



# STEP TOWARDS DISABILITY INCLUSIVE SEXUAL REPRODUCTIVE HEALTH: LEARNINGS FROM WISH2ACTION PROJECT





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# ACKNOWLEDGEMENT

Handicap International – Humanity & Inclusion (HI) is an independent and impartial aid organization working in situations of poverty and exclusion, conflicts and disaster. HI, is operating in Bangladesh since 1997 and supporting to strengthen and promote inclusive health services, functional rehabilitation service system strengthening and service delivery, early detection and prevention of disability, promote universal access to quality mainstream services; disability rights promotion (through partnering with Organization of Persons with Disabilities and other disability focus Civil Society organization, women and youth association etc.) as well as disability-inclusive humanitarian and disaster risk management system.

HI, is currently working in the FCDO ‘Women’s Integrated Sexual Health (WISH2ACTION)’ programme in Bangladesh as a consortium partner. Its action and testimony are focused on responding to the sexual & reproductive health services especially family planning. The role of HI is to ensure sexual & reproductive health rights for the most vulnerable people, in particular the persons with disabilities. HI is currently supporting 15 organizations for persons with disabilities (OPDs) & 2 national NGOs through WISH2ACTION Programme in Bangladesh. HI in coordination with other partners of the WISH2ACTION Programme created an effective collaboration with DGFP to strengthen FP/ SRHR services through government facilities for the population, especially women with disabilities in Bangladesh.

This project is being implemented in Bangladesh since September 2018 and will end on 31 August 2021. During these years of implementation, HI worked to ensure the inclusion of persons with disabilities in the sector of sexual & reproductive health through community engagement as well as policy changes at the national level. Throughout the project period, many success stories & good practices were drawn as learning and could be used as a reference for future practices, and HI Bangladesh is delighted to introduce these documents of learning through this publication.

I highly appreciate the generous support from the Director-General of Family Planning, MOHFW for the tremendous support to internalize the SRH needs of persons with disabilities. I would like to thanks consortium partners; IPPF, MSB & Options for their enthusiasm & cooperation towards persons with disabilities. I would like to extend my heartfelt appreciation to OPDs & implementing partners who have been the major contributors to the success of this endeavour.

Last, but not least, I acknowledge the FCDO as the main contributing donor for the project ‘Women’s Integrated Sexual Health’.

I wish, learning from these success stories & good practices would support the government & other stakeholders to develop a disability-friendly system and create an enabling environment for persons with disabilities to receive SRH services.

**RAJESH CHANDRA**

Country Director

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# LOCAL AUTHORITIES USING WISH2ACTION BENEFICIARY DATABASE TO SUPPORT PERSONS WITH DISABILITIES

## INTRODUCTION

After several meetings among the Upazila Social Welfare Officer and the Chairman of Salimpur Union Parishad of Sitakunda Upazila, it was identified that there were gaps regarding accurate data available for persons with disabilities in the area. To minimize the gap, the relevant authorities requested Handicap International (HI) to provide the updated beneficiaries list of the WISH2ACTION project.

## RESPONSE/STRATEGY

HI WISH2ACTION project team prepared the beneficiary list with the data collected through Washington Group Questionnaire (WGQ), and provided the database of beneficiaries to the relevant stakeholders.

## RESULTS

Now the stakeholders have been following the database as per their requirements and taking initiatives to support the persons with disabilities.

## ENABLING FACTORS

- Government officials had inadequate data regarding persons with disabilities and started to use HI's beneficiaries' data.
- New government rules initiated involving more persons with disabilities in the social safety-net programs.
- It is easy to find out the people who are under risk by using WGQ.
- Good relation with Upazila Social Welfare Officer and respected Chairman of different unions in Sitakund Upazila.
- Acceptance of the WISH2ACTION project activities at different levels.

## LESSONS LEARNT

- Data gap is a significant problem for service providers.
- There are some areas in Sitakund Upazila where the officials of Upazila Social Welfare Office have never visited for collecting data on persons with disabilities.
- Database of persons with disabilities created by using WGQ is being now used by local government offices.

# ORGANISATION FOR PERSONS WITH DISABILITIES CHAMPIONING ON DISABILITY INCLUSIVE SRHR SERVICES

## INTRODUCTION

Persons with disabilities are more likely not to receive Sexual and Reproductive Health and Rights (SRHR) services compared to persons without disabilities. Persons with disabilities are vulnerable to their impairment and associated negative societal attitudes arising from fear, ignorance, superstitions, neglect and lack of awareness. They have inadequate access to services, information and resources though persons with disabilities have the same SRH needs as others. As a result, persons with disabilities usually face higher risk of having unplanned pregnancies or contracting any sexually transmitted infections.

