The intersection of disability and youth sexual and reproductive health programming in francophone West Africa

Consultancy Report
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Authored by: Sofija Djilas, Lena Trumpfheller, Marie-Eve Bayingana and Abdul-Malik Abdul-Latif

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LIST OF ACRONYMS

CORDAID: Catholic Organization for Relief and Development Aid

CRPD: Convention on the Rights of Persons with Disabilities

DfAWCP: Department for the Advancement of Women and Child Protection

DPO: Disabled People's Organisation

FP: Family Planning

GBV: Gender-Based Violence

HIV: Human Immunodeficiency Virus

MPSRU: Municipal Population and Social Reform Unit

NGO: Non Governmental Organisation

OFPRA: Office Français de Protection des Réfugiés et Apatrides (French Office for the Protection of Refugees and Stateless people)

OHCHR: Office of the High Commissioner on Human Rights

PNIR/PH: Programme National de l'Intégration et de Réhabilitation des Personnes Handicapées (National Program of Integration and Rehabilitation of people living with disability)

PNSR: Programme National de Santé de la Reproduction (National Program of Reproductive Health)

PNSA: Programme National de Santé de l'Adolescent (National Health Program for Adolescents)

PWD: Persons Living with Disabilities

SaCoDé: Santé, Communauté, Développement (Health, Community, Development)

SDGs: Sustainable Development Goals

Sida: Swedish International Development Cooperation Agency

SKK: Sourou Kanou Ka

SRH: Sexual and Reproductive Health

STI: Sexually Transmitted Diseases

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

WHO: World Health Organisation

WISH: Women's Integrated Sexual Health

EXECUTIVE SUMMARY

Background

Ensuring universal access to sexual and reproductive health (SRH) services is one of the key targets of the Sustainable Development Goal (SDG) 3. However, many people across the francophone West African region have limited or no access to essential SRH services. This is even more so the case for marginalised groups such as young people with disabilities (PWDs) who are often excluded from existing SRH programmes despite the fact that they are as sexually active as their peers who live without any form of disability.

To date, PSI's youth programming has focused on the delivery of high quality, youth-friendly family planning and reproductive health information and services but has not had an explicit focus on disability inclusion. Thus, this report offers practical guidance for designing and implementing youth friendly SRH programmes that put young people with disabilities at the centre in francophone West Africa. More specifically, the research question this report addresses is: What are some best practices (including guidelines, tools, frameworks) for designing and implementing youth-friendly SRH programmes that put young people with disabilities at the centre?

Methodology

Both published peer reviewed academic and grey literature were reviewed and 14 semi-structured key informant interviews with academics, independent researchers, staff of local NGOs and international NGOs were conducted to identify relevant international, regional, country and local level initiatives, their successes and weaknesses as well as the gaps to guide recommendations. The socio-ecological model was used as a framework to understand the unique barriers that young people with disabilities face in accessing SRH services.

Findings

The study revealed that countries under review have taken limited steps to address the SRH needs of young people living with disabilities. While all countries have signed the Convention on the Rights of Persons with Disabilities (CRPD) and passed legislative acts concerning SRH and disability individually, efforts addressing their intersection are scarce. Namely, the laws in place do not make any specific provisions for disability adjusted SRH

services while the broader infrastructure of public health centres remains largely inaccessible to people living with disabilities. Additionally, more general issues such as conservative social norms, common contraceptive stock outs, low health workforce and a lack of comprehensive sexuality education continue to hinder access to public SRH services more generally.

While a good number of Disabled People's Organisations (DPOs) were identified across all countries, their funding constraints often prevent them from tackling SRH-related issues themselves. Additionally, apart from the Women's Integrated Sexual Health (WISH) project active in most of the countries under review, only a limited number of NGO-led initiatives have been identified on the intersection between youth SRH programming and disability. These include the DRC-based NGO Children's Voice and its inclusive programmes, the International Rescue Committee's and Women's Refugee Commission's peer support and savings groups targeting women living with disabilities, including gender-based violence (GBV) survivors in Burundi, and the Gender and Disability Inclusive Development Group's advocacy programme featuring GBV survivors in Cameroon. This overall lack of non-governmental actors working on the intersection between youth SRH programming and disability within the West African region offers PSI with a unique opportunity to have a great impact on the lives of young people with disabilities

Recommendations

Based on the research findings, PSI is encouraged to consider the following recommendations in its quest to extend its SRH programming to young people with disabilities:

- Ensure that services, information, and products are physically, intellectually and economically accessible for young people with different kinds of disability.
- Make sure that health professionals are trained in dealing with matters of disabilities and sexuality.
- Include young people with disabilities in every step of the programme design and implementation.
- Advocate for and collect publicly accessible high-quality data, disaggregated on the basis of age, sex and disability (e.g. by mainstreaming measures of disability as a standard into existing data collection tools and routine monitoring data).

- Ensure collaboration with other relevant actors, ideally with different areas of expertise since disability-adjusted youth SRH programming is an intersectional topic
- Ensure that all SRH information presented to young people with disabilities is in appropriate and easily understandable formats (e.g. in braille, sign language, simple wording, and large fonts).
- Use peer-led or peer-supported educational programmes and digital technologies, including social media, to provide confidential SRH information to young people with disabilities to overcome attitudinal barriers.
- Identify possible ways to bring together young people with and without disabilities.

Report Rationale and Scope

The aim of this report is to provide practical guidance to ensure that PSI is at the forefront of sexual and reproductive health (SRH) programming for young people with disabilities in the following countries: Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, DRC, Mali, Mauritania, Niger, Senegal, and Togo. As only a very small number of organisations are currently addressing this issue, by extending its programmes to young people with disabilities, PSI would have the potential to be a thought leader in this intersection in the region.

Report outlook

- Chapter 1 provides a brief introduction to the intersection of SRH and disability and highlights the unique SRH-related features adolescents and young people face in this developmental phase of life.
- Chapter 2 outlines the research methodology on which this report is based including its major limitations.
- Chapter 3 elaborates on the unique barriers young people with disabilities face globally when it comes to accessing SRH services and stresses the importance of adopting an intersectionality lens when addressing this intersection.
- Chapter 4 introduces the francophone West African region, maps out regional initiatives and donor activities related to the intersection of SRH and disability and contains summaries of the eleven countries we assessed in terms of their SRH/disability policy frameworks, non-governmental actors, and gaps/challenges.
- Chapter 5 entails key recommendations and practical guidelines on how PSI can extend existing SRH programmes to young people with disabilities followed by a brief conclusion.

THE INTERSECTION OF SRH AND DISABILITY FOR YOUNG PEOPLE GLOBALLY

To fully participate in all aspects of life, young people with disabilities need to have the freedom to make informed decisions about their lives. Good SRH is a crucial foundation of this.

Given that about 15% of the world's population live with some form of disability (WHO, 2011) and about 80% of them globally live in developing countries (WHO, 2011; UNDP, 2018), including young people with disabilities in SRH programming is crucial to achieving the SDGs and the Agenda 2030. It is estimated that globally, between 180 and 220M young people live with mental, intellectual, physical or sensorial disabilities (UNFPA East and Southern Africa, 2017). Even though young people with disabilities are just as sexually active as their peers without disabilities and have the same SRH-related needs (UNFPA, 2018), they remain subject to multiple sources of marginalisation and are often left out of broader SRH programmes (KII Nora

Groce). Therefore, expanding existing SRH services into the disability space will have a great impact on these young people's lives (UNFPA, 2018a).

The period stretching from age 10 to 24 is a crucial time of development for individuals. Adolescence (ranging from age 10 to 19), which WHO recognises as 'one of the most rapid phases of human development', is a pivotal and vulnerable phase, representing a transition from childhood to physical and psychological growth into adulthood (WHO)[1]. Certain aspects of SRH are unique to adolescents. For instance, it is the period of continued gender socialisation, the first occurrence of menstruation for girls, the recommended age of important vaccinations (e.g. HPV vaccination), the time in which most young people initiate sexual activity, and it offers the opportunity to provide comprehensive sexuality education in school (Engel et al., 2019).

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[1] WHO: https://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/

Key definitions and terminology

Disability: This report uses the definition of disability established by the United Nations (UN) CRPD: "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." (UNGA, 2006, p. 4).

People with disabilities: This report explicitly uses the term 'people/persons with disabilities' as an acknowledgement of the debates around (dis)empowering terminologies among marginalised groups. Using person-first language highlights that people with disabilities are, first and foremost, people and considers disability to be a label rather than a defining characteristic of the person (Dunn, Andrews, 2015).

Young people: The term 'young people' refers to individuals from age 10 to 24 years old, encompassing the globally accepted definitions of adolescents (10-19 years old) and youth (15-24 years old) (UNFPA, 2015).

Sexual and reproductive health (SRH): According to the United Nations Population Fund (UNFPA), good sexual and reproductive health is "a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so." (UNFPA, na)

Family planning: According to UNFPA, family planning is "the information, means and methods that allow individuals to decide if and when to have children." This includes various forms of contraceptives, non-invasive methods such as abstinence, information about how to become pregnant when desired, and the treatment of infertility (UNFPA, na).

METHODOLOGY

This report employed an exploratory qualitative research methodology, consisting of secondary data collection through a desk-based documentary and literature review of peer-reviewed and grey literature and primary data collection through semi-structured key informant interviews. To identify the already existing best practices within the region, the focus was on identifying relevant international, regional, country and local level initiatives, their successes and weaknesses as well as the gaps that continue to go unaddressed. To ensure that the recommendations stemming from this research process are both relevant and feasible for specific countries, both regional and country-specific contexts were analysed.

Literature review:

The first step of the research process was an in-depth literature review, focusing on the region as a whole, each of the 11 targeted countries and the relevant theoretical background. Published peer-reviewed academic literature was identified through the *Google Scholar and PubMed* databases by combining "disability/people with disabilities", "sexual and reproductive health", "youth" and other related search terms

such as "family planning" and "contraception". However, as the grey literature offered more practical guidance, it was made the focal point of the literature review. To obtain a clear, coherent picture, we looked at websites and reports of key international and local actors working within the region and in specific countries, but also on the topic more generally and theoretically. We summarised the relevant documents and organised the information according to its country-specific and thematic focus with SRH, disability and their intersection as the main themes.

Key informant interviews:

Due to the lack of research published on this study's topic and the fact that many relevant actors and initiatives do not have an online presence, a total of 14 semi-structured key informant interviews were conducted to fill in the remaining gaps. Semi-structured interviews were used to ensure that all the questions within the interview guide (see Appendix B) were answered, while still allowing for an open-ended discussion with the interviewees. To ensure that a broad range of experiences and discourses emerges from the interviews and to avoid systematically excluding the voices of any group of identified informants, initially, respondents were identified

through purposive sampling that focused on three main groups: local and international NGO workers, academics and independent researchers, and young people living with disabilities. As soon as the interview process started, snowball sampling was also used to help include offline informants. Additionally, the informants were asked to identify any relevant research, projects, or actors to add to the literature review. The interviews took approximately 30 minutes each and were conducted via Skype, with exception of a small number of face-to-face interviews taking place in London or questionnaires being sent when an interview was not a feasible option. After obtaining written informed consent from all participants, the interviews were conducted in either English or French and translated, transcribed and analysed manually by the research team.

Limitations:

The main limitations of the study include:

- **Difficulty reaching certain groups of key informants:** While all three main groups were included, with a response rate of 45% among those invited to be interviewed, it was hard to reach local actors, and especially young people with disabilities. This is mainly because the only possible

mode of communication was through email/social media and such respondents were not likely to have an online presence. We acknowledge that this is a significant weakness and suggest that further research among this group of youth in Francophone Africa may prove fruitful, possibly using face-to-face approaches.

