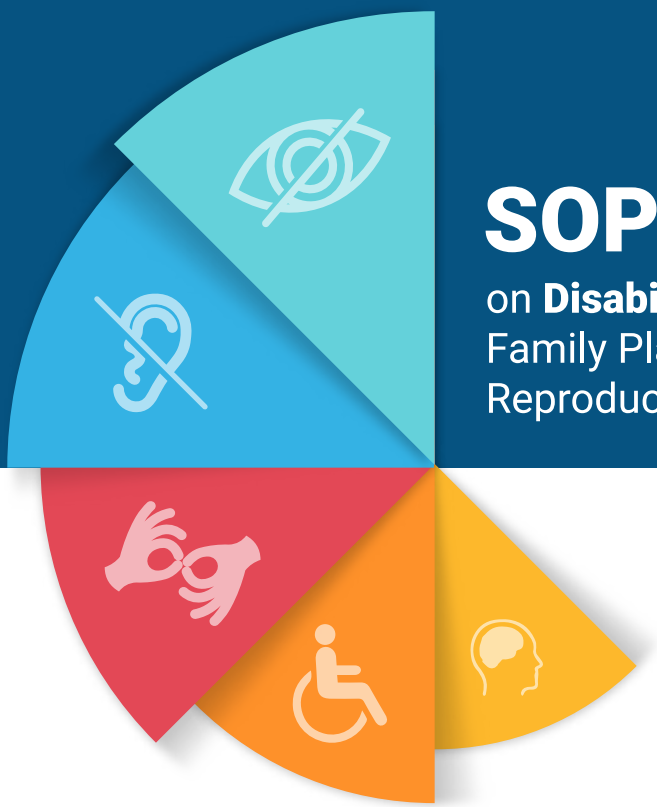

SOP | Standard Operating Procedure

on **Disability Inclusive** Family Planning and Sexual Reproductive Health Services

Clinical Contraception Services Delivery Program

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1st Edition

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Developed by

Clinical Contraception Services Delivery Program
Directorate General of Family Planning
Ministry of Health & Family Welfare (MOHFW)

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Acronyms and Abbreviation

AD	Assistant Director
BBS	Bangladesh Bureau of Statistics
CCS	Community Clinics
CCSDP	Clinical Contraceptive Services Development Project
CSBAs	Community Skilled Birth Attendants
CRPD	Convention on Rights of Persons with Disabilities
CEDAW	Convention on Elimination of All forms of Discrimination Against Women
DD	Deputy Director
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DFID	Department For International Development
DHIS2	District Health Information Software 2
FP	Family Planning
FP and SRH	Family Planning and Sexual Reproductive Health
FPI	Family Planning Inspector
FCDO	Foreign, Commonwealth & Development Office
FYP	Five Year Plan
FWA	Family Welfare Assistant
GOB	Government of Bangladesh
HI	Handicap International-Humanity & Inclusion
HIES	Household Income and Expenditure Survey
HPNSDP	Health, Population and Nutrition Sector Development Program
IUD	Intra-Uterine Device
IPPF	International Planned Parenthood Federation
IEM	Information, Education and Motivation
INGO	International Non-Government Organization
JPUF	Jatiyo Protibondhi Unnayan Foundation
LD	Line Director
MCH	Maternal and Child Health
MCHTI	Maternal and Child Health Training Institute

MFSTC	Mohammadpur Fertility Services and Training Center
MNH	Maternal and Neonatal Health
MOHF&W	Ministry of Health and Family Welfare
MOWCA	Ministry of Women and Children Affairs
MOSW	Ministry of Social Welfare
MSB	Marie Stopes Bangladesh
Mas	Medical Assistants
NCDC	Non-Communicable Disease Control
NGO	Non-Government Organization
NIPART	National Institute of Population Research and Training
NSV	Non Scalpel Vasectomy
OPD	Out Patient Department
OPD	Organization of Persons with Disabilities
PHC	Primary Health Care
RPPDA	Rights and Protection of Persons with Disabilities ACT 2013
SACMO	Sub-Assistant Community Medical Officer
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
UHFPO	Upazila Health and Family Planning Officer
UHC	Universal Health Coverage
UPR	Universal Periodic Review
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
RTIs STIs	Reproductive Tract Infections/Sexually Transmitted Diseases
WHO	World Health Organization
WDDF	Women with Disabilities Development Foundation
WISH2ACTION	Women's Integrated Sexual and Reproductive Health 2 Action

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Table of Content

Acknowledgement

Bangladesh has an estimated population of 168 million and this population is equivalent to 2.18 percent of the global population. According to WHO estimated 10-15% of these populations are persons with disabilities (PWD). Under Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD), the state has an obligation to establish Persons with disabilities' right to have access to the highest attainable standard of health care including sexual reproductive health (SRH) and family planning (FP) without any discrimination.

Bangladesh became a signatory and ratifying state party to the CRPD on 9 May 2007 and 30 May 2007. Long term civil society campaign by DPOs and finally the status of Bangladesh as a signatory to the United Nations CRPD enabled a major shift in paradigm from a welfare based approach to a right based approach and resulted in the enactment of the 'Rights and Protection of Persons with Disabilities Act 2013'. This has given new hope to the situation of persons with disabilities as the provisions of the Act also ensured full participation of persons with disabilities in social and state activities removing all forms of discrimination. Family Planning remains one of the top priorities in the 4th Health, Population and Nutrition Sector Program, 2017-2023 (HPNSP-2017 to 2023), as a path toward achieving the Sustainable Development Goals (SDGs). One of the important aspects of the SDGs is "Leaving no one behind".

In this connection, there is a need to develop a 'Standard Operating Procedure (SOP)' on Disability Inclusive Family Planning and Sexual Reproductive Health Services for Persons with Disabilities. CCSDP Unit of the Directorate General of Family Planning with the support from UNFPA has taken the lead to develop this SOP.

I offer my heartfelt thanks to my colleagues at CCSDP, colleagues from other units of the DGFP, colleague from DGHS, reviewers from international NGOs and Consultant everyone who have so generously given their time and technical assistance to develop this SOP.

My special thanks go to the UNFPA, Bangladesh Country Office for their generous support in developing this SOP with a substantial financial assistance.

I would hope that this SOP would be extensively used by the FP Managers including physicians and other service providers in providing SRH and FP services to persons with disabilities.

Many thanks and best wishes to all concerned.

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Foreword

The Standard Operating Procedure (SOP) on Disability Inclusive Family Planning and Sexual Reproductive Health Services contains an inclusive guideline for FP Managers including physicians and service providers to promote FP and SRH services for persons with disabilities (Persons with disabilities). This SOP is developed in consultation with the technical working group comprising the members of DGFP, DGHS, UN Agencies, DPOs, and INGOs.

This SOP is designed to provide practical and concrete guidelines for making FP and SRH services more inclusive and accessible, and for targeting interventions to meet disability specific needs, information and knowledge on FP and SRH for Persons with disabilities along with service providers.

This SOP particularly deals with three components with high importance to mitigate challenges of Persons with disabilities for obtaining FP and SRH services. These are facility readiness in providing FP and SRH services to Persons with disabilities, capacity building of the service providers to provide FP and SRH services to Persons with disabilities and demand creation & service delivery to Persons with disabilities.

