

Community-Based Sexual and Reproductive Health Officers Programme

A Successful Strategy to
Advance SRHR for Women and
Young People with Disabilities
in the Pacific Region



As part of the Australian Government's *Transformative Agenda for Women, Adolescents, and Youth in the Pacific*, in 2022, the Ministry of Health and Medical Services (MHMS), the Fiji Disabled People's Federation (FDPF), Medical Services Pacific (MSP), the Pacific Disability Forum (PDF), UNFPA, and Women Enabled International (WEI) partnered to **pilot a Community-Based Sexual and Reproductive Health Officers programme to increase knowledge of sexual and reproductive health and rights (SRHR) and expand the demand for sexual and reproductive health (SRH) services among women and young people with and without disabilities living in the Central and Western regions of Fiji.**¹

By implementing this pilot, MHMS, FDPF, MSP, PDF, UNFPA, and WEI:

- ▶ **Strengthened their partnership** to advance SRHR for persons with disabilities and their communities from a disability-inclusive and intersectional approach.
- ▶ **Recognized and supported the leadership of women with disabilities** and their representative organizations (OPDs) in advocating for their SRHR, including by recruiting and training four women with disabilities as SRH officers and by drawing on the expertise of FDPF and local affiliates to organize well-attended outreach sessions.
- ▶ **Conducted four two-day outreach sessions to provide SRH information and services to over 120 persons with and without disabilities facing significant barriers to fully realizing their SRHR.**
- ▶ **Established a strong partnership** between SRH officers with disabilities and the staff of MHMS, MSP, and FDPF to successfully co-design and co-facilitate SRHR outreach for persons with and without disabilities.
- ▶ **Trained service providers on disability rights and disability inclusion**, including the staff of the SRH Hubs of the MHMS and the staff of MSP based in Suva and Nadi.
- ▶ **Documented the tangible result of the project to increase knowledge of SRHR and encourage women and young people with and without disabilities to access SRH services.**

¹ Disclaimer: This publication has been funded by the Australian Government through the Department of Foreign Affairs and Trade and support from UNFPA. The views expressed in the publication are the author's alone and are not necessarily the views of the Australian Government or UNFPA.

Key strategies of the programme

The implementation of the programme involves a two-stage strategy. First, the partners **recruit women and young people with disabilities to serve as SRH officers and strengthen their knowledge and skills to effectively lead outreach activities** along with service providers. Partners also train providers on disability rights and disability inclusion, as needed.

Once the recruitment and capacity-building actions are finalized, **SRH officers and service providers co-facilitate two-day outreach sessions to disseminate information on SRHR, SRH services available in the communities, and how to access these services** among women and young people with and without disabilities, from an intersectional and disability-inclusive approach. Information sessions include group discussions on SRHR and the right to be free of gender-based violence (GBV). Outreach sessions integrate the provision of quality and disability-inclusive SRH services and counseling on GBV for clients with and without disabilities.

