



## **WISH2ACTION: Improving access to sexual reproductive health and rights for persons living with disabilities**

Persons with disabilities (PWDs) have equal rights to sexual and reproductive health (SRH), however women and girls with disabilities face significantly more challenges in realizing these rights. The intersection between disability, age, restrictive gender norms and lack of supportive legal environments further compounds barriers for women and girls to fulfil their sexual and reproductive health and rights (SRHR), including free and informed choice and access to contraception.

The WISH2ACTION<sup>1</sup> programme, under the banner 'Leave No One Behind', offers quality integrated and inclusive family planning and sexual and reproductive health services to marginalised and hard to reach populations: the poor, youth under 20 and persons with disabilities.

The WISH2ACTION cluster model, a comprehensive and integrated community approach with strong cooperation between public and private partnerships, including organisations of persons with disabilities (OPDs), enables the promotion of inclusion of persons with disabilities.

A barriers assessment conducted by WISH2ACTION consortium partner Humanity and Inclusion in Uganda, Madagascar, South Sudan, and Ethiopia in 2020 showed that while seeking SRHR services, disabled women and girls faced several barriers including discrimination and stigmatisation from healthcare providers, transport and infrastructural barriers at health facilities and exclusion from community engagement activities. Health workers also expressed a lack of confidence and difficulties in providing SRH services to person with disabilities.

Using results from the barrier assessments, WISH2ACTION developed and implemented strategies aimed at promoting sustainable, disability inclusive SRHR practices across the 14 programme intervention countries. The strategies included:

- 1. Creating an inclusive culture** by raising awareness of the rights of persons with disabilities and shifting social and cultural norms and beliefs related to SRHR among healthcare workers, community health volunteers, programme managers, OPDs, community actors and persons with disabilities themselves.
- 2. Quality of Care:** building the capacity of health workers and community health volunteers (CHVs) to cooperate with OPDs and persons with disabilities to provide quality services and ensuring accessibility, non-discrimination, and participation of person with disabilities. Health facility assessments to identify possible physical, communication and attitudinal barriers in inclusive SRH service delivery was conducted.

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<sup>1</sup> WISH2ACTION, *Women's Integrated Sexual Health [Lot 2] Access, Choice, Together, Innovation and Ownership, Now*, is the UK Government's flagship programme to scale up its support for integrated sexual and reproductive health and rights.

*'I have realized that it is fundamental for the rights and wellbeing of women, girls, boys and men with disabilities to have effective inclusive SRH services. This is to ensure that our adolescent girls and adults with disabilities can avoid adverse health and socioeconomic consequences of unintended pregnancy and have a satisfying sexual life like any other person. Previously, I used to think that the disabled were not sexually active.'* - Nurse from South Sudan



Figure 1 Training of facilitators for young people living with disabilities on comprehensive sexuality education in Burundi

Health workers who received training as part of the WISHACTION programme reported an overall change in their attitudes towards persons with disabilities and increased confidence in providing inclusive SRHR services.

- 3. Coordination and partnership:** Improving coordination between OPDs, public and private sector service providers and community leaders contributes to improved disability inclusive SRH services. Inclusion of OPDs in coordination efforts such as in local and district health committees and in emergency response committees during COVID-19, ensures long term, sustainable and inclusive SRHR services.

*“The office of the District Health Office (DHO) in Yumbe, specifically the assistant District Health Officers who oversee maternal health, noted there was a need to include a person with disability on the SRHR technical working group. They requested us to provide a name of someone that we felt could represent persons of disability which is a very big achievement.”*  
*(HI Humanity and Inclusion Officer, Kampala district).<sup>2</sup>*

Empowerment of OPDs to represent persons with disabilities in health community engagement programmes, and to strengthen their advocacy activities towards SRHR on local and national level

