

Learning package: Knowledge into policy

Enabling inclusive health education and care for women with disabilities

Women with disabilities experience barriers to reproductive, maternal and newborn health in Cambodia. Inclusive approaches can enable these women to access relevant health education and responsive care.

Accessing reproductive, maternal and newborn health (RMNH) care is challenging for women with disabilities in Cambodia. In addition to the barriers that are experienced by the general population, women with disabilities navigate challenges of transportation (when another person must drive a motorbike for them and/or accompany them to a health centre), a lack of accessible health facilities, and a social perception that RMNH is not relevant for them because they are believed to be less likely to marry and therefore do not need information and services.

The PSL remit was to improve RMNH outcomes for Cambodia's most vulnerable groups. This included identifying and addressing cross-cutting issues, such as disability, which can profoundly impact on an individual's overall health and well-being. PSL implemented intersectional approaches to health education and service quality improvement activities, to be inclusive of persons with disabilities and foster services that were responsive to their needs.

The PSL endline survey interviewed women with disabilities in the northeast (Kratie, Mondul Kiri, Ratanak Kiri, Stung Treng) and found that:

- 70%** had four or more antenatal care consultations (46.4% at baseline)
- 70%** delivered in a health facility with a skilled birth attendant (56.4% at baseline)
- 35%** are using modern family planning methods, compared to 26.4% of all women of reproductive age (27.4% at baseline)

Source: PSL (2018). *Endline survey report*.

PSL's approach to inclusion for persons with disabilities:

PSL sought to improve the quality and accessibility of RMNH services for persons with disabilities. Key activities included:

- During the program's design phase, PSL undertook an assessment of the situation of persons with disabilities in Cambodia to identify potential interventions;
- Engagement and partnership with disabled people's organisations (DPOs), such as the Cambodian Disabled People's Organisation, and other disability stakeholders, including Light of the World. This included jointly delivering training and community health education activities;
- Awareness raising on disability rights and inclusion for PSL program staff;
- Development of a PSL Behaviour Change Communication (BCC) Framework which included identifying enablers and barriers to RMNH services for persons with disabilities;
- Development of communication materials that included inclusive imagery and messages related to persons with disabilities;
- Attitudes training for service providers that included a dedicated module on disability inclusion;
- Data disaggregation for disability in PSL surveys using the Washington Group Short Set of Questions; and
- Advocacy for initiatives that support the needs of women with disabilities in RMNH policies and guidelines.



Above: A sample of inclusive imagery from PSL's behaviour change communication materials, which depicted women with disabilities in parenting roles and seeking RMNH services.

Lessons learned

Integrating disability awareness into PSL activities was an important step towards fostering communities and health facilities that support women with disabilities to access RMNH care. PSL observed the following lessons:

- Before implementing activities, it was first important to build disability awareness within the PSL team to foster an inclusive culture and help team members to understand their role in promoting social inclusion.
- Persons with intellectual disabilities have different needs and interests to persons with physical disabilities, and these should be considered when developing communication and health education approaches.
- Proactive outreach may be needed to facilitate the participation of persons with disabilities in community events. Community volunteers should be briefed about the events and their target audiences so they can assist in inviting and encouraging involvement from persons with disabilities.
- Partnership with DPOs enables direct access to target audiences via their established community networks of persons with disabilities.
- DPO partnerships also had benefits for DPOs. Through training provided by PSL, DPOs in the northeast developed new knowledge of sexual and

reproductive health and skills in facilitation, which they then used to implement new activities with their members. These activities helped to strengthen their role and increase their credibility in the community.

- Partnership also enabled DPOs to establish new relationships with local authorities, health providers and NGO staff that can provide support into the future.
- During PSL's annual review activities in year four, women with disabilities reported an improvement in service providers' attitudes and behaviours towards them, underscoring the importance of attitudes training to reduce discrimination and promote inclusive clinical environments.

Recommendations:

To continue inclusive approaches to RMNH services and information for persons with disabilities, PSL recommends to:

- Begin any new initiative with an understanding of the challenges and barriers experienced by persons with disabilities. Incorporate inclusive messages and representation of people with disabilities into mainstream health education and service planning.
- Support initiatives to improve service quality and accessibility for persons with disabilities including infrastructure improvements in health facilities and attitudes training to service providers to promote inclusive and supportive interactions with persons with disability.
- Develop disability awareness within project management teams and allocate sufficient internal resources to build partnerships and deliver social inclusion activities.
- Partner with DPOs who actively work with people with disabilities and draw upon their established networks and reputation to deliver health messages. To reach other vulnerable groups, explore opportunities to partner with youth groups and ethnic minority community associations.
- Build the skills and knowledge of DPOs to deliver health education and behaviour change communication, for example, through training of trainers approaches.

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