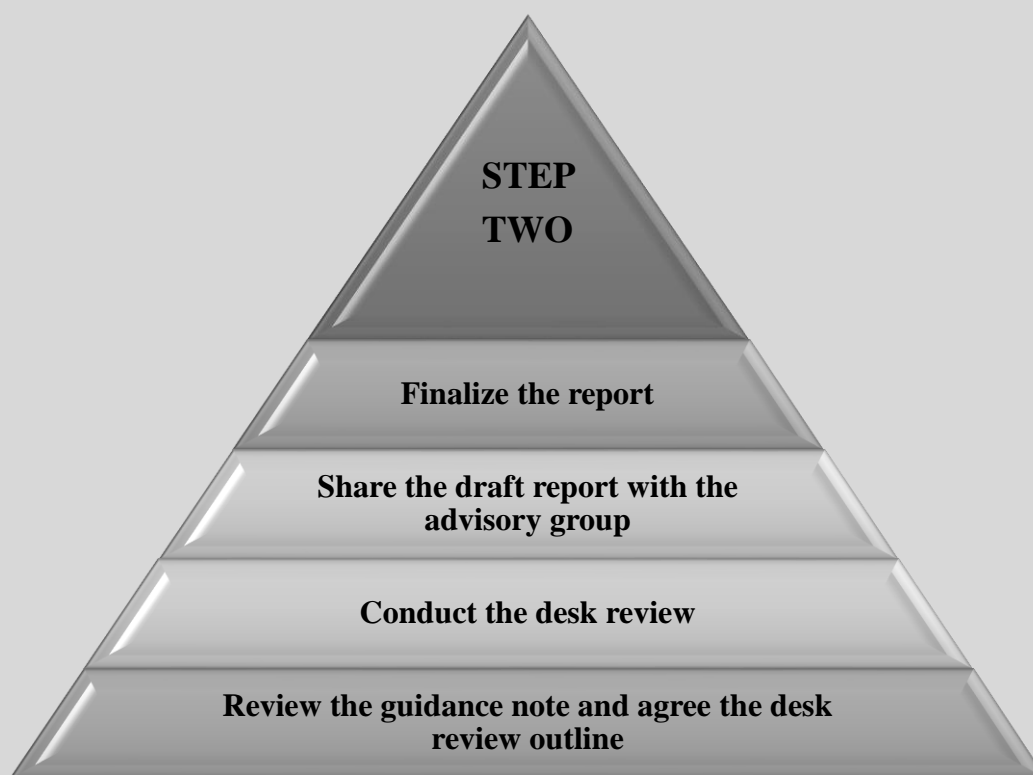Review the guidance note and agree the desk
review outline

Chart 3: Steps for Conducting a Desk Review

- Remember to consider the importance of diversity and ensure that key concerns around diversity are explicit in the desk review were relevant and appropriate.

The review should include the following:

- National laws
- National strategic plans and national strategies
- The WHO guidance note and national policies and strategies related to SRHR, including any existing national guideline on the SRHR of persons with disabilities
- Adolescent Sexual Reproductive Health policy
- Country gender analysis
- International agreements the country has ratified
- National census and health survey, etc.

➤ *Conduct the desk review*

- It is necessary to allocate 3-4 weeks of work to the lead consultant. However, the time allocated to this review may need to shift according to the quality and quantity of the documentation provided.
- Whilst this review will take into account evidence-based initiatives where a formal evaluation process has taken place, it is also essential to consider 'grey literature' (materials and research produced by organizations outside of academic institutions) produced by OPDs and, maybe, NGOs. Often what is most missing from reviews are the real-life experiences of persons with disabilities about what happens to them in healthcare settings, in the workplace and/or at home and the effects these experiences have on their lives and their access to these services.
- If the existing data do not speak directly to the experiences of persons with disabilities, then the desk review should be strengthened by KIIs and/or Focus Group Discussions (FGDs) to obtain more in-depth information and observations from individuals or groups of persons with disabilities who have knowledge about national policies and programs related to the SRHR of persons with disabilities.
- This preliminary analysis will include:
  - How effectively the national system is responding to the visions and rights of persons with disabilities
  - How relevant, inclusive and accessible these services are to persons with disabilities
  - What changes are required and where.