*“We also thought as an organization of how best we can be part of such big consortia because much as HI is there, we are looking at ourselves as a membership organization that contribute to service delivery of persons with disabilities. That is why we are visiting a number of partners trying to see how we can be in partnership with these organisations to ensure that persons with disabilities get SRHR services.” (OPD representative, Uganda).*

**“I am now empowered to start using contraceptives.”**

Litnet from Malawi is a 23-year-old girl living with a disability and walks with the aid of crutches. Litnet had previously never used any contraceptives as she never had a chance to understand them. Thanks to mobile videos produced by WISH partner DMI, Litnet has learned a lot about family planning. She says that many people refused to share such information with her because they felt that, as someone living with a disability, contraception information was of no use to her.

*“I am disabled as you can see and everybody thinks as I am, I can’t have sex. No, I am 23 years old now and I can even get married. I don’t see why people should think I don’t have feelings and that I can’t do it [have sex].”*

Litnet is one of the beneficiaries of WISH microSD cards loaded with animated videos that carry modern contraceptive messages. The DMI produced animated video series aimed at pushing boundaries to challenge social norms and address stigma faced by young people including those living with disabilities in accessing SRHR services. She received the SD card from a youth leader who was distributing within her community.

*“She found me at home a month ago and brought an SD card. She briefly spoke about the contents of the [SD] card and then gave it to me to load on my phone. I watched everything repeatedly,”* said Litnet, adding that she loved the videos because they also spoke and lobbied for people with a disability, like her.

*“What the videos said is exactly what I have been going through. I have never bought a condom or went to access contraceptives because people judge us a lot.”*

The videos gave her a different perspective about her life, and this empowered her to start using contraceptives.

*“I got my first depo now. When I watched the videos, [as] much as they were educating people that persons with a disability could equally need contraceptives, they also made me think that I don’t really have to care about people and just like that nurse in the video, there are still some good people who can understand us and help as accordingly without judging us and that’s exactly what happened. I went to the hospital and was kindly assisted. I even exchanged numbers with the nurse. I ask him any question I have.”*

- 4. Data collection and management:** promoting the collection of disability disaggregated data in health and SRHR using the Washington Group Short Set of Questions (WG-SS) and how this data can improve programming and services.

5. **Referral networks:** Strengthening referral practices from community level to SRHR services cooperating with OPDs and other Civil Society Organisations and supporting healthcare providers in creating integrated referral networks that consider the additional needs and comprehensive care for persons with disabilities (such as rehabilitation, physical therapy, or assistive devices).
6. **Service integration:** Considers how to effectively integrate and coordinate different services (including SRH) that are relevant to persons with disabilities by integrating disability inclusion within national health guidelines and existing systems as well as learning about how to link SRH to other services such as vaccination and rehabilitation.

*“We started outreaches for persons with disabilities to identify persons with disabilities and we now include them in our district coordination meetings. When serving persons with disabilities, we give them extra care and time because we realised that they have other underlying concerns which they share with us. If we cannot handle them then we refer them to the regional referral hospital.”* (RHU Coordinator, Mbale district).<sup>3</sup>

7. **Policy and advocacy:** promoting national ownership implementing the UN Convention on the Rights of Persons with Disabilities (UN CRPD) in the field of SRHR at the local and national level considering the important role of OPDs in local and national advocacy and engaging government stakeholders at different levels to improve inclusion by changing policies, ensuring inclusive SOPs in SRHR, and integrating disability inclusion criteria in health quality management tools.

The approaches adopted by WISH2ACTION have contributed to improving the rights of women and youth with disabilities in accessing SRHR services, with more than 2,500 individuals including healthcare providers trained in inclusive SRH. This impact of WISH2ACTION inclusive SRH efforts is best reflected in the overall data from 11 countries in the WISH2ACTION annual Client Exit Interviews which saw an increase in disabled clients from 8% of overall clients accessing SRHR and family planning services in 2019 to 10% in 2020.

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<sup>3</sup> HI WISH Midterm evaluation Uganda