

ACCESS FOR EVERYBODY

• DISABILITY INCLUSION IN ABORTION AND CONTRACEPTIVE CARE •



GUIDE

ABOUT THIS GUIDE

This guide is a resource for program implementers and managers, technical advisors and trainers who design interventions to improve access to abortion and contraceptive care. It offers strategies for improving disability inclusion in policy, service delivery and community engagement interventions and can be adapted to meet the unique needs of each context. Recommendations are based on the human rights model of disability, which includes a “twin-track” approach that promotes the empowerment of people with disabilities by creating disability-specific initiatives and integrating disability inclusion in general programming. Active and meaningful participation of people with disabilities throughout all stages of planning, implementing and evaluating abortion and contraceptive care interventions is a core principle underlying each recommendation included in this guide.

STRUCTURE

This guide is organized into four sections: Section 1 provides a general overview on disability inclusion while Sections 2-4 provide recommended steps to improve disability inclusion at different levels. Each step includes objectives that state the intended purpose and a list of key actions to put into practice.

Section 1: Disability inclusion 101

This section includes a brief overview on what disability is, why disability inclusion matters, what disabled people’s organizations are, what the guiding principles for inclusion are, and key overarching considerations for strengthening disability inclusion in abortion and contraceptive care interventions.

Section 2: Policy guide

This section includes objectives and key actions to ensure the policy environment supports access to abortion and contraceptive care for people with disabilities.

Section 3: Service delivery guide

This section includes objectives and key actions to strengthen service delivery models and to improve health professionals' attitudes and knowledge regarding abortion and contraceptive care for people with disabilities.

Section 4: Community engagement guide

This section includes objectives and key actions to ensure community engagement interventions support access to abortion and contraceptive care for people with disabilities, and to strengthen linkages among disabled people's organizations, people with disabilities, abortion and contraceptive care providers and other relevant services.

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ABOUT IPAS

Ipas is an international nongovernmental organization that works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, Ipas works with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services and to advocate for safe, legal abortion.

SECTION 1

DISABILITY INCLUSION 101

WHAT IS DISABILITY?

The World Health Organization (WHO) defines disability as “impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors” (WHO & The World Bank, 2011). Disabilities can be broadly categorized as affecting an individual’s vision, movement, cognitive abilities, communication, hearing, mental health and relationships with others (Centers for Disease Control and Prevention [CDC], 2017).

WHY DOES DISABILITY INCLUSION MATTER FOR ABORTION AND CONTRACEPTIVE CARE?

Healthy sexuality, reproductive freedom and bodily autonomy are important indicators of health and well-being for everybody regardless of gender, age, class, economic status, ethnicity, religion, sexual orientation, ability or other social factors. This is also true for people with disabilities, who represent 15% of the world’s population—and 80% of whom live in low-resource settings (WHO & The World Bank, 2011). Despite being a considerable percentage of the population, people with disabilities are grossly underserved and neglected by sexual and reproductive health services (Addlakha, Price, & Heidari, 2017), particularly those focused on abortion and contraceptive care. In addition to stigma regarding abortion and contraception, people with disabilities must navigate additional challenges such as physical, communication or stigma-related barriers. While donors, sexual and reproductive health program implementers, universities and activists are beginning to examine the needs and rights of people with disabilities, considerable gaps persist in the specific areas of abortion and contraceptive care.

DISABLED PEOPLE’S ORGANIZATIONS¹: KEY PARTNERS FOR DISABILITY INCLUSION

Achieving disability inclusion in the sexual and reproductive health and rights sector depends on active and meaningful participation from disabled people’s organizations. These are associations and organizations composed of and led by local people with disabilities. As direct representatives of people with disabilities, these organizations play a pivotal role in promoting self-efficacy, advocating for equal rights, raising community awareness, creating social support and building a disability rights movement. Engaging disabled people’s organizations is fundamental in ensuring that the sexual and reproductive rights of people with disabilities are respected and fulfilled, including the right to access safe abortion and contraceptive care. Many disabled people’s organizations have religious affiliations that may influence their interest in partnering on issues such as abortion and contraception. We encourage you to find common ground for collaboration and partner with organizations that focus on achieving shared aims.

¹ Disabled people’s organizations are also known as disabled persons’ organizations. The terms can be used interchangeably, though this guide uses the former for consistency.

GUIDING PRINCIPLES

The following treaty and concepts inform this guide's key actions to improve disability inclusion in abortion and contraceptive care, and they are applied throughout the steps in Sections 2-4.

- The [Convention on the Rights of Persons with Disabilities \(CRPD\) and Optional Protocol](#) detail the rights of persons with disabilities and set out a code of implementation and compliance monitoring (United Nations, 2006). Countries that sign and ratify it commit to develop and carry out policies, laws and administrative measures for securing the rights recognized in the Convention, and to abolish or adapt laws, regulations, customs and practices that constitute discrimination against people with disabilities. A country's signatory, ratification, and compliance status can be a key tool in your policy interventions to advocate and hold governments to account for disability inclusion in abortion and contraceptive care.
- [Universal design](#) is a design concept with the goal of making the built environment, products and services more accessible for all people, particularly those with disabilities, the elderly, pregnant people, children and those with temporary illnesses (Australian Agency for International Development [AusAID], 2013). Examples of universal design include large graphic signs to share information with a wide range of people and wide entranceways and ramps to ensure accessibility to those with limited mobility.
- [Reasonable accommodation](#) is the practice of providing appropriate modifications and support to ensure non-discriminatory treatment and the ability to exercise all human rights for people with disabilities (Department of Foreign Affairs and Trade [DFAT], 2015). Examples of reasonable accommodation are providing sign language interpreters, scheduling more time for clients at health facilities and providing information in a variety of accessible formats (pictorial, tactile, etc.). See page 12 of [Development for All](#) for more information.
- The [twin-track approach](#) is a two-pronged strategy that mainstreams disability inclusion into general programming while also providing programming designed specifically for people with disabilities (CBM, n.d.).