## RESPONSE/STRATEGY

To make SRHR services more accessible and inclusive for persons with disabilities, Handicap International (HI) engaged Organizations for Persons with Disabilities (OPDs) to support persons with disabilities through the WISH2ACTION project.

## HOW OPDS SUPPORT SRHR ACTIVITIES FOR PERSONS WITH DISABILITIES

- The OPDs are engaged to support demand creation of SRHR services among the persons with disabilities. They support in sharing SRHR information (available SRHR services, health facilities offering the services, cost of services, advantages of using the services, etc.) with persons with disabilities.
- Linkage between persons with disabilities, different civil societies and SRH stakeholders for health facilities in the form of referrals and to advocate for their issues and follow up on support needed.
- OPDs support in advocating for disability inclusive services at all level. At community level they support in advocating and sharing concerns affecting the access of SRHR services in health facilities for persons with disabilities. These include lobbying to create community outreaches so that the services are accessible in the communities. They also advocate at health facility level on making the health facility infrastructure and services disability inclusive.
- Leveraging OPDs existing structures and networks like Savings Groups and SACCO's for persons with disabilities that easily integrate SRHR activities instead of establishing new networks.
- Support in the training of disability inclusive SRHR by hands-on experiences from persons with disabilities.
- Offer representation of persons with disabilities in community structures, for instance the Cluster Management Committees so that they are able to share the challenges faced by persons with disabilities in accessing SRHR services, and support in identifying possible solutions.

## HOW TO ENGAGE OPDS

HI's WISH2ACTION project team engaged OPDs mainly through working with them to implement the proposed activities. This not only built their internal capacities but also gave them more exposure. Extending funding opportunities would be another way of supporting the OPDs directly to enable them reach out persons with disabilities to access SRHR services.

## RESULTS

The involvement of Organizations for Persons with Disabilities in the SRHR interventions resulted in the increase of persons with disabilities receiving SRHR services. The OPD members became empowered and actively advocated about SRHR services for persons with disabilities. They supported in the behavioral change within the communities which are now more aware that persons with disabilities have rights to SRH services just like other members of the society. Their advocacy supported women with disabilities to more confidently to speak up on SRHR issues and their rights.

## ENABLING FACTORS

- There were already existing OPDs at both national and local/community level.
- OPDs were willing to engage in SRHR activities and pushing the disability inclusiveness agenda.

## LESSONS LEARNT

- There is need to develop a joint work plan in between OPDs and Organizations offering SRHR services. This will strengthen the linkage among the SRHR service providers and the persons with disabilities. It aims to build the capacity of SRHR service providers on how to work with persons with disabilities as well as builds the capacity of OPDs in basic SRHR services.
- The OPDs at national level are usually more involved in advocacy and policy changes and not so much working with persons with disabilities at community level. They usually have no branches at local community levels.
- The OPDs at local level are more involved in engaging persons with disabilities at community level. So for interventions aimed at engaging persons with disabilities at community and lower levels, the implementation should consider working more closely with local level OPDs.
- OPDs at both local and national level are mostly involved in other areas and not necessarily SRHR services; but once trained and engaged in SRHR activities, they are enthusiastic to push the agenda forward since they realize the need to have accessible SRHR services for persons with disabilities.
- Generally, OPDs are resource constrained (financial, human resource, capacity, etc.) and members are normally from less privileged background. Even though this limits the scope of their work, with support in funding and training, they are effective in implementing and advocating for disability inclusive SRHR services.
- Due to limited educational background of most of the members, the members of the OPDs need continuous refresher trainings to remind them on the aspects of different trainings.

# ACCESSIBILITY WORKS AT HEALTH FACILITIES FOR ENABLING ENVIRONMENT FOR PERSONS WITH DISABILITIES

## INTRODUCTION

At the beginning of the WISH2ACTION project, Handicap International (HI) identified that not all health facilities in Sitakund Upazila cluster were accessible for persons with disabilities.

## RESPONSE/STRATEGY

HI conducted several meetings to address the issue of accessibility of persons with disabilities with the Upazila Health and Family Planning Officer (UHFPO) as the Chair of the Cluster Management Committee (CMC). Having average technical knowledge regarding inclusive accessibility works, the local authorities claimed the facilities as accessible to all when they were not. They learned more about the importance of accessible health facilities for persons with disabilities and different accessibility works from HI. Most importantly, HI conducted a primary assessment in all the health facilities in Sitakund Upazila cluster with the support of partner organizations. During the bi-monthly meeting of CMC, HI shared the assessment reports and drawing plans, and provided a visible idea of the needed accessibility works. After receiving permission from the CMC on the accessibility designs and plan, HI completed the accessibility works at eight family planning service centres and health facilities of Sitakund Upazila cluster accordingly.