I would like to extend my heart-felt thanks and gratitude to all those who contributed to the development of this SOP. The development of this SOP is a joint effort of many people including a consultant who drafted first followed by reviewed by my colleagues at CCSDP unit of the DGFP, colleagues from other unit of the DGFP, colleagues from DGHS, officials from international NGOs particularly Options Consultancy Ltd. IPPF and HI,

My special thanks goes to UNFPA, Bangladesh Country Office for their generous support and financial assistance in developing this SOP.

I would end this note with a hope that this SOP will be extensively used by the FP Managers, physicians and service providers in providing FP and SRH services to persons with disabilities.

Dr. Nurun Nahar Begum
Line Director
Clinical Contraception Services Delivery Program (CCSDP)
Directorate General of Family Planning

1 INTRODUCTION

Introduction

It is estimated that there are over one billion people live with disabilities that is 15% of world's population or one in seven people1. Among them nearly 200 million experience considerable difficulties to have full and effective participation in the society[2]. In the years ahead, disability will be an even greater concern because its prevalence is on the rise. The Convention on the Rights of Persons with Disabilities states that persons with disabilities "include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"[3]. Disability is universal and recognized as a global public health problem.

Family Planning approaches helps individuals and couples to determine the number of children they would like to have through birth spacing and planned timing of getting them. Every individual including persons with disabilities has its right to have access to information, FP/SRH services and commodities supplies, to be better informed and to have planned families. Practically, it is difficult for women with disabilities to get information or to access family planning and SRH services.

People living with disabilities have worse living condition including insufficient food, poor housing, safe water, sanitation, employment and social service, transport and lack of access to essential services such as health, Family Planning (FP) and Sexual Reproductive Health (SRH) services. Actually, the need for FP and SRH information and services is more urgent for persons with disabilities, owing to their heightened vulnerability but persons with disabilities face multi-layered barriers in accessing FP and SRH services in comparison to others. Women and girls with disabilities are likely to experience unique obstacles and human rights abuses due to the intersection of their gender and disability which includes gender-based violence, abuse, and marginalization[1]. As a result, women with disabilities often face additional disadvantages compared to men with disabilities and women without disabilities. Women with disabilities are ten times more likely to be sexually assaulted than women without disabilities and they are mostly denied the right of decisions making on their reproductive and sexual health, which increases risks of unplanned pregnancy, unsafe abortion, and sexually transmitted infection as well as sexual violence[3].

Men and boys with disabilities are up to four times more likely to face violence than their peers without disabilities and are often perceived as not needing information about FP and SRH [4].

According to 'The Household Income and Expenditure Survey (HIES)' the prevalence rate of disability was 9.1% (BBS, 2010) and 6.94% (BBS, 2016) of the population of Bangladesh. WHO Bangladesh has estimated 15.1 million to 24.9 million people, who are affected with one or other form of disability[5].

Beyond the BBS, The Department of Social Services under Ministry of Social Welfare has been implementing nationwide disability survey under the Disability Detection Survey Program with the assistance of the Ministry of Health and Family Welfare and Jatiyo Protibondhi Unnayan Foundation (JPUF). It developed a database and people registered in the database are 2,270,560 (as of 05 May 2021)[6].

Even though all citizens including persons with disabilities are supposed to get FP and SRH services, but there is no standard protocol and reporting system available in Bangladesh at present. it is indivisible to adopt the required measures towards providing inclusive and need based FP and SRH services to persons with disabilities.

Many people, including service providers have wrong perceptions that women with disabilities cannot have sex or become pregnant, and do not give them any information or advice[7]. Evidence indicates that adolescents with disabilities face particularly challenges, including difficulties discussing family planning with parents, educators and counsellors, as well as risks of sexual exploitation and discrimination[8].

DGFP under the Ministry of Health and Family Welfare (MOHFW) of Peoples Republic of Bangladesh involving UNFPA, OPDs and other development partners has taken multiple initiatives to ensure FP and SRH services and information for persons with disabilities. This SOP particularly for frontline family planning services providers is an initiative of the Working Group formed under CCSDP Unit of DGFP in order to promote disability inclusive FP and SRH services.

2 OBJECTIVE

Objective

General Objective

To promote and implement quality, effective, user friendly disability inclusive FP and SRH services services by trained service providers including information and facility preparedness

Specific objectives

- To ensure available and affordable FP and SRH services for persons with disabilities in the user-friendly facilities
- To sensitize service providers on FP and SRH services for persons with disabilities
- To promote capacity building of service providers on disability inclusive FP and SRH services
- To promote accessible and user-friendly infrastructure, information and communication materials.

3 CONCEPT OF DISABILITY

Concept of Disability

Disability is an evolving concept. Disability is not just because of a health condition or a problem in body function or structure, but that it is a person's interaction with the environment that limits activities and participation in the wider community.Understood in this way, disability is not synonymous with "impairment"[9]. For example, a person with a mobility impairment experiences disability if he or she encounters a building entrance with stairs they are unable to climb or someone has complete visual impairment which cannot be treated, and therefore cannot read printed materials. If the materials were in braille, there would be no barrier for the person to read. But "Impairment" is the loss of a function of the body. For example, when someone cannot see properly. Impairments are mostly irreversible and lifelong. Sometimes the impairment can be treated, for example in the case of vision by using glasses.

Disability can be defined as the relation between a person's impairment and their environment. When and comprehensively accessible environments are provided, an impairment on its own would not lead to disability[10].

Impairment	+	Barrier	=	Disability
Impairment	+	Accessible Environments	=	Inclusion

In other words, disability is a multidimensional concept that is understood as a relationship between an individual with an impairment and her/his environment. The environment has a huge impact on if and how someone experiences disability. If the environment was completely accessible to someone, then they would be more included in society.

4 CLASSIFICATION OF DISABILITY

Classification of Disability

Currently, in Bangladesh, the life standard of persons with disabilities have been slowly changing due to government, development partners and nongovernment organizations' combined efforts both a policy implementation and at community level. However, there are many areas to be improved, considering the infrastructure accessibility of persons with disabilities. According to the "persons with disabilities rights and protection act, 2013" of Bangladesh and following the UNCRPD, disability results from the interaction between persons with long-term and/or permanent physical, mental, intellectual, or sensory impairments and the attitudinal and environmental barriers. Bangladesh recognizes 12 categories of disabilities:

Autism or autism spectrum disorders (ASD)

ASD are a diverse groups of disorders. They are characterized by some degree of difficulty with social interaction and communication, atypical patterns of activities and behaviours. ASD can lead to disability.

Physical disability

Physical disability refers to a person who does have mobility impairments e.g. limited function of the arms and hands or legs and feet or any other muscle groups and joints. The causes of physical disability are very divers and can be based on loss of a limb, paralysis, destruction of nerves or brain tissues.

Mental illness leading to disability

There are plenty of psychosocial and mental disorders that such as schizophrenia major depression, bipolar disorder, post-traumatic stress, anxiety or phobic disorders that prevent persons from engaging in daily activities and that can lead to disability

Visual disability

According to this Act, there are 3 different kinds of visual disabilities:

i. Fully Visual: No visual function in both eyes.

ii. Partially Visual: One eye is completely sightless or blind.

iii. Indistinct Visual.