KEY CONSIDERATIONS FOR DISABILITY INCLUSION

A variety of considerations need to be addressed to ensure people with disabilities can gain knowledge of and access to abortion and contraceptive care²:

- **Budget:** Applying a twin-track approach to strengthen disability inclusion requires allocation of adequate funding to cover human resources and program costs. Allocating 5% for program costs and 3% for administrative costs is recommended as a good starting point (Mobility International USA, n.d.).
- **Attitudes:** Stigmatizing beliefs and negative attitudes regarding people with disabilities—especially at the family level—present the largest barriers to accessing abortion and contraceptive care. Family members, community influencers, providers and other key stakeholders need to be trained and sensitized in disability issues—

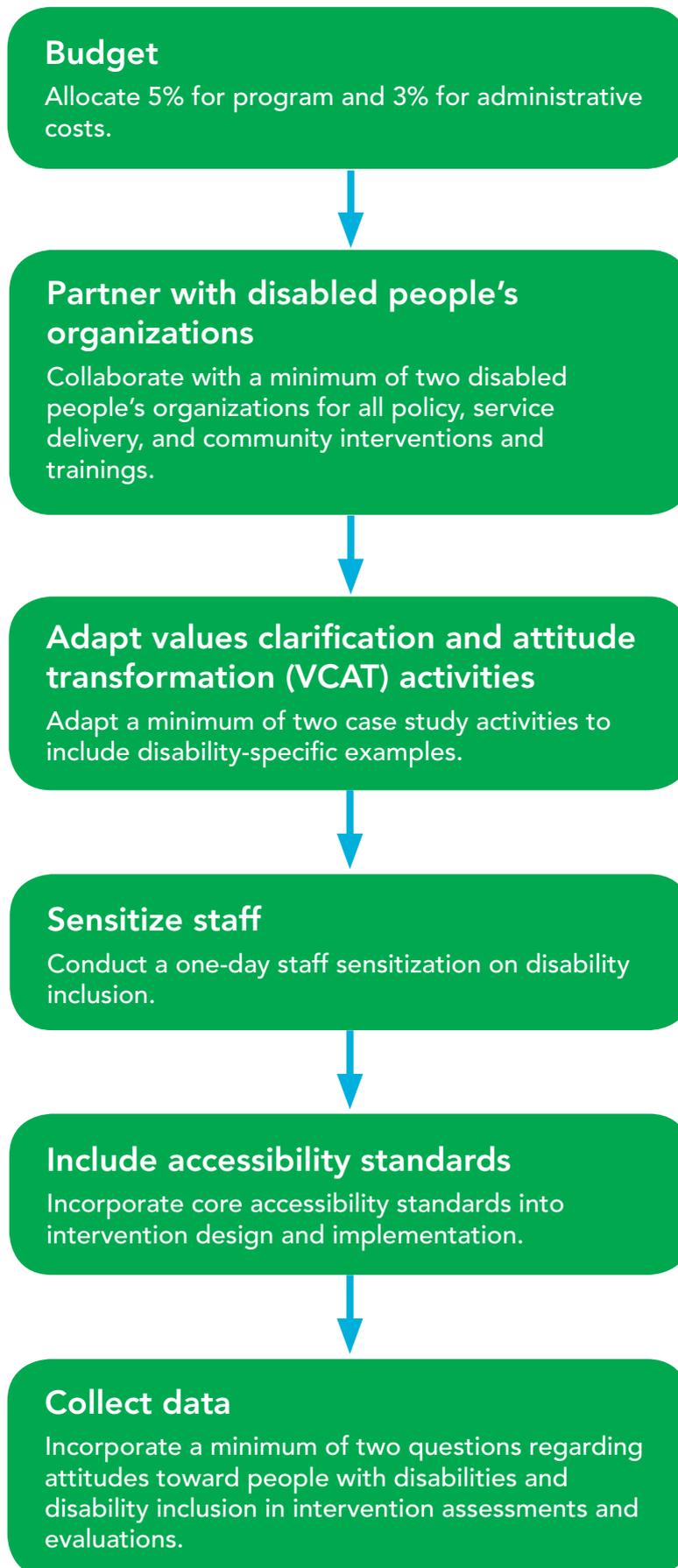
² Based on [Accessibility Article 9 in CRPD](#) and [Accessibility Design Guide: Universal design principles for Australia's aid program](#).

with the help of people with disabilities—to change harmful attitudes and social norms.

- **Mobility:** Ensure that infrastructure is accessible for people with disabilities to use (for example: wide hallways and entrances, handrails, ramps/no stairs, adjustable tables and lamps, accessible toilets).
- **Vision:** Address barriers for people with communication, visual or auditory disabilities through big signs, slow and clear communication, introducing yourself, verbally communicating processes, using tactile tools/models with clients or providing information in Braille, tactile, or auditory formats.
- **Hearing:** Provide reasonable accommodations for people with hearing or communication disabilities through the following: signs, written and pictorial information, sign language interpreters or asking client for preferred method of communication (writing, signing, interpreter, etc.).
- **Communication:** For clients with communication disabilities, ask them for their preferred method of communication (written, signing, interpreter, etc.); ask client to repeat themselves if not initially understood.
- **Cognitive ability (if capable of providing informed consent):** Have client advocate or social worker explain health procedures and verify understanding before granting patient consent.
- **Capacity and consent:** Apply the human rights model of disability, promote the rights and interests of people with disabilities, and prevent pressure and coercion.
- **Time:** Providers and facilities should accommodate people with disabilities by prioritizing their services, helping them avoid queues and scheduling more time (such as an additional 10 minutes) for their visits.
- **Trainings:** Partner with disabled people’s organizations to train local people with disabilities to become trainers on disability sensitization and stigma reduction.
- **Data collection:** Collect data on people with disabilities to learn more about the diverse needs of these populations and to advocate for the need for segmented and integrated abortion and contraceptive care.

MINIMUM REQUIREMENTS AT ALL LEVELS

These are the minimum requirements for disability inclusion with which all program implementers must comply to ensure people with disabilities are empowered to meaningfully participate in interventions and to fulfill their sexual and reproductive rights.