## RESULTS

The accessibility works done in the eight health facilities were eye-opening to the other health facilities. Now all the family planning service providers at union and upazila level realized clear understanding of such kind of adjustments. Noteworthy to mention, the works had positive impact of SRH services uptake of persons with disabilities.

## ENABLING FACTORS

- The existing Memorandum of Understanding between the WISH2ACTION project and the Directorate General of Family Planning.
- Official letter from Director General of Health Services to Upazila Health Complex for creating an enabling environment for persons with disabilities.
- Evidence-based discussion with CMC members during the meeting.

## LESSONS LEARNT

- Disseminating the information about available accessible health facilities at community level encourages people to take quick decisions to go to health facilities for receiving Sexual and Reproductive Health services.
- Frequent visits from persons with disabilities at health facilities generate responsibilities and accountability of health service providers to ensure the facilities are accessible.
- Accessible local health facilities and positive attitude from service providers help Community Health Workers feel more confident to mobilize women with disabilities in need of family planning services from health facilities.



# INCLUSIVE SRH SERVICES IN DIFFERENT HEALTH FACILITIES TO HELP PERSONS WITH DISABILITIES MAKE RIGHT DECISIONS

## INTRODUCTION

Through regular implementation of WISH2ACTION project activities in the field (like data collection of beneficiaries, follow up visits, referral activities, court yard sessions, one to one awareness sessions, etc.), Handicap International's (HI) project team identified that most of the persons with disabilities were unaware of their Sexual and Reproductive Health (SRH) rights, availability of services and health centres. Most of the beneficiaries were depended on private health facilities as they do not know about government SRH services that are available.

## RESPONSE/STRATEGY

WISH2ACTION project team of HI disseminated the accurate information about the availability of the SRH services and its centres such as Union Health and Family Welfare Centres, Community Clinics and Upazila Health Complex through regular project activities.

## RESULTS

The beneficiaries of the project did not know about the available SRH services and facilities at union and upazila level before, and were grateful that the Community Health Workers of the project encouraged and escorted them to the facilities. Eventually, HI realized an increase in the number of persons with disabilities who seek SRH & family planning services from government facilities.

## ENABLING FACTORS

- The persons with disabilities were very willing to take SRH services from the government facilities which are located at a comfortable distance from their localities.
- SRH services by government facilities are provided free of cost.

## LESSONS LEARNT

- Adolescent girls as well as women with disabilities are in great need of SRH services; however, the need is not expressed in the community due to lack of confidence and confidentiality.
- Available accurate information can support any person to meet basic needs related to SRH.
- Campaigning on available and accurate information about SRH rights can play a significant role for mass awareness about SRH services.

# CAPACITY BUILDING FOR HEALTH WORKERS AND SERVICE PROVIDERS TO OFFER DISABILITY INCLUSIVE SRHR SERVICES

## INTRODUCTION

Service providers (health workers) of Sexual and Reproductive Health and Right (SRHR) offer their services to people including persons with disabilities; however, they receive no formal training from specialized training institutions on providing services to persons with disabilities. As a result, persons with disabilities are usually served the same way without consideration of the barriers they face. Studies shown that many health workers are not aware that the persons with disabilities have the same SRHR need as persons without disabilities. Additionally, the persons with disabilities feel the health workers do not understand their situation well that eventually leads to not access SRHR services. HI WISH2ACTION project team developed a training plan to empower the service providers on how to deliver disability inclusive SRHR services.

## RESPONSE/STRATEGY

In order to design a well-informed training package, a Capacity Training Needs Assessment was conducted for service providers/health workers, partners and government representatives. The training package was comprised of a number of modules (Introduction to Disability, set of Washington Group Questions, Disability Inclusion, inclusive SRHR services and Social Behavioral Change Communications). The trainings were conducted with the health workers, OPDs and government representatives.

## RESULTS

The health workers reportedly improved confidence and skills to offer SRHR services to persons with disabilities. Feedback from persons with disabilities showed that the services were becoming more disability inclusive at health facilities and community level. A number of changes at health facilities were made as a result of the trainings, such as adjusting the size and hanging height of communication materials. The health workers and partners were more interested and passionate about issues affecting persons with disabilities in assessing SRH services after receiving the trainings than before. With the trainings, the cooperation among OPDs and service providers also improved.