- **Inconsistency in terminology:** All of the main terms used for this study (including "disability", "young people" and "sexual and reproductive health") are very broad and are defined differently in different contexts. This is a complex field, and we have as much as possible aimed to remain consistent throughout this report.

- **Lack of empirical evidence:** While the data on SRH more generally was widely accessible, facts and figures regarding disability and particular subgroups within this broad category were either not publicly available, outdated or based on estimations and modelling. While we used key informant interviews to fill in some of these gaps, we are aware that information obtained through these interviews cannot fully replace the missing data. We therefore suggest that further research efforts on this topic include and rely on collecting

data on SRH and disability, to be organised based on the kinds of disabilities, gender and age.

- **Language barriers:** While some key informant interviews were conducted in French, due to time constraints, the majority of the literature reviewed was in English. Some relevant literature published in French may have been overlooked.

BARRIERS

Despite existing normative frameworks, young people with disabilities are often excluded and neglected within SRH initiatives and consequently prevented from living healthy sexual lives (UNFPA, 2018a). The reasons for this are manifold and often a combination of access and rights-related barriers. In some ways, the barriers that young people with disabilities face are similar to the barriers that all young people experience when it comes to accessing SRH services, including issues of affordability, confidentiality, stigma, and feeling judged (KII Shelley Megquier). However, there is also a range of unique barriers that young people with disabilities face. The socio-ecological model (see Figure 1) is a useful framework for understanding those. The

model looks at the person with a disability as the result of an interaction between the environment and biological factors and highlights the various levels of influence and the idea that behaviours of the individual both shape and are shaped by the social environment (Bronfenbrenner, 1977).
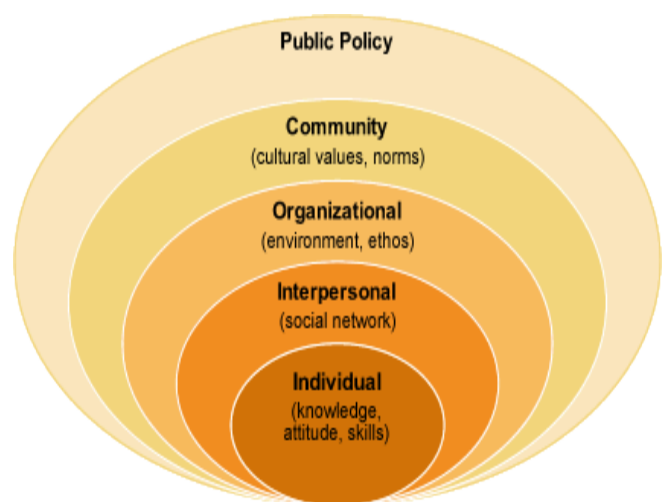

Figure 1: Socio-ecological model (Bronfenbrenner)

"It's very important to keep in account that disability is not a monolithic condition. It's a changing one because it is the result of the interaction of the environment and the impairment."
(KII Anonymous 3)

The main barriers young people with disabilities face globally that were identified through the research process can be categorised into physical, financial, information/communication, institutional, and attitudinal barriers (see Figure 2) and are often exacerbated by a number of compounding factors (see Appendix E). These global barriers are reflected in the francophone West African region.

Figure 2: Types of barriers to access SRH services for young people with disabilities and examples

Type of access barrier	Examples
Physical	● Inaccessible buildings and equipment not suitable for persons with disabilities such as lack of ramps, adjustable beds, and disability-friendly sanitation facilities in health centres (Ahumuza et al., 2014; UN, 2018) ● The need to have someone accompany them on health visits (increases transportation costs and raises issues of confidentiality) (UNFPA, 2018b) ● Distance to and queues at health facilities (UN, 2018; Fraser and Corby, 2019)
Financial	● Globally, households with persons with disabilities tend to have higher out-of-pocket medical expenditures compared to other households (UN, 2018) ● Several studies have highlighted the financial barriers to family planning services experienced by people with disabilities, particularly adolescent girls (Ahumuza et al., 2014; Burke et al., 2017)
Information /Communication	● Lack of sign language interpreters or alternative channels of communication (KI Shelley; UNFPA, 2018b) ● Lack of information patients with disabilities have about the care available to them (UNFPA, 2018b)
Institutional	● Lack of policies safeguarding the rights of young people with disabilities (UNFPA, 2018b) ● Lack of data on the intersection of disability and SRH (UNFPA, 2018b) ● Little knowledge or training on disability and sexuality-related issues by health care providers (UN, 2018)
Attitudinal	● Stigma and negative attitudes stemming from society, service providers, and self-inflicted stigma stemming from the persons with disabilities themselves (e.g. feeling of 'undeservingness') (UNFPA, 2018; KII Loic Nsabimana, KII Prof Nora Groce & Anonymous 3) ● Overprotective attitudes of parents and caregivers ● Fear of services, especially amongst girls (e.g. forced sterilisation of girls with intellectual disabilities) (UNFPA, 2018; KII Shelley Megquier)

Of all the access barriers identified, attitudinal and institutional barriers were the most severe in inhibiting young people with disabilities in accessing SRH services, as they can also prevent the successful elimination of other barriers. Namely, although the majority of countries ratified the CRPD, most

governments did not follow through with legal mechanisms to implement and monitor the Convention. Consequently, the responsibility to ensure the inclusion of people with disabilities rests upon NGOs, which are often underfunded and have different priorities and of which only very few work on both SRH and disability. This has serious implications on programme sustainability.

"I think that it's so important that the public sector is strengthened because if it's international NGOs doing this it's fantastic, but they are donor-dependent and what happens if one day, they don't have donor funding? Then, the services disappear."

(KII Eva Burke)

"A lot of people do either SRH or disability and very few overlap. There is awareness of the barriers by now, but it's time some action is needed... I hope we don't just sit with it. People need to start talking about barriers and then somebody needs to do something."

(KII Anonymous 1)

In line with this, another institutional barrier stems from the lack of technical expertise within each institution around SRH programming for people with disabilities and the lack of adequate data disaggregated by gender and impairment type (Fraser/Corby, 2019). Consequently, young people with disabilities are often uncounted and unrepresented by national data (CRN, 2019).

However, even if normative frameworks are in place and services are available, young people with disabilities face strong obstacles accessing them, stemming from attitudinal barriers. Within society, there is a widespread false assumption that persons with disabilities are asexual, hypersexual, or oppressed victims of sexual- and gender-based violence, and hence not in need of the same SRH services as people without any kind of disability (KII Prof Nora Groce and Anonymous 3 & IPAS, 2019). This false perception can lead to withholding of information, putting young people at particular risk.

Health professionals often share the negative attitudes about disability and sexuality entrenched within society, which not only limits the access to services but also lowers the quality of care people with disabilities receive (UN, 2018). Often health providers assume that people with disabilities have been assaulted rather than been in a

consensual relationship when in need of a service such as contraception or STI screenings (KII Shelley Megquier). In addition to feeling judged by service providers, people with disabilities are often turned away when showing up for SRH services (KII Prof Nora Groce).

"We often hear that service providers do not really have the information about how to provide services to the young person with the disability. So maybe they don't have sign language interpretation or maybe they just say that they can't serve the person because they don't know how to provide a service to someone with impairments. There are a lot of different challenges that people face, such as the stigma but also the lack of knowledge that service providers have about how to provide services to people with unique needs or different needs."
(KII Shelley Megquier)

In some cases, pregnant young women and girls living with disabilities seeking services are advised to seek an abortion as health professionals assume that the child will have a disability as well or that the child is unwanted. Hence, ensuring SRH for young people with disabilities is not solely about the access to contraception and other relevant services but also about the right to start a family when one feels ready (UN, 2018; KII Shelley Megquier).

"The literature has documented unsolicited advice for termination towards pregnant, disabled women because health professionals possess the same inaccurate stereotypes as many others do. Namely, that disabled women cannot take care of children and do not need health care, for example that they are asexual."
(KII Dr Mark Carew)

"Sometimes persons with disabilities don't want to go to the health service because they think that they will be forcibly sterilised. It's quite understandable because imagine, they have zero access to information, so there is a huge opportunity for these wide beliefs and rumours to be shared instead of solid communication about the services available and what they are for.
(KII Anonymous 3)

Impairment type and intersectionality

Importantly, young people with disabilities are not a homogenous group. Depending on the impairment type - ranging from physical to intellectual

disabilities - the SRH needs and obstacles in accessing these services vary strongly. Furthermore, attitudes toward disability groups also vary. There exists a hierarchy of preference towards certain disability groups in society. The order of preference tends to be people with physical disabilities first, sensory disabilities second, and intellectual disabilities third (Tringo, 1970).

"If you think of disability as a hierarchy, the people at the top of the hierarchy are typically people with a physical or mobility disability. So, if you ask an organisation what they do to make their programmes accessible, they will talk about a wheelchair ramp. That is great, but it only addresses the needs of a certain subclass of people and people with intellectual disabilities tend to be at the lowest end of the hierarchy and are the last ones to be paid attention to."

(KII Anonymous 2)

Further, disability intersects with other sources of discrimination reinforcing each other with the potential to limit access to and uptake of SRH services including gender, age, marital status, sexuality, ethnicity, age, or socio-economic status (Wapling, 2018; DFID, 2018). Lastly, barriers to SRH resources are exacerbated for persons with disabilities in conflict and during humanitarian emergencies. In such settings, the needs of the rest of the population are prioritised and services for persons with disabilities are neglected and receive insufficient resources (Rohwerder, 2017).

CONTEXTUAL ANALYSIS

Introducing the region and the Ouagadougou Partnership

Francophone West Africa is a region characterised by weak health systems, cultural barriers, low contraceptive use, high unmet need, and limited funding and political commitment needed to change this (Ouagadougou Partnership, n.d.). Most of the countries are conservative societies and in a post conflict setting affecting the availability and accessibility of and attitudes towards SRH services, particularly for young people with disabilities. Eight of the countries analysed in this report are part of the regional initiative "Ouagadougou Partnership" (OP), launched in 2011.

Regional initiatives

Ouagadougou Partnership

The OP is an initiative between nine francophone West African countries

(Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo) and has been created to improve the use of family planning programmes by reaching at least 2.2M. new family planning users within the partnership countries by 2020, and reducing maternal deaths by 68% (Guttmacher Institute, 2018). Prior to its creation, around 225 women died daily during birth delivery (Partenariat de Ouagadougou)[2]. In 2018, the OP countries managed to reach 448,000 new users of modern contraception, prevented around 159,000 unwanted pregnancies, 56,000 unsafe abortions and 510 maternal deaths (IntraHealth International, 2018). Overall, between 2015 and 2018, the OP reached 1.4 million new users with 817,000 new users still to be reached to achieve the target by 2020 (Guttmacher Institute, 2018). Under the slogan of "The youth; social and behavioural change: We want more", the 2019 annual OP meeting highlighted that contraceptive methods should be available to young people in all their diversity (Partenariat de Ouagadougou, 2020). However, as the word "disability" is still not specifically mentioned, there remains a lack of data

about disability inclusion in the Partnership's programme.