SECTION 2 POLICY GUIDE

OVERVIEW

This Policy Guide is a tool to strengthen disability inclusion in abortion and contraceptive care policy interventions. It offers practical steps to take in continual collaboration with people with disabilities to ensure the policy environment supports their access to abortion and contraceptive care. It is intended to be used by global and in-country program implementers and managers, technical advisors and trainers who design policy interventions. Guidelines may be adapted to meet unique country contexts.

COMMON BARRIERS

While working at the policy level, it is important to maintain awareness of common barriers people with disabilities face in accessing abortion and contraceptive care. Stigmatizing beliefs held by policymakers and other government officials about the sexuality and rights of people with disabilities are central obstacles that contribute to de-prioritization of the rights of people with disabilities within the realms of policymaking and human rights reporting. Lack of accountability or recourse has helped foster environments around the world that discourage registration of people born with disabilities, thereby preventing these people from procuring a national identification card. This causes problems when unregistered individuals seek to access abortion or contraceptive care, which requires a national identification card for free services at public sector sites. Failure to register people with disabilities also results in their exclusion from societal-level data sets, leading to scarce data about this population (Handicap International, 2014). which in turn hampers advocacy efforts to demonstrate the prevalence of abortion and contraceptive care needs.

The **Convention on the Rights of Persons with Disabilities** and its **Optional Protocol** detail the rights of persons with disabilities and set out a code of implementation and compliance monitoring. Countries that sign and ratify it commit to develop and carry out policies, laws, and administrative measures for securing the rights recognized in the Convention, and to abolish or adapt laws, regulations, customs and practices that constitute discrimination against people with disabilities. A country's signatory, ratification and compliance status can be a key tool in your policy interventions to advocate and hold governments to account for disability inclusion in abortion and contraceptive care.

STEPS TO STRENGTHEN DISABILITY INCLUSION IN POLICY INTERVENTIONS:

Step 1: Map policy environment and review available evidence

Step 2: Establish relationships with key partners and stakeholders

Step 3: Train staff, partners and stakeholders on disability inclusion

Step 4: Co-create/adapt and implement a policy strategy to strengthen disability inclusion

Step 5: Monitor, learn and adapt to improve disability-inclusive policy interventions

STEP 1: MAP POLICY ENVIRONMENT AND REVIEW AVAILABLE EVIDENCE

Objective:

Assess current policies, regulations, legislations, other national/subnational level actions, key stakeholders and gatekeepers and available evidence for your context to determine the current policy environment for people with disabilities' access to abortion and contraceptive care.

Key actions:

- Review current policies, regulations, legislations and other national/subnational-level actions for abortion and contraceptive care, sexual and reproductive health and rights, disability rights and human rights in your context to assess level of disability inclusion and identify policy opportunities. Examples include:
 - standards and guidelines for abortion care
 - family planning/contraception guidelines and protocols
 - national health strategic plan
 - adolescent health strategic plan
 - Family Planning 2020 commitments
 - national disability legislation (example: Disability Welfare Act)
 - national constitution
- Determine if your country has signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, and if so, its level of compliance.
- Identify if there are functioning implementation and accountability mechanisms in place to enforce compliance with the CRPD and its Optional Protocol and other state obligations regarding disability rights and inclusion. Disabled people's organizations and Ipas can be key thought partners in this area if you are unfamiliar with human rights accountability mechanisms and reporting.
- Identify current stakeholders working at the policy, regulatory and legislative levels, their activities and positions (public and private), and overall political will and leadership related to disability inclusion. Examples of stakeholders include:
 - people with disabilities, disabled people's organizations, disability rights organizations and activists
 - policymakers and relevant government ministries (Ministry of Health, Ministry of Justice, Ministry of Social Welfare, etc.)
 - legal sector actors including judges, lawyers, police, human rights organizations, human rights treaty-monitoring bodies, law schools and policy institutes
 - coalitions, religious and traditional leaders, members of the media and other key civil society actors
- Review academic and grey literature to better understand policy, regulatory, legislative or other policy environment barriers to abortion and contraceptive care for people with disabilities.

STEP 2: ESTABLISH RELATIONSHIPS WITH KEY PARTNERS AND STAKEHOLDERS

Objective:

Establish relationships with key partners and stakeholders and collaboratively prioritize areas of partnership to improve the policy environment for people with disabilities and mainstream disability inclusion into policy interventions.

Key actions:

- Use findings from the mapping in Step 1 to prioritize key partners and stakeholders with whom to build relationships.
- Promote dialogue to co-define partnership priorities and identify barriers and leverage points to improve the policy environment for people with disabilities to access abortion and contraceptive care.
- Strengthen disability inclusion in abortion and contraceptive care in policy interventions by integrating it into your policy strategy (see Step 4).

STEP 3: TRAIN STAFF, PARTNERS AND STAKEHOLDERS ON DISABILITY INCLUSION

Objective:

Train staff and key partners to improve their knowledge and attitudes regarding disability inclusion in policy interventions for abortion and contraceptive care and to support implementation of a policy strategy (Step 4).

Key actions:

- Select staff and key partners and stakeholders identified through Steps 1 and 2 to train.
- Adapt training materials (both organizational and those used in policy interventions) to integrate disability content. Be sure to adapt values clarification and attitude transformation (VCAT) activities to include two case studies addressing disability. Create new training materials that solely focus on disability inclusion as needed.
- Conduct trainings using adapted/new training materials. This should include a one-day staff sensitization on disability inclusion.
- Invite disabled people's organizations and people with disabilities in your community to facilitate these trainings.

WHAT SHOULD BE COVERED IN A TRAINING ON DISABILITY INCLUSION FOR POLICY INTERVENTIONS?