## ENABLING FACTORS

The participants were willing and enthusiastic to participate in the trainings.

## LESSONS LEARNT

- Disability inclusive SRHR training is a new concept and almost all SRHR actors had never received such training before. Thus, it was welcomed and well appreciated by the actors.
- Mixing the different categories of participants (health workers, OPDs and government representatives) promoted the environment of cross learning and conversation among the participants. The health workers learned first-hand from the members of OPDs on challenges faced by persons with disabilities faced while accessing SRHR services.
- The health workers were willing to make disability inclusive SRHR services; but could not due to lack of awareness about serving persons with disabilities.
- Recommend government to incorporate disability into the National Training Curriculum for health workers so that training institutions produce health workers who already know how to work with persons with disabilities.
- There is need to strengthen the cooperation and coordination between OPDs and service providers/health workers. Sharing of workplan between actors was suggested by the participants.
- OPDs need refresher trainings on a yearly basis because of the low education level of its members that limits the speed at which the learning process occurs.
- There is need to conduct continuous sensitizations/reminders at health facilities about access of persons with disabilities for SRHR services. This can be done through routine monitoring visits.
- Involve service providers/health workers from the beginning in activities aimed at making services disability inclusive rather than bringing them at the end.
- Consortium partners need a clear understanding of disability issues to be able to push the agenda.

# CLUSTER MANAGEMENT COMMITTEE AS DRIVERS OF DISABILITY INCLUSIVE SRHR SERVICES

## INTRODUCTION

Even though there is a National Disability Inclusive Committee that supports advocacy for disability inclusive services of Sexual and Reproductive Health and Rights (SRHS), there existed need to have a similar structure at lower cluster level that could feed into the National Committee.

## RESPONSE/STRATEGY

HI supported to establish Cluster Management Committee (CMC) comprising of government representatives, social services, service providers and OPDs at cluster level. A Terms of Reference (ToR) was developed that clearly outlines the roles and responsibilities of the Committee and its members to establish the CMC. The concept was discussed with the concerned government officials and their approval was received to go ahead with the strategy. The ToR was then reviewed and approved in a meeting with relevant stakeholders and committee members were selected. Each committee was composed of 13 members and was piloted in two locations. The committee members were trained in inclusive SRHR services and started its operations. Bi-monthly meetings were also organized by the committees to ensure coordination among themselves.

## RESULTS

The Cluster Management Committee have been performing key roles in advocating for disability inclusive SRHR services at cluster level. The committee members are closely working with OPDs, government representatives and service providers to promote SRHR services for persons with disabilities, while the approach is appreciated by government authorities and in discussion of countrywide rollout.

## LESSONS LEARNT

Committees at cluster level should be owned by the Government to ensure its sustainability.

# ENSURING SAFE AND CLEAN HOME DELIVERY IN ULIPUR CLUSTER THROUGH FLOOD AND COVID-19 RESPONSE

## INTRODUCTION

In 2020 three floods occurred in Ulipur Cluster during the COVID-19 crisis further deteriorating the overall situation. Under such circumstances, the WISH2ACTION project team of Handicap International (HI) identified that the pregnant women with disabilities were suffering from gaps in Sexual and Reproductive Health (SRH) services as health and family planning centres became inaccessible for antenatal care or even delivery.

## RESPONSE/STRATEGY

HI WISH2ACTION project team arranged meetings with Cluster Management Committees (CMC) seeking their suggestions to improve the situation. The CMC suggested each family welfare centres to update the list of pregnant women in their respective areas as well as the list of Skilled Birth Attendants (SBA). The Skilled Birth Attendants were unable to ensure clean and safe delivery at home level due to unavailability of safe delivery kits. HI project team, therefore supported the family planning centres in 11 sub districts (used by the SBAs) by providing with safe delivery kits (composed of sterile stitch, blade, rubber sheet, gloves and clamp materials)

## RESULTS

The Skilled Birth Attendants shared their satisfaction and gratitude to HI and the implementing partner organizations. They now feel more confident to attend calls to conduct home delivery in the area. HI project team also received feedback from some women who delivered their children at home: they expressed their gratitude for being able to deliver a child safely at home by SBAs.

Overall, the action contributed to the reduction of maternal mortality and morbidity through ensuring safe and clean home delivery.

## ENABLING FACTORS

- Partners had unspent budget due to COVID-19 restrictions on meetings or social activities; the project team used the budget to provide the necessary services on COVID-19 and flood response.
- District health and family planning authorities, local administration played a great role in facilitating the implementation of the initiative.
- Field level family planning workers cooperated by providing the list of pregnant women and SBAs of the respective areas.