Speech disability

According to this Act, persons with speech disabilities cannot speak well due to difficulties in the palate or any other cause e.g. due to brain disorders after stroke.

Intellectual disability

Intellectual disability means a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development.

Hearing disability

This refers to the incapability of hearing below 60 decibels (dB), the range of human hearing. The three kinds of hearing disabilities are:

1. Totally Inaudible: Both ears are inaudible.
2. Partially Inaudible: One ear is fully inaudible.
3. Weaken Inaudible: Both ears can hear very little or sometimes fully inaudible

Deaf blindness

Hearing-visual disability refers to persons who are incapable of hearing fully or partially, as well as incapable of seeing fully or partially. There are four divisions among persons with hearing-visual disability type:

1. Medium to severe position of hearing & visual disability
2. Medium to severe position of hearing, visual and other disabilities
3. Limitation of vision and hearing level
4. Decreasing vulnerability of vision & hearing capacity

Cerebral palsy

Cerebral palsy (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.

Down syndrome

This is a disability passing from generation to generation in 50% cases where the 21st pair of chromosomes has an extra chromosome, which weakens the muscular system, and develops short stature and a circular face and other potential physical and intellectual consequences, which are considered to be characteristics of a person with Down syndrome.

Multiple disability

Multiple disabilities refer to having more than one disability.

Other disability[11]

Other Disability could be a consequence of Leprosy cured persons, Locomotor Disability, Dwarfism, Chronic Neurological conditions, Muscular Dystrophy, Specific Learning Disabilities, Multiple Sclerosis, Speech and Language disability, Thalassemia, Haemophilia, Sickle Cell disease, Acid Attack victim and Parkinson's disease.

5 LEGAL SUPPORTS FOR PERSONS WITH DISABILITIES

Legal Supports for Persons with Disabilities

In 1948, The new generation of Human Rights recognizes not only the civil and political rights of all citizens, but also the right to a decent standard of living. Ensuing that perspective few national and international legislation and framework are given below in favour to persons with disabilities both in national and international context which all are based on human rights approach:

National Legal Frameworks

- The Constitution of the People's Republic of Bangladesh (Act No. Of 1972)
- Rights & Protection for Persons with Disabilities Act-2013 in Bangladesh
- The Government of Bangladesh, as part of its inclusivity initiative, has enacted the Rights and Protection of Persons with Disabilities Act 2013 (hereby, RPPDA) as a logical follow up of ratifying the Convention
- National health policy 2011
- National Women Development policy 2011
- Bangladesh Population Policy 2012

International Legal Frameworks

- Convention on the rights of Persons with Disabilities, 2008
- The following articles relate to sexual and reproductive health and rights:
  - Article 09 : Accessibility
  - Article 16 : Freedom from exploitation and abuse
  - Article 22 : Respect for privacy
  - Article 23 : Respect for home and the family
  - Article 25 : Health
- Leave no one behind: Sustainable Development Goals (SDGs) and legal frameworks, 2015

6 COMMUNICATION WITH PERSONS WITH DISABILITIES

Communication with persons with disabilities

Reproductive rights reflect human rights that are already internationally recognized. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health services.

Women with disabilities are less likely to receive maternal healthcare services compared to women without disabilities. People with disabilities may feel reluctant to access FP and SRH services. This is because of family restrictions, limiting social norms or their experiences from previous attempts to access services, particularly the attitudes and perceptions of service providers. Due to lack of knowledge & sensitivity on disability issues sometimes service providers also become reluctant & scared to deal with persons with disabilities. There are few specific points every service provider must know & practices during proving FP and SRH services to persons with disabilities[4].

There are three guiding principles of effective communication that every health service provider should know and follow when it comes to practice disability inclusion:

- Non-discrimination e.g family planning service provider should treat persons with disabilities with the respect, dignity, friendliness and quality as like any other patient
- Accessibility e.g. Service Providers have to make sure that information and services are accessible for persons with disabilities
- Meaningful participation e.g. Service Providers should cooperate with OPDs in order to inform persons with disabilities about SRHR services and programmes

Special attention: Do's & Don'ts

Category	Do's	Don'ts
If a person has difficulty to see or cannot see at all 	• Greet, give your introduction first so that he/she can feel comfortable to talk • Talk to him/her in your normal voice without shouting • Inform him/her if you leave the room or want to examine. • If pictures need to be used, describe as much detail as possible what is in the picture.	• Do not touch him/her before telling who you are and what you are willing to do. • Do not assume that he/she cannot see you at all • If he/she is using a white cane (shada Chari), or any other helping device do not take it away from him/her. • Do not use pictures, written documents and vague language, such as "that way" or "over there" when directing or describing a location.
If a person has difficulty hearing 	• Greet, show your respect, and make sure you have the attention before speaking. • Talk to him/her in your normal voice • If he/she is not facing you, touch gently on the shoulder • Look directly at face while discussing with client • If you use interpreter, even than look directly to the client • Use appropriate gestures/ pictures or communicate on board. • The best way is to always ask the person how he/she wants to communicate	• Do not shout or speak loudly to him/her. • Do not cover your mouth with a mask

Category	Do's	Don'ts
If a person has difficulty moving 	• Greet, show your respect, and make sure you have the attention before speaking. • If he/she is in a wheelchair or sitting, always sit to look in the eyes when talking • Ask if the persons need assistance e.g. when climbing the examination table etc.	• Do not assume he/she has a mental disorder • Do not touch or push his/her wheelchair without permission. • The same for crutches, walking sticks or walkers • Do not loose your eye contact because that will minimize attention
If a person has difficulty speaking 	• Greet, show your respect, be patient and let him/her take as much time as he/she needs to explain the problem. • Use easy to understand language • If possible, ask close questions and "yes or no" questions (ex: do you take oral pill as contraceptive method/do you use condom/do you take injection last month?)	• Do not assume that he/she has difficulty understanding or that the person has a mental disorder • Do not hesitate to ask to repeat if you do not understand
If a person has difficulty learning or understanding 	• Greet, show your respect, be polite and patient, and do not be patronizing. • Treat him/her as an adult person and share the important information like other clients. • Use simple words and short sentences during sharing information as well as convey one point at a time.	• Never show disrespect to him/her while sharing information • Do not hesitate to use visual aid and simple images.

Category	Do's	Don'ts
	• Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this doesn't work, then try again using different words.	

A person with disability is at first an individual and an adult person. When a person with disability comes to see you at the health centre, for a heA person with disability is at first an individual and an adult person. When a person with disability comes to see you at the health centre, for a health problem, start by asking the reason why he/she is there, and do not assume that he/she is coming because the person has a disability.

7 FACILITY READINESS

Facility Readiness

Facility readiness refers to service availability and generate disability inclusive evidence to support the planning and managing of a health system. Readiness to provide specific services to a defined minimum standard, including: Guidelines (Universal Health coverage and accessibility), trained staff/provider knowledge, equipment, commodities, Systems to support quality and safety[12]. These infrastructural and informational accessibility measures should be adopted by the service providers, especially at Union, sub-district, district and divisional level, such as:

- Satellite Clinic
- Community Clinic
- UH&FWC
- Upazilla Health Complex
- MCWC, DH,
- Tertiary/National level centers

Accessibility considerations in any health facilities

Entrance, the doorway

- Ideally, the approach to all entrances should be level or gently sloping, easy to follow, firm, non-slip, and tactile marking close to the door and obstruction-free for the convenience of all users. If needed, ramps and stair with handrails (two different heights) should be placed and installed linking the main entrance of the buildings.