Donor activity in the region

The CRPD is the first Convention to explicitly recognise the necessity of providing persons with disabilities with the same range, quality and standard of affordable SRH care as provided to the rest of the population (CRPD, 2006). Until it entered into force in 2008, there has been no strong, international commitment to upholding the SRH rights of people living with disabilities, leading to the issue being largely overlooked by donors. However, ratified by all our focus countries (except for Cameroon), the CRPD has mandated its country signatories to implement and monitor its 33 core articles and has provided the disability movement with a strong legal framework to advocate for disability rights, including SRH (European Disability Forum, 2019). It has also provided disability-focused programmes with a standard to uphold to ensure the quality of their interventions. To complement this, the 2030 agenda for Sustainable Development has not only recognised disability as a cross-cutting issue and included it in five SDGs (United Nations, 2019), its pledge to "Leave no

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[2] Partenariat de Ouagadougou: https://partenariatouaga.org/a-propos/le-partenariat/

one behind", has also ensured that marginalised populations, including people living with disabilities, are not overlooked by mainstream development efforts (Jolley et al., 2018). This has been of crucial importance for low-resource West African countries, struggling to balance the CRPD implementation with other priorities, as it led to increased attention from donors. The main example of such increased donor activity is the UK Department for International Development (DFID)'s WISH flagship programme, implemented together with International Planned Parenthood Federation and Marie Stopes International. With £200m funding over a period of three years (IPPF, 2018), WISH works to increase access to family planning services and it focuses on the most underserved, marginalised young women, including women with disabilities (UKAID Development Tracker, 2020). While WISH is an ongoing programme meaning that most of its work is not published yet, what makes it unique is its explicit focus on young women, women living in poverty and women living with disabilities as well as the intersection between the three (KII Dr Mark Carew) and disability-specific technical guidance that it receives from Leonard Cheshire International and Humanity & Inclusion. It is active in

Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, DRC, Mali, Mauritania, Niger, and Senegal.

Country summaries

BENIN

Policy/legal framework: Benin's government has formulated several SRH policies including the Sexual and Reproductive Act of 2003. Additionally, in 2013, the government pledged to increase its modern contraceptive prevalence to 22% and to increase its budgetary allocation for contraceptive purchase to CFA 250M by 2018 (FP2020). Since then, Benin has made steady progress and importantly, its adolescents and young people are able to access free family planning services (FP2020). However, Benin's government still has to address the lack of adequate health workforce, common contraceptive stockouts in health facilities and a lack of comprehensive sexuality education (UNFPA, 2018).

In April 2017, Benin's National Assembly approved the Promotion and Protection of the Rights of Persons with Disabilities Act which aims to protect people with disabilities from exploitation and violence by offering social benefits including access to healthcare,

facilitating physical access to buildings and obliging schools to enrol children with disabilities (US Department of State, 2018). While improving access to healthcare for people with disabilities is included, making SRH services more accessible to people living with disabilities is not specifically mentioned.

Gaps/Challenges: Despite the adoption of the 2017 Act, the Federation of Association of Persons with Disabilities of Benin still reports discrimination against people living with disabilities when it comes to accessing healthcare, education, employment, and justice (US Department of State, 2018).

BURKINA FASO

Policy/ legal framework: Following up on its CRPD ratification, the government created a national structure responsible for coordinating, monitoring and evaluating the implementation of the Convention, called 'COMUD Handicap' or 'the Multisectoral Council for the Promotion of the Rights of Persons with Disabilities' (Light for the World, na)[3]. Nevertheless, people with disabilities receive almost no medical assistance and are socially and economically excluded (Humanity & Inclusion Burkina Faso, na)[4]. In 2010, the government introduced national law n. 012, including the so-called "Disability Card". All people living with disabilities who are eligible for the card and are recognised as living in poverty will have access to free health consultations, care, medical exams, medication, and hospitalisation in public health centres. Additionally, they will benefit from free orthopaedic devices, wheelchairs, tricycles, prostheses, and any other equipment that they might need. Furthermore, all people living with a disability who are eligible for the care and are not recognised as living in poverty will be eligible for reduced health-related fees in proportion to the degree of their disability and will benefit from receiving necessary equipment at a reduced price (ILO, 2010). However, the limited number of specialists who can certify the applicant's conditions limits its implementation. Additionally, awareness of the card's existence and knowledge of the Convention remains weak among health providers and people with disabilities themselves (Bridging the Gap Project, na)[5].

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3 Light for the World: https://www.light-for-the-world.org/burkina-faso-implementing-disability-rights
4 Humanity & Inclusion, Burkina Faso: https://www.hi-us.org/burkina_faso

5 Bridging the Gap: https://bridgingthegap-project.eu/beneficiary-countries/

Notably, since June 2019, the government has committed to providing free family planning services, including contraceptives and medical consultations, which has the potential to help improve low contraceptive prevalence rates and to decrease the country's high levels of maternal mortality (Amnesty International, 2019).

Non-governmental actors: Although the number of grassroots disabled people's organisations in Burkina Faso is large, the organisation of the disability movement is rather weak and dependent on voluntary members and external funding. Consequently, the disability movement does not extend outside the capital city and is dependent on the support of international NGOs (Bezzina, 2019). The main organisation representing people living with a disability is the 'Fédération Burkinabè des Associations pour la Promotion des Personnes Handicapées' which consists of 350 member organisations and is regularly consulted by the government on disability issues (SIDA, 2012). In addition to local organisations, the 'Bridging the Gap project' funded by the European Union under the Development

Cooperation Instrument (DCI) aims to increase the inclusion of persons with disabilities (Bridging the Gap Project, na).

Gaps/Challenges: Despite the existing legal framework for disability rights in Burkina Faso, it remains difficult for people with disabilities to fully integrate into society. Although they are 'amongst the poorest of the poor in Burkina Faso', the majority of NGOs active in the country still do not include them in their programming (LAFI Burkina, na)[6]. Particularly the rapid demographic growth in the country's capital Ouagadougou presents a challenge to people living with a disability, as transport, health and education infrastructure are not adapted to their needs (Humanity & Inclusion, na). Such issues lead to certain SRH challenges being more pronounced amongst people with disabilities. For instance, while HIV prevalence in Burkinabé women in general is around 1.1%, it is 5.4% for women with disabilities (Humanity & Inclusion, 2019).

Recent terrorist attacks, a deteriorating security situation and the presence of around 25,442 refugees from

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[6] LAFI Burkina:
https://www.lafiburkina.org/about/disability-rights-in-burkina-faso/

neighbouring Mali (UNHCR, 2019) mean that according to UNFPA (2018), 2,9 million people in Burkina Faso are in need of humanitarian assistance of which 952,422 are young people. While the number of people with disabilities affected by these issues remains unknown, there have been no targeted general or SRH-specific programmes to help them.

BURUNDI

Policy/legal framework: While Burundi ratified the CRPD in 2014, the government only followed up on this in 2018 with the Law to promote and protect the rights of persons with disabilities, aiming to eliminate all disability-related discrimination (Humanity and Inclusion, 2019). However, this law is gender-blind and fails to address discrimination against women with disabilities as it does not ackonwledge any particular issues that they might be experiencing (Humanity & Inclusion, 2019).

Since 1999, Burundi has had the "Bureau de Coordination du Programme National de Santé de la Reproduction" in place and in 2014, it pledged to achieve a 50% contraceptive prevalence by 2025 through educational and access-based efforts (FP, 2019). However, there has been no explicit focus on disability.

Non-governmental actors: Except for WISH, the only initiative identified that brings together SRH and disability in Burundi is the International Rescue Committee's and Women's Refugee Commission's project aiming to bring together women living with disabilities, majority of whom are GBV survivors, into discussion groups offering peer support networks and to increase their independent access to resources through a savings scheme. The formation of the discussion and savings groups was a response to the needs identified by the women themselves and the initiative not only contributed to the evidence base on effective strategies for disability inclusion in GBV prevention and response activities in humanitarian settings, but also provided the women with an opportunity to exchange their stories and feel understood (Making it Work).

Gaps/Challenges: The main barrier present in Burundi relates to communication between people with disabilities and health workers that lack adequate training, making it difficult to provide adequate SRH services (KII Loic Nsabimana). Initiatives such as the local

NGO SaCoDé's use of mobile phone messages to provide free, anonymous SRH advice for young people could be used to overcome these communication barriers and disability-related stigma. Knowing that not everyone owns a mobile phone, this particular initiative asks users to share information with five other people.

CAMEROON

Policy/legal framework: Cameroon signed the CRPD in October 2008, but has not ratified it ever since, leading to only limited changes. In April 2010, the government introduced the Law protecting the rights of persons with disabilities, including their right to education and facilitating their access to infrastructure and politics and in 2018, it introduced another decree for its implementation. However, this law fails to address SRH and GBV-related issues, leaving Cameroonian women living with disabilities particularly vulnerable to GBV (Humanity & Inclusion, 2019).

While the Ministry of Health's 2015-2020 family planning action plan aims to increase the prevalence of modern methods of contraception from 17,66% in 2014 to 30,56% in 2020 (UNFPA, 2017), there are no disability-specific provisions within it.

Non-governmental actors: Apart from WISH, the only actor identified that brings together SRH and disability in Cameroon is the Gender and Disability Inclusive Development group which addresses GBV committed against women living with disabilities within the region. This group advocates for implementation of already existing gender and disability-inclusive legislation and its activities have helped to change some of the policy-makers' traditional attitudes. Its success stems mainly from the fact that, rather than treating women living with disabilities who have survived GBV as victims, it encourages them to speak up, chair meetings and develop their own initiatives. In 2017, it encouraged 16 of them to testify as part of the "16 days of activism against GBV" campaign while it published daily stories including positive examples of women with disabilities who have survived GBV (Making It Work).

Gaps/Challenges: People living with disabilities have been amongst the most affected by conflicts that have claimed around 2,000 lives and caused more than 500,000 people to flee their homes in Cameroon's Anglophone regions since 2016 (Human Rights Watch, 2019). However, there have not been any targeted efforts to address both general

and SRH-specific needs of people living with disabilities in these regions (Human Rights Watch, 2019).

CÔTE D'IVOIRE

Policy/legal framework: In addition to the 2015 and 2018 disability-adjusted work-related legislation, in 2011, the Ivorian Ministry of Employment, Social Affairs and Solidarity created the Directorate for the Promotion of People Living with a Disability which is in charge of designing and implementing national policies aiming to promote and protect PWDs (OFPRA, 2018). Furthermore, Article 4 of the 2016 Constitution highlights that all Ivorians are equal and that no one should be discriminated against based on their mental or physical state while the Article 6 guarantees protection of PWDs and their access to health services (Constitution de Côte d'Ivoire, 2016). However, the broader infrastructure of public health centres remains largely inaccessible to PWDs (e.g. physically inaccessible buildings and inadequately trained medical personnel) (OFPRA, 2018). Therefore, it is mainly the privately held, urban medical centres that offer free, but often insufficiently publicised, medical care to PWDs (not indicated if SRH is included) (OFPRA, 2018). Consequently, Ivorian health professionals continue to perceive

disability as a pathological condition that ought to be "fixed", while the public, especially in rural areas, regards it as a "curse, taboo or a vexing subject" (Bayat, 2014). As a result, young people with disabilities are often hidden by their families (Ahoua, 2017).

While vast numbers of Ivorians depend on the public sector to meet their SRH needs, family planning services are not provided for free. Instead, they are included in the Health Ministry's cost recovery scheme. However, given that 42% of the country's health facilities were destroyed during the crisis (UNFPA, 2016), the government is struggling to address the SRH-related needs of its growing population. In 2015, only 40% of public health facilities offered family planning services, and solely 26% of the population lived within 5km of such facilities (White-Kaba and Wilson, 2015).