➤ *Share the draft report with the advisory group*

- The preliminary analysis will be shared as a draft report with the advisory group for input.

- The preliminary report and elements of the final report will be developed according to the timelines and process agreed with the advisory group for feedback and review of reports.
- Regular communication is necessary between the advisory group and the responsible individual or group/NGO to ensure that the review and other stages listed in this Checklist are on track and that the responsible party has access to emerging information and issues.
- Face-to-face meetings could be arranged, if necessary.

> *Finalize the report*

- After getting the input from the advisory group, finalize the desk review report and ensure its wide dissemination.

STEP THREE: Establish partnerships with organizations of persons with disabilities

It is necessary to establish a dialogue with local, national, and international organizations of and for persons with disabilities such as OPDs, NGOs, and other advocacy organizations working on behalf of/for persons with disabilities. International organizations of/for persons with disabilities working in/on the relevant context can add a higher value and quality by sharing their relevant knowledge and expertise on this issue.

Some organizations of persons with disabilities represent people with all types of disabilities, and some work with specific groups of people with disabilities. Speaking with representatives of such organizations, or bringing them together for discussion, can immediately familiarize any stakeholders with local groups and give an understanding of their health and social services situation and concerns both locally and nationally. "Nothing about us without us" is a key principle among persons with disabilities. The UNCRPD reflects this principle. It underscores the importance of including persons with disabilities at all stages of policy development, program planning, and implementation. Too often, persons with disabilities and organizations of persons with disabilities are consulted only after a policy or program has been designed. Persons with disabilities must be more than just recipients of SRH programs and resources. Policies and programs at all levels will become inclusive and better when organizations of persons with disabilities take part in planning from the outset. Once familiar with local organizations of persons with disabilities and their agendas, it will be easier to establish an ongoing advisory team that includes representatives of these organizations.

In addition, planned support should be provided to these organizations to implement their own activities for the SRH of persons with disabilities. Training persons with disabilities to provide SRH education and other types of SRH information and services has succeeded in many countries so this will not be any different.

STEP FOUR: Conduct a Review Workshop

➤ *Organize a Workshop with persons with disabilities*

Organize a workshop with persons with disabilities to continue with this step and suggestions for the later steps of this Checklist. The national level workshop should take place over a few days, ideally as a residential workshop, to increase participants' engagement. A detailed agenda should be prepared for this consultative review workshop.

```
STEP FOUR ┌─────────────────────────────────────┐
          │ Organize workshop with persons with │
          │            disabilities             │
          └─────────────────────────────────────┘
          ┌─────────────────────────────────────┐
          │    Identify workshop participants   │
          └─────────────────────────────────────┘
          ┌─────────────────────────────────────┐
          │            The workshop             │
          └─────────────────────────────────────┘
```

Chart 4: Steps for Conducting a Review Workshop

➤ *Identify workshop participants*

Workshop participants should be drawn from different constituencies of persons with disabilities, as well as government, key donors, technical partners, academia, and civil society. This ensures a wide range of perspectives to enrich the discussion and reflection on this step and the later steps of this Checklist. Advisory group members are advised to attend the workshop. It is of utmost importance to ensure that

- ✓ The workshop participants encompass all types of persons with disabilities who represent their organization.
- ✓ The majority of civil society participants should be persons with disabilities, and a few should be selected from broader civil societies that are involved closely in work on disability-inclusive accessible SRHR.