## LESSONS LEARNT

During crisis situations, gaps related to SRH services can be met by effective and efficient coordination with and mobilizing local stakeholders and authorities.

# INVOLVING PERSONS WITH DISABILITIES FOR DESIGNING THE SOCIAL BEHAVIOURAL CHANGE COMMUNICATION MESSAGES

## INTRODUCTION

Though Social Behavioral Change Communication (SBCC) messages for Sexual Reproductive Health and Rights (SRHR) services are plenty in circulation, but most of them were designed without considering the persons with disabilities. The messages effectively communicate SRHR information to persons without disabilities, however, they are not very effective for persons with disabilities. It was noticed that the existing formats for SBCC messages were also not appropriate for the persons with disabilities.

## RESPONSE/STRATEGY

HI WISH2ACTION project team hired consultant to support the development process of inclusive SBCC messages. A workshop was organized with the consultant, HI project staff, health workers and OPDs (with strong representation of persons with disabilities), where the stakeholders agreed on the objectives and deliverables of the assignment, target audience, contents and formats to be used for developing the materials. In addition, some existing SBCC materials were customized to make them disability inclusive. The materials were pre-tested in the community to receive feedback. The feedback was jointly discussed and incorporated into the SBCC materials. The final draft was shared with the concerned department of the government for review and approval. The approved message (Digital Health Information) was also converted to audio for easy use by the persons with hearing impairment.

## ENABLING FACTORS

The Government/Ministry of Health being very cooperative supported the facilitation, development and customization of the SBCC messages.

## LESSONS LEARNT

- Participation from different stakeholders (persons with disabilities, health workers, local leaders) are very important in developing and customizing SBCC materials to ensure the materials can communicate effectively to people with disabilities.
- The Government/Ministry of Health needs support in terms of technical capacity to develop and implement disability inclusive SRHR services.
- WISH2ACTION is the first project in the country to promote disability inclusive SRHR on SBCC messages.

## Safe delivery for Yasmin Akter: Healthy mother and healthy baby

Yasmin Akter, a 22-year-old woman with physical disability, lives along with eight family members in West Batiyari Union at Sitakunda Upazila in Chattogram District. Her husband works as a tea-stall boy (waiter) at a local shop in Sitakunda Upazila. It is very challenging for him as the monthly income earned is insufficient to cover the expenses for the large family.

When Yasmin delivered her first baby boy, her physical condition was very critical, suffering from labor pain for 15 long hours. Unfortunately, her husband could not afford to take her to a hospital due to poverty even though her condition was miserable. When Yasmin became pregnant for the second time, she was very worried about it. They did not have enough money to go for regular check-up at the local hospital.

With the support from a neighbor, Yasmin was introduced with Farjana Akter, a Community Health Worker and came to know about the WISH2ACTION project of Handicap International (HI) in Bangladesh. Funded by FCDO, the project delivered disability inclusive Sexual Reproductive Health provisions to persons with disabilities in the Sitakunda Upazila. During the project's courtyard meeting and one-to-one counselling, Farjana informed Yasmin about the importance of safe delivery at the hospital. Then with the support by the project team, Yasmin managed to go to the Union Health Complex first time for check-up.

Yasmin's date of delivery was on 12 March 2021, but the labor pain started early on 10 March afternoon and continued for the next 14 hours. Her family members were not around, while she had no money to go by herself. Yasmin communicated with Farjana and was ensured support from the WISH2ACTION project team. She was timely taken to the 'Ma O Sishu Hospital (Mother and Child Hospital)' by the project team as a referral patient, and delivered a healthy boy through caesarean section. Receiving the service from WISH2ACTION project team, she happily stated, "I am really grateful towards the project to provide me referral support, otherwise it would have been impossible for me to go to the health facility."

Considering financial and health aspects, Yasmin decided along with her family that they will not have another child. She also consulted WISH2ACTION project team about this and was informed that due to her weak physical condition she can only take long term contraception method after 42 days. Now, Yasmin is sharing her experiences with HI to the local community who are facing similar concerns.



## Freedom of long-term family planning method

Salma Akter Tina is a 27-year-old woman with physical disability living with her six family members in Baniapara village under Bhatiari Union of Sitakunda Upazila. Being born with physical disabilities, she spends most of her time doing household chores though she has completed secondary education, while her husband is the sole bread winner of the family. Even though living in poor conditions, they were living happy together. During her second pregnancy, Salma developed complications and was hospitalized for long time. The complications were developed because she conceived her second child immediately after the first one, while her physical disabilities limited her movement. This was a big lesson for her: she should not get pregnant very fast.