Lifts, Stairs, Ramps and Corridors

- Lift's shutter/door width & height and inside space, Braille & text buttons, sound, light should accessible for all and a wheelchair user to enter and turn. Inside Ramps in the multi-stored building with handrails (rounded and grouted) in both sides. Step of the stair should be equal/uniform and edges with colour contrasts. Corridors and pathways must have a minimum width which can serve two service seekers at the same time.

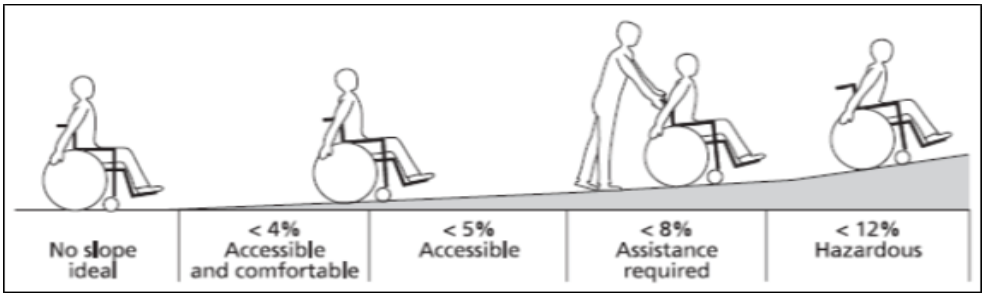


Fig : **Illustration of different slopes**

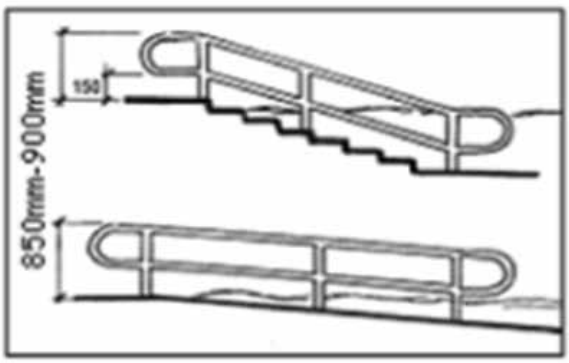


Fig : **Illustration of grab bar in ramp and stair**

- **Service provision rooms**

Maternal, Neonatal and Family Planning Service Rooms

- Ensure accessibility for wheelchair, crutch and white-cane user by revisiting existing infrastructure
- Large width doors (minimum 90 cm and open to the outer side), Door handle should be lever-type, not knobs at reasonable height.
- Obstruction-free and enough inside spaces with the rooms, ample circulation space and different seating possibilities,
- Good acoustics, good lighting and good visual contrast (To facilitate lip reading, lighting should provide even illumination)

Maternal, Neonatal and Family Planning Service Rooms

- Signage display on the top or side of the door in service rooms, also consider in Braille version. The reach of a wheelchair user to the seated position and table at the service provider room should be free space under table, Height of table/furniture should be shall be between 74 cm to 80 cm from the floor or free space for legs below the surface.
- Examination tables or beds should be flexible height or should be adjustable system in design

Maternity- Delivery rooms, Operation Theater, Recovery room, Laboratory and IUD insertion room

- Adequate inside spaces with the rooms, ample revolving space for wheelchair, crutch and white-cane user, avoid any obstructive furniture or other instruments
- Minimum 90 cm width doors or larger and door handle should be lever-type, not knobs at reasonable height.
- Good acoustics, good lighting and good visual contrast (To facilitate lip reading, lighting should provide even illumination)
- Signage display on the top or side of the door in service rooms, also consider in Braille version. The reach of a wheelchair user to the seated position and table at the service provider room should be free space under table, Height of table/furniture should be shall be between 740 mm to 800 mm from the floor or free space for legs below the surface.
- Delivery couches, OT bed, beds in the recovery room and ward should be flexible or adjustable for wheelchair.
- Accessible height for reaching on the lab & radiology and other laboratory equipment's, between 80 cm and 110 cm above floor level and shall be located a minimum of 60 cm from any internal corner, preferably 70 cm

Other service rooms including changing room, Brest feeding room, Pharmacy, Receptions, Information desks, other related service provision room

- Reception desks where writing is done by the visitor should allow frontal approach by wheelchair users with space to provide clearance for wheelchair user's knees.
- The seated position of a wheelchair user restricts arm reach in both vertical and horizontal directions, even when the occupant has full use of his or her arms and upper body.
- Reception counter level shall be between 740 mm to 800 mm from the floor. Clear knee space underneath shall be minimum 70 cm. All necessary information shall be given in simple wording with sufficient visual contrast

- The comfortable reach of a wheelchair user is between 40 cm to 110 cm above floor level and a maximum side reach of 25 cm from the outer side of the wheelchair.
- The eye level of a seated person is between 99 cm and 125 cm. This dimension should be taken into account in elements such as windows, information desks, counters or glazed doors.
- Accessible changing rooms can be subject to national requirements or regulations, depending on the type and use of the building, In the event that changing rooms are provided alongside a toilet area.
- Height of Information desk and medicine delivery booth at pharmacy shall be installed between 800 cm and 110 cm above floor level and shall be located a minimum of 60 cm from any internal corner, preferably 70 cm.
- Many wheelchair users have limited mobility in their arms or limited balance makes it difficult to lean forward without risk of falling from the wheelchair.
- A fixed bench should be set at a height of 40 cm to 48 cm above floor level at the waiting room in front of reception, Pharmacy and information desk. Ample circulation space and different seating possibilities, good acoustics, good lighting and good visual contrast.

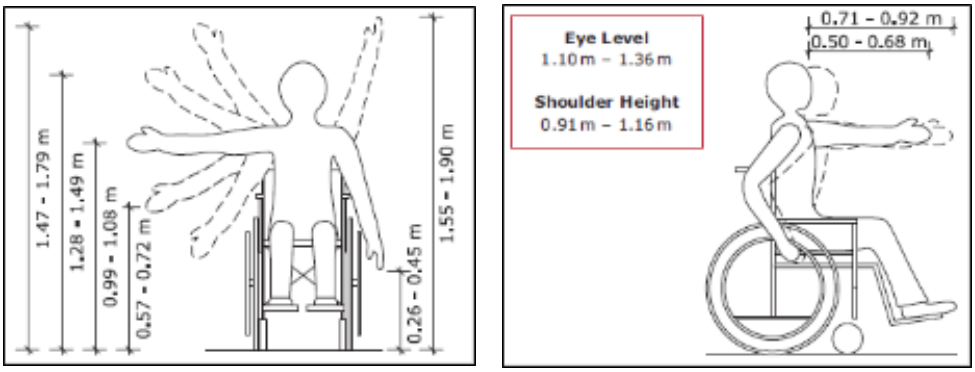


Fig : **Illustration of vertical and horizontal reaching zone for the wheelchair user**

• Toilets/Bathrooms

- Accessible door (minimum width 90cm)
- Commode type rather than squat pan type or a bucket with a movable toilet chair
- Installation of handrails and grab bars to assist people