The government is intent on rebuilding the health system and making health services more accessible. In December 2017, it allocated approximately $930,000 towards purchasing contraceptives in its 2018 budget and based on the commitment it made at the London Summit on Family Planning, this should increase by 10% each year (Advance Family Planning, 2018).

However, such progress depends on continued stability within the country which could be compromised following the upcoming 2020 elections (World Bank, 2019).

Non-governmental actors: Apart from the WISH project and the National Deaf Association's collaboration with PSI on SRH programming for young deaf women (KII Yegueleworo Ouattara), no other NGO-led projects have been identified at the intersection of youth SRH and disability. While initiatives such as the Action Contre la Faim "e-Santé jeunes" application, using technology to promote confidential information exchange and facilitate young people's access to health-related information (Aimé Eblotié, 2019), could be made more disability inclusive, more concerted effort is needed at the national level.

Gaps/Challenges: Due to disability-related stigma and the patriarchal socio-cultural norms (UNFPA, 2016), Ivorian women living with disabilities are usually not able to access adequate information about safe sexual practices. This situation is further aggravated by the fact that, in Côte d'Ivoire, it is still widely believed that women living with disabilities are not fit to have children, making it more complicated for them to access adequate pregnancy-related healthcare (Zamblé, 2006). Additionally, women living with disabilities are in a particularly vulnerable position as they are more exposed to physical and sexual violence (OFPRA, 2018).

DEMOCRATIC REPUBLIC OF CONGO (DRC)

Policy/legal framework: In 2001, the Ministry of Public Health created the "Programme National de Santé de la Reproduction (PNSR)" aiming to establish norms for family planning service promotion and delivery. Furthermore, in 2003, it established the "Programme National de Santé de l'Adolescent/National Health Program for Adolescents (PNSA)" to promote adolescents' health by preventing STIs, HIV, and unwanted pregnancies. However, the project is only active in 7 out of 11 provinces (Family Planning in DRC, 2020).

In 2010, the government adopted the national policy on disability "Programme National de l'integration et de Rehabilitation des Personnes Handicapées" (PNIR/PH), highlighting the rights of people with disabilities (Sida, 2014). However, the majority of people with disabilities continue to have

limited access to education, healthcare, and employment (Africanews, 2018).

Non-governmental actors: Except for WISH, the only actor working on the intersection between disability and SRH identified is Children's Voice, a local NGO in Eastern DRC which has three training centres and offers an inclusive vocational training programme as well as a transversal SRH programme. It provides young people with an opportunity to participate in disability-inclusive youth clubs, where, with support from some of the NGO members and supervision from the more knowledgeable young people, they openly discuss topics such SRH, that are normally a taboo within the society. Initially, the youth club initiative was financed by SIDA through UNDP from 2011 to 2014 and since then, the NGO has been supported by small funds from different organisations (KII Christine Musaidizi).

Additionally, between 2015 and 2017, CARE, Vodacom, HNI, and Pathfinder partnered with the National Health Programme for Adolescents to implement the "Vijana Juu" SRH hotline. This hotline provided access to pre-recorded voice messages, containing information on family planning, post-abortion care, STI/HIV prevention and treatment and GBV in four different languages (CARE, 2018).

Gaps/Challenges: As the DRC has experienced political crises and civil wars including rapes and massacres, especially in the eastern provinces, huge parts of its population are displaced. This makes it difficult to access SRH services, leading to poor reproductive health outcomes especially in the conflict affected zones (CARE, 2018). Additionally, as SRH does not seem to be a priority area for donors in the country's eastern provinces (KII Christine Musaidizi), SRH-related needs of people living with disabilities in these regions are often unmet.

MALI

Policy/ legal framework: While the Malian government ratified the CRPD in 2008, it has been criticised for its slow implementation process as the National Assembly only adopted the law on the protection of persons with disabilities in 2018. While women with disabilities remain underrepresented in decision-making processes at both the community and national levels (Humanity & Inclusion, 2019), at the national level, public awareness programmes focusing on the rights of women with disabilities are weak.

Non-governmental actors: The disability movement is well organised but is confronted with organisational and institutional difficulties that weaken its internal governance and democratic processes, and thus limit its actions in advocacy, resource mobilisation and profiting from their experience (SIDA, 2015). We identified the 'Organisation pour un développement intégré au Sahel (ODI Sahel)' as an organisation working on the intersection of SRH and disability in Mali. Their aim is to enhance the reproductive health status of girls and women with disabilities by increasing their decision-making power and reducing harmful practices (Humanity & Inclusion, 2019). ODI Sahel is mainly active in the Mopti region of the country and supports people with disabilities for instance through income-generating activities as part of its project for vulnerable groups (MaliWeb, 2014).

Gaps/Challenges: Major challenges to the effective provision of SRH services for young people in Mali and especially for those living with a disability include inadequate resources for humanitarian assistance and the difficulty of making family planning accessible in crisis-affected areas (UNFPA, 2019). Since 2012, the country has been affected by armed conflict and political instability. As a consequence of war and drought, huge parts of the population are displaced, and institutions have been weakened (Humanity & Inclusion Mali, na)[7]. In June 2019, 138,391 refugees and 120,067 internally displaced people were recorded. Nearly 3.2 million people lack basic social services (UNFPA, 2019). A study by Tunçalp et al. found that due to weak supply-chain management, post-conflict Malian regions, with a high concentration of displaced people, had less SRH service availability, and areas which have been occupied in the past had the least availability of essential SRH services (Tunçalp et al., 2015). This is further aggravated for people with disabilities as they are disproportionately affected by service unavailability as society's most vulnerable members.

MAURITANIA

Policy/legal framework: While the Mauritanian government introduced disability-related legal provisions such as the Order 2006.043 on Promotion and Protection of Persons with Disabilities and its two implementing decrees even before it ratified the CRPD in 2012, in

[7] Humanity & Inclusion, Malli: https://www.hi-us.org/mali

the years that followed, it has increased its efforts to engage with the local NGOs working on disabilities and the PWDs themselves. Namely, it has relied on mechanisms such as the Multi-Sectoral National Council for the Promotion of People with Disabilities and the Directorate for Persons with Disabilities, established by the Ministry of Social Affairs, Children and the Family, to coordinate its assistance efforts. As the Mauritanian government is eager to fund NGOs working on human rights of PWDs (e.g. in 2015, it allocated a total of MRO 38,743741 to 37 associations), it motivates these NGOs do their work more efficiently and to continue cooperating with the government (Chembe and Fagbayibo, 2018). While their recommendations are not binding, multiple NGOs working on disability are involved in the government's report drafting process such as that of the CRPD implementation report (Chembe and Fagbayibo, 2018).

When it comes to SRH, Mauritania's criminalisation of consensual adult sexual relations outside marriage makes it particularly difficult for young women to access adequate SRH services and information and deters girls and women from reporting assaults. While the parliament adopted a law recognising

reproductive health to be a universal right in 2017, it maintained its previously existing ban on abortion, meaning that, in reality, access to safe SRH services for young women, especially rape victims and those outside marriage, continues to be problematic (Human Rights Watch, 2018).

Gaps/Challenges: Due to Mauritania's strict legal framework for SRH, actors working on SRH programming for young people living with disabilities are likely to experience significant issues when it comes to reaching their targeted populations.

NIGER

Policy/legal framework: Following Niger's initial report on its CRPD implementation, the Committee on the Rights of Persons with Disabilities applauded the country's current draft law on equal opportunities and integration of persons with disabilities, but it also urged the government to update its formal definition of disability centred on motor, sensory and mental impairments, to comply with the international standards, eliminate the negative language around disability and focus on encouraging the decision-making role of people living with disabilities (United Nations Human Rights Office of the High

Commissioner, 2019) as they continue to experience discrimation and socio-economic inequalities (Humanity & Inclusion, na).

Faced with rapid population growth, Niger's government finally committed to family planning at the Ouagadougou Conference as well as under the "Every Woman Every Child Initiative" and FP2020 (Compernolle, 2015). In 2013, the government rolled out a national family planning action plan, aiming to achieve 50% contraceptive prevalence by 2020 through demand generation, service provision strengthening and enhancing the environment for FP service uptake (FP2020)[8]. The plan recognised that youth requires targeted SRH interventions, but its actions remain inadequate (Compernolle, 2015). For instance, mobile phone technology as a way to target hard-to-reach youth may not be adequate in rural areas while studies have shown that school-based peer-led education that the government proposed generally has limited ability to change adolescents' SRH beliefs, attitudes and behaviour (Chandra-Mouli et. al, 2015).

Non-governmental actors: While no initiative, except for WISH, works at the

intersection between disability and SRH, by collaborating and advocating for change, the community-based organisations of women living with disabilities jointly look for ways to increase their participation in the public life of Niamey. For instance, the Sourou Kanou Ka (SKK) group collaborated with other women's organisations to promote their visibility resulting in their recognition by the Department for the Advancement of Women and Child Protection (DfAWCP) and subsequent involvement in the celebration of Women's Day in Niger. The presence of a legal framework enabled them to form a union and to identify relevant municipality-level stakeholders, resulting in the development of income generating micro-projects in collaboration with the Municipal Population and Social Reform Unit (MPSRU) (Making it Work).

Gaps/Challenges: As highlighted by the Committee on the Rights of Persons with Disabilities, people with intellectual and psychosocial disabilities, especially women in Niger, are particularly likely to experience exclusion, discriminiation, and violence, including female genital mutilation (United Nations Human Rights Office of the High Commissioner, 2019).

[8] F2020: https://www.familyplanning2020.org/niger

SENEGAL

Policy/legal framework: In line with the CRPD, the Senegalese National Assembly passed the 2010 Social Orientation Act, designed and implemented with help of the Senegalese Federation of Associations of Persons with Disabilities (United Nations Human Rights Office of the High Commissioner, 2019), to "secure equal opportunities for the disabled and protect them against all forms of discrimination" (Kumar, 2013). One of the Act's most important health-related decrees is the equal opportunities card scheme that, in addition to offering assistance such as free public transportation and primary and secondary education, aims to provide Senegalese citizens living with disabilities with access to free public health services and subsidised private health services (Kaye, 2019). In cases where people living with disabilities have no social security coverage, the initiative extends to equipment such as orthopedic devices and technical aids (Talla, na)[9]. Despite the fact that Article 3 of the Act guarantees that citizens living with physical, visual, hearing, and cognitive disabilities are legally entitled to obtain this card, the initiative has so far only reached 50,006 (United Nations Human Rights Office of the High Commissioner, 2019) of the estimated 800,000 Senegalese people living with a disability (Burke et al, 2016). Presumably, this is due to inadequate communication resulting in an overall lack of awareness about the scheme (KII Eva Burke), exacerbated by the 2017 budget cuts which halted the programme's funding and led to delays in the card distribution (Kaye, 2019).

Gaps/Challenges: Due to the widespread misconception that young people living with disabilities are not sexually active (Burke et al, 2017), the need for disability inclusive youth SRH programming in Senegal remains largely unaddressed. Even when initiatives such as *Centre Ado* (public youth information centres) and *Info Ado* (One World NGO's SMS service) exist, young people with disabilities remain largely unaware of them (Burke et al., 2016). These shortcomings call for more efficient SRH-related communication and information-sharing mechanisms for young people living with disabilities.

Young women with disabilities are in a particularly vulnerable situation due to conservative and judgmental attitudes

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[9] Talla: http://proadiph.org/Senegal-50-000-cartes-d-egalite.html

towards their gender, age and disability. A study taking place in Dakar, Thies and Kaolack shows that nearly 20% of female participants living with a disability reported having been raped, a percentage that rises up to 57% when only women with hearing impairments are looked at. Especially worrying is that all the perpetrators, except for one, were family members or family friends (Burke et al., 2016).