Salma decided to enroll for family planning and opted for pills. However, taking pills daily came with its own challenges: she had continuous history of missing her pills on some days and sometimes pills were over before she realized which made her constantly worry about being pregnant. She came to know about the long-acting family planning methods and their benefits; however, she was not comfortable to take them because of the associated stigma and negative beliefs in the community. Furthermore, she did not have the proper knowledge or access to such services of family planning methods.

Salma was introduced about the WISH2ACTION project activities of Handicap International (HI) by a Community Health Worker of the project, who informed her about the long-term methods of family planning. Assessing the situation of Salma and knowing the challenges of her current contraceptive method, HI project staff confirmed her that the long-term family planning method would be the best contraceptive for her considering her situation. After she discussed and agreed with her husband and family, she was enrolled as a beneficiary of the long-term family planning method of the Project.

With the support from the Project's Community Health Worker, Salma went to the nearest facility (Union Health and Family Welfare Center) under the WISH2ACTION project. There the Family Welfare Visitor informed her about different family planning options and she selected the Intrauterine Device (IUD). Now that she has taken the family Salma is risk-free of pregnancy for five years. Salma felt relieved after taking the IUD; she no longer had to experience dizziness, weakness or other symptoms in her body. Throughout the process, her husband was a constant support for her. Having no negative impact on their conjugal life, they expressed satisfaction with the chosen family planning method. "If I were not in contact with the Community Health Worker, I would not have the freedom that I have now," she stated.

Salma is now a champion on family planning in her community as she encourages her neighbors and fellow women with disabilities to go for family planning services. She expressed, "There were many women with and without disabilities who are interested to take family planning methods, but they cannot take decision because their husbands and themselves have lack of information regarding family planning. I think there is still need to raise awareness about the benefits of using family planning methods and the available options."



## Improving accessibility of health centres through universal design and reasonable accommodation

Improving independent accessibility is essential for health care facilities around Bangladesh to ensure quality services for persons with disabilities. According to the 'Rights and Protection of Persons with Disabilities Act, 2013' of Bangladesh, health service providers are required to make changes or 'reasonable adjustments' to their practices to improve delivery of services for persons with disabilities and protect them from discrimination or disadvantage. Existing evidence suggests that despite legislation, health centres do not always adequately provide reasonable adjustment to the persons with disabilities. The WISH2ACTION project of Handicap International (HI) funded by FCDO and implemented in the Sitakund Upazila of Bangladesh targets towards barrier-free environment for persons with disabilities of the area to improve their participation in community facilities including Sexual Reproductive and Health (SRH) services.

The Government of Bangladesh has established 'Union Health and Family Planning' centres at rural community level under the Director General of Family Planning (DGFP), Ministry of Health and Family Welfare. However, the universal accessibility design to make the centres accessible was not considered leaving the centres inaccessible for persons with disabilities and vulnerable patients. A service provider (anonymous) from 'Dharonibari Family Welfare Centre' said, "Persons with disabilities who came to the centre for Family Planning and Sexual Reproductive and Health services faced difficulties, and could not enter into this centre for their required services."

In order to make these centres accessible, HI signed a formal Memorandum of Understanding (MOU) with the Government as part of the WISH2ACTION project intervention with the aim to implement accessibility works through universal design and reasonable accommodation as pilot for some targeted centres. Even though improving the existing practices of these centres and making them accessible was challenging and required extensive work, HI successfully made the infrastructural changes required for the selected facilities.

The infrastructures were designed and developed in collaboration with local NGOs, local members of Organization of Persons with Disabilities (OPD) and HI project team: the aim was to easily disseminate the information of accessible SRH services to persons with disabilities and motivate them to avail the services from the health centres. The field staff of the partner organizations and OPDs members not only provided door-to-door counselling on family planning, neonatal services and adolescent healthcare especially for women and adolescent with disabilities, but also encouraged them to receive the SRH services from the local health centres now that they are made accessible. Overall, the persons with disabilities could now enter the service centres with the support of their assistive devices receiving the SRH services smoothly.