- Ample circulation space, good acoustics, good lighting and good visual contrast.
- Closest water point, wash basin for wheelchair user
- Universal signage should be placed on the top of the toilet wall or on the side of the wall with visible, clean for men and women in word and picture

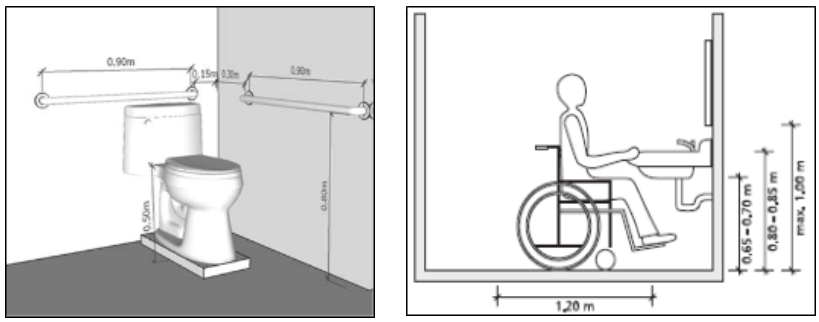


Fig : **Illustration of commode toilet and washbasin setting**

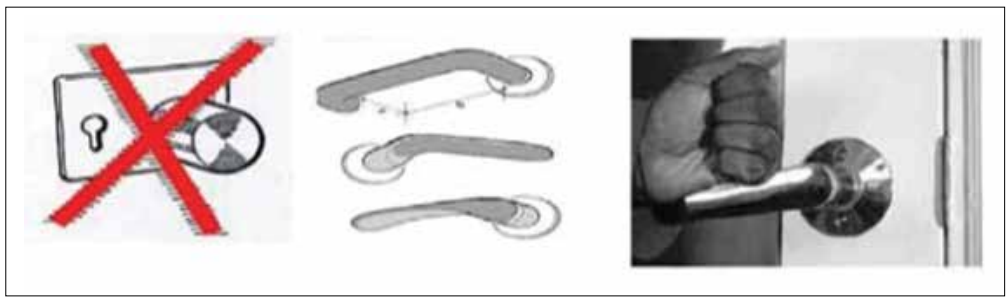


Fig : **Easy accessible Door knobs**

- **Signage and Tactile marking**
  - Signage for direction, rooms, services, names, numbering, information signs and maps should be formatted as Braille signs, visible, clear, simple, easy to read and understand.
  - Use of written, pictograms, International symbol of access increase commendable accessible feature in the public place.

- Placement of signs should be wall mounted, overhanging and fixed to the identified routes, entrances and facilities within a building.
- Tactile paving to identify the buildings, location, rooms, toilets and equipment with “Line-type” blocks indicate the correct path/route to follow and “Dot-type” blocks provides warning signal that there is a change in the environment.

Fig : Illustration of signage and braille signage

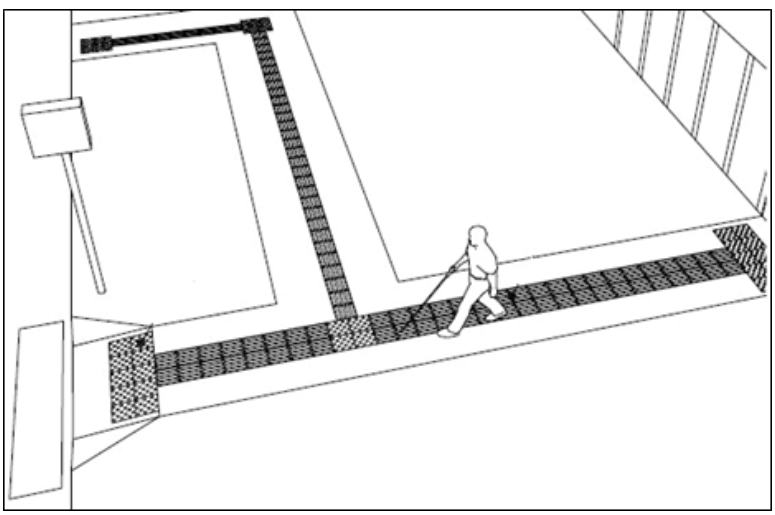


Fig : **Illustration of tactile pathway for the person with visual impairments**

- **Accessible Information, Education and Communication (IEC) Material**
  - Choosing more than one communication methods will ensure that information is spread amongst more people.
  - Different ways of IEC such as a printed (manual, booklet, Brochure, leaflet, flyers, posters, billboard, signboard, nameplate and banner), web based, electronic documents and
  - Universal technology should be in accessible formats- text, audio, video with caption, Braille, tactile, large print, easy read and pictorial information and also screen readers PDF documents.
  - Using acceptable and accessible (use of signages, symbols, and pictures to ensure easy read) information of visiting, opening and closing hours, Emergency, Diagnostic, how to make contact or appointments.

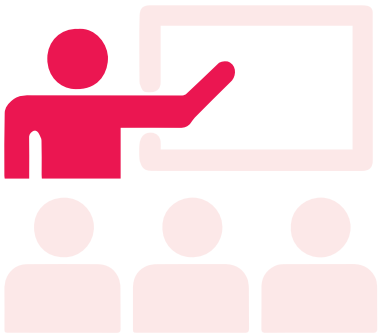
- **Necessary logistics and financial schemes (devices, equipment's and materials)**
  - Within the availability and/or existing budget accessible devices and equipment's such as OT/examination table/bed at the recovery room or post-operative ward and ensure separate registration for pregnant women with disabilities.
  - Ensure financing schemes for the women with disabilities (institutional allowance)

- **Additional**
  - Ensure participation of adolescents with disabilities in regular counseling /health education session in courtyard meeting for developing awareness on personal hygienic practices (including menarche & menstruation care), puberty, nutrition, night wets, RTI/STIs, unprotected sexual activities, family planning, breast feeding, maternal nutrition, addiction to narcotic drugs, violence, sexual abuse etc. through trained service providers.

Bangladesh National Building Code, 2020

Ministry of Housing & Public Works, GoB gazetted the 'Bangladesh National Building Code (BNBC), 2020'. According to the BNBC, 2020 all public infrastructure (health care facilities, masque, public offices, residential buildings etc) must be accessible for everyone including person with different types of disabilities. Accessibility requirements have been included in the Bangladesh National Building Code (BNBC), example: ramp for wheelchair users, tactile pavement for person with visual impairment, accessible toilet facilities, accessible ticket counter/switch board/signage etc. All new establishment need to follow the BNBC, 2020 as well as during the repair of the buildings the accessibility features need to be incorporated.

8 CAPACITY BUILDING



Capacity Building

Service providers' capacity is crucial for ensuring appropriate communication, information sharing and SRH and FP services delivery to persons with disabilities. The existing Family planning manual, training handouts of long acting reversible contraceptive and permanent method (LARC&PM) and other relevant training modules need to be updated as disability inclusive, which will help service providers to communicate and to provide service to different types of persons with disabilities. A disability inclusive SRH and FP training for managers and service providers is essential to create sensitization towards persons with disabilities. Disability inclusive information should be included in the pre service training curriculum for the Nurse, Midwives and FWV. The proposed training can be cascading i.e National trainers, District trainers and upazilla trainers.