TOGO

Policy/legal framework: In 2007, Togo adopted the Reproductive Health Law and re-committed to family planning at both the Ouagadougou conference and the London Summit on Family Planning, and through FP2020. It is also one of the few countries whose reproductive health plan is based on evidence of national challenges (Compernolle, 2015). Reaching adolescents and young people, who make up 32.7% of Togo's population, is a major challenge (UNFPA, 2018). However, challenges such as contraceptive stockouts, lack of essential medical personnel, and inadequate equipment remain in place and hinder further progress when it comes to provision of adequate SRH services (UNFPA, 2018).

There exist several schools for children with disabilities in Togo and in 2004, the government adopted the Act on the Social Protection of Persons with Disabilities. The remaining challenge is to further promote inclusive education, bringing children and young people living with and without disabilities together, e.g. through sign-language curricula (Abi, 2014).

Non-governmental actors: No initiative addressing the intersection of SRH and disability has been identified. However, various stakeholders are implementing disability inclusion projects, such as the partnership between the NGO Visions Solidaires and CBM, which aims to increase the accessibility of university buildings for young people with disabilities (Abi, 2014). Thus, partnering up with disability-focused organisations presents a unique opportunity to put disability at the centre of SRH programming.

Gaps/Challenges: Women and girls living with disabilities continue to receive less formal education than their male counterparts and there is a lack of effort to address this imbalance. While initiatives such as the provision of access to microfinance for women with disabilities established by the Association for the Promotion of the Disabled Women of Togo (Abi, 2014)

constitutes a good starting point, SRH for young people with disabilities remains largely neglected.

RECOMMENDATIONS & CONCLUSION

Given that PSI is already a leading actor in the West African region when it comes to youth-specific SRH and that some of its programmes can be adjusted to involve young people with disabilities, our key recommendation running like a threat throughout all other recommendations is to adopt a "twin-track approach".

The **twin-track approach** promotes two simultaneous actions: **(1)** disability-specific interventions targeting the SRH needs of people with disabilities to support their empowerment while **(2)** mainstreaming disability inclusion into broader SRH programmes and service delivery practices (UNAIDS, 2017; IPAS, 2019). Overall, the goal is to ensure the integration and inclusion of persons with disabilities "in all aspects of society and development" (ECOSOC, na).

TWIN-TRACK APPROACH

MAINSTREAMING
Ensure that existing SRH programmes are inclusive to persons with disabilities and address inequalities between people with and without disabilities in all areas.

TARGETING
Ensure that existing SRH programmes are inclusive to persons with disabilities and create specific initiatives to enhance the empowerment of people with disabilities.

Equality of rights and opportunities for persons with disabilities

In line with the twin-track approach, the following five key barriers need to be addressed in order to ensure the accessibility, acceptability, availability, and quality of SRH services:

(1) Overcoming physical barriers:

Make sure that services are accessible for young people with both physical and sensory disabilities: This means that all components essential to the delivery of services, including buildings, health facilities and medical equipment, can be used regardless of a person's impairment type. To achieve such health centre upgrades, the needs of local young people with disabilities have to be taken into account to ensure that there is no mismatch between the accessibility mechanisms in place and the actual disabilities.

(2) Overcoming financial barriers:

Ensure that services, information, and products are economically accessible, i.e. affordable: Given that people with disabilities are more likely to live in poverty than individuals without a disability, the following actions are examples on how to ease the financial burden for accessing SRH services, information, and products:

- In countries where existing financial support schemes (e.g. free, subsidised, or progressive fees for services or products) for people with disabilities exist (e.g. Senegal and Burkina Faso), PSI could support them by communicating and advertising these schemes and support young people with disabilities to access these programmes.
- In countries where such support schemes do not exist, PSI could advocate for their creation as well as for other forms of support such as the adaptation of appointment

hours to ensure that people with disabilities or the people accompanying the person with a disability do not have to miss work to visit health facilities.

(3) Overcoming institutional barriers:

Ensure that health professionals are trained in dealing with matters of disabilities and sexuality: Since health professionals working with persons with disabilities often feel unskilled in dealing with sexuality-related matters and SRH staff feel untrained in working with patients living with disabilities, sensitising and training them on these issues is essential. Resources such as the UNFPA Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights can be useful to guide training packages.

Include young people with disabilities in every step of the programme design and implementation: There are no better advocates for the SRH needs of young people with disabilities than these young people themselves. Therefore, it is crucial to ensure meaningful participation of young people with disabilities in every step of programme design and implementation.

"My biggest recommendation would be to include people with disabilities and their representatives in all stages of SRH programming. I am sure that by now you've heard the mantra of the disability movement: "Nothing about us without us". If you're planning a programme targeting young people with disabilities, then they should be consulted at the programme design stage. Often, people with disabilities are dragged in after you've designed something to be signed off. And by that time, you're already in trouble."

(KII Prof Nora Groce)

Advocate for and collect publicly accessible high-quality data, disaggregated on the basis of age, sex and disability: For PSI to understand who the market is failing and to identify its main target groups, it is crucial to have access to up to date data, disaggregated on the basis of age, sex, and disability (UNFPA, 2018). As such data on sexuality and disability is generally lacking (Rohleder, Hellum Braathen and Carew, 2019), to fill in this gap, PSI could mainstream measures of disability as standard into its data collection tools and routine monitoring of data. A way to do this could be by adding the Washington

Group set of six short and easily understandable questions into relevant surveys and questionnaires.

Ensure that PSI is working with other relevant actors, possibly with different focuses: As disability-adjusted youth SRH programming is an intersectional topic, encompassing not only services provision, but a variety of related access and right-based issues, PSI should partner with other actors active within the region that might have a different area of expertise, including but not limited to:

- Governments, ministries and other public agencies: Working with the public sector and advocating in favour of policies that explicitly address SRH needs of young people living disabilities could lead to significant legislative changes.

- Local DPOs: Even though the francophone West African region is home to a large number of local DPOs (see Appendix H), most of them are small, underfunded and torn between different issues. As such, they are usually not involved with wider SRH initiatives (KII Dr Mark Carew). By partnering with some of these DPOs, PSI could help them engage with its SRH initiatives while learning more about how to best accommodate their members' exact needs.

- Service and training delivery-focused NGOs: Partnering with NGOs, such as the DRC-based Children's Voice that already offers vocational training to young people living with disabilities, could help PSI learn from their experiences and form collaborations to offer more comprehensive SRH packages.

- Advocacy-focused NGOs: As ensuring that young people living with disabilities can access SRH services is only one component of delivering a successful programme, PSI should also work with advocacy-focused NGOs and groups. For example, while it is not focused specifically on disability, the "Alliance de droits et santé" project, active in several francophone West African countries, has been mentioned as particularly interesting due to its comprehensive and holistic approach to advocacy and its engagement with youth leaders and feminists (KII Mercedes Mas de Xaxas).

"For me, any programme or intervention that tries to reach young people with disabilities and focuses only on access to services is faulty. If you're a service delivery organisation, partnering with other organisations that address the bigger issue of rights of the vulnerable youth is essential. The aim is not only to provide services to them, but

to address all these structural issues that make their access to services very, very

complicated."

(KII Mercedes Mas de Xaxas)

(4) Overcoming communicative/informational barriers:

Ensure that all SRH information presented to young people with disabilities is in appropriate and easily understandable formats: Often, even though there are governmental and NGO initiatives providing confidential SRH information that is specifically tailored towards young people, it is not in disability adjusted formats (e.g. in braille or in sign language), so young people with disabilities remain unaware of this. While catchy slogans and jargon may be powerful tools for sharing SRH information with young people more generally, these kinds of messages are often misinterpreted by young people with intellectual disabilities. To ensure that information is easily understandable, actors such as PSI can use simple wording and figures, both printed in large fonts, across their social media platforms.

"A lot of the sexual and reproductive information that is put out there for young people is fast-paced and supposed to be witty but is lost on people with intellectual disabilities. I remember once there was a big campaign on television about "condoms being like umbrellas, they protect you". And I sat down with a group of people with intellectual disabilities and they were like 'condoms are like umbrellas- what are they talking about?'."

(KII Prof Nora Groce)

(5) Overcoming attitudinal barriers:

Use peer-led and peer-supported educational programmes to raise awareness about issues concerning disability and SRH within the communities: Peer-led or peer-supported programmes not only help overcome communication barriers experienced by different groups of young people living with disabilities (UNAIDS, 2017), but they also empower young people with disabilities to be more open about issues that they face by showing them that their problems might be shared by some of their peers. If implemented on a large enough scale, they can help de-stigmatise youth and disability adjusted SRH within communities more broadly. To become involved in such initiatives, PSI could work with

local NGOs and DPOs to identify potential peer leaders and offer them with adequate training packages.

"We try to train people from the community of the person with a disability in order to empower this person to become kind of a champion and to provide peer support to their community. Especially if you work with adolescents this is even more relevant."

(KII Anonymous 3)

Use digital technologies to help de-stigmatise the fact that young people with disabilities are just as sexually active as their peers living without disabilities: Using digital technologies can help create more positive constructions about young people with disabilities as sexual beings and overcome the perception that their disabilities render them asexual. Additionally, young people with disabilities could benefit from being exposed to sexual role models living with disability who are confident about their bodies and sexual identity and behaviour (Rohleder, Hellum Braathen and Carew, 2019). This could be done through:

- Mobile phone technology: By increasing the number of services that hotlines providing confidential SRH information for young people offer to include options such as pre-recorded video messages (e.g. in sign language) and clearly written and formatted text messages, they could be used by young people living with a range of different disabilities.
- Social media platforms: When it comes to providing information about the already existing SRH services for young people living with disabilities, PSI could adapt its Facebook pages to include clear, jargon-free explanations of their content as well as audio and video adjustments.
- TV and radio shows: Such shows as well as short videos including young people with disabilities could be used not only to inform young people living with disabilities, but to tackle broader misconceptions that exist about their sexuality.

"I mean how often do you see, still these days, you know a film where a person living with a disability is in a happy usual relationship?" "And lives! Or has kids."

(KII Dr Mark Carew and KII Prof Nora Groce)

Identify possible ways to bring together young people with and without disabilities: As adolescence is an important period to influence one's health and life-course altering beliefs and behaviours (Buller and Shulte, 2018), it would be an opportune moment to bring young people living with and without disabilities together and prevent any exclusionary views from being formed. The DRC-based Children's Voice NGO has already organised events bringing albino and non-albino children together as well as inclusive school cooperation initiatives and youth clubs (KII Christine Musaidizi) which could be initiated in other countries as well.

Overall, the evidence gathered within the scope of this project illustrates that there still exists a large gap in addressing the intersection of SRH and disability in the francophone West African region. Against the backdrop of increased donor interest in the issue of disability inclusion, sparked by the CRPD and particularly the SDGs, this is an opportune moment for PSI to expand into the disability space and to mainstream disability throughout its SRH programmes while simultaneously creating targeted approaches to better reach young people with disabilities.