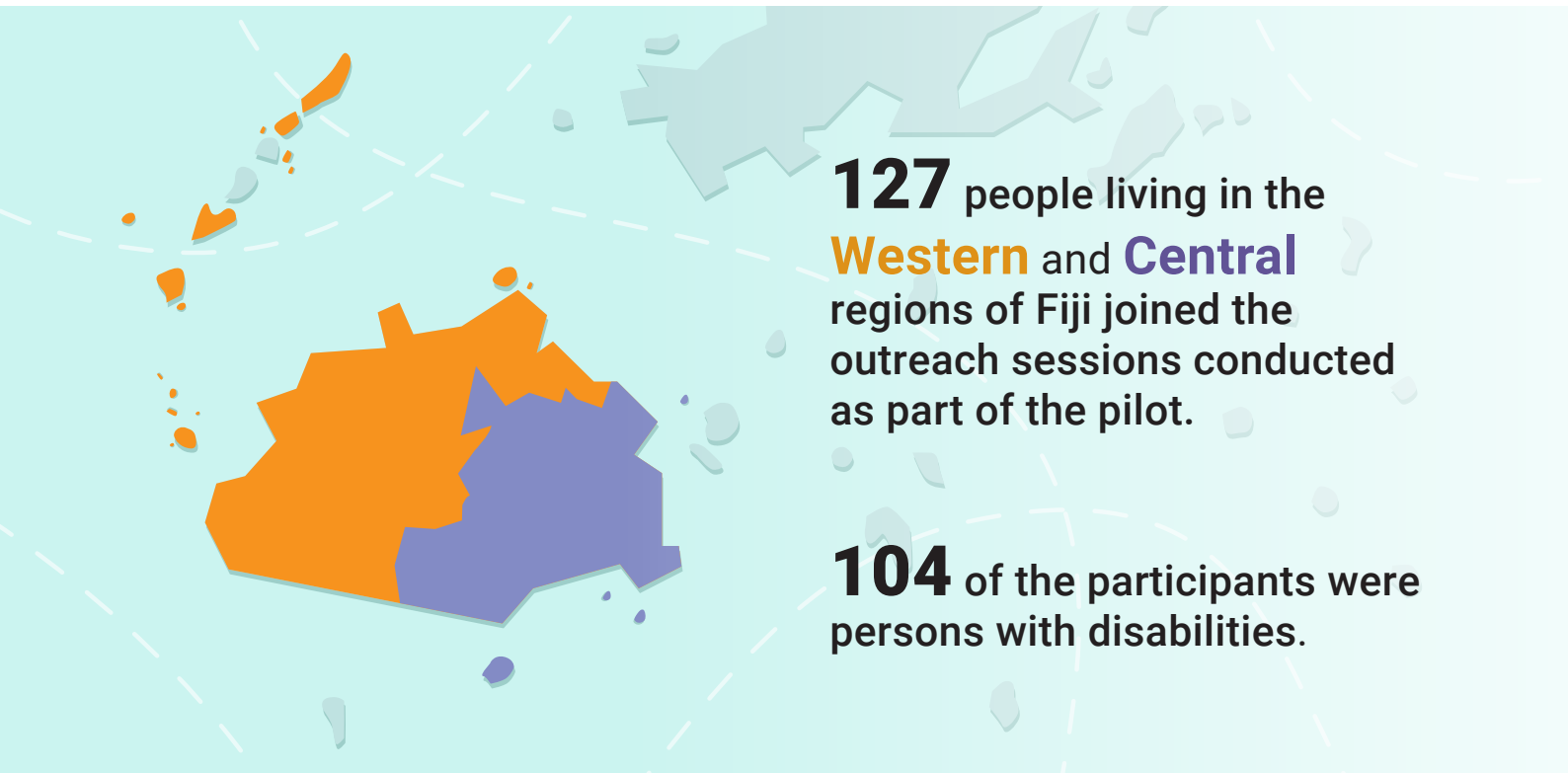
The target audience for the programme

The programme's primary beneficiaries are **women and young people with and without disabilities, with an emphasis on those facing heightened barriers to accessing SRH information and services**, such as women with psychosocial disabilities, Deaf women, and women with intellectual disabilities.

The results of the pilot in the communities and service providers

By piloting the programme in 2022, the Fiji MHMS, FDPF, MSP, PDF, UNFPA, and WEI were able to effectively reach out to 127 people with and without disabilities with limited access to SRHR information and services and facing significant barriers to fully enjoying their SRHR.





- ▶ 46 were persons with physical impairments
- ▶ 24 were persons with hearing impairments
- ▶ 23 were persons with visual impairments
- ▶ 7 were persons with intellectual disabilities
- ▶ 2 were persons with psychosocial disabilities
- ▶ 2 were persons with speech impairments

72% of the participants with disabilities were women

In the **Central** region:

- 4 out of 10 participants had never received information on family planning, safe motherhood, and healthy relationships.
- 8 out of 10 participants had never visited a clinic or seen a doctor to ask for information and seek services relating to sexual health, family planning methods, and healthy relationships.
- 83% of the participants knew that women with disabilities have the right to choose their partners.

In the **Western** region:

- 7 out of 10 participants had never received information on family planning, safe motherhood, and healthy relationships.
- 9 out of 10 participants had never visited a clinic or seen a doctor to ask for information and seek services relating to sexual health, family planning methods, and healthy relationships.
- 41% of the participants knew that women with disabilities have the right to choose their partners.

The project has effectively increased knowledge of SRHR and encouraged women and young people—with and without disabilities—to access SRH services. Monitoring and evaluation efforts² reveal that over 80% of the participants in outreach sessions felt more empowered to exercise their SRHR and request SRHR services following outreach activities. Participants stated they received clear and accessible information about their SRHR and reported high levels of

satisfaction with the SRHR services provided by MHMS and MSP.

The pilot also has had a positive impact on service providers. **More than 25 members of the staff of the SRH Hubs of the MHMS and the staff of MSP based in Suva and Nadi were trained on disability rights and disability inclusion** to strengthen the knowledge and skills they needed to effectively co-facilitate outreach sessions.