Note that all participants:

- ❖ Be able to work well in English or the language most used in the region
- ❖ Have some understanding of WHO guidelines in general and how these guidelines work at the national level (information support to be provided, if required)
- ❖ Demonstrate ties to national networks addressing SRHR and national processes
- ❖ Be engaged in national work/advocacy around persons with disabilities and SRHR;
- ❖ Have time to do background preparation for the workshop, and

➢ *The Workshop*

The workshop will validate and further identify strategic initiatives to address the issues and gaps identified in the desk review and inform the full implementation of the guideline. To start the workshop, the key findings from the desk review should be shared with the participants. This will create a good starting point for the discussions.

After the presentation on the desk review, participants need to be divided into small groups to brainstorm and develop an idea of what is happening and where they need to focus their advocacy. This will also be an opportunity to validate the desk review findings.

The desk review must be circulated with the agenda at least 1 week before the start of the workshop.

The small groups could be formed on a regional or a context-specific basis. One group could specifically focus on national policies, whilst each regional/contextual group could work on program implementation in their region. Make a note of new recommendations and ensure that those are considered during the implementation of later steps of this checklist.

A key output of the workshop should be an outcomes statement prepared by participants and released shortly after the workshop concludes. It is essential that the workshop organizers share this statement widely with partners.

STEP FIVE: Use the Findings

This step builds on workshop outcomes and provides guidance on how to progress national efforts to properly address the SRHR of persons with disabilities, together with opportunities for support from relevant national and international stakeholders.

It is essential to build an advocacy and communication plan to implement the following pillars of change:

(a) Advocacy and required policy changes,

(b) Legal, health, and other service delivery and access,

(c) Training and capacity building at legal/policy level of health service and other providers as well as persons with disabilities and their organizations.

This process will support persons with disabilities, their organizations, and other relevant stakeholders to leverage findings and build and/or reshape their own advocacy strategies and messages.
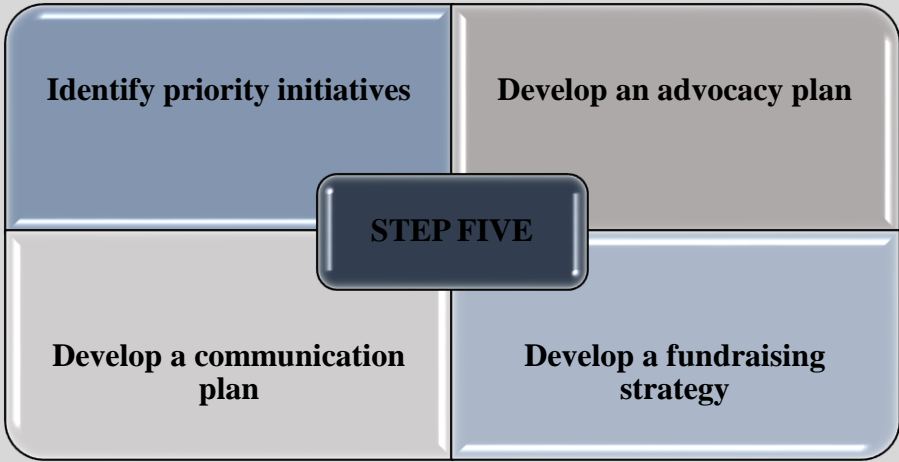

Identify priority initiatives	Develop an advocacy plan
STEP FIVE	
Develop a communication plan	Develop a fundraising strategy

Chart 5: How to Use the Findings

➢ *Identify priority initiatives*

Identify priority initiatives to address the gaps and opportunities towards fully implanting the WHO guidance note. Consider the following criteria when prioritizing initiatives:

- Will the initiative have a substantial positive impact on persons with disabilities and their SRHR?
- Will the initiative be a catalyst for change?
- Is the initiative viable (for example, technically feasible)?
- Is the initiative applicable and transferable to allow scale-up?
- Do local or national laws exist that support this initiative through a legal framework?