LIST OF APPENDICES

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Appendix D: Key Informant Characteristics

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Appendix H: List of Organisations active within the countries

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APPENDIX A: Terms of Reference

Organisation: Population Services International (PSI), FPRH Department

Project working title: The intersection of disability and youth sexual and reproductive health programming in francophone West Africa

Background: PSI is a global non-profit organization focused on the encouragement of healthy behavior and affordability of health products. PSI was founded in 1970 to improve reproductive health using commercial marketing strategies and has expanded to work in over 50 countries in the areas of malaria, family planning, HIV, diarrhea, pneumonia and sanitation. PSI has an uncompromising focus on measurable health impact and measures its effect on disease and death much like a for-profit measure its profits. PSI's programming among youth in West Africa has to date focused on the delivery of high quality, youth-friendly family planning and reproductive health information and services but has not had an explicit focus on youth with disabilities. This group is subject to multiple sources of marginalization in the region, and their lack of engagement in youth sexual and reproductive health (SRH) programming is an issue that we aim to address.

Questions:
- What are some best practices (inc. guidelines, tools, frameworks) for designing and implementing youth-friendly SRH programs that put young people with disabilities at the center?
- Sub-questions: Which other organizations are working at the intersection of reproductive health, youth and disability in francophone West Africa? What are the major gaps (accessibility, financial, geographic, programmatic) in coverage for this group in the region? Which program elements and services should be prioritized to best meet this group's needs and fill these gaps?

Objective: We want recommendations to ensure that we are at the forefront of programming for youth with disabilities, with well-designed and inclusive programs, and innovative approaches in the region. We want to attract new funding from both institutional and non-traditional donors with this initiative.
We hope to see a synthesis of best practices alongside actionable recommendations that will complement our work around SRH among youth in the region and that align with our global strategy.

Methodology:
- A literature and documentary review of the academic and grey literature to examine best practices in programming SRH among youth with disabilities. Including:
- A review of government policy regarding this group in francophone west Africa, focusing on Ouagadougou Partnership countries plus Cameroon (https://partenariatouaga.org/en/)
- A landscaping of donors active within this space.
- A landscaping of potential disability-focused organizations in the region.

We would expect at least 1 team member to be **comfortable communicating (written & spoken) in French** to be able to engage with local staff and organizations in the region.

APPENDIX B: Interview Guide (English)

Overarching goal: To identify best practises & map out the main actors involved in the sphere of SRH/disability

Key informants will include:
- PSI staff
- Local/international NGOs working on SRH
- Local/international NGOs working on disability
- Academics

Factual questions:
1. Where do you work and how are you engaged with this region/subject?
2. Does your organization already include disability/the special needs of young people with disabilities in its existing SRH programmes (or vice versa)?
   a. If yes:
      i. How do you address the issue? What specific projects address the issue?
      ii. What are the main challenges that you have experienced implementing this programme? How did you overcome them?
   b. If no:
      i. Do you have any plans for a programme of this kind? Are you expecting any challenges?
3. Apart from your own work, are you aware of another particularly successful governmental/non-governmental initiative when it comes to the intersection between youth SRH programming and disability within the francophone African region or in a specific country?

Opinion and judgement-based questions:
4. What do you think are:
   a. The main actors (e.g. local or international NGOs) working on the intersection between youth SRH programming and disability within the francophone African region/in a specific country?
   b. The main donors active in the fields of youth SRH programming, disability or their intersection within the francophone African region/in a specific country?
5. What would you say are the main barriers that young people with disabilities face within the region/a particular country when it comes to accessing SRH programmes? These can be:
   a. Physical
   b. Communication
   c. Financial/social status
   d. Attitudinal
   e. Informational
   f. Institutional
   g. Others
6. Is there variation when it comes to whether people with disabilities can access SRH programmes in the region/particular country when it comes to:
   a. The kind of disability they have (e.g. mental or physical)
   b. Gender
   c. Marital status

      d. Age
      e. Religion
      f. Anything else

7. What do you think are the best ways to overcome the existing barriers?
8. What would you say are the main barriers to designing SRHR programs for the young, especially for people with disability?

Concluding remarks:
1. Based on the answers given, what are your main recommendations for planning and executing an SRHR program with a focus on people with disability?
2. What do you think are the ways in which the community, civil society organisations or governments can assist in creating a conducive environment for SRHR programs to thrive in?
3. Are there any organizations/individuals that you would suggest that we contact to gain further insights into disability and SRHR programming?
4. Is there anything else that you would like to tell us about?

APPENDIX C: Interview Guide (French)

Le but de ce projet est d'identifier les meilleurs pratiques et acteurs impliqués dans les domaines Santé sexuelle et reproductive et personnes vivant avec handicap.

Les informateurs clefs seront :
- Le staff de PSI
- ONG locale/internationale impliqué dans les programmes de santé sexuelle et reproductive
- ONG locale/internationale impliqué avec les personnes vivant avec handicap
- Professionnels académiques
- Bailleurs de fond

Questions:
1. Ou travaillez-vous et comment êtes-vous engagé ou impliqué dans cette région/ ce domaine?
2. Dans vos programmes sur la santé sexuelle et reproductive, votre organisation, inclue-t-elle déjà les jeunes vivant avec handicap (ou vice versa)?
>   a) Si oui:
>   Comment vous y prenez-vous? Avez-vous un projet spécifique pour ça?
>   Quelles sont les défis que vous rencontrez? Comment les dépassez-vous?
>   b) Si non:
>   Comptez-vous entamer un tel programme?
3. A part votre propre projet/ONG, êtes-vous au courant d'une autre initiative (gouvernementale ou pas) sur l'intersection entre la santé reproductive et les jeunes vivants avec handicap dans l'Afrique Francophone?

Avis personnel:
4. Qui pensez-vous être:
>   a) Les acteurs principaux (ex. ONG locale ou internationale) travaillant sur la santé reproductive chez les jeunes vivants avec handicap en Afrique francophone/ votre pays?
>   b) Qui sont les principaux bailleurs de fonds dans ces domaines en Afrique francophone/ votre pays?

5. Que pensez-vous être les principales barrières que rencontres les jeunes handicapés pour accéder aux services de santé reproductive?
>   a) Handicaps physiques?
>   b) Barrières de communication et manque d'informations?
>   c) Barrières financières ou statuts social?
>   d) Absences d'instituts appropriées?
>   e) Autres…

6. Que pensez-vous être les meilleurs façons de dépasser les défis existants?

7. Pensez-vous que existerait un stigma chez les professionnels dans le domaine de santé qui impacterait l'accès des jeunes handicapés aux services de santé reproductive?

8. Existe-t-il des types de handicap qui semblerait être plus désavantagé en matière de santé reproductive?

a) Sexe
b) Statuts civils
c) Age
d) Religion
e) Autre…

9. Quelles seraient vos recommandations pour une bonne exécution de projet sur la santé reproductive chez les jeunes vivants avec handicap?
a) Pour les gouvernements
b) Pour la communauté
c) ONG

10. Quels autres ONG (locale ou internationale) ou associations travaillant sur la santé reproductive chez les jeunes vivants avec handicap pouvez-vous nous suggérer de contacter?

APPENDIX D: Key Informant Characteristics

Name	Organisation	Location of Work	Role
Yegueleworo Ouattara	Association Nationale des Sourds de Côte d'Ivoire	Côte d'Ivoire	President
Anonymous 1	-	-	Academic
Eva Burke	Self Employed	United Kingdom	Independent Consultant
Imelda Salifou	Mouvement d'Action des Jeunes (MAJ)	Benin	Member
Christine Musaidizi	Children's Voice	Democratic Republic of Congo	Executive Director and co-founder
Anonymous 2	-	-	Academic
Mercedes Mas de Xaxas	PAI	Washington D.C., US	Senior Advisor
Anonymous 3	-	-	NGO Worker
Prof Nora Groce	University College London	London, UK	Director of the Disability Research Centre
Dr Mark Carew	Leonard Cheshire and University College London	London, UK	Senior Researcher and Honorary Research Associate
Shelley Megquier	Population Reference Bureau	Washington D.C., US	Senior Policy Advisor
Anonymous 4	-	-	NGO Worker
Alex Le May	Amplify Change	London, UK	Deputy Fund Director
Loic Nsabimana	Population Services International	Burundi	Research and M&E Manager

APPENDIX E: COMPOUNDING FACTORS

• **SGBV:** Young people with disabilities, particularly women and girls, are exposed to a greater risk of experiencing sexual violence and sexual acts due to coercion than their peers without disabilities (UNFPA, 2018). Studies have found that women with disabilities are at least twice as likely as women without disabilities to be victims of rape, sexual abuse, and intimate partner violence (IPV) (van der Heijden/Dunkle, 2017).

• **HIV/AIDS:** Persons with disabilities have a three times higher rate of HIV infection than individuals without disabilities (due to lack of sexual education, coercion and violence) (IPAS, 2019).

• **Poverty:** People living in poverty are more likely to suffer from disabilities and people with disabilities are more likely to live in poverty due to additional expenses while stigma further limits their employment opportunities (IPAS, 2019).

APPENDIX F: AAAQ FRAMEWORK

- **Availability**: Functioning health care facilities, services, goods, and programmes with a comprehensive range of SRH services need to be available in adequate numbers.

- **Accessibility**: Facilities, goods, information, and services related to SRH need to be accessible (including physical, financial, and information accessibility) to everyone without discrimination and free from barriers.

- **Acceptability:** Facilities, goods, information, and services related to SRH must be respectful and sensitive to the culture, age, disability, and sexual orientation of people.

- **Quality**: Facilities, goods, information, and services related to SRH must be evidence-based and scientifically and medically appropriate and up-to-date.[10]

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[10] Adopted from: UNFPA, 2018: https://www.unfpa.org/sites/default/files/pub-pdf/51936_-_UNFPA_Global_Study_on_Disability_-_web.pdf

APPENDIX G: Table with country-specific indicators

Country/Region [11]	HDI [12]	Rate of Natural Increase	Population Below 15	TFR	Total Unmet Need	Demand Satisfied by Modern Methods, 15-24 Years Old Women	Estimated Number of PWDs [13]
Benin	163/189	3.30%	43%	5.7	32.30%	N/A	840,000 [14]
Burkina Faso	182/189	3%	45%	5.3	20.20%	51.80%	168,094 [15]
Burundi	185/189	3.10%	45%	5.5	29.70%	48.80%	More than 1.2M [16]
Cameroon	150/189	2.80%	43%	4.8	23%	N/A	1,800,000 [17]
Côte d'Ivoire	165/189	2.40%	42%	4.6	26.50%	42.80%	3.4M [18]
DRC	179/189	3.20%	46%	6	27.70%	21.10%	11M [19]
Mali	184/189	3.60%	48%	6.3	23.10%	N/A	2.7M [20]
Mauritania	161/189	2.70%	40%	4.6	33.60%	N/A	33,920 [21]
Niger	189/189	3.80%	50%	7	21%	44.50%	715,497 [22]
Senegal	166/189	2.80%	43%	4.6	21.90%	40.90%	800,000 [23]
Togo	167/189	2.50%	42%	4.4	33.60%	40.50%	620,000 [24]
West Africa	N/A	2.70%	44%	5.2	N/A	N/A	N/A