9 SERVICE DELIVERY

Service Delivery

Counselling

Counselling is a very important part of providing FP and SRH services particularly for family planning in any conditions. Choice of family planning method is based on personal preference. Counselling creates enabling environment and opens options to clients for choosing the best method among the available options for the eligible clients/couples. Effective counselling leads to improve sustainability and client satisfaction. A satisfied client promotes family planning, returns when she/he needs to and continues to use a chosen method. Informed choice, shared decision making & directive counselling are linked with each other. To counsel clients with disabilities, health care providers need to consider their preferences and the nature of their disability. For example, barrier methods may be difficult for some people with a physical disability, and women with an intellectual disability may have trouble remembering to take a pill each day or dealing with changes in monthly bleeding. Separate counselling training module can be developed for the service providers because they are going to handle special group of people, so their counselling skill needs to develop with good standard.

Available FP Methods in National programme

Temporary Method (Short Acting)

Oral Contraceptive Pill

Contraceptive Injection

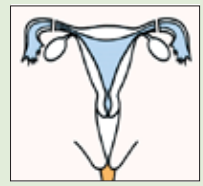
Condom

Temporary Method (Long Acting)

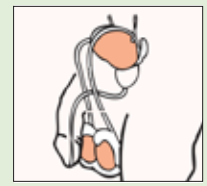
Implant

Intrauterine Contraceptive Device (IUCD)

Permanent Method



Tubectomy



No Scalpel Vasectomy (NSV)

Like all clients, people with disabilities need sexual and reproductive health information, education to make better choices. People with intellectual disabilities have the same rights as other people to make their own decisions about contra- ception, including sterilization. They may need special support to do so. For a client with an intellectual disability who is unable to communicate her or his prefe- rences clearly, someone whom the client trusts should participate and help to make an informed choice that is as consistent as possible with the client's preference. Especially for the choice of sterilization, health care systems should ensure that a process of supported decision-making is available. Couple counselling & involving caregivers during counselling is essential because most of the times caregivers are the main decision maker for persons with disabilities. Education and support need to be provided, so that people with disabilities can make decisions and participate in their own care.

Specific information on Family Planning Method related to persons with disabilities

There is no difference using family planning methods for persons with disabilities. They are able to use either of short term/long term/permanent family planning methods according to his/her need. However, in certain conditions especial cautions should be taken.

- When service provider provides service to a woman with visual impairment remember that this environment is unfamiliar to her. Try to explain everything you are doing. When you assist her to choose a suitable family planning method keep in mind that she may not understand how to take oral contraceptive pill due to difficulty of vision. As an alternate option service provider can make a small cut in the beginning portion of OCP strip, so that a person with visual impairment can easily feel the cut and understand the chronology of receiving pills.

- Women with epilepsy may have fewer seizures when they use the family planning injection. Also, if they use the injection for more than 6 months, advise them to eat more foods that contain calcium to prevent osteoporosis.
- If the client has paraplegia (paralysis of the legs and lower body) for more than 6 months and/or not physically active, oestrogen containing hormonal methods (combined pill, injections, implants) need to be avoided hormonal methods may increase the risk of cause blood clots or thrombosis.
- Women with lower limb paralysis are usually not advices to use IUD due to the major risk being the ejection of the device (an expulsion is when an intrauterine device (IUD) comes out of the uterus on its own) or an infection.
- Informed consent is very important in sterilizing women who have difficulty learning and understanding. Since in the case of women with intellectual impairments, they are not fully capable of giving consent themselves, the consent letter must have the signature/tips of the women as well as the signature/tips of her Parents/Legal guardian/ Spouse. As well as service providers must share all relevant information with the client in easy language.

Physical Examination of persons with disabilities

- When you examine a woman who has difficulty seeing: keep in mind that the environment is unknown to her. Try and explain everything you do and explain as well if you move with or without her from one place to another. Eg: I am going to the room next door to get my stethoscope. I am back with the nurse
- When you examine a woman who has difficulty hearing: sometimes women with hearing impairments are accompanied by an interpreter. Even when you are listening to the interpreter, try to look at the patient and talk to her.
- When you examine a woman who has difficulty understanding and learning: You may need to take more time to explain things to a woman who has difficulty understanding. Instead of just asking her if she understands, ask her to tell you in her own words what she has learned. Although they have difficulties, they should benefit from all the information needed on their health.

- Women with spinal cord injury or cerebral palsy might have stiff muscles during an exam. This can happen if they are in an uncomfortable position, if a speculum or any other instrument is inserted roughly. You should go slowly during the exam and ask the patient to inform you if she had a spasm or if the exam is painful. Do not massage or rub the spastic muscles. The massage will tighten the muscles.
- Dysreflexia is a medical emergency. It is common in people with spinal cord injuries. It is a sudden hypertensive peak caused by a reaction to a possible pain that could not be felt because of neurological damage. To prevent dysreflexia pay attention to:
  i. Hard or cold examination surfaces and cold temperature in the exam room &
  ii. Strong pressures on the perineum during the exam especially with the speculum.

There is no separate referral system for the persons with disabilities. If required persons with disabilities would be referred to higher facilities for definitive management. However, service providers should communicate properly with the client and guardians with clear instructions for referral.

Remember that caregivers play a vital role to ensure proper service for person with disabilities. Involve caregivers (Parents/Legal guardian/ Spouse) during FP & SRH counselling session /physical examination, if needed.

10 RELATIONSHIP WITH ORGANIZATIONS OF PERSONS WITH DISABILITIES (OPDS)

Relationship with Organizations of Persons with Disabilities (OPDs)

OPDs are established and managed for, of and by persons with disabilities to portray their fundamental rights through different innovative strategies particularly advocacy. OPDs can enroll highest number of persons with disabilities through identifying their basic requirements. Therefore, a collaboration with OPDs at local level in union, sub-district and district level can play a significant role to enhance FP/ SRH services for persons with disabilities. They can be involved in awareness raising activities in designing and implementation phase. Thus, OPDs can play a contributory role to operationalize this SOP.

11 REPORTING

Reporting

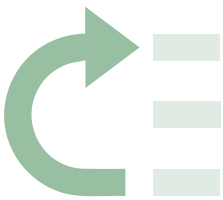
Presently, Health sector database from central to field level, has no provision of disability disaggregated data gathering and reporting. Disability specific routine data gathering is essential to conduct policy advocacy and to ensure the rights of persons with disabilities. Routine data is also required for planning, budgeting and monitoring of the program To get the essence of disability inclusive SRHR services at field level, data recording by the service providers and reporting to respective authorities is very much important. Disability data is also important to assess the capacity of service providers on dealing with persons with disabilities and also to assess the progress of inclusion. The disaggregated data is relevant for planning, budgeting and M&E. An internationally recommended tool to collect disaggregated disability data is the Washington Group Short Set of Question (WGQ SS).