Training content will depend on the unique needs of training participants and should be developed with user input and co-designed and co-facilitated with people with disabilities and/or disabled people's organizations where possible. Suggested topics to cover include:

- A "disability 101" session that covers what disability is and how it relates to policy interventions on abortion, contraception and sexual and reproductive health and rights.
- The human rights model for disability and the twin-track approach, reasonable accommodation principles, and universal design.
- The CRPD and its Optional Protocol, its signatory and ratification status in your context, and compliance monitoring mechanisms.
- The Committee on Economic, Social and Cultural Rights' General Comment No. 14: The Right to the Highest Attainable Standard of Care and how it is applied in your context.
- Country-specific overview of the current legal and policy environment regarding disability and abortion, contraception and sexual and reproductive health and rights.
- Examples of strategies used to strengthen disability inclusion in abortion, contraception, sexual and reproductive health care and other related sectors.
- Examples of how human rights reporting mechanisms can be used for implementing and monitoring compliance of states' obligations on disability rights regarding abortion and contraceptive care.

STEP 4: CO-CREATE/ADAPT AND IMPLEMENT A POLICY STRATEGY TO STRENGTHEN DISABILITY INCLUSION

Objective:

Collaboratively adapt or develop and implement a policy strategy with key stakeholders and partners to improve the abortion and contraceptive care policy environment for people with disabilities.

Key actions:

- Apply the twin-track approach to adapt or develop a policy strategy to strengthen disability inclusion in abortion and contraceptive care policy interventions. Use information and materials from Steps 1 and 3 and leverage key partners and stakeholders identified through Step 2 to co-create the strategy.
- Implement the policy strategy in partnership with people with disabilities, disabled people's organizations and other key partners and stakeholders.

WHAT COMPONENTS SHOULD BE INCLUDED IN A POLICY STRATEGY TO STRENGTHEN DISABILITY INCLUSION?

A policy strategy's contents will depend on the unique strengths of your organization and the key partners and stakeholders it will engage to implement the strategy. It will also be informed by available evidence, opportunities and threats in your specific context. The strategy should be developed with user input and co-designed and implemented with people with disabilities and/or disabled people's organizations where possible.

Components to consider when integrating disability rights into a policy strategy:

- Overall objectives for strengthening disability inclusion in policy interventions and the broader policy environment (informed by policy environment mapping in Step 1).
- Indicators and milestones to measure performance against objectives (see Step 5).
- Key advocacy messages and communication materials that mainstream disability inclusion content and draw on evidence about the prevalence of people with disability from intervention data, such as [Washington Group Question¹](#) results, findings from site audits (see Step 1 in *Service Delivery Guide*), and personal testimonies from people with disabilities (if consent is given) to strengthen advocacy messages (Washington Group on Disability Statistics, 2017).
- Training plan for staff, partners and key stakeholders to implement policy strategy (if needed).
- Strategy to use human rights reporting mechanisms to promote rigorous oversight and compliance with the CRPD and its Optional Protocol, as well as responsiveness to feedback from people with disabilities on rights violations at service delivery sites and/or in the community.
- Opposition monitoring and mitigation plan to counter individuals or organizations that are not supportive of abortion and contraceptive access for people with disabilities.

¹ The Washington Group on Disability Statistics developed a Short Set consisting of six questions which are commonly referred to as the "Washington Group Questions." These questions are recommended for use in censuses and have also been used in client exit interviews by sexual and reproductive health program implementers for disaggregating data by disability status (Washington Group on Disability Statistics, 2017).

STEP 5: MONITOR, LEARN AND ADAPT DISABILITY INCLUSIVE POLICY INTERVENTIONS

Objective:

Adapt/develop indicators to measure disability inclusion in policy interventions and the broader policy environment for abortion and contraceptive care using the twin-track approach.

Key actions:

- ❑ Co-develop/adapt indicators to measure disability inclusion with people with disabilities, disabled people's organizations and other key partners and stakeholders. Example indicators include:
 - Policy and regulatory framework are in place to facilitate access to abortion and contraceptive care under existing laws for people with disabilities.
 - Government at national or sub-regional level has committed or signed on to meeting global/regional policies, treaties or protocols that establish and support the human rights to abortion, contraception and sexual and reproductive health care for people with disabilities (Examples: CRPD and its Optional Protocol, national disability legislation).
 - National or sub-regional policies or strategies include the health rights of people with disabilities (Examples: Standards and Guidelines for Abortion Care, Family Planning/Contraception Guidelines and Protocols).
 - Functioning implementation and accountability mechanisms are in place to enforce compliance with disability rights laws related to abortion and contraceptive care.
 - Number of disabled people's organizations engaged in policy and advocacy activities.
 - Population data sources and national health information systems include robust information on people with disabilities (Example: include [Washington Group Questions](#) for disaggregated disability data).
- ❑ Integrate your chosen indicators into current monitoring and evaluation practice using the twin-track approach by integrating content into existing monitoring and evaluation tools and/or creating new ones as necessary.
- ❑ Recruit and train people with disabilities and/or disabled people's organizations to conduct data collection and other monitoring and evaluation activities for policy interventions.
- ❑ Collaborate with people with disabilities and/or disabled people's organizations to monitor, evaluate, and provide input to promote continuous improvement.
- ❑ Create easy-to-navigate method(s) for people with disabilities and/or disabled people's organizations not involved in data collection to provide input and feedback on policy interventions. Review and incorporate suggestions.

SECTION 3

SERVICE DELIVERY GUIDE

OVERVIEW

This *Service Delivery Guide* serves as a tool to strengthen disability inclusion in abortion and contraceptive care at the service delivery level. It offers practical steps to take in continual collaboration with people with disabilities and/or disabled people's organizations to ensure abortion and contraceptive care for people with disabilities. It is intended for use by program implementers and managers, technical advisors and trainers who design service delivery interventions. Guidelines may be adapted to meet unique service delivery contexts.

COMMON BARRIERS

While working at the service delivery level, it is important to maintain awareness of common barriers people with disabilities face in accessing abortion and contraceptive care. Stigmatizing beliefs about the sexuality of people with disabilities are a central obstacle. Due to misconceptions that people with disabilities are asexual, providers are unlikely to offer them general sexual and reproductive health information or services. This lack of information or preventive care can result in high rates of unwanted pregnancies, sexually transmitted infections (including HIV), sexual and gender-based violence and other adverse sexual and reproductive health outcomes. Providers may also deny abortions or contraceptive care to people with disabilities due to infantilizing beliefs that they should not be engaged in sexual activity or are not mature enough to make these decisions.