11 All data other than HDI and number of PWDs: https://www.prb.org/international/
12 HDI: http://hdr.undp.org/sites/default/files/hdr_2019_overview_-_english.pdf
13 Due to different data collection and estimation methods and years when they were employed, there are significant differences between the estimated numbers of PWDs living in each country.
14 Benin Number of PWDs: https://www.hi-us.org/benin
15 Burkina Faso Number of PWDs: https://www.sida.se/globalassets/sida/eng/partners/human-rights-based-approach/disability/rights-of-persons-with-disabilities-burkinafaso.pdf
16 Burundi Number of PWDs: http://arct.gov.bi/images/atelier/inclusionhandicap.pdf
17 Cameroon Number of PWDs: http://vhandicap.net/La-situation-sociale-de-la.html
18 Côte d'Ivoire Number of PWDs: https://www.cbmuk.org.uk/where-we-work/ivory-coast/
19 DRC Number of PWDs: https://www.africanews.com/2018/04/24/fighting-prejudice-around-disability-with-modeling-in-drc//
20 Mali Number of PWDs: https://handicap-international.de/sn_uploads/country/2016-08_cc_mali_en_ok.pdf
21 Mauritania Number of PWDs: http://www.saflii.org/za/journals/ADRY/2018/10.html
22 Niger Number of PWDs: https://webcache.googleusercontent.com/search?q=cache:9mn-F62pX98J:https://tbinternet.ohchr.org/Treaties/CRPD/Shared%2520Documents/NER/INT_CRPD_CSS_NER_33966_F.docx+&cd=2&hl=en&ct=clnk&gl=uk&client=safa
23 Senegal Number of PWDs: https://www.rutgers.international/sites/rutgersorg/files/Operational_Research_pdf/Summaries_logo/2a_en_b._Senegal.ServiceUptake.Asbef%20S.pdf
24 Togo Number of PWDs: https://humanity-inclusion.org.uk/en/country/togo

APPENDIX H: List of Organisations active within the countries

Benin

Disability focused organisations	
International and regional organisations	National and local organisations
- Humanity & Inclusion - Sightsavers - International Disability Alliance	- Benin Federation of Associations of Persons with Disabilities - Association pour la Promotion et l'Intégration Sociale des Aveugles et Amblèpopes du Bénin (APISAAB) - Organisation des Femmes Aveugles du Bénin (OFAB) - Associaiton Miwasdagbé - Organisation Non-Gouvernementale le Cercle des Oliviers (The Circle of Olives): - Association pour la Promotion de l'Emploi des Sourds (APES) - Handi-Music-Plus (HMP), - Assistance aux Jeunes Handicapées du Bénin (AJHB) - Groupe d'Action des Journalistes - Creuset pour l'insertion Professionnelle des Personnes Handicapées (COiPH). - Association des Femmes Handicapées du Bénin (AFHB) - Association des Handicapés pour la Lutte contre la Mendicité (AHLM) - Syndicat National des Travailleurs Handicapées du Bénin - The Chrysalis - Equilibre Benin
SRH focused organisations	
- Plan International - CARE International - United Nations Population Fund (UNFPA) - Population Services International (PSI) - Advance Family Planning - IntraHealth International	- Association Beninoise pour la Promotion de la Famille - The Association béninoise pour le marketing social et la communication pour la santé

Burkina Faso

Disability focused organisations	
International and regional organisations	National and local organisations

o European Union o 'Bridging the Gap project': funded by the EU under the Development Cooperation Instrument (DCI), Thematic Programme "Global Public Goods and Challenges". The project carries out actions aimed at increasing the inclusion of persons with disabilities at both the international and country level (Bridging the Gap project: https://bridgingthegap-project.eu/about-the-project/) o Action for Disability in Development (ADD International) o Solidaire (Fauteuils Roulants au Sud) o Humanity & Inclusion o Light for the World (with funding from Austrian Development Cooperation) o Lasting Action for Inclusion in Burkina Faso (LAFI) o Christian Blind Mission o Sightsavers o International Disability Alliance	o Fédération Burkinabé des Associations pour la Promotion des Personnes Handicapées (Burkinabé Federation of Organisations for the Promotion of Disabled People) (FEBAH) o Réseau Nationale des Organisations des Personnes Handicapées (National Network of Disabled People's Organisations) (ReNOH) o Association des Parents et Enfants o Centre Education Formation Intégrée de Sourds (CEFISE) o Union Nationale des Associations Burkinabé pour la Promotion des Aveugles et Malvoyants
SRH focused organisations	
o Marie Stopes International o Advance Family Planning o United Nations Population Fund (UNFPA) o IntraHealth International	o Association Burkinabé pour le Bien-Etre Familial
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project)	

Burundi

Disability focused organisations	
International and regional organisations	National and local organisations
o International Disability Alliance o Christian Blind Mission	o Fédération des Associations des Personnes Handicapées du Burundi (The Federation of Associations of Persons with Disabilities of Burundi) (FAPHB) o Réseau des Centres pour Personnes Handicapées au Burundi (The Network of Centre for Persons with Disabilities in Burundi) (RCPHB)

	o Réseau des Associations des Personnes Handicapées au Burundi (The Network of Associations of Persons with Disabilities in Burundi) (RAPHB) o Union des Personnes Handicapées du Burundi (The Union of Persons with Disabilities of Burundi) (UPHB)
SRH focused organisations	
o Cordaid o CARE International: Ongoing project (2016-2020) called "Menyumenyeshe" (means "be informed and inform others"). It is run in cooperation with UNFPA, Cordaid, Rutgers and the Burundian government to raise awareness about SRH using social media, TV and radio, schools, and young influencers; increase access and decrease stigma in both adults and young people. It is funded by the Embassy of the Netherlands in Burundi. o Population Reference Bureau (PRB) o Population Services International (PSI) o United Nations Populations Fund (UNFPA)	o Association Burundaise Pour Le Bien-Etre Familial o YOWLI BURUNDI o SaCoDé (Santé, Communauté, Développement)
Organisations working at the intersection of SRH and disability	
o International Planned Parenthood Federation (implementing partner for the WISH project) o International Rescue Committee o Women's Refugee Commission	

Cameroon

Disability focused organisations	
International and regional organisations	National and local organisations
o International Disability Alliance o Sightsavers o Well Being Africa Association	o La Fédération Nationale des Handicapés du Cameroun (FENAHCAM) o Le centre de jeunes aveugles réhabilités du Cameroun (CJARC) o GOODWILL Cameroon o Association Nationale des Aveugles du Cameroun (ANAC) o Association des Handicapées Moteurs Amputés du Cameroun (AHMAC) o Vaincre le Handicap Cameroun
SRH focused organisations	
o United Nations Populations Fund (UNFPA)	o Cameroon National Planning Association for Family Welfare

	o Association Camerounaise pour le Marketing Social o Femmes Santé et Développement (FESADE)
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project) o Gender and Disability Inclusive Development Group	

Côte d'Ivoire

Disability focused organisations	
International and regional organisations	National and local organisations
o Humanity and Inclusion o Inclusion International o International Disability Alliance o Christian Blind Mission International (CBM) o Sightsavers	o Confédération des Organisations des Personnes Handicapées de Côte d'Ivoire (COPH- CI) o Fédération pour la promotion des Etudiants et Elèves handicapés de Côte d'Ivoire (FPEEH-CI) o Fédération nationale des organisations des bègues de Côte d'Ivoire (FENOB-CI) o Fédération des associations d'aveugles et mouvements associés de Côte d'Ivoire (FAMA-CI) o Fédération nationale des handicapés physiques et accidentés de travail de Côte d'Ivoire (FENAHPAT-CI) o Fédération des associations des sourds de Côte d'Ivoire (FASO-CI) o Fédération ivoirienne des associations des sourds et aveugles (FIASA) o Fédération des associations et organisations pour le bien-être des Albinos de Côte d'Ivoire (FAOBA-CI) o Bien etre des Albinos de Côte d'Ivoire (BEDA-CI), o Actions et solidarité pour les albinos de Côte d'Ivoire (ASA-CI) o Association Ivoirienne pour la promotion des femmes Albinos (AIPFA) o Association pour le bien être des albinos de Bouaké (ABEAB) o Association des Albinos de Korhogo (ASALKO) o Association des enfants Albinos d'Afrique (AEAA)

	- Organisation LEPANI - Groupement pour l'insertion des personnes Handicapées Physiques de Côte d'Ivoire (GIEHP-CI) - Association des femmes vivant avec handicap de Bouaké (A.Fe.V.H.B) - Action on Disability and Development Cote d'Ivoire - Union nationale des femmes handicapées de Côte d'Ivoire - Association Nationale des Femmes Aveugles de Cote d'Ivoire - Association Nationale des Sourds de Cote d'Ivoire - Association ivoirienne des parents et amis d'enfants handicapés psychiques (founded in 1969 by a group of parents concerned about the future of their mentally handicapped children)
SRH focused organisations	
- Advance Family Planning - Pathfinder International - Population Services International (PSI) - United Nations Population Fund (UNFPA) - IntraHealth International - Champions of Global Reproductive Rights (PAI): Government Accountability for Family Planning Budgets	- Association Ivoirienne pour le Bien-Etre Familial - Agir pour la Planification Familiale - Agence Ivoirienne de Marketing Sociale (AIMAS)
Organisations working at the intersection of SRH and disability	
Marie Stopes International (implementing partner for the WISH project)	

DRC

Disability focused organisations	
International and regional organisations	National and local organisations
- International Disability Alliance - Sightsavers	- Association Nationale des personnes Handicapées Motrices du Congo (ANHAMCO) - Association Nationale des Lépreux du Congo (ASL) - Association Nationale des Personnes Handicapées Mentales du Congo (ANPHMC) - Association Nationale des Aveugles et Déficients Visuels du Congo (ANADVC)

	o Association Nationale des Sourds et Déficients Auditifs du Congo (ANSDACO)
	o Association Nationale des Femmes Handicapées du Congo (ANAFHCO)
	o Groupe d'Intégration des Personnes Handicapées de la Cuvette-Ouest (GIPHCO)
	o Association des Enfants Albinos du Congo (ASEALCO)
	o Handicap 3 (H-3)
	o Handicap - Secours du Congo (HASECO)
	o Fédération Nationale des Associations des personnes vivant avec du Handicap DR Congo (FENAPHACO)
	o Association congolaise pour la libération et développement de la maman handicapée (ACOLDEMHA)
	o Centre de Promotion Maman Efinole des Femmes Handicapées (CEPROMEFHA)
	o PAROUSIA
	o Collectif pour la Réinsertion des Personnes vivant avec Handicap (COREPH)
	o Compassion Albinos
	o East Eagle Foundation (EEF)
SRH focused organisations	
o International Planned Parenthood Federation (IPPF) o Save the Children (through a programme focusing on family planning and post-abortion care in emergencies that started in 2011) o CARE International o Marie Stopes International o United Nations Population Fund (UNFPA)	o Association pour le Bien-Etre Familial/Naissances Désirables
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project)	o Children's Voice

Mali

Disability focused organisations	
International and regional organisations	National and local organisations
o International Disability Alliance o Humanity & Inclusion	o Fédération Maliènne des Associations de Personnes Handicapées (Mali Federation

	of Associations of Disabled Persons) (FEMAPH)
o Sightsavers o West African Federation of Disabled Persons (WAFOD/ FOAPH)	o Association Malienne des Femmes Handicapées (The Association of Handicapped Women of Mali) (AMAFH) o Union Malienne des Aveugles (UMAV), o The Mali Association of the Deaf (A.MA.Sourds) o The Malian Association for Persons with Intellectual Disability (AMALDEPE) o Association Emploi Intégration des Handicapés pour le Développement (EIHD) o Association Malienne de Lutte contre les Déficiences Mentales chez l'Enfant (AMALDEME) o Association Malienne des Sourds (AMASOURD) o Association Malienne pour la protection des Albinos (AMPA)
SRH focused organisations	
o Marie Stopes International o Plan International o Advance Family Planning o IntraHealth International	o The Malian Network of Organisations of HIV-Positive People o The Association Malienne pour la Protection et la Promotion de la Famille (AMPPF)
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project) o United Nations Population Fund (UNFPA) o mentions strengthening user-friendly services for young people with disabilities is included in their country programme for Mali (2020-2024)	o Organisation pour un développement intégré au Sahel (ODI Sahel)

