

# Facilitate the Inclusion of Persons with Disabilities in Family Planning Programming: A Strategic Planning Guide

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# Nandita Thatte, WHO Moderator

Nandita leads the WHO/IBP Network Secretariat based in Geneva. Her current portfolio includes institutionalizing the role of WHO/IBP to support dissemination, implementation, and scale up of WHO guidelines and strengthening the linkages between IBP partners and WHO researchers to inform new areas for implementation research. She has a DrPH in Prevention and Community Health from the George Washington University School of Public Health.



# Today's Agenda

- Opening and Welcome  
Nandita Thatte, WHO/IBP Network
- SPG Overview  
Alessandra Aresu, Humanity & Inclusion
- Implementation Dialogue  
Bangladesh & South Sudan  
Salma Mahbub, B-SCAN  
Zekia Musa Ahmed, Humanity & Inclusion
- Implementation Perspective  
Colombia  
Diana Carolina Moreno, Profamilia
- Questions & Answers  
Moderator
- Closing  
Moderator



# Before we Begin



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# What are the High Impact Practices (HIPs)?



Evidence-based  
family planning  
practices



Vetted by experts  
against specific  
criteria



Documented in  
an easy-to-use  
format

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# HIP Categories

HIP briefs are grouped into three primary categories:

## Enabling Environment

Address systemic barriers that affect an individual's ability to access family planning information & services.

## Service Delivery

Improve the availability, accessibility, acceptability, and quality of family planning services.

## Social and Behavioral Change

Influence knowledge, beliefs, behaviors, and social norms associated with family planning.

## *Enhancements*

Approaches used in conjunction with HIPs to maximize the impact of HIP implementation or increase the reach.





# HIP Briefs

HIP briefs define the *practice* and summarize evidence of *impact* and experiential learning from implementing.

# Today's Panelists



**Alessandra Aresu**  
HI



**Salma Mahbub**  
B-SCAN



**Zekia Musa Ahmed**  
HI



**Diana C. Moreno**  
Profamilia





# Facilitate the Inclusion of Persons with Disabilities in Family Planning Programming

This document is intended to guide program managers, planners, and decision-makers through a strategic process to facilitate the inclusion of persons with disabilities in family planning programming. It was developed through consultation and discussion with organizations of persons with disabilities (OPDs), service providers, and technical experts in inclusion, family planning, and sexual and reproductive health and rights (SRHR).

Persons with disabilities include “those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”, as stated in the United Nations Convention on the Rights of Persons with Disabilities (CRPD), Article 1.<sup>1</sup>

Throughout the key actions below, programmatic responses should address the diversity of persons with disabilities who are not a homogeneous group and experience diverse kinds of disabilities—some of them invisible or not always apparent.



[More than a billion people in the world experience disability](#),<sup>2</sup> corresponding to about 15% of the world's population. One in five women are women with disabilities. [Persons with disabilities are being “left behind” in the global community’s work on health, including SRHR.](#)<sup>3</sup> [A Guttmacher–Lancet Commission report](#) highlights that persons with disabilities are an “underserved population subjected to harmful stereotypes and myths [...]. They are much more likely to be victims of physical and sexual abuse and rape [...]. They are also more likely to be subjected to forced or coerced procedures, such as sterilization, abortion, and contraception. Inadequate information and a paucity of targeted resources contribute to this group’s vulnerability.” [These disadvantages begin early in life and persist in adulthood.](#)<sup>5</sup>

# Alessandra Aresu, Humanity & Inclusion (HI)

Alessandra is the Director of Global Inclusive Health at HI. She holds a PhD in Gender and Sexuality Education and has 20 years proven track record of promoting SRHR for all. She is one of the leading voices in promoting gender, age and disability inclusion in the health sector and particularly in SRHR. She also serves as Adviser to the HRP/SRH's Gender and Rights Advisory Panel at WHO and as Steering Committee member of IBP. She is also the co-chair of two inclusive-health working groups established respectively by the International Disability and Development Consortium and the Global Action on Disability Network.



# Facilitate the Inclusion of Persons with Disabilities in Family Planning Programming

## A Strategic Planning Guide



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A discussion between participants in the 2010 Women’s Institute on Leadership and Disability (WILD) leadership program. Photo credit: [www.kiefelphotography.com](http://www.kiefelphotography.com)

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### Key actions for disability inclusion in family planning programming

The key principles of disability inclusion derived from the [CRPD](#) are accessibility, participation, and nondiscrimination.<sup>1</sup> A program or service is disability inclusive when persons with disabilities in all their diversity can meaningfully participate and have their needs met and their rights respected and fulfilled. To ensure family planning programs are meaningful and impactful for persons with disabilities, disability inclusion should be considered at all stages of planning and preparation. If an inclusion perspective is not incorporated at the very beginning of the program design process, disability inclusion often becomes an “afterthought” during implementation and inevitably results in a lack of adequate stakeholders’ engagement and resource allocation. Inclusive family planning programming should always align with the rights-based [Principles Underpinning High Impact Practices for Family Planning](#), including equity, which relates to identifying and addressing barriers to health-seeking behavior, voluntary contraceptive use, and making programmatic adjustments to overcome

# Introduction

**Objective:** to provide a strategic framework to ensure inclusion of persons with disabilities in family planning programming



# Key actions to ensure family planning services are inclusive of persons with disabilities (1)

- **Key action 1**: Collect information on disability and SRHR, incorporate existing data, and understand the policy environment in the countries/communities of implementation.
- **Key action 2**: Ensure participation, develop meaningful cooperation, and build partnership with persons with disabilities and their representative organizations.