Due to a lack of disability inclusion in curricula, clinical training, and standard operating procedures, many health professionals do not have exposure to or knowledge of how to provide abortion or contraceptive care to people with disabilities. They may perceive disability inclusion as too complex or may be unwilling to accommodate the needs of people with disabilities. Lack of provider training on informed consent for abortion and contraceptive care could also result in providers referring people with disabilities elsewhere or not offering services due to fear or lack of knowledge.

STEPS TO STRENGTHEN DISABILITY INCLUSION IN SERVICE DELIVERY INTERVENTIONS

Step 1: Co-design and conduct service delivery site audit

Step 2: Analyze site audit findings and implement recommendations

Step 3: Train and provide follow-up support for providers and health facility staff

Step 4: Build relationships and linkages to strengthen referral pathway

Step 5: Monitor, learn, and adapt to improve disability-inclusive service delivery

STEP 1: CO-DESIGN AND CONDUCT SERVICE DELIVERY SITE AUDIT

Objective:

Assess accessibility of abortion and contraceptive care at service delivery sites for people with disabilities; do this in partnership with people with disabilities and/or local disabled people's organizations.

Key actions:

- ❑ Identify and invite people with disabilities and disabled people's organizations in your community to participate in audit.
- ❑ Collaboratively identify key areas to assess that affect access to abortion and contraceptive care for local people with disabilities—including site infrastructure, geographical accessibility of site, transportation options and knowledge and attitudes about people with disabilities among health-care providers and facility staff.
- ❑ Inform your audit with *reasonable accommodation* principles, which address appropriate modifications to ensure non-discriminatory treatment (Handicap International, 2012), and *universal design* principles, which focus on eliminating barriers in the built environment (AusAID, 2013). Consider the [Rapid Assessment of Disability \(RAD\)](#)³ survey as a helpful tool to assess barriers people with disabilities face (Nossal Institute for Global Health, n.d.). See "Key considerations for disability inclusion" on page 4 for details on barriers and how to address them.
- ❑ Consider forming or consulting with a disability inclusion community advisory board or task force throughout this process (see *Community Engagement Guide* on page 21 for more information).

STEP 2: ANALYZE SITE AUDIT FINDINGS AND IMPLEMENT RECOMMENDATIONS

Objective:

Improve accessibility and quality of abortion and contraceptive care for people with disabilities by implementing recommendations informed by audit findings.

Key actions:

- ❑ Partner with people with disabilities and/or disabled people's organizations to analyze audit findings.
- ❑ Identify knowledge gaps and attitudinal barriers among health-care providers and at the site level.
- ❑ Identify and prioritize site upgrades and areas to integrate/strengthen disability inclusion. Examples of infrastructure changes to a service delivery site include:
 - adjust building *infrastructure* (entrance ramp, hallway width, door handles, etc.)
 - make *signage* clear and pictorial; include large, bold fonts, etc.

³ RAD is a survey tool designed by Nossal Institute for Global Health at the University of Melbourne to gather data related to the number of people with disabilities in a community and to increase understanding of obstacles for people with disabilities.

- consider diverse array of implements when purchasing *equipment*: adjustable furniture (table, stool, lights, etc.), longer cannulae, etc.
- Create and adapt outreach, educational and training materials used in service delivery (site-level forms, wall charts, handouts, case studies, clinical curricula and other training materials) to incorporate disability-specific *content* and *images* of people with different disabilities. Ensure materials are available in different *accessible formats* (pictorial, large format, tactile, auditory, etc.). Engage the help of local disabled people's organizations for this work.
- Adapt values clarification and attitude transformation (VCAT) activities to address at least two disability inclusive case studies.
- Develop protocol to advocate for free services or lower costs for people with disabilities.

BOX 1: COMMUNICATION AND COUNSELING BEST PRACTICES

- Schedule additional time for explanations, clarification and questions.
- Allow the client to choose the best place to sit during the consultation to be able to communicate more easily.
- Ensure the client has privacy throughout counseling, the procedure and post-procedure.
- Allow someone to accompany the client during and after the procedure to provide reassurance if desired.
- Continually communicate with the person if you are moving or about to touch the client's body.
- Ask the client about their comfort or pain levels.
- Establish rapport by speaking directly with the client at eye level—not only to the caretaker or interpreter.
- Use respectful, person-first language and avoid discriminatory terms.
- Speak slowly and clearly, giving time for the client to process your questions and information.
- Ask client about key facts the provider should know and how they can help overcome any fears regarding abortion or contraceptive care.
- Ask client if they need assistance moving, dressing or using the bathroom.
- If client is at risk of challenging behaviors during recovery, ask for additional assistance (from caretaker, guardian, service delivery supervisor or staff).
- Give instructions in various formats (pictorial, large font, simple language, etc.).

(Adapted from Vanderbilt Kennedy Center's *Health Care for Adults with Intellectual and Developmental Disabilities Toolkit for Primary Care Providers*, 2018, and the Pacific Disability Forum's *Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji*, 2014.)

STEP 3: TRAIN AND PROVIDE FOLLOW-UP SUPPORT FOR PROVIDERS AND HEALTH FACILITY STAFF

Objective:

Improve knowledge, skills, and attitudes of health-care providers and site-level staff regarding people with disabilities to ensure high-quality abortion and contraceptive care.

Key actions:

- Trainings:
 - Have disabled people’s organizations and people with disabilities co-design and facilitate trainings for health-care providers and other facility staff.
 - Use adapted curricula, materials, and other updated disability-inclusive information at trainings.
 - Conduct VCAT and other stigma-reducing activities at follow-up support meetings and in-service trainings.
 - Trainings should include a one-day staff sensitization on disability inclusion.
- Clinical:
 - Talk with your clinical team about ways to address disability inclusion in clinical curricula, case studies, and training materials.
 - Practice communication and counseling best practices” as described in Box 1.
 - Determine your client’s capacity to consent to abortion and contraceptive services (see Box 2).
- Mentorship:
 - Establish mentor/mentee relationships between providers at trainings.
 - Mentors should help mentees set goals related to improving skill sets and knowledge regarding disability and abortion and contraceptive care.
 - Establish check-in schedule to monitor progress and provide continual support.