Mauritania

Disability focused organisations	
International and regional organisations	National and local organisations
o International Disability Alliance	o The Mauritanian Federation of National Associations of People with Disabilities (FEMANPH) o The Mauritanian Federation of Sports for the Disabled (FEMHANDIS) o Association promotion et enseignement des aveugles (The Promotion and Teaching of the Blind Association)

	o Association Mauritanienne des déficients auditifs et de la voix (The Hearing Aids and Voice of the Weak Mauritanian Association)
	o Association Nationale des aveugles de Mauritanie (The National Association of the Blind of Mauritania)
	o Association mauritanienne des handicapés de la lèpre (The Mauritanian Association of the Handicapped and Leprosy)
	o Assistance des nécessiteux (The Assistance to the Needy Association)
	o Association des femmes handicapées pour la solidarité (The Association of Women with Disabilities for Solidarity)
	o Regroupement Mauritanien des femmes handicapées (The association focusing women with disabilities)
	o Association des diplômes handicapés (The Association of Disabled Graduates)
	o Association Mauritanienne Assistance des Handicapés (The association that provides assistance to the disabled)
	o Association mauritanienne des hémophiles (The Mauritanian Association of Haemophiliacs)
	o Association mauritanienne pour l'insertion des aveugles (The Mauritanian Association for the Integration of the Blind)
	o Association mauritanienne secours des lépreux (The association that assists with the care of lepers)
	o Association développement social en Mauritanie (The Mauritanian Association of Social Development)
	o Assistance des handicapés pour le développement (The association that provides assistance to disabled persons for the purposes of their development)
	o Forum des sourds (The Forum of the Deaf)
	o Association des jeunes handicapés aveugles (The association of blind disabled youth)
	o Organisation communautaire pour la promotion des handicapés (The community organisation for the promotion of disabled persons)

	o Organisation insertion des albinos (The organisation for the integration of persons with albinism into society) o Association mauritanienne pour le secours de l'enfant handicapé (The Mauritanian association for the rescue of disabled children) o Association mauritanienne pour la Promotion des Handicapés moteurs (The association promotes the interests of disabled persons) o Secours des handicapés (The association that provides relief for people with disabilities) o Association volonté et développement (The willingness and development association) o Association appui à l'éducation des enfants sourds muets et handicapés (The association that provides support for the education of deaf, mute and disabled children) o Association mauritanienne pour la santé et les handicapés (The Mauritanian Association for Health and the Disabled) o Association mauritanienne des femmes handicapées (The Mauritanian Association of Women with Disabilities) o Association mauritanienne pour l'insertion des enfants handicapées à l'école (The Mauritanian Association for the Integration of Children with Disabilities at School) o Association ressortissants des mahadras (The National Association of the Mahadras) o RBC Handicapés (The RBC disabled association) o Association développement des personnes handicapées (The association that promotes the development of people with disabilities) o Association secours enfants (The child relief association) o Association mauritanienne pour l'Intégration et la Réhabilitation des Enfants et Adolescents Déficients Intellectuels (The Mauritanian Association for the Integration and Rehabilitation of

SRH focused organisations	
o Advance Family Planning o United Nations Population Fund (UNFPA)	o Association Mauritanienne pour la Promotion de la Famille
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project)	

Niger

Disability focused organisations	
International and regional organisations	National and local organisations
o Humanity & Inclusion o International Disability Alliance	o Niger Federation of Persons with Disabilities (FNPH) o Family and friends of children experiencing developmental disabilities (PAMESDI Niger) o Jiki Kama Union (Let us mobilize) o Sourou Kanou Ka (SKK) o Women with Disabilities of Municipality IV, Niamey
SRH focused organisations	
o Jhpiego o IntraHealth International o INSPiRE initiative o Pathfinder International o United Nations Population Fund (UNFPA) o CARE International o Advance Family Planning	o Association Nigérienne pour le Bien-Etre Familial
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project)	

Senegal

Disability focused organisations	
International and regional organisations	National and local organisations
o Humanity & Inclusion o Inclusion International o International Disability Alliance o Sightsavers o Regional Office of the African Rehabilitation Institute (ARI)	o Senegalese Federation of Associations of People with Disabilities (FSAPH) o Movement for the Social Progress of Blind and Visually Impaired People in Senegal (MPSAS) o Senegalese National Association of Persons with Motor Skills (ANHMS) o Senegalese Association of the Blind (ASA)

o Secretariat of the African Decade of Persons with Disabilities (SDAPH) through its regional office in Dakar o Association Partnership Saint-Louis and its Region o Handisables (French NGO) o Senegal Hilfe Verein (German NGO) o German Leprosy Relief Association in Senegal	o National Association of the Deaf of Senegal (ANASSEN) o National Leprosy Association of Senegal (ANLBS) o HANDICAP FormEduC Resource Centre for the Promotion of the Rights of Persons with Disabilities (HFE), Special Education Centre for Deaf Children (CESES) o Council for the Rehabilitation and Integration of Persons with Disabilities (CORIPH) o Association of Mine Victims in Senegal (ASVM) o National Association of Disabled o ASEDEME o Handifestival International o Association Estel o RAPS (Consolidation Versatile Leaders of Senegal)
SRH focused organisations	
o Advance Family Planning o Marie Stopes International o IntraHealth International o Population Services International (PSI) o United Nations Population Fund (UNFPA)	o Association Sénégalaise pour le Bien-Etre Familial
Organisations working at the intersection of SRH and disability	
o Marie Stopes International (implementing partner for the WISH project)	

Togo

Disability focused organisations	
International and regional organisations	National and local organisations
o Humanity & Inclusion o International Disability Alliance o Sightsavers	o Togolese Federation of Associations of Persons with Disabilities (FETAPH) o APEHM-Flight Be o The Association of Parents and Friends of People with Encephalitis (AAPP) o Petite Sœur à Sœur (PSAS) o Action Contre le Sida (ACS) o Centre de Recherches et d'Informations Pour la Santé au Togo (CRIPS-TOGO) o Union Chrétienne des Jeunes Gens/Young men Christian Association (UCJG/YMCA) o CHAP o Siraib Togo
SRH focused organisations	

o United Nations Population Fund (UNFPA) o International Planned Parenthood Federation o YMCA Africa Alliance o CARE International o Advance Family Planning o IntraHealth International	o Association Togolaise pour le Bien-Être Familial

ANNEX I: LIST OF USEFUL DOCUMENTS

This annex presents useful resources identified over the course of the project. This list provides the opportunity for further guidance and exploration on the intersection of SRH and disability.

African Disability Rights Yearbook
Retrieved from: http://www.adry.up.ac.za

IPAS
- Access for Everybody Overview – Disability Inclusion in Abortion and Contraceptive Care

Retrieved from: https://ipas.azureedge.net/files/AEDIOE18-AccesForEveryone.pdf

UNAIDS
- Disability and HIV

Retrieved from: https://www.unaids.org/en/resources/documents/2017/jc2905_disability-and-hiv

UNFPA
- Young Persons with Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights

    Retrieved from: https://www.unfpa.org/sites/default/files/pub-pdf/51936_-_UNFPA_Global_Study_on_Disability_-_web.pdf

UNFPA
- WOMEN AND YOUNG PERSONS WITH DISABILITIES: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights

    Retrieved from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA WEI_Guidelines_Disability_GBV_SRHR_FINAL_19-11-18_0.pdf

Paul Rohleder, Stine Hellum Braathen and Mark Thomas Carew
- Disability and Sexual Health: A Critical Exploration of Key Issues

    Retrieved from: https://www.routledge.com/Disability-and-Sexual-Health-A-Critical-Exploration-of-Key-Issues/Rohleder-Braathen-Carew/p/book/9781138123717

WHO
- World Report on Disability

Retrieved from: https://www.who.int/disabilities/world_report/2011/report/en/

ANNEX J: GANTT Chart

Objectives	Activity	Sub-Activity	Output	October 15, 2019 - March 2020	Due Date	Person Responsible
1. To prepare an inception report and powerpoint presentation by 13th November 2019	1.1 Contact PSI	1.1.1 Send a mail to PSI to arrange meeting	Meeting held with PSI and TOR clarified	W4	22. Okt 19	Sofija
		1.1.2 Set up meeting date		W4	25. Okt 19	Sofija
		1.1.3 Set up meeting venue		W5	29. Okt 19	Marie-Eve
	1.2 Meet Dr Leone to discuss project	1.2.1 Set up meeting	Meeting held and minutes produced	W3	18. Okt 19	Sofija
		1.2.2 Attend meeting and take minutes		W3	23. Okt 19	Lena
	1.3 Conduct literature review	1.3.1 Divide countries among team members	Meeting held and minutes produced	W4	24. Okt 19	Sofija/Lena
		1.3.2 Divide sections of inception report among team members		W4	24. Okt 19	Sofija/Lena
		1.3.3 Meet to discuss findings		W4	28. Okt 19	Marie-Eve
	1.4 Draft inception report	1.4.1 Book venue for meeting to collate reports	Draft report ready for printing	W6	01. Nov 19	Marie-Eve
		1.4.2 Prepare draft report and powerpoint presentation		W6	10. Nov 19	Lena
	1.5 Prepare for first PSI meeting	Upload notes on country specific readings onto google drive	Notes and review guide ready for meeting	W5	1.11.2019	All
		Review guide for meeting with clients		W5	1.11.2019	All
		Get started on tasks on inception report	Meeting held with PSI, Research and TOR clarified	W5	29.10.2019	All
		Booking of venue for meeting		W5	29.10.2019	Marie-Eve
		Agreed research questions and TOR		W5	1.11.2019	All
		Prepare draft report for Tiziana	Draft inception report ready for	W5	8.11.2019	All
	1.6 Submission of draft report	Submission of draft inception report	Inception report submitted and presentation done	W7	13.11.2019	
		Preparation of powerpoint presentation		W7	15.11.2019	Lena
2. To prepare consultancy report by 27th March 2020	2.1 Conduct Literature review	Prepare for December client and mentor meeting	Literature review report ready	W11	9.12.2019	All
		Submission of Research Ethics form		W11	13.12.2019	Malik
		1st draft of literature review by end of MT		W12	15.12.2019	All
	2.2 Conduct interviews with stakeholders	Schedule interview with NGOs/Donors	Interviews conducted and reports ready	W16	16.12.2019	All
		Prepare interview guide with stakeholders		W16 W17	5th January	All
		Conduct Interviews with Key Informants		W18 W19 W20	5.2.2020	All
	2.3 Manage scripts	Transcription of interviews	Scripts ready for write up	W18 W19 W20	10.2.2020	All
		Analysis of interview scripts			25.2.2020	All
	2.4 Prepare report	Report writing starts	Submission of draft consultancy ready	W21 W22	30/02/2020	All
		Report writing ends			9.3.2020	Lena and Sofija
		Report editing		W23	10.3.2020	Lena and Sofija
		Send draft report to client		W23	13.3.2020	Sofija
		Report re-editing starts		W24	20.3.2020	Lena and Sofija
		Report re-editing ends		W24	24.3.2020	Lena and Sofija
		Report formatting starts		W25	25.3.2020	Lena
		Report formatting ends		W25	28.3.2020	Lena
		Final report submission	Final report submitted	W25	29.3.2020	Sofija

Week columns header: W1 W2 W3 W4 W5 W6 W7 W8 W9 W10 W11 W12 W13 W14 W15 W16 W17 W18 W19 W20 W21 W22 W23 W24 W25

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