“The training was very useful as it provided health workers with a better platform on how best to provide assistance and services for persons with disabilities..., treating them as any other human being, instead of seeing them as objects of charity or a ‘special-case’”

—A healthcare worker who joined the awareness session on disability-inclusion

2 All participants were invited to respond to a pre-activity survey aimed at exploring whether they had ever received SRHR information and services. At the end of the two-day sessions, they were also invited to respond to a post-activity survey intended to collect their feedback on the sessions and assess whether they felt that, as a result of having joined the sessions, they had more information about SRHR and would feel more comfortable accessing SRH services.

In the Central region, out of 34 participants, 32 agreed to respond to the pre-activity survey and 31 responded to the post-activity survey. In the Western region, out of 93 participants, 41 responded to the pre-activity survey and 86 agreed to participate in the post-activity survey.

Main lessons learned in implementing the pilot

- ▶ To be successful, the **Community-Based Sexual and Reproductive Health Officers must be jointly implemented by a multi-stakeholder partnership**, which may include State agencies, private entities, and civil society groups with different areas of expertise. However, **creating—and/or strengthening—this kind of partnership takes time.**

In the case of the pilot, strengthening this partnership and implementing the pilot involved **6 key phases** implemented from February to December 2022.



- ▶ The programme must be accompanied by strategic actions aimed at **progressively increasing the availability of fully accessible and disability-inclusive services to meet increased demand.** The training for service providers on disability inclusion and the provision of SRH information and services during the outreach sessions were two successful actions implemented by the partners to achieve this goal. More comprehensive and continuous training for service providers may be required, depending on providers' knowledge of disability rights and how to provide services to persons with disabilities.

“We should receive a 2- or 3-day disability-awareness training as this will enable healthcare providers to better understand the different types of support required by people with different types of impairments and how to better support persons with disabilities requesting SRH services.”

—A healthcare worker who joined the awareness session on disability-inclusion

- ▶ **Training SRH officers with disabilities** on SRHR, GBV, and how to disseminate information about these issues **decisively contribute to strengthening their understanding, confidence, and ownership of these issues**. To that end, the pilot included a successful 3-day training for SRH officers; more comprehensive training may be required, depending on how familiar SRH officers are with outreach facilitation skills, generally, and key SRHR concepts and terminology, specifically.
- ▶ **SRH officers with disabilities can also play an important role in advocating for** –and/or supporting State authorities in– the design and implementation of strategic interventions to advance **SRHR from a disability-inclusive approach**.
- ▶ **The active involvement of OPDs already working in the regions where the programme is implemented is key** to identifying potential participants and successfully organizing the sessions. OPDs and SRH officers can also cooperate in following up with participants and supporting them to access SRH services once the outreach sessions are over. However, these organizations must receive adequate compensation for their contribution to the programme.
- ▶ **Embedding the programme into other SRHR outreach strategies** targeting the general population, including existing mobile outreach clinics/services, can decisively contribute to mainstreaming a disability-inclusive approach across these efforts and expanding their reach, as well as maximizing resources and ensuring sustainability. The active involvement of a variety of State agencies across the programme is also key for sustainability.
- ▶ **Outreach efforts must be conducted on a regular basis** –ideally twice a year in each community– to ensure communities have sustained access to SRHR information and services. Rural and remote regions should be prioritized.

The Community-Based Sexual and Reproductive Health Officers Programme can effectively contribute to addressing barriers impacting SRHR for women and young people with and without disabilities across the Pacific Region

As part of a needs assessment research conducted by UNFPA, PDF, and WEI in 2020 and 2021 within the Transformative Agenda programme, women and young people with disabilities from [Fiji](#), [Samoa](#), and [Vanuatu](#) reported feeling uncomfortable discussing SRHR and accessing SRH services due to the scarce availability of disability-inclusive SRH information and services, the prevalent stigma around SRHR, and harmful disability-related stereotypes.

Based on these findings, there is a clear need for States to strengthen the provision of accessible and disability-inclusive SRH information and services. The Community-Based Sexual and Reproductive Health Officers programme piloted in Fiji in 2022 provides a successful model to achieve this aim.

"I am not sure about parts of the body. I do not know that sort of information...I don't know anything about sex or body parts."

—Woman with a disability from Samoa

"It's very important for us to know about [reproductive health] and what reproductive health means for us. At times we are not included in a lot of spaces or workshops that share this kind of topic."

—Woman with a disability from Fiji

"In the past, my community will treat me so badly or discriminate against me (...). Then I join [another participant] at [a local organization]. We started to share our problems and she encouraged me to stand up for myself. So then, I went back to my community and talked about the rights of people with disability and that they should be treated equally to everyone... Now, I move freely in my community and my community no longer treats me like before."

—A young man with a disability from Vanuatu