Barriers and Facilitators to Accessing Quality Family Planning Information and Services among Persons with Disabilities

Barriers	Facilitators
Examples of attitudinal barriers	**Examples of attitudinal facilitators**
Discrimination and stigma against persons with disabilities. They commonly stem from myths and misconceptions about sexuality and disability including, for example, that they are either asexual or hypersexual, and that they are unable to take autonomous decisions about their SRH.	Training for all health workers on disability inclusion and the rights of persons with disabilities, including the right to informed consent.
Examples of physical/environmental barriers	**Example of facilitators**
Health facility infrastructure is not accessible (e.g., steps, narrow entrances, inaccessible toilets) and public transportation is not accessible or very expensive and health care facilities are too far for persons with disabilities.	Facilities are regularly monitored for accessibility and the budget allows for infrastructural modifications and accessibility. Outreach activities, home visits, digital health services, and self-care approaches to SRHR are available and accessible.
Examples of communication/information barriers	**Examples of communication/information facilitators**
Lack of accessible information about family planning services and of reasonable accommodations during health care service delivery (e.g., sign language interpreters, communication aids, and support in decision-making).	Information is available in accessible formats (braille, audio format, easy-to-read, visual prompts) and health service providers and family planning programs reserve resources for accommodations for persons with disabilities as needed.
Examples of institutional and policy barriers	**Examples of institutional and policy facilitators**
SRHR-related policies and strategies do not promote inclusion or discriminate against persons with disabilities. Service providers do not have adequate training or understanding of disability inclusion.	Laws and policies are aligned with the CRPD and other relevant international standards and are regularly implemented. National training curricula for health workers include a module on disability inclusion.