- Are there any national and international resources available to scale up the identified initiative?
- Can this initiative be incorporated into ongoing programs and/or be part of integrated service delivery?
- Can this initiative and its importance be introduced into health-care students' curricula and/or into continuing professional development programs?
- Does this action need to be placed on the country's policy agenda (leadership)? If yes, who is best placed to do this?
- Are there measures to address the logistic and operational challenges identified?
- How can implementation tools be improved to make them more useful to the country's needs?

➢ *Develop an advocacy plan*

After identifying the priorities, develop an advocacy plan that includes documenting the process and learnings along the way. Define strategies and activities that can support the effective achievement of the priority issues and recommendations outlined in the guidance note that require implementation. It is necessary to think comprehensively about what it will take to introduce and implement new or improved policies, should this be required. It is important to be realistic about what can be accomplished. For each initiative, answer the following questions:

- What do you want to influence or change?
- What actions are needed to achieve change?
- Whom do you need to target?
- When will the actions happen?
- What are key milestones?
- Who will take the action?
- Where can you turn to for support?

➢ *Develop a communication plan*

- Design a communications strategy to disseminate key priorities emerging from the overall process and workshop.
- Consider the priorities emerging from the review process and determine the key stakeholders and populations that will need further engagement.
- Select media to be used (adjusting the use of communication channels according to context and audience).
- Create messages so that they are appropriate for both the media used and the intended audience.
- Define how the message will be disseminated and identify the tools that will be used to do so.
- Prepare a budget for the advocacy and communication strategy and ensure its cost-effectiveness.
- Create partnerships with other civil society, government bodies, universities, media outlets and so on.

- Prepare to engage with the media regarding what persons with disabilities are requesting. Ensure that individuals in or beyond the advisory group – especially persons with disabilities – are prepared to act as spokespersons. Also, make the requests/messages clear, and explain why these are essential not only for persons with disabilities but also for the entire population.

➢ *Develop a fundraising strategy*

Develop a fundraising strategy to support the full implementation of the review findings and priority initiatives. Consider the following sources, to begin with:

- Government support (country, state, and city levels).
- International development and funding partners.
- Private-sector funding
- National and international foundations
- Crowdfunding opportunities

STEP SIX: Design inclusive, accessible and disability dedicated programs

Review all current programs to check whether persons with disabilities have access to all these programs and services offered to the community or not. It is to be remembered that with modest adaptations, wide-ranging SRH programs can fully serve most persons with disabilities. While different groups may need different types of adaptation, it is important to recognize that there are not endless numbers of adaptations, and many cost little or nothing. Common sense and a willingness to innovate can go a long way to assure services for persons with disabilities in the SRH sector.
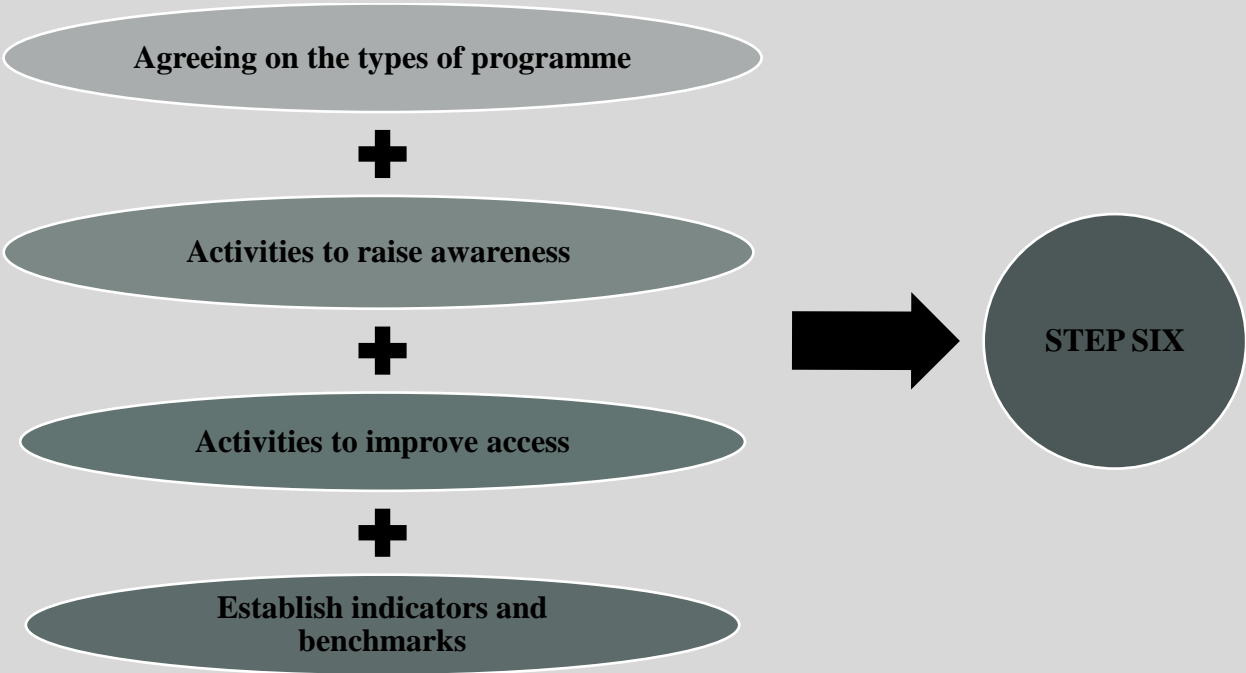
Agreeing on the types of programme