BOX 2: DETERMINING CAPACITY AND CONSENT

- Ensure people with disabilities make independent, informed and consenting decisions about their procedures and/or contraceptive method.
- Respect client privacy and confidentiality.
- Ensure that decisions are respected by health-care providers.
- Add additional time for the client to think about the information and procedure and to ask questions.
- Clearly discuss the risks and benefits of the procedure or service through a communication method the client understands.
- Let the client know they are entitled to object, change their mind, and withdraw consent at any point.

(Adapted from the Women's Refugee Commission and the International Rescue Committee's *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015)

STEP 4: BUILD RELATIONSHIPS AND LINKAGES TO STRENGTHEN REFERRAL PATHWAY

Objective:

Build strong referral pathways among local people with disabilities, service delivery points and relevant organizations to increase knowledge of and access to abortion and contraceptive care and related resources.

Key actions:

- Develop partnership with disabled people's organizations to expand referral pathways for people with disabilities in your community to abortion and contraceptive care.
- Recruit, train and partner with people with disabilities to serve as community outreach workers, peer educators or in other community engagement roles.
- Connect community outreach workers and peer educators with service delivery sites, disabled people's organizations and other referral services (such as sexual and gender-based violence services, community-based rehabilitation and legal services).
- Have local people with disabilities lead VCAT and disability sensitization activities at trainings and events for health providers and staff working in abortion and contraceptive care.
- Meet with health facility administrators and program implementers semi-annually to identify and reduce barriers (such as costs, attitudes) to accessing abortion and contraceptive care for people with disabilities.
- Consider developing a client advocate position (see Box 3) to strengthen referrals and linkages to abortion and contraceptive care between service delivery sites and the community for local people with disabilities.

BOX 3: WHAT IS A CLIENT ADVOCATE?

A client advocate is a point person at a health facility who provides knowledge and support for people with disabilities seeking abortion, contraception and sexual and reproductive health care. This person explains processes to clients at the appropriate level and ensures their consent. Responsibilities could include participating on the Disability Inclusion Community Advisory Committee, providing accompaniment to people with disabilities (if desired) during health-care provision at the facility, coordinating the referral process and co-developing informed consent protocols with people with disabilities.

STEP 5: MONITOR, LEARN AND ADAPT TO IMPROVE DISABILITY INCLUSIVE SERVICE DELIVERY

Objective:

Adapt/develop indicators to measure disability inclusion and increase collection of disability inclusive data to inform service delivery intervention design.

Key actions:

- Working with people with disabilities or disabled people's organizations, co-develop/adapt indicators to measure disability inclusion. Example indicators include:
 - health-care providers or site-level staff trained/oriented to facilitate access to services, methods, information, commodities, and referrals for people with disabilities and their needs
 - number of people with disabilities or disabled people's organizations engaged in service delivery activities
 - number of people with disabilities accessing abortion and contraceptive care at service delivery sites
 - accurate, non-biased, accessible information on disability and sexual and reproductive health is included in local/sub-national/national provider training curricula
 - girls and women, family members and community leaders can demonstrate knowledge and supportive attitudes about safe abortion, including for people with disabilities
- Integrate the indicators into current monitoring and evaluation practice using the twin-track approach by mainstreaming content into existing monitoring and evaluation tools and/or creating new ones as necessary.
- Recruit and train people with disabilities and/or disabled people's organizations to conduct data collection and other monitoring and evaluation activities for service delivery interventions.
- Collaborate with people with disabilities and/or disabled people's organizations to monitor, evaluate, and provide input to adapt practice and tools (such as operational models, counseling approaches) to promote continuous improvement.

- Create easy-to-navigate method(s) for people with disabilities and disabled people’s organizations not involved in data collection to provide input and feedback on service delivery interventions and general accessibility of services at sites. Review and incorporate suggestions.
- Integrate the [Washington Group Questions](#)⁴ to gather more information about the prevalence of people with different types of disabilities accessing abortion and contraceptive care at service delivery sites.

⁴ The Washington Group on Disability Statistics developed a *Short Set* consisting of six questions which are commonly referred to as the “Washington Group questions.” These questions are recommended for use in censuses and have also been used in client exit interviews by sexual and reproductive health program implementers for disaggregating data by disability status (Washington Group on Disability Statistics, 2017).



SECTION 4

COMMUNITY ENGAGEMENT GUIDE

OVERVIEW

This *Community Engagement Guide* serves as a tool to strengthen disability inclusion in abortion and contraceptive care interventions at the community level. It offers practical steps to take in continual collaboration with people with disabilities and/or disabled people's organizations to ensure that community engagement strategies support access to abortion and contraceptive care for people with disabilities. It is intended for use by program implementers and managers, technical advisors and trainers who design community engagement interventions.

COMMON BARRIERS

People with disabilities face several common barriers to accessing abortion and contraceptive care at the community level. Stigma regarding abortion and contraception are compounded by negative attitudes and superstitions regarding people with disabilities. Community influencers, politicians, faith leaders and traditional healers may share beliefs that people with disabilities are cursed, have a disease or are helpless, leading to community-wide exclusion. This differential treatment results in a lack of accessible public spaces and communication/information for people with disabilities, further restricting their access to abortion or contraceptive care.

STEPS TO STRENGTHEN DISABILITY INCLUSION IN COMMUNITY ENGAGEMENT INTERVENTIONS:

Step 1: Map community resources and review available evidence

Step 2: Establish relationships with key partners and stakeholders

Step 3: Adapt materials and train staff, community partners and stakeholders on disability inclusion

Step 4: Adapt, develop and implement community engagement strategy with key stakeholders

Step 5: Monitor, learn and adapt existing community engagement practices to improve disability inclusion

STEP 1: MAP COMMUNITY RESOURCES AND REVIEW AVAILABLE EVIDENCE

Objective:

Assess community resources while reviewing available evidence on barriers to accessing abortion and contraceptive care for people with disabilities.

Key actions:

- Conduct mapping of current partners working at community level and their activities related to disability inclusion.
- Conduct mapping of disabled people's organizations and how they should be engaged.