- Disability disaggregated data should be a permanent pillar of routine data collection at health system and facility level and should be integrated in evaluation and quality management monitoring such as client exit interviews etc.
- Disability disaggregated data to be recorded by the service providers in their registers and report monthly to their respective supervisors;
- Supervisors will compile the reports of his/her assigned areas and send it to Upazila;
- Upazila will compile the Upazila report and submit it to central MIS;
- Provision of disability inclusive data in central MIS and different dash board

- Status and progress of disability inclusive services to be discussed in district Upazilla monthly meetings;
- Status and progress of disability inclusive SRHR services to be discussed by DGFP in quarterly progress review meetings;
- Inclusion of Disability FP services during supervisory visit by district level officers to field level;
- Provision of supervisory visit by district level officers to field level;
- Provision of monitoring visit by national level to field level to assess the status and progress of disability inclusive SRHR services during their normal monitoring visit.

12 Priority Activities

Priority Activities



- Approval and printing of the SOP
- Develop a disability inclusive action plan and include the activities in the respective operation plans
- Phase wise training of the service providers and develop a disability inclusive training manual
- Assessment of the infrastructure of the different level service point.
- Renovation of the infrastructure, Phase wise

  Mobilization of resources based on assessment.
- Policy level advocacy for mobilization of resources and advocacy for the implementation
- Formation of working group for finalization of equipment/instrument, drugs, contraceptives list
- Procurement according to the list and coverage of the number of Disability clients
- Supervision and monitoring of the performance
- Introduction of reporting system and collection of report (In the reporting system MIS and concern department should engage in designing reporting system. One thing needs to clear that the variable should be minimum, so that it cannot create extra burden)
- Introduction of Disability Dashboard
- Develop close working relation with DGHS, Ministry of Social welfare, Ministry of youth and development and Concern NGO and Development partners
- Performance appraisal at a regular interval
- Initiate research proposal

13 CONCLUSION

Conclusion

Family Planning, Sexual and reproductive health is a mandatory component for everyone including persons with disabilities. Every individual including all persons with disabilities have the right to enjoy FP/ SRH services and facilities on equal basis like others. However, considering the limited access to SRHR and the existing barriers for the persons with disabilities, this SOP is prepared for the service providers and gives prioritization on i.e. facility readiness, capacity building and quality service delivery in order to promote inclusive FP/SRH services and facilities for persons with disabilities.

Adequate budget allocation in national health budget for health infrastructure renovation, disability related information in the Family Planning manual and training curriculum and engagement of GO, OPDs, UN agencies and development partners will be very helpful to operationalize this SOP successfully. Coordination between DGFP and DGHS is very important to ensure this service. There should also be a specific guideline for identification of persons with disabilities.

It is optimistic that, this SOP will be played a contributory role to enjoy FP and SRH related services for persons with disabilities on the basis of equity and inclusiveness through mitigating existing challenges.

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ANNEXURE

Annexure

According to WHO, Good service delivery is a vital element of any health system. Service delivery is a fundamental input to population health status, along with other factors, including social determinants of health. The service delivery should have the following key characteristics.

Comprehensiveness	Appropriate to the needs of the target population, including preventative, curative, palliative and rehabilitative services and health promotion activities.
Accessibility	Services are directly and permanently accessible with no undue barriers of cost, language, culture, or geography
Coverage	all people in a defined target population are covered
Continuity	Provide an individual with continuity of care across the network of services, health conditions, levels of care, and over the life-cycle
Quality	Health services are of Safe and high-quality treatment
Personcenteredness	Users perceive health services to be responsive and acceptable to them. Provide service according to needs
Coordination	It also takes place with other sectors (e.g. social services) and partners (e.g. OPD and community organizations).
Accountability and efficiency	Inclusive budgeting, give OPD a voice and accountable for overall performance & results

Additionally, there are a number of international legal agreements that address sexual and reproductive health and rights. The following are considered in this report: .

1979	**Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)***	The CEDAW, adopted in 1979 by the UN General Assembly, prohibits discrimination against women and girls in all areas of life, including political, social, economic, and cultural spaces. General Recommendation No. 18 calls on special measures to ensure that they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life'.
1994	**International Conference on Population and Development Programme of Action**	The Programme of Action agreed to by 179 countries at the 1994 ICPD represents a landmark in the recognition by governments of SRH as a human right. Principle 1: the ICPD emphasizes the right of all people to be free and equal 'in dignity and rights', without distinction of any kind, and further recognizes the right of all to 'life, liberty, and security of the person' Principle 4 : identifies the advancement of gender equality and the elimination of violence against women. Principle 8 : It also affirms the right of all to 'the highest attainable standard or physical and mental health' and calls on states to ensure universal access to healthcare services, on an equal basis, for all women and men, including reproductive health-care services, family planning, and sexual health services.

1995	**International Conference on Women in Beijing**	The Declaration takes 'note of the diversity of women and their roles and circumstances', while acknowledging the need to respond to 'the voices of all women everywhere' (Para. 3). The participating governments affirmed their commitment to 'the equal rights and inherent dignity of women and men' and to ensuring the full implementation of the human rights of women and girls (Paras. 8 and 9).

Legal Framework

Within the framework of National and International law, all state is part of an approach based on Human Rights. In 1948, The new generation of Human Rights recognizes not only the civil and political rights of all citizens, but also the right to a decent standard of living.

National Frameworks

The Constitution of the People's Republic of Bangladesh (Act No. Of 1972)

Article 15: Provision of basic necessities, (a) the provision of the basic necessities of life, including food, clothing, shelter, education and medical care;

Article 18: Public health and morality,

Rights and Protection for Persons with Disabilities Act - 2013 in Bangladesh

The Government of Bangladesh, as part of its inclusivity initiative, has enacted the Rights and Protection of Persons with Disabilities Act 2013 (hereby, RPPDA) as a logical follow up of ratifying the Convention

Section 16 : RPPDA provides an exhaustive list of rights that a PWD can enjoy, the list ranges from right to live and develop on full swing to accessibility, employability in regard of their personal capacity, right to education to right to health services and so on of the RPPDA in Bangladesh demonstrates that access to health services is also a right of a person with disability

Section 32 : Accessibility in public transport

Section 34 : Accessibility of persons with disabilities in public infrastructures. also incorporates accessibility into public infrastructure as far as possible and as soon as possible which is also relevant to personal mobility of a person with disability

Section 36 : Elimination of discrimination and damages

Also, elaborated in the implemented Schedule 9 to the RPPDA, includes that staffs in the education sector dealing with persons with disabilities should be trained and Implement Schedule 12 of the RPPDA, enable better treatment of women and girls with disabilities in the justice system (especially victims of domestic violence) in the Victim Support Centers/Police Stations/ Courtrooms.

National health policy 2011

Under this policy following main goal articulated;

Main goal 5th : To reduce child and maternal mortality rate to a rational level in 2021
Main goal 6th : strength and accelerate family planning and reproductive heath services
Main goal 7th : take satisfactory action to improve child and maternal health.

National Women Development policy 2011

In 1 of Section 12 emphasise women health and other related rights

Bangladesh Population Policy 2012

Objectives 4.2 and 4.3 stated the ensure availability of Family planning method aneasy access of reproductive health and reduce maternal and infant mortality rate.

Also, there are other strategies and polices illustrated the rights of SRHR for the women and girls with disabilities;

1. Maternal Health Strategy 2001
2. Adolescent Reproductive Health Strategy 2016
3. Neonatal Health Strategy 2009
4. National Policy for Women's Advancement, 2011
5. National Nutritional Policy 2014
6. Menstrual Regulation (MR) Policy 1979

International Frameworks

Convention on the rights of Persons with Disabilities, 2008

Ratified by 175 parties, the UN CRPD includes 33 core articles that cover all areas of life, from the inherent dignity of all persons with disabilities to their right to inclusion in all aspects of social, political, and economic life. Several articles of the Convention have direct relevance to SRH, reproductive rights, and gender-based violence.