+

Activities to raise awareness

+

Activities to improve access

+

Establish indicators and benchmarks

STEP SIX

Chart 6: Ways to Design inclusive, accessible and disability dedicated programs

➢ Agreeing on the types of programme

Modest adaptations can accommodate a wide range of people with disabilities in programming, and these adaptations usually can be identified easily with the help of persons with disabilities. When ensuring total accessibility becomes a challenge, remember that most persons with disabilities even do not need disability-specific services but rather will benefit simply from inclusion in SRH efforts designed to reach the general community.

Asking a few questions during any intervention could quickly identify unmet needs. For example:

- If it is about improving the quality of health services then are these services offering the same quality of care to persons with disabilities as to other users? If not, what should be done?

- Is it assessing facilities from the perspective of persons with disabilities? Has it considered adaptations for persons with disabilities such as ramps, easy-to-understand written or graphic formats for information, Braille, or sign language interpreters, depending on the necessity?
- Are policies, norms, and procedures being updated from the perspective of persons with disabilities? Do they refer specifically to issues of concern to persons with disabilities?
- Is it integrating disability-related sessions into the pre-service training of staff?

➤ *Activities to raise awareness*

Many health professionals, organizations, and communities need training or awareness-raising on how to address the SRH of persons with disabilities. Most of the barriers to providing good quality services to persons with disabilities are related to workers' attitudes and a basic lack of general knowledge about disabilities. The required information can easily be integrated into existing training strategies and curricula. Raising awareness about SRH for persons with disabilities requires fighting misconceptions, stigma, and discrimination in communities. A key message is that negative attitudes and barriers in societies are often more disabling than the actual impairments. Another key message for all levels is that persons with disabilities are entitled to self-determination, privacy, respect, and dignity in all situations. It is also important to promote awareness of the capabilities and contributions of persons with disabilities. In particular, persons with disabilities, their families, the health and development community, and members of the general public need education about rights and harmful practices such as forced sterilization, forced abortion, and forced marriage. Furthermore, these people need to know whom to contact and where to go to obtain protection against such abuses.

The mass media can play important roles in raising this awareness. SRH professionals, working with different organizations of persons with disabilities, can include information about the SRH of persons with disabilities in mass media outreach efforts and programs. Even something as simple as including someone with a visible disability among people shown in a poster or Television spot about SRH can help to create a positive image. Similarly, wherever people are brought together to discuss SRH issues, the inclusion of persons with disabilities will quickly raise awareness. Hotlines and websites that provide information on SRH or disability issues are additional avenues for raising public awareness.