- ❑ Conduct mapping of people with disabilities in intervention community to learn more about their experiences and needs. Consider using the [Rapid Assessment of Disability \(RAD\)](#)⁵ tool for household and individual surveys (Nossal Institute for Global Health, n.d.).
- ❑ Review academic and grey literature to better understand community-level barriers to abortion and contraception for people with disabilities.
- ❑ Map barriers, opportunities and resources within intervention community.
- ❑ Identify staff, influencers, parents and other key stakeholders who may be resistant to seeing the importance of disability inclusion in abortion and contraceptive planning.

STEP 2: ESTABLISH RELATIONSHIPS WITH KEY PARTNERS AND STAKEHOLDERS

Objective:

Establish relationships with key partners and stakeholders identified through community mapping, and collaborate with them to prioritize areas of partnership to mainstream disability inclusion into community engagement interventions.

Key actions:

- ❑ Build relationships and gain insights from staff and influencers—faith leaders, local officials, traditional healers, parents, etc.—on barriers and leverage points to abortion and contraceptive care for people with disabilities.
- ❑ Adapt/co-create criteria, contracts, solicitations, project proposals and scopes of work that are responsive to the needs of people with disabilities in your community in collaboration with local disabled people’s organizations.
- ❑ Include criteria in contracts to ensure the hiring of people with disabilities as staff, board members, volunteer health workers and other positions.
- ❑ Collaborate with key stakeholders to develop a Disability Inclusion Community Advisory Committee (see Box 1).

⁵ The Rapid Assessment of Disability (RAD) is a survey tool designed by Nossal Institute for Global Health at the University of Melbourne to gather data related to the number of people with disabilities in a community and to increase understanding of obstacles for people with disabilities (Nossal Institute for Global Health, n.d.).

BOX 1: WHAT IS A DISABILITY INCLUSION COMMUNITY ADVISORY COMMITTEE?

A Disability Inclusion Community Advisory Committee is a coalition of diverse community members that provide strategic and operational guidance on practical and meaningful ways to improve disability inclusion in community engagement programs. Depending on your specific context, it could also take the form of a task force on an already existing committee. Collaborate with your local health providers to recruit 7-9 members to join the committee: representatives from local disabled people's organizations, people with a broad range of disabilities, family and community members (unmarried and married, community influencers, people of various ages, etc.), health providers, and administrators. Ensure equitable gender representation as well. The committee should hold monthly meetings in an accessible venue to monitor progress toward goals and prioritize next steps. The committee may collaborate with your local Client Advocate, if such a position exists (for more, see *Service Delivery Guide*).

Committee develops guidelines and policies for disability inclusion that include:

- committee goals and mandate to address disability
- protocol for prioritizing people with disabilities in community engagement efforts
- prioritizing the employment of people with disabilities in community-based organizations (administrators, data collectors, etc.)
- co-create protocol requiring that minimum percentage of health and outreach worker staff are people with disabilities.

STEP 3: ADAPT MATERIALS AND TRAIN STAFF, COMMUNITY PARTNERS AND STAKEHOLDERS ON DISABILITY INCLUSION

Objective:

Improve knowledge and attitudes of staff, community partners and stakeholders on disability inclusion in abortion and contraceptive care.

Key actions:

Adapting curriculum and materials

- Identify key facts, recommendations, and frameworks community members and partners need to know about disability inclusion (the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, reasonable accommodation principles, universal design, etc.) and provide information on barriers and how to address them. Examples of key content on barriers may include:
 - address *attitudes* to ensure people with disabilities are treated justly and with dignity and that they can access referral services for abortion, contraception, or other needs upon request. Adapt values clarification and attitude transformation (VCAT) activities to include disability case studies

- assess and improve *physical accessibility* of public spaces used for abortion and contraceptive care
- address making *communication and information* more readily available in public spaces such as health facilities, schools and places of worship
- Adapt training curricula to include human-centered design and social behavior and norm change communications.
- Invite local disabled people's organizations and people with disabilities to adapt/co-create content on disability sensitization, stigma-reduction, and effective communication methods.
- Work with service delivery and policy colleagues to adapt/co-create content on abortion, contraception, referrals, legal rights, laws and regulations.
- Adapt and develop educational materials, outreach materials, and other information to be more disability inclusive on both *content* (images and examples of people with disabilities) and *presentation* (big fonts, pictorial, tactile, etc.).

Training

- Invite disabled people's organizations and people with disabilities in your community to co-facilitate trainings for implementing partners and other key stakeholders. Training should require a one-day sensitization on disability inclusion. Examples of training content and activities include:
 - stigma-reduction exercises (VCAT, myth-busting activities, etc.)
 - basic overview of the importance of disability inclusion in abortion and contraceptive care
 - ways to integrate disability into already-existing abortion and contraceptive care
 - importance of referrals for people with disabilities to sexual and gender-based violence services, community-based rehabilitation, and legal services
 - role plays and communication practice activities
- Use new and adapted presentation methods and tools (pictorial, tactile, big fonts, auditory, etc.).
- Ensure trainings are held in an accessible venue for all participants and facilitators to attend.

STEP 4: ADAPT, DEVELOP AND IMPLEMENT COMMUNITY ENGAGEMENT STRATEGY WITH KEY STAKEHOLDERS

Objective:

Collaboratively adapt, develop and implement community engagement strategy with key stakeholders, community partners and health providers to address the abortion and contraceptive needs of people with disabilities in your community.