The following articles relate to sexual and reproductive health & rights:

Article 09 : Accessibility
Article 16 : Freedom from exploitation and abuse
Article 22 : Respect for privacy
Article 23 : Respect for home and the family
Article 25 : Health

Leave no one behind : Sustainable Development Goals (SDGs) and legal frameworks, 2015

The main principle of the SDGs is to leave no one behind. This means that the most excluded groups have the highest priority, including people with disabilities. This applies all over the world, but especially in the world's poorest places.

Goal 3. Target 3.7 and Goal 5. Target 5.6 are related to areas of SRHR, and there are five goals that have targets that specifically mention people with disabilities as a key population in their targets. Also, in SDG 4, Quality Education, which includes comprehensive sexuality education, commitments are made to educating people with disabilities.

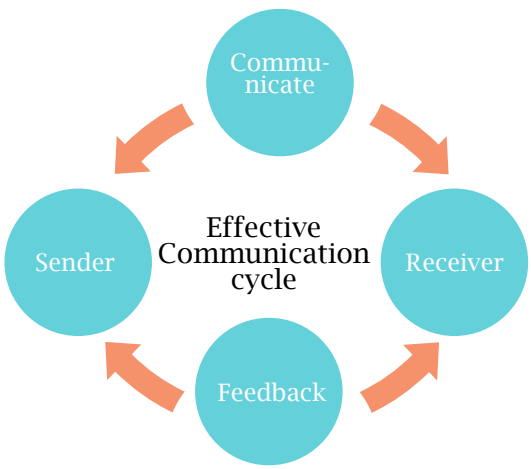
More information related to communication

Communication is the process of passing information (sending) and understanding (receiving) the same from one person to another through verbal or non-verbal means.

To make effective communication with persons with disabilities some key points need to be keep in mind .

Strategies for Effective Communication with people with disabilities: Some key points

- Effective listening is crucial
- Think of the person first and disability second
- Accept people with disabilities as individuals
- Listen and don't assume you know what's best for them
- Be yourself ... Be natural ... Don't patronise Communicate in a manner that is appropriate to their age Speak directly to the person; not to their carer or third party
- The person with disability will often let you know if they have a communication problem



Ways of effective communications

- Person with visual impairment: Use of audio materials or braille materials, if available.
- Person with hearing impairment/ speech difficulty/intellectual impairment:
- Use pictorial information to make effective communication.
- If possible use sign language to communicate with person with hearing impairment.

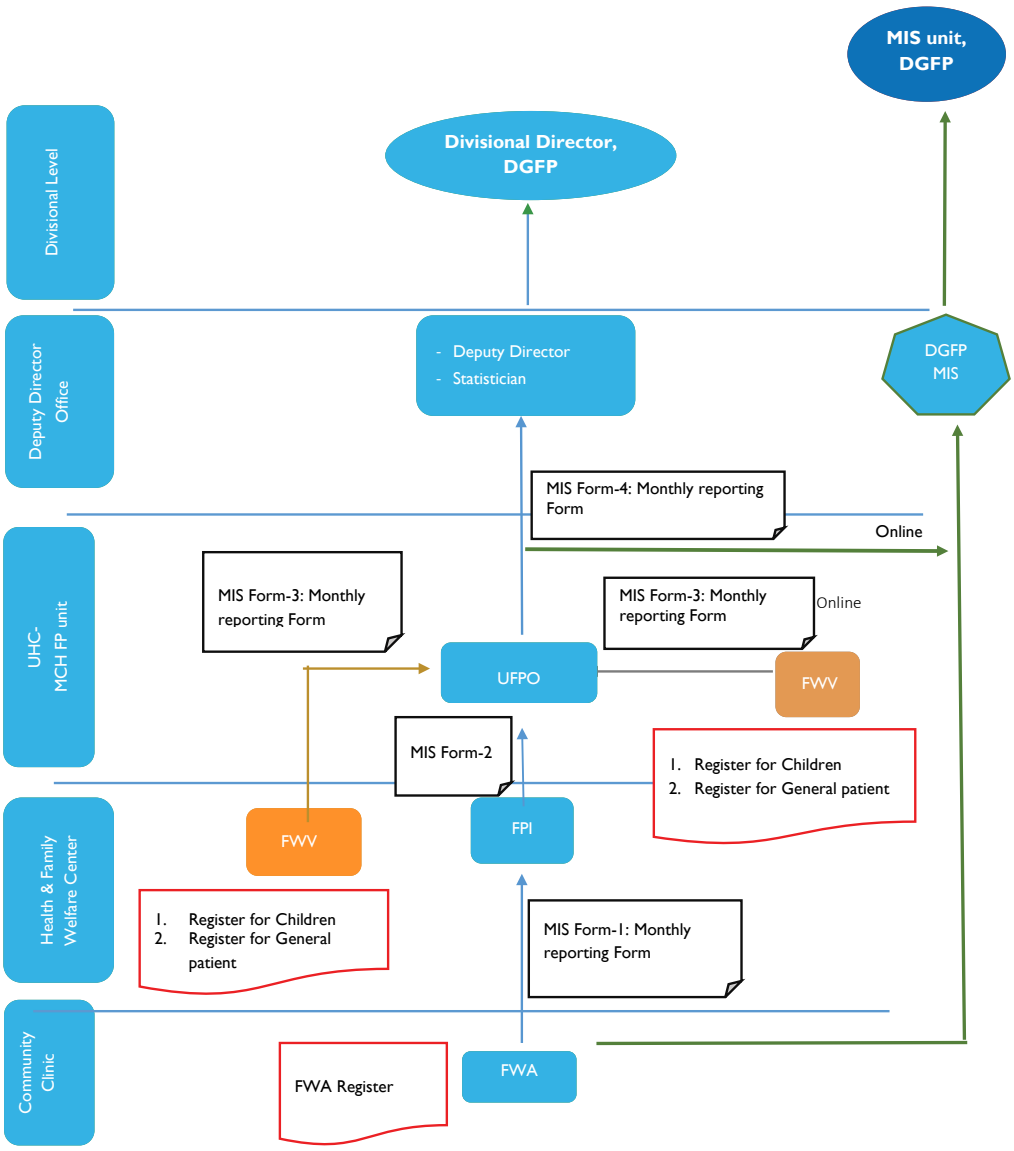
Few terminology related to communication

Braille
A form of written language for persons with full visual impairments, in which characters are represented by patterns of raised dots that are felt with the fingertips.

Tactile paving
Tactile paving (also called detectable warning surface) is a system of textured ground surface found on footpaths, stairs, station platforms, health centers or other public infrastructure to warn pedestrians who are visually impaired.

White cane
A white cane is a device used by many persons who are blind or visually impaired. A white cane primarily allows its user to scan their surroundings for obstacles

Reporting channel of DGFP




Directorate General
of Family Planning


Foreign, Commonwealth
& Development Office


UNFPA
United Nations Population Fund