➤ *Activities to improve access*

Physical access to buildings and clinics as well as other indoor and outdoor facilities is crucial for ensuring SRH to persons with disabilities. Accessibility should be considered not only for hospitals and for clinics but also for places where public health education is provided, locations where condoms are sold or distributed, domestic violence shelters, drug and alcohol intervention programs, and all other facilities that provide services related to SRH. Keep in mind that physical accessibility alone does not meet the needs of all persons with disabilities. Communication materials and media must also be accessible. Many adaptations to increase access can be made at little or no additional cost. For example, a clinic or a community education program can be moved from an upper floor to a ground floor room, allowing individuals with

physical disabilities to attend. "Accessibility" also means that resources such as condoms and other commodities are available and provided to persons with disabilities with the same rights to confidentiality, self-determination, and respect that everyone deserves.

All those who provide home-based or institution-based health, nutrition, and social services must be trained and monitored to ensure that persons with disabilities are identified and included in all care and community outreach efforts.

➢ *Establish indicators and benchmarks*

All health programs should monitor and evaluate whether persons with disabilities are receiving adequate and appropriate services and that they are satisfied with the services. To do so, programs must establish indicators and benchmarks.

- Routinely generated statistics should include persons with disabilities as part of the general clientele and report specifically on services to persons with disabilities.
- Community scoreboards can be initiated at all the health facilities, community-based participatory monitoring, and evaluation can ensure the accountability and transparency of all stakeholders.

Access to SRH information in school is limited by the fact that persons with disabilities often are denied even the most basic education in many regions. Even those who are literate may not have enough education to be health literate. When developing programs for persons with disabilities these efforts should be well integrated into other programs addressing the needs of persons with little education or low literacy who need information.

Accessibility in transportation is a major problem for persons with disabilities. As a result, some people are unable to visit clinics, community centres, or other places where SRH services are available. Given the high rates of poverty among this population, many are unable to afford buses, taxis, or other transportation that could take them to services. Even where transportation is available and affordable, the vehicles often are inaccessible to those with physical impairments. Again, when considering transportation schemes intended to improve health service access, considering the needs of persons with disabilities will enable planners to enlarge their view while addressing all members of the community.

Access also is an issue for persons with disabilities in institutions, group homes, and other residential facilities. They often cannot reach services on the outside and may not have access even to internal health services. Institutionalized persons with disabilities must not be forgotten. SRH workers need to work with communities and with other professionals to remove barriers to access for such groups.

STEP SEVEN: Monitoring and Evaluation

Advisory group members should consider Monitoring and Evaluation (M&E) with utmost priority and identify who should do this. If their government and national bodies are prepared to conduct M&E of the process, the advisory group should ensure that persons with disabilities are meaningfully engaged in the process, as recommended above in the previous steps.

The M&E process should apply the following approach:

- Short term: Assess the extent to which this generic checklist is useful and used in the specific in-country context and to what extent it leads to increased knowledge of the guideline and of the national context.
- Intermediate: Assess effectiveness in implementing the WHO guidance note along with any national guideline, if there is any, with related services and programs and in tracking and monitoring programs and services.
- Longer-term: Document lessons that were learned in successfully advocating for change to prove that, through meaningful engagement of and sustained support for persons with disabilities, there can be an impact to secure the SRHR of persons with disabilities.

With utmost priority, the M&E team should:

- Review exactly how much has been allocated to the SRHR of persons with disabilities in the national budget, and see if it is clear who accessed this money and for what. It is important that all this information is made available for review – if not; the advisory group must demand this level of accountability and transparency.
- Review the current national M&E strategy, and ensure that persons with disabilities are engaged in this process.
- Ensure the engagement of persons with disabilities in monitoring by adapting/developing common M&E tools such as community scorecards and shadow reports. If possible, conduct analyses of the effectiveness and impact of integrated SRHR and existing disability-inclusive initiatives for persons with disabilities. This analysis could create an opportunity for persons with disabilities to play a more strong oversight role to ensure accountability and transparency, critique strategies and processes to continuously examine and expose the shortfalls, gaps and opportunities for addressing the deepening inequities.