Key actions:

- ❑ Adapt strategy to address key barriers to abortion and contraceptive care for people with disabilities as identified through community mapping (Step 1). Be sure to adapt/develop objectives, segmented and priority audiences, targeted messaging and communications, action plans, resources and budgets, risks and assumptions and monitoring and evaluation processes.
- ❑ Define how you will engage community partners and gatekeepers to get their buy-in.
- ❑ Train community partners, peer educators and key stakeholders to lead subsequent community sensitizations.
- ❑ Adapt or create new outreach and educational materials (big signs, tactile models, auditory tools, Braille, etc.) to allow you to implement your strategy.
- ❑ Implement engagement strategy through meetings and trainings with already established groups: mothers' groups, parents' groups, parent-teacher committees, farming cooperatives, youth groups, etc.
- ❑ Ensure that the strategy strengthens referral linkages between the community and health providers, especially regarding abortion, contraception, sexual and gender-based violence services, legal services and community-based rehabilitation.
- ❑ Consider a twin-track approach to disability inclusion in your community engagement strategy: 1) prioritized and segmented programming and 2) integration within existing programs.
- ❑ Be sure that your intervention is based on the following principles:
 - *accessibility* as outlined in the CRPD (ensure buildings, roads, and local facilities such as health posts are easily accessible; ensure people with disabilities have equal access to community information, communications, and emergency services, etc.)
 - *reasonable accommodation* entails appropriate modifications to ensure non-discriminatory treatment (for example, scheduling additional time to meet with a person with disabilities since it may take them longer to get physically comfortable) (Handicap International, 2012)
 - *universal design* principles focus on eliminating barriers in the built environment (AusAID, 2013) (for example, building a one-story health facility with access ramps, handrails, and wide hallways to be more physically accessible for all patients)
 - promoting positive attitudes and norm change with parents, caretakers, staff and other community influencers
- ❑ Actively seek feedback and incorporate recommended improvements in interventions.

STEP 5: MONITOR, LEARN AND ADAPT EXISTING COMMUNITY ENGAGEMENT PRACTICES TO IMPROVE DISABILITY INCLUSION

Objective:

Adapt/develop indicators to measure disability inclusion and increase collection of disability-inclusive data to improve community engagement programs.

Key actions:

- Adapt/develop indicators in existing monitoring and evaluation tools to monitor disability inclusion and staff/community partners' knowledge and attitudes. Examples of indicators include:
 - staff or community intermediaries are trained/oriented to facilitate access to abortion and contraception services, methods, information, commodities and referrals for people with disabilities
 - girls and women, family members and community leaders can demonstrate knowledge and supportive attitudes about abortion and contraception for people with disabilities
 - number of disabled people's organizations engaged as community partners
 - number of community engagement activities including disability
 - number of referrals provided for people with disabilities by community intermediaries or other partner organizations (to sexual and gender-based violence services, community-based rehabilitation, legal services, etc.)
- Monitor, evaluate and provide feedback, adjusting existing forms accordingly.
- Consider using the [Washington Group Short Set of Questions⁶](#) and the [RAD survey tool](#) to gather data.
- Partner with disabled people's organizations to recruit and train people with disabilities on data design, collection and interpretation.
- Adapt community engagement strategy based on data findings for continuous improvement.
- Create easy-to-navigate method for people with disabilities to provide feedback on community engagement activities. Review and incorporate suggestions for improvement.

⁶ The Washington Group on Disability Statistics developed a Short Set consisting of six questions which are commonly referred to as the "Washington Group questions." These questions are recommended for use in censuses and have also been used in client exit interviews by sexual and reproductive health program implementers for disaggregating data by disability status (Washington Group on Disability Statistics, 2017).

REFERENCES

- Addlakha, R., Price, J. & Heidari, S. (2017). Disability and sexuality: claiming sexual and reproductive rights. *Reproductive Health Matters*, 25(50), 4-9. <https://www.tandfonline.com/doi/full/10.1080/09688080.2017.1336375>
- Australian Agency for International Development. (2013). *Accessibility Design Guide: Universal design principles for Australia's aid program*. Canberra. Retrieved from <http://dfat.gov.au/about-us/publications/documents/accessibility-design-guide.pdf>
- CBM. (n.d.). *The Twin-Track Approach*. Retrieved from <http://www.cbm.org/The-Twin-Track-approach-250816.php>
- Centers for Disease Control and Prevention. (2017). *Disability Overview*. Retrieved from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>
- Department of Foreign Affairs and Trade. (2015). *Development for All*. Retrieved from <http://dfat.gov.au/about-us/publications/Documents/development-for-all-2015-2020.pdf>
- Pacific Disability Forum. (2014). *Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji*. Retrieved from [http://www.pacificdisability.org/getattachment/Resources/PDF-Resources/Toolkit-on-Eliminating-Violence-Against-Women-And-Girls-With-Disabilities-In-Fiji-\(1\).pdf.aspx](http://www.pacificdisability.org/getattachment/Resources/PDF-Resources/Toolkit-on-Eliminating-Violence-Against-Women-And-Girls-With-Disabilities-In-Fiji-(1).pdf.aspx)
- Handicap International. (2012). *Disability and Human Rights*. Retrieved from http://www.hiproweb.org/fileadmin/cdroms/Handicap_Developpement/www/en_page42.html
- Handicap International. (2014). *Including disability in HIV policy and programming: Good practices drawn from country-based evidence*. Lyon, France: Handicap International.
- Mobility International USA. (n.d.). *Making Inclusive Development a Reality*. Retrieved from <http://www.miusa.org/resource/tipsheet/inclusivedevelopment>
- Nossal Institute for Global Health. (n.d.). *The Rapid Assessment of Disability (RAD)*. Retrieved from <http://mspgh.unimelb.edu.au/research-groups/nossal-institute-for-global-health/inclusive-health-and-development/the-rapid-assessment-of-disability-rad>
- United Nations. (2006). *Convention on the Rights of Persons with Disabilities and Optional Protocol*. Retrieved from <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- Vanderbilt Kennedy Center. (n.d.). *Communicating Effectively*. In *Health Care for Adults with Intellectual and Developmental Disabilities: Toolkit for Primary Care Providers*. Retrieved from <https://vkc.mc.vanderbilt.edu/etoolkit/general-issues/communicating-effectively/>
- Washington Group on Disability Statistics. (2017). *Question sets*. Retrieved from <http://www.washingtongroup-disability.com/washington-group-question-sets/>
- Women's Refugee Commission & International Rescue Committee. (2015) *Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings: A Toolkit for GBV Practitioners*. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf>
- World Health Organization and The World Bank. (2011). *World Report on Disability*. Retrieved from http://www.who.int/disabilities/world_report/2011/report/en/



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