# Key actions to ensure family planning services are inclusive of persons with disabilities (2)

- **Key action 3**: Identify and address key barriers and facilitators to access and uptake of quality family planning information and services among persons with disabilities and fulfillment of their SRHR.
- **Key action 4**: Apply disability-inclusive budgeting and its key principles.
- **Key action 5**: Put in place monitoring, evaluation, and learning (MEL) mechanisms to collect data on the access of persons with disabilities to quality SRHR information and services.



# Implementation Dialogue: Bangladesh & South Sudan



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# Salma Mahbub, Bangladesh B-SCAN

Salma Mahbub, is the Founder General Secretary of Bangladesh Society for the Change and Advocacy Nexus (B-SCAN), a women led DPO. She started to work with mainstream NGOs and DPOs to raise voice on accessibility issues as a woman wheelchair user. She also advocates with the policy makers to address the issues of accessibility which is the key to equal access in government services for persons with disabilities. She is also one of the iconic figures in advocating the empowerment and representation of persons with disabilities in the country.



# Zekia Musa Ahmed, South Sudan Humanity & Inclusion (HI)

Zekia Musa Ahmed works as Inclusion Officer at the HI South Sudan for the Women Integrated Sexual Health (WISH) project. She is a woman with a visual impairment, a disability rights activist, and a leading voice of the South Sudan Women with Disabilities Network; Last year she received an award by the South Sudan Human Right Defenders Network as Human Rights defender of the year for persons with disabilities' rights. She holds a Bachelor degree in Arts and Humanity and has over nine years of working experience as teacher in a special school for learners with visual impairments.



# Implementation Dialogue: Bangladesh & South Sudan



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# Diana Carolina Moreno, Colombia Profamilia

Diana Carolina Moreno is the Director of Advocacy for Profamilia Colombia. Previous to Profamilia, she worked at Center for Reproductive Rights, ELEMENTA S.A.S, The Inter American Human Rights Court and Women's Link Worldwide. Diana is a researcher and teaches gender, human rights and armed conflict at Javeriana University, Bogota. Diana Carolina has a law degree from Javeriana University (Universidad Javeriana) and an LLM from Columbia University.





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**mi sexualidad, mi derecho**

# Colombian Context

In Colombia, it is estimated that there are approximately 4.7 million persons with disabilities (PWD). Of this percentage, 51.30% of the population reported having encountered barriers to access health services.

People with disabilities are subject to different forms of discrimination in the exercise of their sexual and reproductive rights, such as **denial of their sexuality, infantilization, humiliation or rejection of their bodies, among other forms of denial and stigmatization of their sexuality and their desires for motherhood or fatherhood**, which exposes them to various health risks through factors such as the absence of sexual and reproductive health care or lack of accessible sexual information and education.





# Our work



Since 2012, Profamilia created a comprehensive program of care for people with disabilities, which recognizes the will and preferences of the person, acknowledging their decisions about their sexuality and changing paradigms regarding care in health services.

Our experience in implementing this impact practice then involved the adoption of strategies such as:

1. The **adoption of reasonable accommodation and support** in the delivery of sexual and reproductive health services.
2. The adoption of comprehensive sexuality education processes for young people with and without disabilities.
3. Recognition of the autonomy of the decisions of PWD in the regulation of the provision of sexual and reproductive health services.

# Implementation History



Within the framework of the program, mandatory guidelines and procedures were created for the institution's professionals, as well as extensive training processes for all the organization's employees. Also, the challenges in the attention of individual cases allowed to progressively improve the internal processes in the organization. The program involved the adoption of:

- **General recommendations** for the care of PWD in Profamilia's clinics, such as treating them respectfully and without stereotypes and refraining from requesting interdiction processes for health care.
- **Guidelines for incorporating supports and adjustments for accessible communication** with PWD and informed consent during medical consultations.



# Lessons Learned

- ❖ Listening to the voices and desired of PWD has involved the continuous development of creative and innovative **communication and education strategies**. Partnering with CSO of people with disabilities and their families is key for this efforts.
- ❖ All our actions should include **planning** for including PWD
- ❖ Challenges as preconceptions of PWD have required **continuous training of all staff** and counseling of caregivers
- ❖ Service provision should be met with **advocacy efforts** to improve PWD to sexual and reproductive rights and services



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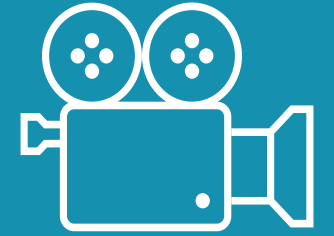
# Questions & Answers



# Before we close

Presentation and Recording available here:

<https://www.fphighimpactpractices.org/how-to-facilitate-the-inclusion-of-persons-with-disabilities-in-family-planning-programming-hip-webinar/>



# For more information, please visit:

High Impact Practices: [www.fphighimpactpractices.org](http://www.fphighimpactpractices.org)

Inclusion of People with Disabilities:

<http://www.fphighimpactpractices.org/guides/facilitate-the-inclusion-of-persons-with-disabilities-in-family-planning-programming/>





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