STEP EIGHT: Share the Work

It is important to work continuously to create demand amongst persons with disabilities not only in the SRHR sector but also in the other rights-based policies and programming. All gains must be protected or they might be lost.

Using social media platforms to reach more persons with disabilities could be a wonderful, efficient, and effective way. If necessary, consider anonymous platforms (for example, setting up a Facebook page of the network and not in the name of a particular person), as a way to communicate challenges and share successes.

Share what you have done with the relevant government departments, national and international organizations and other relevant stakeholders who work on the SRH or health sector in general.

Also, use any other dissemination mechanisms that you think is appropriate or effective for your region because you need to remember that your experiences, no matter how successful and challenging, will be valuable for others to learn and contribute to achieving the ultimate goal of your work as well as this checklist.

Picture: A Sample of Sharing Achievements Via Social Media Platforms (An advertisement of accessible SRHR website created by YPSA with support of Share-Net International).

Major Documents Reviewed:

1. Convention on the Rights of Persons with Disabilities (CRPD). United Nations 2006. Last accessed 14/07/2021: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

2. Promoting sexual and reproductive health for persons with disabilities - Guidance note. WHO/UNFPA 2009. Last accessed 24/08/2021: https://www.who.int/reproductivehealth/publications/general/9789241598682/en/

3. Translating community research into global policy reform for national action: a checklist for community engagement to implement the WHO consolidated guideline on the sexual and reproductive health and rights of women living with HIV. World Health Organization 2019. Last accessed 25/08/2021: https://www.who.int/reproductivehealth/publications/srhr-women-hiv-implementation/en/

4. Guideline for promoting disability-inclusive accessible SRHR in Bangladesh. YPSA 2020. Last accessed 15/07/2021: https://accessiblesrhr.org/

5. Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies. World Health Organization 2010. Last accessed 15/07/2021: https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

Annexure: A Quick Checklist to Evaluate the Programming Status

Description	Yes	No	Remarks
Have you obtained high-level commitment at national levels from a broad range of stakeholders?			
Has everyone in your office undergone training on disability?			
Are you and your staff familiar with the UNCRPD and WHO guidance note on SRHR for persons with disabilities?			
Have you reviewed current national programming on the SRHR of persons with disabilities in line with the WHO guidance note and UNCRPD?			
Have you convened an advisory group consisting/of persons with disabilities for your SRHR programming?			
Have you developed a detailed resource plan?			
If you are not leading the process, have you selected a lead organizer?			
Have you review the WHO guidance note on SRHR and agreed on the desk review outline?			
Have you conducted the desk review and prepared a draft report?			
Have you shared the draft report with the advisory group?			
Have you accommodated the feedbacks from the advisory group and finalized the desk review report for wider dissemination?			
Have you established any partnership with any local, national, and international organizations of and for persons with disabilities?			
Have you conducted any review workshops with persons with disabilities?			
Have you developed an advocacy plan for required policy change?			
Have you designed a communication strategy to disseminate key priorities emerging from the overall process and review workshop?			
Have you finalized a fundraising strategy to support the full implementation of the review findings and priority initiatives?			
Have you set up any mechanism for raising awareness and increase access for persons with disabilities in the SHR sector?			
Have you agreed on an effective multi-phased M&E (Monitoring and Evaluation) strategy?			
Have you established clear benchmarks for the M&E system to understand whether these benchmarks are being reached or not?			
Have you set up any mechanism for sharing your work and achievements with the relevant government departments, national and international organizations and other relevant stakeholders who work on the SRH or health sector in general?			