# PHOTOS

## BEFORE



Main entrance of a facility compound in the Sitakund Upazila, as not user friendly for wheelchairs, crutch users and white cane users © HI



No tactile marking in a health centre of Sitakund Upazila © HI

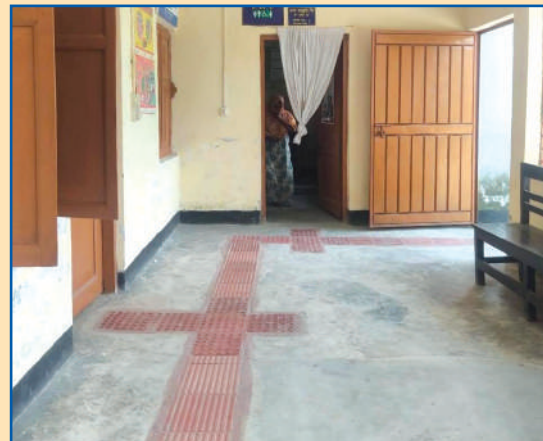


Inaccessible door-width and sitting arrangement of space inside a toilet in a health centre of Sitakund Upazila © HI

## AFTER



Ramp with handrails and even staircases implemented in a health centre of Sitakund Upazila accessible © HI



Properly placed tactile marking done in a health centre of Sitakund Upazila © HI



Door could open from inside, electric switch board placement was changed and high commode with handrail installed making a health centre toilet of Sitakund Upazila accessible for person with disabilities © HI

## Improving the practice of caring

Onamika, 15, a girl with disability, lives with her parents in the Sitakund Upazila of Bangladesh. With limited income of her father being a day laborer, they live with poverty. When Onamika was born, she was like any other child. However, after a certain time, Onamika's mother, Ummay Honey, who is also her caregiver, noticed some unusual behaviors by her daughter. Later when she was fourteen, she got diagnosed with having mental impairment by a registered physician.

Onamika was identified by a Community Health Worker (CHW) of Handicap International (HI) of the WISH2ACTION project funded by FCDO. Through courtyard sessions of the Project, Ummay was informed and explained about the various support provided by the WISH2ACTION project for persons with disabilities. Ummay agreed to support the project activities with the aim to improve her daughter's condition. With her support, the CHW started home visits to access and monitor the condition of Onamika on a regular basis.

Before getting involved with the project, Ummay was unaware about proper menstrual care, nutritional care and hygienic practices for her daughter. She used to think these care as unnecessary investment. However, with the regularly courtyard awareness sessions, Ummay started to gain knowledge and learn the importance of sexual and reproductive care services for persons with disabilities.

"Looking back in the last six months, I gained knowledge on sexual and reproductive care. My caring practice have changed and I am happy to see my daughter clean and healthy."

Eventually, Ummay's husband and her mother-in-law started to support her throughout the care giving process to Onamika. They also joined the courtyard sessions to improve their own understanding and awareness on sexual and reproductive care services.

"WISH2ACTION project is a life changing initiative for me, and I now advice my neighbors to attend the courtyard awareness sessions to learn about the rights of persons with disabilities and sexual and reproductive care services," informed Ummay –the caregiver of a person with disability.



## Ensuring safe delivery during the COVID-19 crisis

Mouri Barua, a 22-year-old female, was infected with typhoid and rheumatic fever when she was three years old and from then on, her right-side leg became numbed. Her father being a day laborer could not afford her treatment cost that time. As a result, she had a permanent physical impairment in her right leg for which she was then bullied and mocked about.

Mouri lives with her parents and two siblings in Panthichila under Sitakund Municipality in Sitakund Upazila, Chattogram Bangladesh. She got married at the age of 20 years and started living with her in-laws, dreaming to be a mother. Unfortunately, she returned to her father's house because of the constant pressure and abuse she faced for dowry.

When Mouri became pregnant, she was identified and selected as a beneficiary by Priyanka, the Community Health Worker (CHW) of Handicap International (HI) for the project WISH2ACTION implemented in Sitakund Upazila funded by FCDO. She was informed about the project's intervention regarding sexual reproductive and health services for persons with disabilities. The CHW then supported Mouri to visit the Upazila Health Complex of Sitakund to receive Antenatal Care (ANC), where the health care provider advised her for institutional delivery as well as three more ANC checkup. Mouri was concerned thinking about her financial condition for an institutional delivery but was assured the support from the WISH2ACTION project team of HI to ensure a safe institutional delivery for her. Additionally, a health worker from the Upazila Health Complex started visiting Mouri and briefed her about all the requirements she need for the delivery.

Previously, Mouri searched for better health care services in silence for long, however, did not know where to access better health care services with no knowledge about ANC and importance of safe institutional delivery. "Priyanka (the CHW of WISH2ACTION project of HI) became my best friend and continuously shared more information with me on how to handle pregnancy and safe delivery."

Mouri started to develop complications during her ten months of pregnancy. She communicated with WISH2ACTION project team and when informed about her condition, the team supported her to go to the Upazila Health Complex. After her check up and examination of the ultrasound test report, the doctors referred her to the Chattogram Medical College Hospital for better



treatment. The project team then supported her to manage transportation and admission in the referred hospital. Mouri stated, “considering the restriction and limited access to any services due to COVID-19 pandemic, all these arrangements could not be possible without direct support of the WISH2ACTION project.”

In the hospital, Mouri gave birth to a boy child through caesarean section. After her delivery she recovered well timely; however, her baby suffered serious of medical conditions due to pneumonia and digestion problems. The baby was transferred to NICU care for several weeks; expenses of the treatment were partially supported by the WISH2ACTION project. Mouri expressed gratitude saying, “Without these financial, mental support I could not be able to save my baby anyhow. This was the greatest support for a woman like me who is in financial and family crisis.” Now, Mouri is planning to take a suitable and long-acting family planning method as she does not want to be pregnant again very soon. Being motivated by the WISH2ACTION project team of HI and its support towards persons with disabilities, she now actively advocates for the project initiatives and facility based delivery to her local community.

## Empowered caregiver to support on SRHR needs of person with disability

Ismat Ara, 30, daughter of Aasia Khatun, is suffering from intellectual disability since her birth. She got married at the age of fifteen and gave birth to four children.

A Community Health Worker (CHW), from the WISH2ACTION project implemented in Sitakunda Upazila by Handicap International (HI), visited Aasia Khatun's house first time when Ismat was pregnant. Since then Aasia Khatun and Ismat have been receiving information about care during pregnancy period, importance of safe delivery, family planning after delivery and sexual reproductive health. As a caregiver, Aasia Khatun regularly and actively attended the courtyard awareness sessions organized by the Project team where she gained knowledge about all this information.

Aasia Khatun expressed, "Before participating in WISH2ACTION project I had no knowledge on how to deal with my pregnant daughter. I had limited knowledge on how to support my daughter in regards to menstrual hygiene, nutrition in pregnancy, safe delivery and post-delivery care and post-delivery family planning services. Now that I involved with the project, the project staff oriented me on all the caring approaches I need to know."

After getting such orientation from the project staff, Aasia Khatun learned the proper ways to take care of her pregnant daughter. They were also supported to visit the local healthcare facilities. Finally, Ismat delivered a baby boy with supervision of a family welfare visitor. After the safe delivery, Ismat received an implant from the Sadar Maternal and Child Welfare Center.

"During the last six months, I gained knowledge about safe delivery care, family planning services and commodities, and care for persons with disabilities. I am happy and feel empowered that I am able to take care of my daughter more confidently. I always share my experiences with my neighbors and recommend them to join in the courtyard sessions to know about these services and the rights of persons with disabilities," said Aasia Khatun.

## A sustainable step towards inclusion: Support to form a Disability Inclusive Technical Working Group at national level

The WISH2ACTION project consortium signed a Memorandum of Understanding (MoU) with the Directorate General of Family Planning (DGFP) of the Ministry of Health and Family Welfare (MOHFW) of Bangladesh on November 2019. The MoU will be effective until 30 September 2021.

One of the main objectives of signing this MoU was to strengthen individual knowledge and choice, build community support for Sexual and Reproductive Health Rights (SRHR), and foster disability inclusiveness. Handicap International (HI) realized that the key actors to achieve this at service level are policy makers and UN agencies (such as UNFPA).



Orientation on 'Disability Inclusive SRH' for technical working group members © HI

A committee is composed of relevant stakeholders from DGFP, UNFPA, WISH2ACTION consortium partners, OPDs and other relevant International NGOs. HI understood that a committee owned by government is more appropriate and sustainable to serve the purpose of disability inclusiveness rather than forming a specific project committee. For this purpose, HI maintained regular communication and liaison with Clinical Contraception Services Delivery Unit (CCSDP), a unit of DGFP to influence them to have the national level committee established by the government. UNFPA, IPPF also played a great role.

With the financial support of UNFPA Bangladesh, HI organized a "Consultative Workshop on Sexual and Reproductive Health including Family Planning Needs of Persons with Disabilities" held at DGFP on 29 December 2019. During this workshop, the Director General of DGFP agreed to develop a 'Standard Operating Procedure (SOP) for persons with disabilities' and committed to form a 'Disability Inclusion Committee/Technical Working Group (TWG)' at national level to develop the SOP.

The working group is composed of 16 members who work with family planning, sexual and reproductive health and rights (FP/SRHR) and disability representative from DGFP, DGHS, NIPORT, OPDs, for example. This formation of the committee is a great step towards inclusiveness as well as sustainability of disability inclusive SRH activities in Bangladesh.